

**DIFFERENT AID PARADIGM OR FAMILIAR PATTERN? A  
CRITICAL STUDY OF TWO TECHNICAL COOPERATION  
PROJECTS OF JICA IN GHANA**

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Japan International Cooperation Agency: Different Aid Paradigm or Familiar Pattern? A  
Critical Approach of two Technical Cooperation Case Studies in Ghana

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### **Abstract**

Development aid has long been a major policy tool of the discourse and policy practice of bilateral and multilateral donors alike. Originally used for servicing the reconstruction of post-war economies and the wider geo-political aspirations of the period, modern development aid was quickly transformed to an ever-growing industry which has expanded to the most remote locations of the globe. Large countries and international organisations swiftly set up a variety of specialised agencies, institutes and research centres in order to promote their aid programmes and projects to the poor countries of the South. The persistent failure of the development industry to achieve substantial results in the poorest regions of the world has meant that discourse and priority areas have been redirected multiple times according to the trends of every period. However, it is not clear how far development practice actually alters in correspondence with changes in aid discourse. This dissertation provides an empirical study of the relationship between the two in the context of the move to bottom-up ‘partnership’ discourse and Japan International Cooperation Agency (JICA) development practise in Ghana.

During the last ten years Ghana has geared its development policies towards achieving the Millennium Development Goals and entering the group of countries classified as having (lower) middle-income status. Major donor agencies like JICA have gathered in the country to provide their ‘expertise’ and to ‘assist’ Ghana in reaching the targets of the Millennium Declaration. Drawing from two JICA case studies of Technical Cooperation for Capacity Development in Ghana in health and education this thesis sheds light on the differences between JICA’s aid rhetoric and practice. This study argues that despite JICA’s aid discourse for a ‘demand-driven’, ‘relevant’ and ‘participatory’ aid understanding, its implementation practice contradicts the substantive normative meanings of these terms and is instead reticent of the past orthodox and ‘top-down’ aid practices of big donor countries and organisations.

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## Acronyms<sup>1</sup>

AAA: Accra Agenda for Action

AATIC: Asia-Africa Trade and Investment Conference

AFD: Agence Française de Développement

AfDB: African Development Bank

BED: Basic Education Division

BEGIN: Basic Education for Growth Initiative

BMZ: Bundesministerium Für Wirtschaftliche Zusammenarbeit

BNDA: Birim North District Assembly

CBS: Community-Based Service (project volunteers)

CD: Capacity Development

CHS: Commission of Human Security

CHPS: Community-base Health Planning and Services

CL: Curriculum Leader (project volunteers)

CPC: Construction Project Consultants

CS: Curriculum Supervisors

DA: District Assembly

DAC: Development Assistance Committee

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<sup>1</sup>Due to the large number of acronyms used by JICA to address its numerous project stakeholders, this study often spells out a number of acronyms more than once in order to facilitate the reading of this thesis.

DEO: District Education Office

DfID: Department for International Development

DHA: District Health Administration

DHESU: District Health Environment and Sanitation Unit

DIU: District INSET Unit

DTST: District Teaching Support Team

EC: European Commission

EPA: Economic and Planning Agency

ERP: European Recovery Plan

ESP: Education Strategic Plan

GES: Ghana Education Service

GHS: Ghana Health Service

GoG: Government of Ghana

GoJ: Government of Japan

GPRS: Growth Poverty Reduction Strategy

GTZ: Deutsche Gesellschaft für Technische Zusammenarbeit

HT: Head Teacher

IEG: Independent Evaluation Group

IMF: International Monetary Fund

INSET: In-Service Training

IO: International Organisation

JBIC: Japan Bank for International Cooperation

JETRO: Japan External Trade Organisation

JEXIM: Japan Export-Import Bank

JICA: Japan International Cooperation Agency

JOCV: Japan Overseas Cooperation Volunteers

JSS: Junior Secondary School

LDCs: Less Developed Countries

LSC: Local Steering Committee

MDGs: Millennium Development Goals

METI: Ministry of Economy, Trade and Industry

MITI: Ministry of International Trade and Industry

MOESS: Ministry of Education, Science and Sports

MOF: Ministry of Finance

MOFA: Ministry of Foreign Affairs

MoFA: Ministry of Food and Agriculture

MoH: Ministry of Health

NEPAD: New Economic Partnership for African Development

NGO: Non-Governmental Organisation

NIEO: New International Economic Order

NIU: National INSET Unit

ODA: Official Development Assistance

OECD: Organisation of Economic Cooperation and Development

OEFC: Overseas Economic Cooperation Fund

OTCA: Overseas Technology Cooperation Agency

PBME: Planning, Budgeting, Monitoring and Evaluation

PDM: Project Design Matrix

PIU: Project Implementation Unit

PPAG: Planned Parenthood Association of Ghana

PRSP: Poverty Reduction Strategy Paper

QUIPS: Quality Improvements in Primary Schools

RHIP: Rural Health Improvement Project

SAL: Structural Adjustment Loan

SAP: Structural Adjustment Program

SIDA: Swedish International Development Agency

SMASSE: Strengthening of Mathematics and Science in Secondary Education

STM: Science, Technology and Mathematics

SSS: Senior Secondary School

TA: Technical Assistance

TC: Technical Cooperation

TED: Teacher Education Division

TICAD Tokyo International Conference on African Development

TLM: Teaching and Learning Material

UN: United Nations

UNDP: United Nations Development Programme

UNESCO:

UNRRA: United Nations Relief and Rehabilitation Assistance

USAID: United States Agency for International Development

WSP: Whole School Program

## CHAPTER 1: INTRODUCTION

### 1.1 Introduction

The year 2010 marked the beginning of the seventh decade of international aid flows from a relatively small number of ‘donor’ countries and organisations to a large number of ‘recipients’. Over the last 60 years a great number of aid initiatives, in parallel with a wide variety of aid financing bodies, have dominated the wider development donor agendas. However, despite the large aid volumes the development industry has employed over the decades, hundreds of millions of people still find themselves in conditions of acute poverty and deprivation of basic needs and wellbeing. For example, the current Human Development Report by the United Nations Development Programme (UNDP) highlights that despite the progress made over the last two decades in human development, increasing inequality and poverty rates remain, especially among the poorest of the countries, particularly in sub-Saharan Africa (UNDP, HDR 2010, 1). The report suggests that:

‘Those [countries] experiencing the slowest progress are countries in Sub-Saharan Africa [...]. The slowdown in aggregate progress is due largely to dramatic reversals in nineteen countries, six in Sub-Saharan Africa [where] life expectancy has fallen below the 1970s levels. Sub-Saharan Africa has the highest incidence of multidimensional<sup>2</sup> poverty.’

(ibid., 1-6)

The first Human Development Report (1990) was published during a period of increasing aid fatigue amongst the bigger donors, stalled or decreasing aid<sup>3</sup> flows and the rise of a strong global neo-liberal agenda favourable to strict macroeconomic adjustment, privatisation, open trade and decreased state intervention into ‘free’ market mechanisms (Gore 2000, 789-790; Rodrik 2006, 2). However, the persistent

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<sup>2</sup>UNDP understands the term as combined acute deprivation in health, education and standard of living (UNDP-HDR 2010, 8).

<sup>3</sup>This study uses the term ‘aid’ to refer to ‘development aid’ which often does not include other forms of aid such as ‘emergency aid’. The term is used interchangeably with other terms such as ‘foreign aid’ and ‘Official Development Assistance (ODA)’ to depict the same meaning, i.e. ‘development aid.’

development problems and increasing poverty rates several countries experienced during the 1990s revived the debate on aid policies and aid effectiveness in the new millennium, and led to an increased polarisation of the debate surrounding development aid.

Currently, a large part of the mainstream literature is dedicated to issues related to aid effectiveness. On the one hand, a number of scholars (Easterly, et al. 2000; Easterly 2006; 2008; Moyo 2008) call for a significant reduction in development aid flows as they understand aid as a waste of resources which, instead of solving the problems the developing countries are facing, deepens them. Others (see for example Petras and Veltmayer 2004) invariably analyse aid in the neo-colonial context of capitalism and understand it as a major imperialistic tool of regression of developing countries. On the other hand, a number of researchers and social campaigners (see for example Sachs 2005; Make Poverty History 2005) call for an unconditional increase in aid flows to developing countries, suggesting that increased volumes of development aid will be the main driver of the swift eradication of poverty over the next decades. Finally, a third approach currently supports increased aid volumes to developing countries by employing certain political and economic criteria which the ‘beneficiary’ needs to fulfil if the aid flows are to have any positive effects (see for example Burnside and Dollar 2000; 2004; Collier 2007).

Drawing largely on the previous debates and criticisms surrounding development aid and on a variety of geopolitical needs and agendas, the dominant aid discourse(s) have increasingly adopted a ‘recipient-friendly’ aid rhetoric which has been quickly embraced by important donor actors, historically reluctant to be unconditionally included in the western aid policy agendas, such as Japan. This thesis raises the question, using JICA’s Technical Cooperation (TC) projects in Ghana, of how Japan’s aid practice is responding to the wider dominant modern discourse of ‘demand-driven’ development aid characterised by such terms as ‘equal partnerships’ and ‘increased participation’ with the recipient side of the aid context. Currently, there are a very limited number of development studies focusing on the Japanese aid paradigm and on JICA, despite the rising volumes of aid and numbers of Japanese aid initiatives outside the Asian

continent over the last 25 years. It is important to investigate whether the Japanese aid model through JICA is at all distinctive from the past DAC donor approaches, or whether it faces the usual problems of western aid initiatives, as Japan is one of the largest aid donors with increasingly independent aid initiatives and influence in a growing number of developing countries and multilateral organisations.

Over the last ten years or so it has become clear that between the development aid discourse of the donor side and its development practice there are important gaps which are shown during development interventions. Thus, mainstream development policies and terminology ('cooperation', 'participation', 'bottom-up interventions', 'capacity development', 'sustainability') are confronted by the usual 'top-down', 'expert-recipient' donor interventions which are challenged by generalisable logistical and resource problems.

## **1.2 Foreign aid in Ghana**

Ghana has been identified by the donor community as one of the late success stories in sub-Saharan Africa. On the one hand, Ghana has maintained relative political stability for nearly 20 years, following its return to constitutional rule in 1992. On the other hand, Ghana was 'a veritable living laboratory' of free-market policies and adjustment programmes by the international donor community during the 1980s and 1990s (Gary 1996, 155 quoted in Alikhan et al. 2007, 41). Moreover, the basic indicators the development industry is employing to measure development and poverty rates are highlighting Ghana's significant improvement in its economic and wellbeing conditions. Thus, the country's poverty headcount ratio fell from 50% of the total population in 1995 to 28.5% in 2006, with Gross Domestic Product (GDP) per capita rising from nearly US\$500 in 2005 to US\$713 in 2008 (World Bank – Ghana 2009). In parallel, the HDI of Ghana has steadily increased over the last twenty years, currently ranking in the 'medium human development' category and among the top performers of the region (Fosu 2009, 3). As a result, Ghana achieved improved primary education enrolment, literacy and child mortality rates between 2000 and 2008, and has managed to attract hundreds of donor agencies (NGOs, and bilateral and multilateral donors).



However, Ghana faces persistent problems in terms of poor living standards and wellbeing. The vast majority of the population still lives in acute poverty, with a daily income ranging between US\$1-2 per day and with poor access to basic education, health and water facilities, particularly for the poorest parts of the population, those living in the rural parts of the country and on the outskirts of the big cities (Decker 2005, 302-303). Additionally, despite the progress of Ghana in Human Development terms, the quality of basic services (for example primary education and health facilities) is threatened to be compromised due to the country's rush to reach the Millennium Development Goals (MDGs) for 2015.

This study focuses on two project cases of JICA's TC project aid in Ghana by studying the gaps between the current Japanese aid discourse and development practice in order to demonstrate how Japan's rhetoric and aid implementation fits into the critique of the wider aid context of western donors. This thesis considers Ghana as a good example in order to analyse JICA's initiatives because the country has a high density of types and genres of development interventions from a wide variety of international and domestic actors well-versed in the discursive changes in the dominant aid delivery paradigm(s). Thus, the case of Ghana is one where an observer would expect to see changes in development practices, if they are likely to occur anywhere.

### **1.3 Aims and objectives of the thesis**

The main aim of this research is to study the Japanese aid paradigm and its relation to the wider context of the current development aid discourse. While there is a rich body of research work on the aid initiatives of more 'traditional' bilateral and multilateral donors (the United Kingdom, the United States, the World Bank), there is a significant gap in the literature regarding less 'common' development actors, such as Japan. This study seeks to address a number of questions largely omitted by the current literature: (i) Is the Japanese project aid model distinctive from the past problematic development initiatives of western donors? (ii) If so, how, and if not, what is the relation of the Japanese model to the criticism of the mainstream aid initiatives? (iii) How does the Japanese aid model

fit into the broader context of the development apparatus? Is it possible to become a means for improving living conditions and better wellbeing? In order to achieve the latter, this study compares Japan's aid discourse and empirical evidence from Japan's development practice and assesses whether the results correspond to previous criticism(s) of TC aid. Therefore, this thesis aims to contribute to the wider theoretical debate of 'aid effectiveness' by researching Japan's project aid initiatives.

Thus, this study's primary focus is *not* an 'evaluation' of the quantitative changes JICA's projects might have brought in the project sites but rather it aims to employ those projects in order to explore the commensurability of JICA's rhetoric and practice and to expose it to the wider critique of donor-led TC project aid initiatives. It is important to underline that this exploration is focusing on both aspects of the *processes* and *outputs* of JICA's project initiatives in Ghana, as the two are invariably interlinked in the project aid critique. Therefore, this study explores how Japanese aid, through JICA's projects, is delivered in practice, what are the outputs of these projects and whether these projects conform to the discursive representation found in JICA's policy documents, or instead fall under the known criticisms of ineffective donor development aid initiatives. In order to respond to these general questions, this thesis has identified four objectives which shed light on a significant number of aspects of JICA's projects. These objectives, which address the more general questions described earlier, are:

1. The study of the level and quality of cooperation among the different stakeholders of the projects in question. By employing the term 'partnership', over the last twenty years the main body of the donor community (Japan included) has actively promoted in its rhetoric a more 'equal', 'needs-based' aid 'partnership' with the recipient countries (see for example JICA Annual Reports 1995 – 2008 and EC-EuropeAid, 'Better, Faster, More' 2009). Thus, a more recipient-'sensitive' aid agenda, in terms of cooperation and balanced 'partnership', is seen as creating more effective and 'better' aid project and programme approaches (ibid.). Therefore, this argument raises the question: does JICA's project planning and implementation in Ghana suggest that the Japanese agency follows (in line with its rhetoric) a 'people-centred' and equitable approach by systematically engaging the

local stakeholders in its TC project aid schemes? This question is explored in Chapter Six and uses a multi-level approach in order to study the *processes* under which JICA has designed and implemented its projects in Ghana.

2. The studying of the level of actual ‘capacities and skills’ JICA’s projects were supposed to transfer to schools and communities, and the level to which these projects were adapted, in the context of Ghana’s health and education sectors. It has long been argued that donor TC project aid is characterised by the prevalence of the ‘expert-recipient’ model, where instructive, short-term seminars of the ‘expert’ attempt to ‘develop’ the ‘capacities and skills’ of the ‘counterpart’. Thus, ‘capacities and skills’, (often called by the donors as ‘knowledge’) are understood as being embedded by the donor in the ‘partner’ countries whose priorities and inputs are only secondary in the project implementation. Therefore the question addressed in this part is: are JICA’s projects in Ghana characterised by an approach which promotes a systematic transfer of relevant skills and the creation of project systems that are sensitive and related to the local contexts and priorities, or do they instead correspond to the flaws of the traditional ‘expert-counterpart’, instructive model which has been heavily criticised over recent years? This question is studied in Chapter Seven by researching aspects of both processes and outputs of JICA’s projects.
  
3. The study of the level of ‘sustainability’ of JICA’s projects. TC project aid has been criticised for decades for its inability to effectively engage local resources for the project results to be socially and economically sustainable. This has been attributed to the low level of national/local ownership of a large number of aid interventions, which are designed and implemented without seriously considering local priorities and whether these interventions can realistically be sustainable after the end of the project implementation by the donor agency. Therefore, the ‘effectiveness’ of TC has been directly linked to the poor record of development aid in terms of project ‘sustainability’. Hence, this study asks: what is the level of ‘sustainability’ in JICA’s selected projects in Ghana? Does JICA’s rhetoric on giving priority to ‘sustainability’ of TC project aid for CD match project reality?

What are the challenges JICA's projects are facing in terms of sustainable outputs and project structures? Those questions are addressed principally in Chapter Eight.

4. The understanding of whether 'institutional memory' is part of JICA's TC project aid in Ghana. JICA suggests that projects' legacy (what donors usually call 'lessons learned') is an important part of its project and programme implementation, as feedback experiences can be used for making current project interventions more effective (JICA 2005b). In both selected projects of JICA in Ghana, the agency did have a background and reports of almost identical projects within Ghana. Does JICA effectively avoid repeated hazards in TC project planning and implementation by 'learning' from past projects, or does it face similar challenges repeatedly? This question is addressed in Chapter Nine, together with the conclusions of this study.

Furthermore it should be noted that while there is not a particular part of this study which explicitly refers to what the donor community calls 'ownership', this thesis has paid particular attention to the degree of alignment of JICA's schemes with local priorities and the level of initiative those schemes left to their local 'partners'. This is necessary in order to understand the level of interest and 'desirability' of JICA's initiatives, especially in the local and district levels.

Based on the above, this thesis suggests that Japanese aid is not an exception to the aforementioned problems that underline the relationship between the conceptual terms and policy documents in use and the implementation of these policies in development practice. Thus, while the Japanese development discourse has moved to adopt significant elements of the modern western donor rhetoric, its development practice largely corresponds to the common pitfalls of the ineffective aid initiatives of the past.

#### **1.4 Study Areas**

This thesis studies two JICA Technical Cooperation projects in three pilot districts in Ghana in the health and education sectors in order to draw a broader picture of Japan's

aid interventions and how these fit into the wider aid critique. The first case study (Rural Health Improvement Project – RHIP) is located in Eastern Region, in one of the poorest districts of Ghana (Birim North) in terms of accessing health and sanitation facilities. This study examines the views of the project participants regarding aspects of RHIP with particular emphasis on the views from the community and district levels.

For the second case study (In-Service Training – INSET) two pilot districts were selected, one in the relatively more affluent Ashanti region (Adansi North District) and the other in the less developed Upper-West (Wa Municipal), in the northern part of the country. Ghana's geographical disparities underline that the north of the country is the home of the 'poorest of the poor' in the Ghana (UNDP Ghana Human Development Report 2007 cited in Harsch 2008, 4). These disparities are seen in the relatively better quality of life in the southern regions of Ghana in terms of accessing basic facilities in health and education (Kyei 2000, 8). I decided to choose those districts for the second case study in order not only to study the project itself but also to compare if there are any differences in the views and the state of JICA's implemented projects between two diverse areas in which the project was applied.

## **1.5 Structure of the thesis**

The thesis is divided into nine chapters. In this chapter I have presented a brief introduction to the concept of development aid, with particular focus on aspects of the overall foreign aid context in Africa and Ghana. Moreover, I have presented the research questions surrounding JICA's TC project aid for CD and an introduction to the study areas of the research.

Chapter Two provides a critical account of the literature surrounding the evolution of foreign aid rhetoric and empirics on the effectiveness of ODA, with emphasis on the development of TC as a principal vehicle of the dominant development paradigms for implementing CD projects in developing countries. Particular attention is given to three areas which surround the critique on foreign aid and TC effectiveness: cooperation and 'partnership'; transfer and development of 'capacities and skills'; and (project)

‘sustainability’. These areas provide the necessary background for the understanding of the evolution of foreign aid effectiveness and TC over the years and offer a framework within which JICA’s projects are studied in later chapters.

Chapter Three critically assesses the development of the Japanese aid paradigm with a focus on Japan’s ODA initiatives in Africa and Ghana, together with an analysis of Ghana’s main development and poverty strategies and a brief background to Ghana’s recent initiatives in health and education. Furthermore, in the second part of the chapter, the setting of JICA’s development as the principal Japanese aid agency is provided, together with JICA’s TC model and its initiatives in project aid in the health and education sectors. Finally, JICA’s evaluation system of project aid is briefly analysed. This information provides the necessary understanding of Japan’s and JICA’s evolution in the development aid framework and its relation to the Ghanaian context in which JICA’s project initiatives were planned and implemented.

Chapter Four documents in detail the study areas (districts) in Ghana where the projects were implemented, together with a background of the basic characteristics of the two JICA projects which have been selected as case studies. Both JICA’s projects are discussed in detail (given the relatively limited documentation on the projects provided by JICA) in terms of their structure and the involvement of the various stakeholders. Thus, the necessary links are drawn between the wider, ‘macro’ development discourse of Japan and the rhetoric being used at the project level, and in later chapters the gaps between this discourse and the empirical evidence are underlined.

Chapter Five presents the methodological framework this thesis has followed in order to analyse the case studies, with particular emphasis on the research methods that this study pursued during the research into JICA’s projects in Ghana.

Chapter Six provides an in-depth analysis of the study results of the two JICA projects, in terms of cooperation among the projects’ participants before, during and after the implementation of the projects. The chapter focuses on the views of the community/school and district members who participated in the projects, in terms of

their relations and overall cooperation with the other stakeholders during JICA's interventions. This is in order to assess how the relations among the project participants were developed and whether JICA's claims in its policy and project documents match the project realities during and after project implementation.

In Chapter Seven, JICA's projects are approached in terms of the potential 'capacities and skills' developed in the pilot communities/schools and the creation of 'project systems' in Ghana's health and educational administration. While JICA's TC projects aimed at the development of lasting 'capacities and skills' at the community/school and district levels of the projects this part of the research studies the views of the stakeholders involved in order to assess whether the projects have contributed to the level of capacity development they were aiming at, or if they have been mostly 'informative' interventions with little effect.

Chapter Eight analyses JICA's two projects in Ghana concerning the potential level of 'sustainability' of project outputs and structures in the pilot districts and at the national level. As one of JICA's main objectives during TC project planning and implementation is a high level of 'sustainability' of the projects (in financial and social terms), this research provides an advanced description, principally of the views of the project participants with regard to the potential of the selected projects to continue in the Ghanaian context in terms of outcomes and project structures.

Chapter Nine discusses the main challenges of JICA's TC project aid and its close similarities to the limitations of the wider donor ODA agendas over the years. The gaps between Japanese ODA rhetoric and reality are identified by bringing together the main findings of the research in Ghana, and some ways forward for TC project aid for CD are suggested. This is in order to draw broader conclusions about Japan's development aid paradigm and to link it to the dominant aid agendas of the past and the present.

## **CHAPTER 2: UNDERSTANDING TECHNICAL COOPERATION CAPACITY DEVELOPMENT**

### **2.1 Introduction**

This chapter explores the concept of development aid with a particular emphasis on the literature of Technical Cooperation (TC) efficacy of project aid in achieving its objectives. This is explored normatively through the analysis of the emergence of TC from the positivist development paradigm of aid's early days (the 1950s) to the more 'participatory', 'bottom-up' development discourse of the post-Washington Consensus period of the late 1990s. This chapter first discusses the concepts of foreign (development) aid and TC in order to introduce the reader to the concept of this particular type of aid. Furthermore, this chapter provides a brief account of ODA history with particular emphasis on the shifting discourse and paradigms from a positivist, donor-focused approach to a more 'inclusive', 'recipient-friendly' rhetoric. This framework enables us to better understand the shifts in the Japanese aid agenda towards a more 'needs-based' aid discourse, discussed in Chapter Three. Additionally, this chapter critically analyses three particular aspects that surround TC aid literature for Capacity Development (CD): cooperation and 'partnership' among project stakeholders; 'capacities and skills' transferred; and (economic and social) 'sustainability' of project initiatives. These are discussed in order to understand the criticism that TC has undergone over the years and to assess (in Chapter Six to Eight) whether the practices of the 'old' TC paradigm still apply in current Japanese development practice, despite the changing Japanese aid discourse.

The next section briefly analyses the concept of foreign (development) aid and TC in the current literature in order to develop a basic understanding of how aid and TC are perceived and employed at the academic and policy levels.



## 2.2 The concept of foreign aid

In the literature and the policy documents there is extensive text and many studies on what foreign aid and TC represent. This study is focusing on development aid through TC project interventions, thus the concept of foreign aid is approached via its 'development' aspect only. At the policy level, the large development institutions adopt a rather conventional definition of the term, mainly based on technical and operational characteristics. Thus, the Development Assistance Committee (DAC) understands Official Development Assistance (ODA) as grants and concessional loans provided by one country or by a multinational or regional institution to another country with a grant element of at least 25% (DAC 2009; OECD 2009a). This definition is officially adopted by most bilateral and multilateral agencies that focus on foreign aid (for example the World Bank, USAID, DFID). Less conventionally, but still aligned to the previous understandings of aid, a large part of the literature values foreign aid as a term which represents a voluntary transfer of public resources, an 'instrument' functioning from government to government or non-government actors (Krueger et al. 1989, 1; Lancaster 2007, 9; Riddell 2007, 17). On the other hand, a number of researchers (see for example Petras and Veltmayer 2002; Bracking 2009) approach the term less descriptively and adopt an approach to aid which includes the policy development aid historically carries as a major instrument of support of the broader donor interests and unequal relations between donors and 'beneficiaries'. Thus, Bracking (2009, 9) argues that because the development assistance terms and conditions are largely defined by the donor community it can be easily understood as 'finance', which is strategically controlled by the big donor countries.

This study, while recognising the limitations of 'purpose-based', 'donor-designed' definitions of aid is employing the term in order to describe concessional flows of resources (grants, concessional loans, donations) from one country (or multilateral organisation) to another. However, this thesis understands that the term 'development aid' does not have a 'neutral' meaning, but rather carries significant aspects of broader policy agendas of the donor community which crucially define their aid 'behaviour' towards their aid 'partners'. Thus, while 'development aid' might be employed in the

policy framework for decreasing human suffering and improving living conditions, it is equally recognised that the term is historically charged as it has been used by large and small donors alike, as part of broader policy interests in developed and developing countries. Therefore, while the specific identification of the ‘purposes’ of Japanese aid is *not* part of the objectives of this thesis, the term ‘development aid’ is understood as an element of the wider dominant development agenda(s) (see also Chapter Nine).

Finally, while recognising the potential technical differences of the various names aid has taken over the years, this study uses interchangeably the terms ODA, foreign aid, development aid and development assistance to denote aid which has ‘concessional’ characteristics and does not include flows for humanitarian and emergency crises. This is for practical reasons, in order to facilitate the reading of the thesis and to avoid the repetition of a single term when referring to development aid.

### **2.3 The concept of Technical Cooperation project aid**

Technical Cooperation (TC) is one of the multiple forms that development aid can take in the various foreign aid programmes and projects. Similar to the notion of foreign aid, the concept of TC is identified in various forms of development assistance. The use of expatriate personnel in long-term missions, the ‘gap-filling’ projects of foreign experts, where local capacities are judged as ‘inadequate’ and the building of Capacity Development (CD) of local communities are all understood as expressions of TC (Danielson et al. 2002, 161).

The bulk of the current literature identifies TC as the part of foreign aid which is used as a ‘vehicle’ to ‘pass’ from one country (donor) to another (recipient) training, ‘skills and capacities’ that are presumably missing. Thus, according to DAC, TC represents a form of aid that includes grants for training or education in a recipient country and payments to consultants, advisers for the provision of knowledge skills, technical aptitude and ‘know-how’ in developing countries (OECD 2008c). In parallel, Morgan and Baser (1993, 4) define TC as the transfer, facilitation and adaptation of knowledge and ideas from one country to another. Similarly, Browne (2002) and Arndt (2002, 158-160) also

highlight that TC has always been a vehicle for achieving multiple tasks and goals mostly related to transferring ‘expert’ skills of donor-funded personnel heavily equipped with logistics and technology.

Berg (1993, 43) points out that the distinction between TA and TC has faded in recent years, with some international organisations using both terms and some bilateral agencies preferring one over the other<sup>4</sup>. Fukuda-Parr (2002, 2-3) confirms that the vocabulary of this kind of aid activity has changed, from ‘Technical Assistance’ (TA) to ‘Technical Cooperation’, as the term ‘assistance’ implied dependency and an unequal ‘partnership’. The term is not used anymore to denote only technical transfers (for example machinery) but rather is employed to underline the ‘sharing’ of technology and knowledge in the broader sense of the term. Indeed the very concept of TC has altered over the years. Indeed, while in the first three decades of ‘modern’ development initiatives (1950 to 1980) TC was vaguely understood as ‘short-term’, ‘gap-filling’ exercise in more recent years the term is used in order to identify a more ‘collaborative’ route among donors and ‘beneficiaries’, a cooperation which aims to share and develop relevant ‘capacities and knowledge skills’. The current understanding of TC as a principal ‘tool’ of ‘technical’ interventions for ‘sharing’ specialised ‘capacities’ is also reflected by the highly standardised classification of TC which is often met in the literature<sup>5</sup>. For example, Berg (1993, 44-45) suggests a classification of TC which uses a combination of reasons and goals (‘hard and soft’, ‘project and programme’ related). Similarly Ajayi and Jerome (2002, 24) make a universal classification of TC which extends from ‘high-level advising’ to ‘mobilising’ and ‘gate-keeping and controlling’. On the other hand, Browne (2002, 177-178) provides a more focused identification of TC by using his work in Uganda to identify seven different technical forms of TC (such as ‘institutional twinning’, ‘long-term policy advisors’ and ‘scholarships’) in order to classify the increasing presence of donor personnel in the country.

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<sup>4</sup>For example JICA uses the term TC for its project aid, the World Bank, USAID and Sweden employ the terms TA and TC interchangeably and French Aid uses the term ‘*assistance technique*’.

<sup>5</sup>Drawn from World Bank’s ‘Capacity Building in Mozambique’ (1991) and the typology of TC in Cohen 1991 (see Berg 1993, 57).

In accordance with the understanding of ‘development aid’ mentioned above, this study approaches TC as the main aid tool employed by the donor community in order to plan, implement and eventually ‘transfer’ a number of ‘capacities and knowledge skills’ from one country to another. However, in accordance with this thesis’ understanding of ‘development aid’ as a non-‘neutral’ term, TC initiatives for ‘developing capacities and skills’ are also seen not as ‘impartial’ donor interventions which serve donors and recipients interests equally (Mosley 1992, 80) but as part of the wider aid and policy agendas of the donor community. Indeed, despite the shifts of development aid discourse (presented later in this chapter) TC project initiatives are frequently characterised by the usual flaws and unequal ‘partnerships’ so often experienced over the last few decades. As it will be shown in the next sections, TC has been increasingly used as a ‘vehicle’ to promote ‘participatory’ and ‘partnership’ approaches among the big donors under the dominant development agendas of the post-Washington Consensus period. Nevertheless, despite the shifts in donor rhetoric of the current for a more recipient-friendly approach to TC there are increasing signs that there are significant gaps between the current western development discourse and practice principally due to the fact that TC’s actual aims are only secondary to the wider policy agendas of the donor community which understand development aid as part of broader international policy interests. The next sections briefly present the evolution of the donor discourse on TC over the last decades.

#### **2.4 A brief history of Official Development Assistance and Technical Cooperation**

The views of the origins of development aid initiatives before the beginning of the Second World War are predominantly located in the literature on the initiation of the various Christian missions to the Southern continents (Asia, Africa, Latin America) and the activities of these groups in the host countries (see for example Manji 2002; Young 2004). Lancaster (2007, 25-27) suggests that development aid and Technical Cooperation, in the form in which we experience them today, trace their modern origins to three different forerunners: Aid for Relief (mostly assistance for the victims of the First World War); Colonial Development (aid from colonial powers such as France and Britain to their colonies when they started shifting away from the principle of ‘self-

financing' of the colonies in the 1920s); and US Technical Assistance (to Latin American countries, during the Second World War, to financially support them because of the consequences of the war to their economies). In the same line of argument, Riddell (2007, 24) highlights the fact that it was long before 1946 that governments provided assistance to other countries or colonies (for example Britain's 1929 Colonial Act and the 1940 Welfare Acts of Britain for non-administrative aid to the colonies).

However it was only in the first years of the post-Second World War period when ODA was introduced, enhanced and institutionalised at the bilateral and multilateral policy level. Indeed, the form and the extent to which we experience development aid today are relatively recent phenomena, dating only some decades back to the post-Second World War reconstruction policies initiated by the United States and the United Nations (Wood 1986; Ajam et al. 1999; Brautingam and Knack 2004; Griffin 2008).

#### **2.4.1 The first period (1945-1970): the evolution of development assistance and Technical Cooperation in the post-colonial years**

While it has been suggested that the creation of large-scale post-war institutions, such as the International Monetary Fund (IMF) and the International Bank for Reconstruction and Development (IBRD), was an early sign of western intervention in development aid matters on a global scale, it was the European Recovery Plan (ERP or 'Marshall Plan') in 1948 that represented the first clear unilateral hegemonic initiative by a sovereign country (the US) to provide financing to recipients 'in need' (Wood 1986, 22-23). The post-war trend of large aid flows being transferred to a considerable number of countries resulted in the ERP expanding to a total of US\$85 billion (in current prices), an unprecedented amount (even by modern standards) channelled from a single donor to a group of recipients (ibid.). Moreover, the launch of the United Nations (UN) Charter in 1945 and the Universal Declaration of Human Rights in 1948 (which declared the right of everyone to a decent standard of living in terms of health and wellbeing) marked the beginning of a long period of global 'interest' in the living standards and development of distant places.

The optimism that prevailed during the early days of the ‘development debate’ affected the provision of TC and fuelled the belief that TC was to contribute, somehow automatically, to the development process of the poorer countries. The concept of TC (the transfer of skills and capital) fitted perfectly with the idea that the ‘gap’ between rich and poor countries could easily be narrowed if both developed and developing countries would engage in a steady flow of finance and skills from the North to the South (see the development of theories of Rosenstein-Rodan 1943; Harrod 1939; Domar 1946; Rostow 1952). Development was seen as possible for every country through a linear process of transferring funds and capacities (Lopes 2002, 122).

While TC project aid has its roots in the French and British colonial periods (and for some researchers even earlier<sup>6</sup>), the official ‘start’ of TC projects in the post-war period is located at two main points: the first session of the UN General Assembly in 1946 when the need to support the developing countries with Technical Assistance was stressed (Laporte et al. 1995, 5); and, during the same period, Truman’s Four Point Program asked for the US to make its scientific innovation and knowledge available as a form of ‘relief’ of the suffering of these countries (inaugural address of H. Truman in 1949 cited in Lopes 2002, 124). The example of large flows of development aid from the US to various countries was to be quickly followed by other western nations (the UK, France, Germany, the Netherlands) which, in parallel with their national economic development, swiftly initiated aid programmes mainly tied to their current or ex-colonies. This was also accompanied by the foundation of multilateral development organisations such as the Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD) in 1961.

Accordingly, during the 1960s, Africa experienced a slow but constant increase of aid flows (Figure 2.1) from bilateral and multilateral agencies and the growing involvement of state and non-state actors for reasons that appeared to be driven principally by geopolitical and economic motives<sup>7</sup>. The optimism that poor societies were able to follow a certain path of standardised economic development suggested that development aid

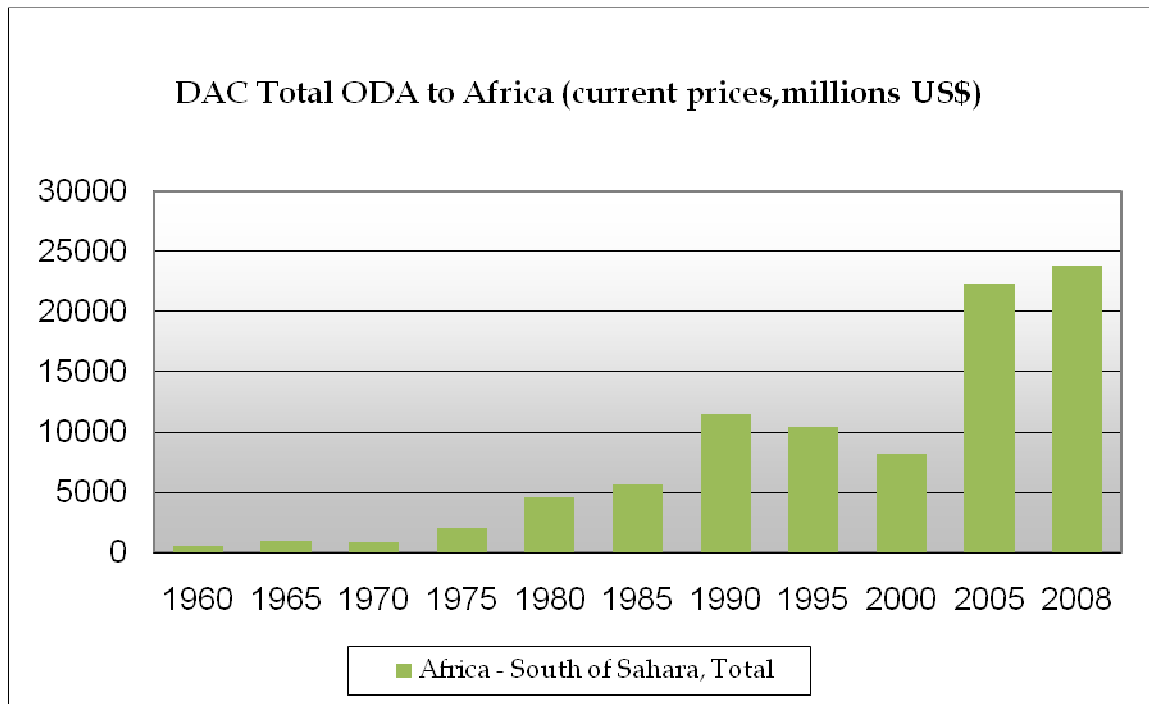
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<sup>6</sup>For early historical examples of TC see Morgan (2002, 1).

<sup>7</sup>For a more detailed discussion on the history of ODA in the post-colonial period see for example White(1974), Browne (1990) Galtung, (1997) and . Lancaster (2007).

would be principally channelled in order to support capital investment and industrialisation by replacing the lack of savings of developing economies (Potter et al. 2008, 84-96). Industrialisation of ‘underdeveloped’ countries was seen as imperative, and could be supported by foreign capital flows from the richer economies to the poorer peripheral countries (ibid., 91).

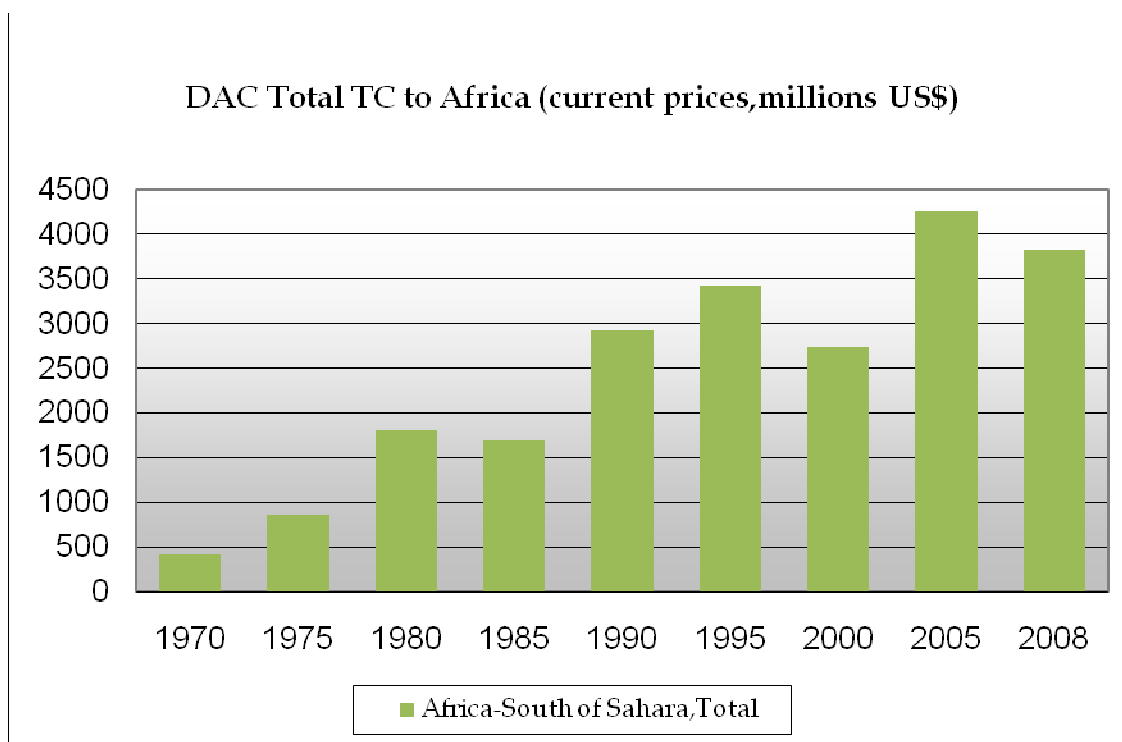
**Figure 2.1: Total DAC flows to sub-Saharan Africa**



Source: OECD/DAC Statistics Database (2009)

In line with the wider development aid account regarding sub-Saharan Africa during this period (see Figure 2.1) TC in Africa experienced a considerable rise in terms of projects and personnel involved. Maddison (1965, 21) calculates that of all the technical assistance personnel from the OECD serving abroad in 1963, more than one-third was employed in sub-Saharan Africa.

**Figure 2.2: Total DAC Technical Cooperation flows to Sub-Saharan Africa**



Source: OECD/DAC Statistics (2009)

The same trend of the steady increase of TC aid continued throughout the 1970s, as Figure 2.2 and Table 2.1 clearly show. From these data it is observed that while in 1970 TC flows to Africa amounted to US\$413.3 million, by 1980 they had reached US\$1810.32 billion and accounted for more than one-third of the total TC flows of the DAC group.

**Table 2.1: DAC Total TC Flows and TC Flows to sub-Saharan Africa (1970-2008)**

Year	Total TC Flows	Africa – Total TC Flows
1970	1400.51	413.3
1975	2563.68	866.64
1980	5041.28	1810.32
1985	6034.38	1688.62
1990	11176.5	2927.78
1995	14249.51	3429.52
2000	12659.57	2732.29
2005	20760.82	4255.15
2008	17050.08	3828.29

Source: OECD/DAC Statistics (2009)  
Current prices, US\$ millions



This was a period during which it was suggested by the donor community that TC could serve as a principal tool to introduce the necessary western skills, capacities and knowledge which it was assumed were easily transferrable via short-term development aid and TC mechanisms (de Walle 2001). Therefore the financing of quick, blueprint TC interventions became an imperative based on the notion that the (economic) development of many of the sub-Saharan countries was only a matter of time.

Riddell (2007, 203-205) underlines that this early period of TC project aid is perceived today as a 'donor-driven', 'expert-led' approach of donor countries, which scrambled to 'fill' skills and knowledge gaps, assuming that without significant recipient input and participation in the development processes the necessary skills and capacities would nonetheless be quickly transferred via TC project initiatives. However, while the overall TC project aid appeared to achieve some of its 'immediate objectives' (with large numbers of, for example, school children benefiting in the short-term), the overall TC project outputs were not 'lasting' in the large majority of cases (ibid.). Commenting on the same period, Mkandawire (2002, 148-150) argues that despite the systematic efforts of several African governments to develop capacities in the public sector through the expansion of secondary and tertiary education, a combination of cronyism and corruption at the elite levels of the administration together with blueprint, 'supply-driven' TC initiatives by the donors, which disregarded African institutions as ineffective, weakened TC interventions as projects were introduced and abandoned according to the 'dictates of fashion' of the donor policies (ibid., 154). The 'ineffectiveness' of many TC projects and programmes in reaching their long term objectives and improving local capacities (especially in the civil service) was the outcome of a combination of 'rent-seeking' behaviours from local elites and uncoordinated and speculative development aid policies from the donors (ibid., 155). This is a criticism that would follow TC throughout the 1980s, a period characterised by a second wave of large flows of TC but also by rising scepticism over the future of development aid.

#### **2.4.2 The period 1970-1990: From changing aid and Technical Cooperation paradigms to disillusionment**

The twenty-year period between 1970 and 1990 was characterised by two principal elements for aid policies: the continuous quantitative expansion of ODA flows to developing countries; and the realisation by the donor community (governments and international organisations) that poverty alleviation and development were issues far more demanding than the simplistic ‘trickle-down’ hypotheses of economic development of the post-war period (Arndt 1987, 3; de Walle 2001; Easterly 2006). Despite the gradual changing rhetoric of some donors (see for example the World Bank’s ‘Basic Needs Development Strategy’; also Stokke (1996, 38) and Wood (2004, 222) calling for a more ‘needs-based’ development paradigm and more focus on health and education, it was quickly to be realised that no significant improvements in the living conditions of the poorest countries had been achieved. Regardless of the clear failure of western donor remedies to tackle the growing poverty and under-development problems of the South during the first ten years of development aid initiatives, the dominance of the positivist agendas of the large donors and International Organisations (IOs) remained nearly unchallenged.

For the large majority of African countries, the 1970s marked a period of continuous increase of ODA flows from DAC donors, an ever-growing presence of aid agencies (bilateral, multilateral, NGOs) in the continent and the multiple changing strategies of the donor community under the Cold War framework. However, the living conditions on the African continent did not alter significantly throughout the decade, despite the relative improvement in the economies of South-East Asia (see Table 2.2). On the contrary, near the end of the 1970s several African countries were effectively bankrupt, 20 years after their political independence and the initiation of development finance by western donors (Bracking 2009, 22). According to Arrighi (2002, 16 cited in Bracking 2009, 23), during the 1970s African economies suffered a genuine collapse, which continued throughout the 1980s and had disastrous consequences for the welfare of ordinary people and local institutions.

**Table 2.2: GDP per head for sub-Saharan Africa and selected countries in Asia (GDP at 1987 US\$ prices)**

<b>Year</b>	<b>1975</b>	<b>1980</b>	<b>1985</b>	<b>1990</b>	<b>1997</b>
<b>Country</b>					
<b>Sub-Saharan Africa</b>	671	661	550	542	518
<b>South-East Asia and the Pacific</b>	481	616	673	849	1,183
<b>China</b>	109	138	210	285	564
<b>Indonesia</b>	265	349	417	537	785
<b>Malaysia</b>	1,253	1,688	1,902	2,262	3,387
<b>S. Korea</b>	1,461	1,929	2,677	4,132	6,251
<b>Thailand</b>	557	718	854	1,291	1,870
<b>Nigeria</b>	349	373	277	311	315
<b>Dem. Republic of Congo</b>	307	241	225	190	97
<b>Malawi</b>	155	167	159	154	166
<b>Kenya</b>	332	370	354	392	372
<b>Sudan</b>	1,065	1,026	943	891	...
<b>Senegal</b>	716	661	664	676	674

(Adapted by Lockwood 2006, 19)

The ‘disappointment’ that development aid brought in the 1970s for not reducing poverty in much of the developing world was combined with the rise of the various neo-liberal remedies during the 1980s after a series of oil crises (in 1973 and 1979) and sovereign debt defaults (especially from Latin American governments from 1982 onwards). Despite the continuous development and poverty problems during that period few voices called for further aid commitments and closer cooperation (see for example the Brandt Report of 1980 but also the results of the Pearson Commission almost ten years earlier). The view that development aid had not significantly improved the living conditions of the poorest countries coincided with the rise in power in leading donor countries (the US, the UK, Canada) of what it has been called the ‘hegemony of the Right’ (Therien 2002, 456), which favoured minimal state intervention, ‘open’, ‘market-friendly’ policies and macroeconomic adjustment of the recipient countries (notably through Structural Adjustment Programmes – SAPs – and Structural Adjustment Loans – SALs). Therefore, whereas up to the 1980s the ODA flows had focused on how to boost development in the recipient countries, with the rise of conservative administrations in the donor community aid was now seen as a contribution to the adjustment process (Riddell 1987, 97). The predominant view of donor community was

that development aid had not contributed to any significant improvements in the living conditions of the populations of the recipient countries and this was mainly attributable to the problematic structure of the economies of the recipient countries, characterised by a lack of national reforms (see for example the analysis of World Development Report of the 1980s cited in Mawdsley and Rigg 2003, 272-275). Thus, the argument went, the national governments needed to pursue economic reforms, which included privatisation, 'opening' of the markets and reducing government spending (Bracking 2009, 20-22).

The major changes in the development discourse of the 1980s directly affected the concept of TC. The anti-statist ideologies, the understanding of the market not as a complementary but as a dominant force, and the promotion of 'free' and 'open market' agendas to developing countries by major IOs all represented an assault on any kinds of interventions that 'distort' 'market forces'. Predictably, the critique of the concept of foreign aid initiatives also targeted TC as an expensive form of aid which did not produce any tangible results. The introduction of SAPs and SALs in several countries of the South meant that TC projects became loosely linked to the introduction of 'market-friendly' policies, described in the historical evolution of development aid. Morgan and Baser (1993, 7-8) support that the adjustment policies of the 1980s required TC project aid to focus on the building of local capacities and implementation and also to be directed towards the delivery of public goods, with the involvement of the private sector. The context of TC was changing in the sense that, ironically, the assistance and 'skills' provided during the 1960s and 1970s in areas of public administration, education and health via TC were now under attack by demands for privatisation and the elimination of the role of the public sector which TC was still called upon to 'improve'. As Morgan puts it:

'[There was a growing trend...] in the 1980s to undermine the functional capabilities of those whom TA was trying to assist. In the early 1960s, TA thinking reflected a concern with adapting the techniques from one context to another. However, by the 1980s, this theme had disappeared.'

(Morgan 2002, 6)

More emphasis was given to capacity building at the same time that it was asked that developing countries reduce their public budgets and cut costs in basic health and education services (ibid.). Thus, on the one hand TC was seen in the 1980s as complex and ineffective, too ‘heavy’ for the recipients to handle, while on the other hand it was understood as important to promote institutional development and capacity building to support the structural changes of national economies. The overall ‘crisis of capabilities’ which emerged from the 1980s onwards in many of the developing countries (mainly due to the adjustment programmes) resulted in TC being re-considered near the end of the decade as an important vehicle to address the enhancement of institutional capacities in developing countries (Laporte et al. 1996, 6). Thus, despite the severe criticism that aid and TC underwent during that period, the data show that the total flows of TC to recipient countries and the total flows of TC to Africa were almost doubled between 1980 and 1990 (see Table 2.1 and 2.3). During the same period, TC continued to make up a significant (but diminishing) part of the total ODA in Africa as compared to the ratio of TC/Total ODA of other recipient countries. Morgan and Baser (1993, 8) underline the fact that notwithstanding the unpopularity of TC and the promotion of structural programs, TC’s sectoral distribution during the 1980s continued to focus on such ‘sensitive’ areas as agriculture, health and education.

**Table 2.3: DAC Total TC flows as a percentage of total aid**

Year	TC Flows as % of ODA	TC Flows as % of ODA to Africa
1970	20.8	48,7
1975	19.3	43,6
1980	19.2	39,9
1985	20.9	30,1
1990	20.9	25,5
1995	20.5	33
2000	23.5	33,5
2005	19.3	19
2008	14	16

Source: OECD/DAC Statistics (2009)

Nevertheless, at the end of 1980s, with SAPs still being popular and the continuous severe criticism of development aid for not producing positive results in terms of

poverty reduction and development in large parts of the world, TC was destined to suffer similar criticisms: on the one hand, TC was often tied to the involuntary reforms of the 1980s in many developing countries; on the other hand, it has been largely established in the developing countries as a principally ‘donor-led’, ‘expert-based’ exercise of development aid (ibid.). This criticism followed TC alongside the wider criticism against of development aid interventions throughout the first half of the 1990s.

### **2.4.3. The era beyond 1990: the wider context of development aid**

The political events of 1989 (with the end of the Cold War and the rise of a new wave of neo-liberal agendas via the Washington Consensus) resulted in aid budgets staying stable or shrinking. In an interesting analogy to the first half of the 1980s, the first half of the 1990s showed a revival of ‘market economics’, with ‘interventions’ of any kind (ODA included) being increasingly unpopular (Riddell 2007, 38-39). Moreover, the end of the Cold War meant that the 40 year-long rivalry between the two socio-economic systems for winning allies in the periphery (much too often by using aid) was now over (Lancaster 2007, 44-46). It is characteristic of this period that whereas in 1988 total net ODA from DAC countries reached more than US\$47 billion, ten years later total flows to recipient countries amounted to only US\$48.46 billion. Likewise, total bilateral aid to Africa dropped between 1990 and 2000 (Figure 2.1) despite the fact that the vast majority of sub-Saharan African countries were lagging significantly behind developing countries in Latin America and South-East Asia in terms of living conditions.

Lancaster (2007, 48-53) suggests that the 1990s were mainly characterised by two competing approaches to development aid: one of the World Bank and other IOs, characterised by a ‘top-down’ demand for neo-liberal economic reforms; and an emerging approach (mainly favoured by civil society groups) which promoted small-scale, poverty-focused activities. The trend of the unpopularity of development aid during the first half of the 1990s, was characterised by scepticism about the ‘effectiveness’ and impact of development aid on reducing poverty as aid was perceived (yet once more) as an ineffective tool for achieving poverty reduction, frequently accused of provoking corruption and further economic mismanagement in the recipient

countries. Echoing the Washington Consensus at the beginning of the decade, major IOs such as the World Bank and the IMF heavily promoted a neo-orthodox economic model, where countries could reach high rates of economic growth based on ‘liberal’, ‘market-friendly’ policies. For example, the publication of ‘The East-Asian Economic Miracle: Economic Growth and Public Policy’ in 1993 is widely understood<sup>8</sup> as an example promoted by the World Bank (and Japan) to promote examples of Asian countries that had managed to achieve high levels of economic growth without relying heavily on development aid.

However, during the same period, a number of important documents were published which challenged the aid fatigue and pessimism of the period. The first was the publication by the UNDP of the first Human Development Report (1990), an annual account measuring development performance, poverty and improvements in the living standards of the world’s population. It became a popular annual document, widely published and debated, and drew the attention of various development participants and the media. The second document was OECD’s paper ‘Shaping the 21<sup>st</sup> Century: the Contribution of Development Co-operation’, published in 1996. This 24-page document called for a new ‘global development partnership’, approached development aid through a positive lens and summarised a number of goals to be achieved in various years of the new millennium<sup>9</sup> (OECD 1996). Furthermore, the document asks for ‘effective aid’ and stresses the importance of ‘monitoring and evaluation’ to achieve aid’s targets (ibid. 1996, 17). The OECD document was actually one of the first to be published by an international organisation in a period when development aid was unpopular – a trend the document was actually attempting to challenge while promoting more expanded and focused aid policies (Riddell 2007, 41).

The gradual fading of the Washington Consensus together with the persistent poverty problems in numerous countries of the South and the continuous campaigns by civil society groups regarding the need for higher aid volumes reversed the declining trend of

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<sup>8</sup>Some scholars understand this report in a directly reversed way: an effort by Japan to divert the World Bank from its neo-classical model to a more ‘public-based’ growth model (Stein 1998, cited in King and McGrath (2004, 171).

<sup>9</sup>The documents’ goals are (OECD 1996, 9-11) related to ‘economic well being’, ‘social development’ and ‘environmental ‘sustainability’.

aid flows in the second half of the 1990s and introduced a ‘new’ period of aid rhetoric among the DAC bilateral donors (Stokke 1996, 86 cited in Therien 457). The revival of the aid discourse amongst the various donor agencies was principally defined by the introduction of specific development targets (Millennium Development Goals – MDGs) and commitments in development finance. Thus, the cancellation of the debts of many developing countries after 2000, the MDGs of 2001, and the Monterrey Consensus of 2002 for the mobilisation of increased volumes of financial resources for development, together with the introduction of the Paris Declaration for Aid Effectiveness defined the ‘modern’ donor rhetoric for development aid (Lockwood 2006; Glennie 2008; Potter et al. 2008). More particularly, the introduction of the MDGs<sup>10</sup> in 2001 (as the result of a slow process<sup>11</sup> initiated in 1998) and the DAC ‘institutionalisation’ of terms like ‘ownership’, ‘alignment’, and ‘mutual accountability’ signalled yet another turn of the donor community discourse towards a more ‘poverty-focused’, ‘demand-driven’ development agenda (see for example the Paris Declaration and the Accra Agenda for Action). These changes were swiftly embraced by a large majority of the actors in the development community and shaped the rhetorical background of the bulk of aid initiatives of the past ten years. The large bilateral and multilateral donor agencies quickly adapted their aid lexicon towards the new trends by co-opting the discourse of ‘alternative’ development approaches and effectively introducing it to the growing professionalization of the aid industry (Kothari 2005). Therefore, while a small number of development agents (mainly originating from civil society groups) remained sceptical about the sincerity of the enthusiastic engagement of large aid agencies with the new aid lexicon, most of the various development stakeholders (especially donor agencies from the North) fully embraced the new aid vogue.

#### **2.4.3.1 The professionalisation and standardisation of development aid**

Alongside the aforementioned aid developments came the further strengthening of the corporate management techniques of the bilateral development agencies (which had

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<sup>10</sup>The MDG Goals are (UNDP 2010): Eradicate extreme poverty and hunger; Achieve universal primary education; Promote gender equality and empower women; Reduce child mortality; Improve maternal health; Combat HIV/AIDS, malaria and other diseases; Ensure environmental ‘sustainability’; Develop a Global Partnership for Development.

<sup>11</sup>See Hulme (2009) for an eloquent account of the formation of MDGs.



already started in the 1970s and 1980s). This model, in accordance with the wider move towards more 'effective' and 'efficient' public services, was characterised by the reinforcement of 'results-based' management, robust auditing and reporting frameworks, strict deadlines and project budgets and the advanced design of project log-frames with very specific targets (see Minogue et al. 1998 and Manning 2001 on New Public Policy critique, but also Polidano 1999 and Hossain 2007 on the evolution of development management). According to Kothari (2005, 425-426) the donor aid industry has increasingly employed a highly technocratic tool-kit approach in order to promote its own agendas to the development spectrum and further consolidate its position as 'expert' and 'professional'. Therefore, Lancaster (2007, 52) suggests that during that period large bilateral agencies (such as USAID) started using more systematically private sector-style approaches in project and programme implementation, underlining the importance of 'measurable' results and the use of 'standardised' indicators towards reaching the project or programme objectives. Increasingly, the development agencies adopted strict log-frames, time schedules and continuous reporting, requiring their local participants to follow similar standards.

Despite the obvious limitations of this approach, other bilateral and multilateral agencies were quickly to follow (for example the UK, France and UNDP) (ibid.). This trend was also promptly adapted by large Northern and Southern NGOs which had already started adopting more 'corporate' aid management techniques during the 1980s, as they became increasingly dependent on government finance and had to follow the standards of the wider development agendas (Mawdsley et al. 2002; Alikhan et al. 2007). Accordingly, donors who were traditionally more 'distant' from western techniques, like Japan, also largely adopted similar standardised approaches, especially after the second half of the 1990s, with the routinisation of publicised programme and project reports. These changes contributed significantly to the way TC was understood and implemented in developing countries. In the next chapter it is further analysed how Japan and JICA included this discourse and understanding into their own policy and project documents and development practice.

#### **2.4.4 The post-1990s period: Technical Cooperation's 'new' discourse**

At the beginning of the 1990s the critique of TC 'performance' followed the overall neo-liberal rhetoric which regarded interventions of any kind in the market mechanisms of countries as 'ineffective', and called for national reforms instead of aid initiatives. With TC flows growing, TC was still largely seen as unsuccessful for essentially assisting in the improvement of the living conditions in developing countries (UNDP 1991, 8). This criticism stemmed not only from the more concrete poverty and aid data published during the 1990s but also from aggregate evaluations of projects and programmes by bilateral agencies and international organisations. Thus, while individual project reports conducted by contractors and agencies themselves would invariably be optimistic regarding the project 'performance' of an aid initiative, more thorough and combined studies presented a different picture. For example, a UNDP-funded report focusing on TC in Africa underlined the fact that after decades of project implementation, TC had not succeeded in developing 'skills and capacities' in poorer countries, as the model was characterised by an overreliance on an 'expert-counterpart' approach, with 'supply-driven' project initiatives and poor incentive systems which disregarded local priorities and expertise (Berg 1993). Accordingly, during the same period, institutions like the World Bank, acting openly as a strong advocate of 'market-friendly' policies, argued that TC interventions might have no results in the improvement, or might even have worsened the local capacities of the recipient countries (World Bank 1996c cited in Riddell 2007, 206).

However, the rise of 'friendlier' approaches in the development aid industry during the second half of the 1990s gave a clear new momentum to TC both in terms of volumes and donor discourse. This 'renaissance' became apparent not only in UN and bilateral documents but also in the publications of bilateral agencies and such orthodox organisations as the World Bank (see for example Mawdsley and Rigg 2002; 2003 on the changing discourse of World Development Reports). In stating that they have adopted the rebranded ideas of 'bottom-up', 'participatory' approaches, (Molyneux 2002 cited in Townsend et al. 2002, 874), large development agencies are currently claiming their (renewed) success in project and programme aid (EuropeAid, DFID,

USAID). Thus the bulk of the current evaluation and synthesis reports of TC projects for CD conducted by the bilateral agencies are generally positive about the ‘success’ of achieving their project aims and objectives. A limited number of research and academic works (see for example Lusthaus 1999; Eade 2000) also underlines the fact that more recent TC initiatives have actually ‘performed’ better, particularly in terms of transferring and building ‘skills and capacities’.

Nevertheless, despite this optimism, a growing number of studies<sup>12</sup> insist that despite the renewed interest in TC and the launch of recipient-friendly discourse, TC project practice remains a highly problematic part of development aid. This study groups the criticism into three focus areas in which the criticism is concentrated, in parallel to the research conducted in Ghana:

- Cooperation and ‘partnership’ between donors, recipients and the potential agents involved throughout a TC project aid initiative.
- ‘Capacities and skills’ developed through TC project aid.
- Sustainability of TC project outputs and structures.

The previous aspects of TC are further explored in the following sections as this thesis’s analysis of JICA’s projects in Ghana (in Chapters Six to Eight) is employing these criteria in order to assess JICA’s aid initiatives in terms of aid discourse and practice, and to place them in the broader international development agendas.

#### **2.4.4.1 Cooperation and ‘partnership’ in Technical Cooperation project aid**

According to Abugre (1999, 2 cited in Fowler 2002, 510-511), the purpose of the ‘partnership’ framework which was developed over the last fifteen years or so has been

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<sup>12</sup>There is a significantly limited number of published works on the *overall* performance of TC project aid for CD. Thus, relatively small number of academic publications is employed in this part of the study in order to analyse the views of the literature for TC in terms of cooperation and partnership; ‘capacities and skills’; and ‘sustainability’. The majority of these studies do not take ‘clear-cut’ sides for or against TC but rather use a more ‘mixed’ approach, attempting to promote both the advantages and flaws of TC. An additional number of policy reports and case-study assessments on TC are also used as reference in this and other parts of this thesis.

to address certain ‘gaps’ of development aid which have developed. Thus the author suggests that:

‘[These gaps] are identified as: (1) the lack of local ‘ownership’ of policies and programmes perceived as the key to good management; (2) inappropriate donor behaviour, including [insufficient] donor coordination [...], (3) the underlying environment, including the nature of policies, institutions and the political system. Consequently, ‘partnership’ seeks to address inclusiveness, complementarity, dialogue and shared responsibility as the basis of managing the multiple relationships among stakeholders in the aid industry.’

(ibid.)

The unequal relationship between donors and ‘beneficiaries’ is understood to be largely the direct outcome of ‘expert-counterpart’ structures of ‘development’ schemes, where locals are perceived as lacking the expertise and familiarity with the current development technology (Crew and Harrison 1998, 87-110; see also Escobar 1995 on western perceptions of the ‘Third World’). To tackle this understanding it is imperative to reject the notion of the all powerful euro-centric development expertise in the relations with developing countries and to create spaces for the local perceptions and views to emerge (Mohan and Stokke 2000). By involving the local populace more systematically during an aid initiative (through ‘contribution’, ‘organisation’ or ‘empowerment’-Oakley 1991,8-10) there are increased chances that the priority needs of the local actors would be better addressed and eventually met (Chambers 1983; 1997). For the local ‘partners’ to gain more and achieve meaningful change a number of ‘reversals’ are required (spatial, professional, preferences) in which the poor would manage to reverse their position and ‘gain more’ in the development process (Chambers 1983, 168).

However, despite the initial optimism and dynamics these approaches provoked for achieving more meaningful relations among the various aid participants, they were gradually domesticated in the discourse of the large development agents through the promotion of ‘partnership’, a relatively new buzzword in donor discourse which

indicates the creation of more ‘balanced’ and ‘participatory’ aid relationships. Commenting on the issue of ‘partnership’, Mawdsley et al. suggest that:

‘[...] although ‘participation’ and ‘partnership’ are catchwords in international discussions about development, practice usually falls far short of talk.’

(Mawdsley et al. 2002, 38)

Fowler (2002, 107) is underlining how the term of ‘partnership’ among donors and recipients has been ‘*used and abused*’ creating a long-term ‘gap’ between rhetoric and reality of donor-recipient cooperation. Despite the discursive evolution of the donor community towards a more ‘recipient friendly’ aid paradigm, as depicted in the gradual shifts of aid rhetoric throughout the new millennium, in the actual development practice the ‘top-down’, ‘expert-counterpart’ reality appears to have remained practically unaltered. ‘Partners’ relations are still characterised by vertical donor initiatives which regularly benefit more the main project/program ‘contractors’ involved instead of fulfilling the expectations of the groups they are suppose to address in the first place (Alikhan et al. 2007,41-65). ‘Partnership’ is understood as based on ‘power relations’ where concessions from top to bottom are not easy to achieve (Director Northern Ghana NGO cited in Mawdsley et al.2002, 52). Therefore, while ‘partnership’ can be a useful concept for redefining donor-recipient cooperation, the term can also be used to allow more and deeper ‘top-down’, unequal, penetration of the larger donors and NGOs and to ‘sideline’ other, more alternative development views (Fowler 1997; 2002; Townsend et al. 2002; Kothari 2005,433; see also Cooke and Kothari 2002 for a critical approach on ‘participation’).

In terms of specifically Technical Cooperation (TC) project aid the attention of the (limited) literature is mostly on the relations created between donor ‘experts’, local participants and the various agents involved within a project initiative. In a very thorough paper published by the European Commission (EC) in 2008, it is suggested that, despite years of evaluating TC effectiveness, there is little evidence that anything has changed to improve the relationship between donor and recipient countries (European Commission 2008, 8-13). According to the report, despite the relatively

recent initiatives of Paris Declaration on Aid Effectiveness of 2005 and Accra Agenda for Action (2008), a significant portion of TC project aid continues to be ‘supply-driven’, with very problematic project structures, which are not often clear and coherent regarding the roles of the project participants (ibid.). What is more, current cooperation schemes in TC projects for CD that have been designed and implemented by the EC suffer from the flaws that TC has encountered for decades (ibid., 10-11): blurred accountability among ‘partners’, slow and lengthy bureaucratic procedures which harm cooperation, operational members from the donor side with no clear understanding of how to use existing procedures, and ‘gaps’ between donor and recipient sides in terms of salaries and project priorities.

The comments of this recent EC paper regarding cooperation in TC projects mirror several past academic works and policy reports. In an older assessment study of TC, Godfrey et al. (2002, 363) highlight that of all the TC projects evaluated in a case country (Cambodia) only a handful appear to be ‘demand-driven’. The authors underline the fact that project design and management appear to be mostly on the donor side, as donors exercise close control of the project finances and personnel, to the detriment of relations among the various ‘partners’ (ibid.). Similarly, an independent review of DFID’s programme and project effectiveness (Flint et al. 2003) suggests that as cooperation and ‘partnership’ is an important theme for DFID, the donor agency needs to clarify what ‘partnership’ means in practical terms for the agency in its development programmes, how resources can be more effectively allocated among the various participants and how the ‘effectiveness’ of a ‘partnership’ can be better evaluated in a development project. The problematic relationship between donors and recipients is also clearly demonstrated in an older study by Berg (1993, 4-15) on TC schemes in several African countries. Donors have historically seen themselves as ‘experts’, employing expatriate personnel for TC projects, which are designed as a ‘package’-transfer of skills to a distant counterpart, often bypassing local institutions and personnel, as these are considered as inadequate and of low capacity (ibid.; see also Danielson et al. 2002, 161). This ‘expert-counterpart’ relationship is further hampered by the fact that while donor officials are accountable for the implementation of a project to their agencies’ headquarters and ministries, local agencies and ministries are accountable to their own

populace and constituencies. This ‘asymmetry’ of accountability between donor and recipient clearly obstructs cooperation amongst ‘partners’, who are often accountable to very different entities. Arndt (2002, 165-166) eloquently addresses part of the above critique by summarising the problems TC is facing in terms of ‘partnership’ between the stakeholders of a project: TC projects are in practice ‘supply-driven’, designed and implemented with too little essential input from recipients; there is excessive reliance on long-term resident advisers and foreign experts, who often sit uneasily with local institutional structures, creating a working culture of privileged and non-privileged employees; and there is a clear failure of the ‘expert-counterpart’ model in TC for CD, as the transfer of skills and the ‘pairing’ of experts and counterparts is often short-lived and problematic.

On the other hand, the literature focusing on TC projects dedicates a smaller part to problems occurring on the recipient side when it comes to cooperation among donors and recipients. Thus, Arndt (*ibid.*, 165) suggests that there is ‘weak country management of TC, with a plethora of donors with their own agendas and timetables’; ‘TC [is] seen as a ‘free good’ from recipients thus potentially acting ineffectively in terms of their relations with the donors’ (Ajayi and Jerome 2002); ‘recipients [are] acting ‘passively’ in TC projects, accepting whatever it is offered from donors’ (Hauge 2002,77); and there are ‘general institutional weaknesses in the recipient countries’ (Browne 2002, 20). The criticism of the recipient side concerning cooperation in TC project aid is in accordance with what is usually found in the broader literature development aid and cooperation: inadequate capabilities of the recipient side, opportunistic behaviour, institutional weaknesses, inertia of the bureaucracy in terms of cooperating, and so on (for a summary of the relatively recent criticisms of TC and cooperation among the stakeholders of aid initiatives see Table 2.4).

**Table 2.4: Cooperation and ‘partnerships’ in TC: summary of the critique**

Donors	Recipients
<ul style="list-style-type: none"> <li>• ‘Supply-driven’, ‘top-down’ projects with many small and medium projects replicating one another</li> <li>• Donors often unable to define what they anticipate from a ‘partnership’ during a TC project</li> <li>• ‘Expert-counterpart’, ‘gap-filling’ model still active in TC projects.</li> <li>• Long-term resident advisers, working mostly in the headquarters of ministries, often creating a ‘double-scale’ working environment of ‘privileged’ and ‘non-privileged’.</li> <li>• Disregard of local experts.</li> <li>• ‘Filling-forms’ culture and long, bureaucratic project procedures imposed on the recipients.</li> </ul>	<ul style="list-style-type: none"> <li>• Weak country management of TC projects, with local participants already overloaded with their own tasks.</li> <li>• Institutional weaknesses of recipients in partner countries to manage inputs of TC.</li> <li>• Recipients see TC as a ‘free-good’, accepting projects passively.</li> </ul>

Source: the author, based on the literature of TC for CD

However, while the critique of the recipient side in the development of ‘partnerships’ is often accurate and realistic (Mawdsley and Rigg 2003, 275), it omits the fact that very frequently, what is understood as ‘institutional weaknesses’ or ‘rent-seeking’ behaviours in development assistance, is partly the result of the legacy of decades of ‘top-down’ cooperation approaches of the donor community, which understood aid as a blueprint relationship of short-term targets, and which disregarded the national and local contexts of their ‘partners’. Therefore, while this study recognises recipients’ ‘weaknesses’ in project aid, it is the view of this research that it is principally the powerful aspects of the donors’ broader development agendas that determine the fate of development aid.

This study explores in Chapter Six JICA’s TC approach in Ghana in terms of cooperation and ‘partnership’, and draws a broader picture of this approach in Chapter Nine.



#### **2.4.4.2 Development of ‘capacities and skills’ in Technical Cooperation project aid**

One of the principal aims of TC is the development of capacities in individuals and the organisational structures in a number of sector areas. Historically, Capacity Development (CD) emerged alongside the rise of development aid and TC in the 1950s, and evolved over the next decades accordingly. While it is beyond the scope of this study to offer a detailed account of the evolution of CD, it can be briefly underlined that CD was originally applied to organisational/institutional development mainly in the ‘heavy’ project areas (infrastructure) of development aid where TC was initially focusing. It was only during the 1970s that TC for CD partially turned to ‘softer’ aid sectors in parallel with the partial shift of development aid to more ‘basic needs’ strategies. Despite the heavy criticism that development aid and TC underwent during the 1980s and the first half of the 1990s, TC projects for CD continued to expand and were mainly linked to initiatives of ‘skills transfer’ and ‘shared knowledge’ in a large variety of sectors, from environmental conservation to parasite control schemes. Thus, while TC for CD was initiated largely to support infrastructure projects, it gradually expanded to a large number of project areas.

The actual literature on Capacity Development<sup>13</sup> (CD) is extensive. Malik (2002, 27) supports the idea that the large number of works on CD suggests that the interpretation of the term varies from study to study. Thus, while for some scholars CD serves both as an objective and as an approach, underlining participatory processes and the capacities that the individuals develop, others take a more ‘general’ view, understanding CD as ‘an effort to change societies’ rules’, which is actually a ‘systems’ perspective, examining organisational and societal contexts and incorporating social capital concerns in their analysis (ibid.). Therefore, CD becomes about something more than developing personal skills, and is employed as a means for broader organisational/institutional and societal change. For example, according to Browne (2002, 4), CD can imply the capacity to ‘build and manage partnerships [and] resources’ but also ‘the capacity to develop

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<sup>13</sup>The term is used to address the development of capacities on existing capabilities. The term ‘capacity building’ is employed to refer to the building of capacities from scratch

strategies [and] implement regulatory and legal frameworks'. Similarly, Eade and Williams (1995, 6) understand CD as strengthening individuals' capacities to act according to their own priorities but also as the potential to transform their daily lives and subsequently their societies.

These views are in accordance with the current approach of international organisations. For example, DAC (2006, 7-8) points out that CD is about 'processes' under which individuals, groups and organisations enhance their systems, resources and knowledge in order not only to perform individual functions but also to achieve wider solutions and common objectives. Accordingly, UNDP (2009, 3) finds that CD is a process through which individuals, organisations and societies obtain and develop capabilities in order to achieve their own objectives (an understanding of CD that is also endorsed by JICA – see Chapters Three and Four). Additionally, defining CD can be better understood by attempting to highlight what CD *is not* (Eade 2000, 32): CD should not create dependency; CD does not mean weakening the state; CD is not a separate (i.e. independent and self-contained from other national policies) activity; CD is not solely concerned with financial 'sustainability'. Alley and Negroto (1999 cited in Lusthaus et al. 1999, 5) suggest that in the current donor discourse there is an emerging consensus that CD involves long-term plans, contributes to sustainable economic and social development and is demand-driven. Currently, CD appears to support building on existing recipient capacities instead of using ready-made models of aid to build capacities from donors to recipients (Morgan 1993, cited in Lusthaus et al. 1999, 5).

Drawing on the multiple functions the term contains, CD is often divided into several categories, according to the purpose it serves and the approach it takes. From the definitions it is clear that CD can be composed of at least two broad types: 1. CD that refers to *individual building* of capacities within a wider societal context, where people develop their own capacities by determining their values and priorities, and aim for a positive change in the working and societal environment; and 2. CD that refers to *wider transformations* of a organisational and societal rules. Thus, Fukuda-Parr (2002, 9) identifies three levels of CD: the *individual*, which enables individuals to embark on a continuous process of learning, building on existing knowledge and skills and extending

these in new directions; the *institutional*, involving donors and governments trying to build capacities in existing institutional capabilities, encouraging them to grow; and the *societal*, which refers to capacities in society as a whole or a general transformation for development. Similarly, Lusthaus et al. (1999, 6-8) categorise CD according to four different approaches: the organisational; the institutional; the systems' approach; and the participatory process approach. Through these categories, the author underlines the multidimensional aspect of CD, which is not only limited to the individual and community levels but can also transcend the organisational/ institutional and societal layers.

Certainly, it is understood that TC type projects are not 'clear-cut' cases of CD that can be easily categorised, as in practice there is a high degree of overlap among the different CD approaches. Nevertheless, this study understands CD principally in the sense of individual building, continuous learning for both donors and local actors, and as a participatory process that builds on existing knowledge and skills and prioritises the active participation and views of local stakeholders. Moreover, this thesis considers CD not solely a matter of enhancing relevant individual skills but also of employing them in order to bring about change at the organisational level of a project intervention. If a project initiative is relevant and desirable at the individual level it will eventually need the substantial support of the district and (potentially) national levels.

In terms of TC for CD project 'performance', the literature offers a picture that is at best mixed and at worst grim. In one of the few aggregate studies published on TC for CD, Cassen (1986, 181-201) usefully distinguishes the effects of TC projects in 'proximate' and 'ultimate'. The author suggests that TC is more likely to achieve its proximate rather than its long-term aims and objectives (where the results 'are not clear' and 'more difficult to assess') (ibid.). Furthermore, the author analyses the effects of TC by sector – using reports and secondary data – and finds that, in general, TC has been particularly successful in agricultural production, parts of the health sector and science sub-sectors such as meteorology (ibid.). During the same period, Muscat (1986) reviewed dozens of evaluation reports and secondary data, and highlights that, despite all their limitations, TC projects have achieved their direct targets. More recently, the reports of various

bilateral and multilateral aid agencies present a generally positive view of project aid schemes in achieving their objectives. Thus, DFID's Annual Report (DFID 2009, 11-13) underlines the results of evaluations of project aid which show that the 'portfolio performance' of the agency is improving, with 'satisfactory levels' of project 'performance' rising in 2008. Similar are the results of a recent USAID Annual Report (USAID 2008, 6-7), the Independent Evaluation Group (IEG) of the World Bank (IEG – World Bank 2009) and CIDA (2009) where they technically categorise their own project assessments and the large majority of their aid projects are found to have well 'performed'.

Nevertheless, the bulk of the relevant literature has limited empathy for TC in terms of CD. The major criticism is addressed to the donor side (and its affiliates) for the incapability of TC to design and apply realistic, 'demand-driven' projects that would have a positive long-term impact on the 'capacities and skills' of the recipients. Capacity Development presented by the big donor countries as 'knowledge-based' aid has a fundamentally asymmetrical status, where the North is the 'provider' and the South the 'consumer' of advanced 'knowledge' which is required for the poorer countries to escape poverty (Torres 2001, 106). Thus, the North 'thinks, knows, disseminates, plans and strategises' through 'expert' initiatives in order to 'develop' the South which 'does not know' but provides necessary information data in order for the donor countries to produce their 'recommendations' (ibid.). Despite current efforts of large bilateral donor agencies (for example JICA-see Chapter Three) to highlight in their discourse the importance they attribute on 'sharing' knowledge, 'capacities and skills' between donor and 'beneficiary', the core idea of transferring a 'unified' technologically 'superior' knowledge from the developed to developing world remains. Commenting on the 1998-99 World Development Report ('Knowledge for Development'-World Bank) King and McGrath (2004, 37-43) argue that the report simplistically assumes that the 'gaps' between the North and South can be narrowed down by providing 'technical', 'clear-cut' and 'value-free' answers regardless of the realities and weaknesses of development practice. In that sense, despite all the new language of 'partnership' and 'sharing', the legacy of universalised 'prescriptive knowledge transfer' and conditionality remains (ibid., 44). This fundamentally flawed traditional 'expert-recipient' aid approach for CD

has certainly been apparent in recent TC aid initiatives. In a detailed *independent* report on the European TC approaches provided by the European Commission, the Court of Auditors of the EU (2007, 8-12) presents a series of weaknesses of CD related projects carried out by the EC. The Court of Auditors highlights that there is a lack of well-defined CD projects as they usually have complex project designs with abstract and general objectives of achieving CD with only the short-term targets being usually achieved. Furthermore, the report suggests that the experts of sub-contracted TC projects are often unreliable and unprofessional (*ibid.*). Moreover, the report finds that CD through the Commission's TC projects is uncertain, with the majority of projects facing 'significant' or 'serious' problems in delivering capacities, especially in the long-term (see also Cassen 1986, 211). Likewise, other studies present a problematic picture of TC in terms of CD. As Hauge suggests:

'Employees of aid agencies are rewarded not for the long-term sustainable development that occurs on their watch, but for getting the projects approved by their boards, for the disbursement of funds and for meeting the output targets in the project's design.'

(Hauge 2002,78-79)

Accordingly, Denning (2002, 240-241) underlines the difficulties and limits of 'sharing knowledge' under the mainstream training programmes and projects and Godfrey et al. (2002, 361) find that training during TC projects for CD needs improvement, 'follow-up' and dissemination. Commenting on the quality of project implementation and evaluation processes, Mosley (1992, 80), underlines the fact that 'overall favourable' evaluation reports by donors are to be expected, as a different result would point to wrong decisions having been made on the part of the bilateral agency, something that would not satisfy anyone from the donor side. On the other hand the bulk of the literature is somewhat homogenous in highlighting a number of common points of inadequacy on the recipient side in terms of actual training and transfer of 'capacities'. These are all summarised in Table 2.5.

**Table 2.5: Capacity development, training and transfer of ‘capacities, skills and knowledge’: summary of the critique**

Donors	Recipients
<ul style="list-style-type: none"> <li>• Poor project design and management</li> <li>• Experts and trainers of inadequate quality</li> <li>• Donors focusing on achieving ‘measurable’ short-term targets while paying little attention to the usefulness and the medium- and long-term validity of the project</li> <li>• ‘Unreliable’ experts’ and subcontractors</li> <li>• Inadequate, replicated, ‘top-down’ CD models, which ignore the particularities and needs of different countries and regions</li> <li>• Aims and objectives of donors connected to ‘transfer of knowledge, ‘capacities and skills’ but in reality concentrate merely on quick transfers of ‘expert’ information and ‘top-down’ knowledge.</li> <li>• Poor follow-up of CD training and workshops</li> </ul>	<ul style="list-style-type: none"> <li>• Institutional weaknesses to support CD project training</li> <li>• Inadequate capacities of local ‘partners’ to cooperate effectively with donors</li> <li>• Opportunistic behaviour of local staff during TC projects</li> <li>• Disinterested local participants when participating in CD activities</li> </ul>

Source: the author, based on the literature of TC for CD

Developing ‘capacities and skills’ through TC is a challenging task, which requires relevant, realistic and contextualised project objectives, the creation of a strong incentive system and a high level of ownership among local stakeholders. These elements are even more important when TC is focusing on such sensitive sectors as basic education and health, where large parts of the population may be affected by TC initiatives. This study assesses in Chapter Seven aspects of the actual ‘capacities and skills’ to be transferred by JICA’s projects in Ghana, giving particular emphasis to the views of the local stakeholders on the processes and objectives of the TC projects in question.

### 2.4.4.3 ‘Sustainability’ in Technical Cooperation project aid

‘Sustainability’ of project outputs, outcomes and structures is featured in a relatively large part of the TC literature. The term is used in this study in order to assess whether aspects of JICA’s TC project outputs and organisational structures in Ghana have been (or have the potential to be) socially and financially sustained in the project areas. It is necessary to study this as project ‘sustainability’ is one of the most problematic elements of project aid for CD. Moreover, JICA itself has set sustainable results and project structures as a main objective for both its projects in Ghana. According to Catterson and Lindhall (1999, 25) ‘sustainability’ represents the capacity of a project to continue functioning in the post-aid period. Similarly, the OECD (2009a) understands the term as the ‘continuation of benefits’ in the long-term of a development initiative after the initiative has been completed. In parallel, major bilateral agencies such as the Swedish Aid Agency view ‘sustainability’ as a project or programme which is socially and economically sustainable after the discontinuation of support (SIDA at Work 51 cited in Gibson et al. 2001, 9). Sustainability is used to indicate the potential of the continuation and (possibly) the evolution of a project (or parts of it) when a donor exits the project site and the project is still ‘desirable’ by the local stakeholders (although this last part is often taken as a given by the donor side).

Sustainability is a large area of study,<sup>14</sup> interlinked with the level of cooperation and the relevant ‘capacities and skills’ of those working on an implemented project. Moreover, it is one of the most problematic areas of TC, as thousands of projects on CD over the last 30 years or so simply ‘disappeared’ from the development map when the donor left the project site and the resources dried up. As the director of one of the largest bilateral agencies in Ghana admitted:

‘It is not possible to monitor what has happened to our past projects after we phased out, we do not have this capacity [personnel]...we do not know what has happened to these projects.’

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<sup>14</sup>See for example Bell and Morse (2000), taking a holistic and qualitative approach. Moreover, Agenda 21 of the UN has developed 132 ‘sustainability’ indicators in an attempt to adopt a comprehensive approach (Gibson et al.2001, 9).

(Q&A during an official visit of students from IDPM to the director of large bilateral agency in Ghana, 2008)

However, from the literature on TC it appears that the issue of ‘sustainability’ of development projects has not particularly occupied policy institutions and academic research. On the one hand, it is only during the last fifteen to 20 years that large bilateral and multilateral agencies have systematically included in their project and programme studies the aspect of ‘sustainability’ (see for example JICA’s Evaluation Reports after the year 2000). According to the DAC recommendations on evaluation criteria, ‘sustainability’ is currently considered as a fundamental part of project activities. However, the evaluation reports of bilateral and multilateral agencies are highly uncritical, as in the large majority of their initiatives they recognise the ‘project challenges’ after the termination of the initiative, but argue that such problems can be resolved because of the declared commitment of the local participants (see for example current individual project and programme evaluation reports by JICA, DFID and the EC’s Annual Reports 2007 – 2009).

On the other hand, the academic publications on this issue are more critical but rather limited, as many studies refer only sporadically and often indirectly to the issue of ‘sustainability’. Lopes (2002, 134-135) supports the idea that donors often design a particular format of log-frames for multiple TC project interventions, without giving much consideration to local views, knowledge and skills, and without employing any participatory techniques, in this way alienating the local stakeholders from the potential of the project to continue. Similarly, Panday (2002, 72-73) underlines that ‘sustainability’ is undermined by too little attention being paid by donors to local views and too many aid flows to replicable project initiatives by different agencies in the same areas. In parallel, Kremer and Miguel (2008) argue that donors in reality usually only pursue the ‘financial’ ‘sustainability’ of irrelevant projects, instead of promoting initiatives and channelling their resources to projects that are really needed by the local actors. However, while recognising that the lack of phase-out strategies on the donor side considerably undermines the financial and social ‘sustainability’ of project initiatives, Godfrey et al. (2002, 36) also criticise the recipient stakeholders for getting



involved in projects without having the necessary administrative and/or local social and financial support. Osei (2006, 40) agrees with this, but suggests that it is often the case that poor recipient management and monitoring for the ‘sustainability’ of the project is the result of overloaded local staff with various responsibilities and a lack of time and motivation to engage with additional agendas see Table 2.6).

**Table 2.6: ‘Sustainability’ of TC projects: summary and critique**

Donors	Recipients
<ul style="list-style-type: none"> <li>• Blueprint TC project designs, negatively affecting participation, motivation, ownership and ‘sustainability’</li> <li>• Lack of incentive strategies by the donors for the project to continue</li> <li>• Uniform, ‘one-size-fits-all’, log-frame approaches by the donors without considering local capacities and needs</li> <li>• Lack of ‘phasing-out’ strategies</li> <li>• Financial ‘sustainability’ the only concern of donors</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of government support</li> <li>• Lack of local capacities to effectively take over and sustain the project.</li> <li>• Lack of motivation</li> <li>• Overloaded members of staff with tasks other than the project</li> </ul>

Source: the author, based on the literature of TC for CD

This study considers the ‘sustainability’ of TC to be closely linked to local ownership, a term that has been mainstreamed and systematically used in the donor discourse over the last 20 years. According to the OECD (OECD, Shaping the 21<sup>st</sup> century 1996 cited in Riddell 2007; OECD Glossary of Statistical Terms 2007), ownership of development aid initiatives represents the effective control by the recipient side of development processes that rely on external resources and actions which are integrated in the national policy frameworks of the recipient governments. Similarly, the Paris Declaration on Aid Effectiveness (2005, 3) understands the term as the ‘exercise of effective leadership’ by the recipient (‘partner’) countries over their development policies and actions. However, while the term has been part of what was previously described as a ‘revival’ of aid discourse, there are concerns that past problematic donor practices in the field have not significantly altered. Thus, while the donor rhetoric suggests a ‘turn’ in development practices, empirical studies and the literature highlights that serious challenges remain

on the ground (an issue analysed throughout this thesis via a comparison of empirical findings and JICA's development discourse). Therefore, this study considers to be a positive link between increased levels of national and (more importantly) local ownership and sustainable project results and structures where a strong incentive system is necessary (Mkandawire 2002; also see Chapter Eight). This thesis analyses the level of ownership of JICA's projects in Ghana mainly in Chapter Eight, where it explains the level of 'sustainability' of the selected Japanese projects.

## **2.5 Conclusion**

This chapter has analysed the terminology surrounding development aid with particular focus on TC project aid which is the main area of research of this study. It has been briefly shown how foreign aid in general and TC in particular has evolved over the past decades, from a means which (as it was assumed in the 1950s) would automatically boost economic growth, to the less ambitious aid approaches of the period between 1970 and 1990 when aid became increasingly unpopular amongst donors, only for it to revive at the beginning of the new millennium, accompanied by a more 'participatory', 'needs-based' rhetoric as a development policy vehicle. Accordingly, TC, which was originally (1950 – 1970) seen as a straightforward 'expert-counterpart', 'skills-filler' method, capable of achieving quick results in developing countries, underwent strong criticism (1970 – 1990) for its ineffectiveness in providing relevant and sustainable outcomes in recipient countries. In both periods, development aid and TC were employed by the dominant discourse of the donor community, first to underline the 'straightforwardness' of economic growth (in which aid flows would be used as a 'stimulant') and then, when the ongoing poor conditions in developing countries did not fit with this 'top-down' approach, as a tool for 'structural reforms' (1980s) and later on (early 1990s) as an obstacle to open-market agendas. Nevertheless, during the same period (1970 – 1990) a small but growing group of critical thinkers emerged (NGOs, civil society groups, academic researchers) which focused its criticisms towards the dominant aid policies and underlined (among other issues) the need for more equal relations amongst development participants.

With the revival of the development aid concept in the second half of the 1990s and the pressure for change in the relations between developed and developing countries, the aid discourse of the western donor community effectively included in its reporting culture a significant part of the criticism which had emerged over the previous years. In parallel, TC became (once more) the principal vehicle for addressing the challenges in the 'soft' parts of ODA (health, education) under the 'recipient-friendly' discourse framed by the MDGs and the Paris Declaration for Aid Effectiveness frameworks. Nevertheless, the debate over the effectiveness of TC project aid and its ability to deliver its discursive representation has sustained and intensified, and has principally evolved around three main areas: the level and quality of cooperation among the TC stakeholders during a project/programme initiative; the relevance and quality of skills and capacities developed in a regular TC intervention; and the level of 'sustainability' of outcomes and project structures. It is through these lenses that JICA's cases are further examined in this study.

## **CHAPTER 3: JAPAN'S AID PARADIGM AND GHANA**

### **3.1 Introduction**

In this chapter a brief historical account of the evolution of Japan's aid discourse is presented together with a framework of Ghana's fundamental development policies in health and education. This will enable this study to better understand the evolution of the Japanese aid system and to identify Ghana's development background, against which the JICA projects were actually implemented. Furthermore, the growing presence of Japan and JICA in Ghana are highlighted. The analysis is based on in-depth document review of the relevant Japanese and JICA aid reports and policy and project papers (see also Chapter 5, section 5.3.7).

### **3.2 The Japanese aid paradigm: an introduction to Japanese aid and JICA**

The first three decades of the Japanese aid programme were characterised by two fundamental elements: the efforts of Japan to promote its development programme in South-East Asia and later in other geographical regions (Africa, Latin America); and the creation of a powerful aid bureaucracy in which JICA gradually became a major part. Both elements were developed in parallel with what was described as 'the Asian Economic Paradigm' and the importance of 'self-help' efforts in Japan's development model. The initial war reparations Japan provided to neighbouring countries during the 1950s were quickly replaced by large-scale, 'export-led', tied loans with low interest, directed towards 'heavy' infrastructure projects, from Japan to its 'regional partners', notably the Philippines, Thailand, Malaysia and Indonesia (Brooks and Orr 1985, 323-324; Schraeder et al. 1998, 300-304). The foundation of Japan's aid programme (when Japan joined the Colombo Plan in 1954) was directly connected to Japanese commercial interests in the region, and to the development of Japan's aid concept of 'self-help' (ibid.). Since its establishment, the Japanese aid paradigm directed its attention towards two fundamental elements: strong economic growth, based on public and private investment; and the provision of aid using ODA loans rather than grants.

The relative success of Japan's own economic growth during this early period gave the country a strong value of 'self-reliance', where charity had a limited space in civil life and policy making (Rix 1993, 15-16). Moreover, the country lacked the fundamental western Christian missionary experience in developing countries, which underlined the core western idea of 'helping' (Orr 1990, 139). Instead, Japan promoted an economic model which relied heavily on the characteristics of high productivity and investment with long-term goals and self-reliant, 'self-help' policies (Vestal 1993; Kohama 1988 cited in Lehman 2003, 3). This approach made Japan a 'distinctive' aid power (Duke 1986 cited in Sawamura 2004, 31) which promoted 'individual work' within a national team spirit, in contrast to the more individualistic western donor mentality (Sawamura 2004, 31).

The commencement of Japan's aid paradigm with its accompanying 'principles' were to be sustained over the next two decades but were also slightly 'enriched' in terms of discourse and policies because of the geopolitical necessities of the following decades. At the beginning of the 1970s, with Japan's aid programme steadily growing, the country started slowly building 'new partnerships' around the globe, mainly due to a combination of factors beyond its direct control<sup>15</sup> and to growing pressures from the interior (mainly Japan's Foreign Ministry – MOFA) regarding the necessity of an 'opening' of Japan's wider international policy agenda (Yasutomo 1989, 492 and Ampiah 1996, 107). However, this new opening of Japan's aid administration in this period did not result in any dramatic changes concerning Africa's aid flows or any significant alterations of Japan's discourse on the African continent (see for example MOFA Diplomatic Bluebook 1973 – 1978).

Nevertheless, during the second half of the 1980s Japan's ODA programme grew rapidly in multiple geographical and sectoral directions. Miyashita (1999, 695) finds that Japan's ODA grew throughout the 1980s at 'a rate higher than any other items in the national account'. Indeed, the country's aid programme growth was so remarkable that in 1989 Japan surpassed the US in terms of ODA volume and ranked first in aid

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<sup>15</sup>For example the oil crises of 1973 and 1979.

provision among the DAC countries. Japan's attempts to partly break from 'commercially-driven', tied aid led them to start adapting the discourse from other donors (mainly Europeans), introduced in the 1970s, for a more 'Basic Human Rights Approach'. For example, in 1981, the Japanese Prime Minister introduced a 'Basic Human Rights Approach' in three sectors where Japan should increase its development assistance: rural development; energy; human resources (Brooks and Orr 1985, 327). However, the previous sharp increase of Japan's aid financing was not followed by any significant policy breakthrough of the country's development assistance programme (Rix 1989, 27). The few Japanese initiatives, such as the 'Basic Human Rights Approach' and the ODA report of the Advisory Committee of 1985, which highlighted the 'humanitarian' purpose of Japan's aid programme, are largely understood as 'a MOFA public relations exercise to persuade a sceptical public' (Yasutomo 1986 cited in Rix 1993, 26). Indeed, the Japanese aid volumes of the period suggest a maintenance of Japan's traditional preference for aid loans rather than grants and a discourse highlighting its focus on the Asian continent, with only marginal references to other geographic locations (ibid; also see MOFA Diplomatic Bluebooks 1982-1987).

It was only at the beginning of 1990s when Japan's ODA discourse took a more decisive turn towards adopting essential elements of the wider aid establishment of the DAC countries with the introduction of its first ODA Charter in 1992. This can mainly be attributed to the willingness of Japan to further approach the western donors by adopting elements of their development policy frameworks and consequently halting the long-standing debate regarding the low quality of Japan's ODA programme and its direct ties to Japanese commercial interests (Ensign 1992; Miyashita 1999). Moreover, it can be understood as the result of the growing presence of Japan's MOFA in Japan's aid policies and the need for the country to include aid in its wider political aspirations in international fora (Rix 1993). Thus, the introduction of Japan's ODA Charter in 1992 addresses a variety of development areas and sectors where Japan's aid programme ought to focus in the years to come. The Charter is more like a 'blend' of old Japanese discourse ('self-help efforts', 'Asian model of development') with the more 'mainstream' one (such as 'good governance', 'basic human needs', 'environment', 'market-oriented economies' (MOFA 1992b) which had started emerging amongst the

DAC and UNDP aid circles. Despite the fact that some researchers understand this change as a progression rather than a change of Japan's aid behaviour (Hook and Zhang 1998, 1058), a number of authors (Rix 1993, 31; Fujisaki et al.1996, 51) highlight the introduction of the ODA Charter as a 'new wave' in Japan's aid philosophy. Certainly, the growing aid discourse of Japan regarding continents other than Asia together with its increasing aid volumes to continents like Africa and Latin America and the introduction of the ODA Charter did mark a significant change in Japan's aid policy in terms of adopting a growing western rhetoric and providing large volumes of aid to faraway continents. This change would be made even clearer after the second half of the 1990s. However, before proceeding to the latest evolution(s) of Japan's aid policy agenda, a brief analysis of Japan's ODA bureaucratic structure is presented in order to understand how the country's aid system functioned at the time of JICA's project implementation in Ghana in 2008.

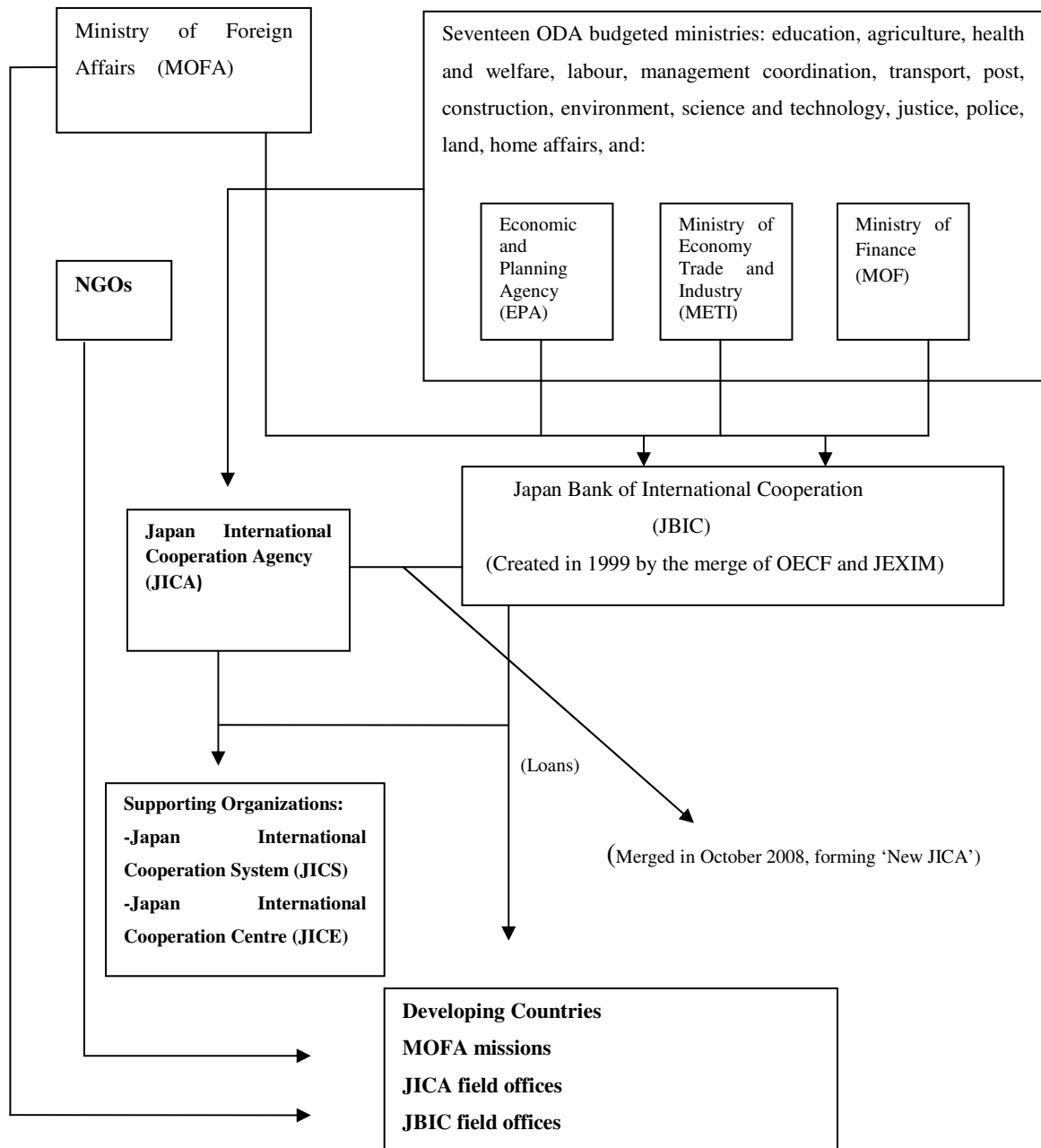
### **3.2.1 The creation of Japan's aid bureaucracy and its role**

During the period from 1950 to 1980 a Japanese bureaucratic structure was developed, which was based on four ministries and their related agencies (Orr 1990, 20-22; 30-45). Thus, while the management of Japan's grant aid and technical assistance fell under the responsibility of MOFA, the yen loans (traditionally representing a major tool of Japan's ODA programme) were administered by the Ministry of Economy, Trade and Industry (METI). In addition, the Ministry of Finance (MOF), operating as the provider of Japan's ODA, was an important part of the bureaucracy as the safeguard for the financial demands of METI and MOFA. Finally, the structure was completed by the Economic and Planning Agency (EPA), which never played an important part in the planning and application of Japan's ODA and had a 'somewhat more vague agenda relating to overseas assistance' (ibid, 20).

Although the structure of the Japanese ODA system changed slightly over time (with its biggest change yet being the merger of JICA with JBIC in 2008) and its budget is traditionally ratified by the Japanese Diet, foreign aid in Japan remains the 'preserve of the Japanese bureaucracy' (ibid.). In Japan's aid system, METI (and its related agency,

the Overseas Economic Cooperation Fund, OECF) has invariably promoted a more ‘commercially-oriented’ ODA approach, with MOFA (and its related agency, JICA) supporting a more ‘open’ and ‘cosmopolitan’ aid agenda (Hook and Zhang 1998, 1052-1056).

**Figure 3.1: Actors in Japanese Bilateral Development Cooperation at the time of the research**



(Adapted from OECD Development Cooperation Review Series no 13 1996 cited in Fujisaki et al. 1996, 529)  
(Connected lines represent grants, loans and/or technical cooperation unless otherwise noted)



As Figure 3.1 shows, METI has been the principal financier and supporting ministry for JBIC to provide loans to developing countries through official Japanese missions abroad. Correspondingly, MOFA has been the main supporter and financier of JICA and its TC project schemes. In this ‘competition’, the Ministry of Finance operates as a ‘balancing’ agency for the financial demands of MOFA and METI. Additionally, another seventeen ministries are involved in the management of Japan’s ODA funds, principally in the form of supporting minor roles (such as dispatching experts to developing countries, training and consultancy).

However, over the years, the dynamics between these two principal actors of Japan’s ODA have shifted. According to Katada (2002), Japan’s evolution of development aid is based on what he calls ‘competing triads’: the METI/MOF/Business triad on the one hand, which represents Japan’s commercial interests and the private sector; and the MOFA/JICA/International Community triad on the other, which represents 50% of Japan’s ODA budget and supports a more ‘political’ approach of the Japanese development aid agenda; While during the 1970s and 1980s METI appeared to prevail in its ‘clash’ with MOFA and JICA, the conflict with OECF in previous years and the ‘acquisition’ of JBIC by JICA in 2008 show that MOFA has had the initiative in ODA over the last few years. In that sense, the ‘cosmopolitan’ view has recently prevailed in the Japanese aid context, an element that is increasingly reflected in the main Japanese aid documents of JICA and MOFA.

### **3.2.2 The (revised) Charter of Japan’s ODA and Japan’s aid discourse today**

Japan’s revised ODA Charter of 2003 is the fundamental official document published by the Government of Japan (GoJ) on which all JICA’s initiatives over the last decade have been based, including the case studies of this thesis. The revision of the original ODA Charter of 1992 was principally based on the politico-economic events that took place between 1992 and 2003 and were mainly related to the emphasis of the international community on a more security-oriented and poverty-focused development agenda (MOFA 2001, 3).

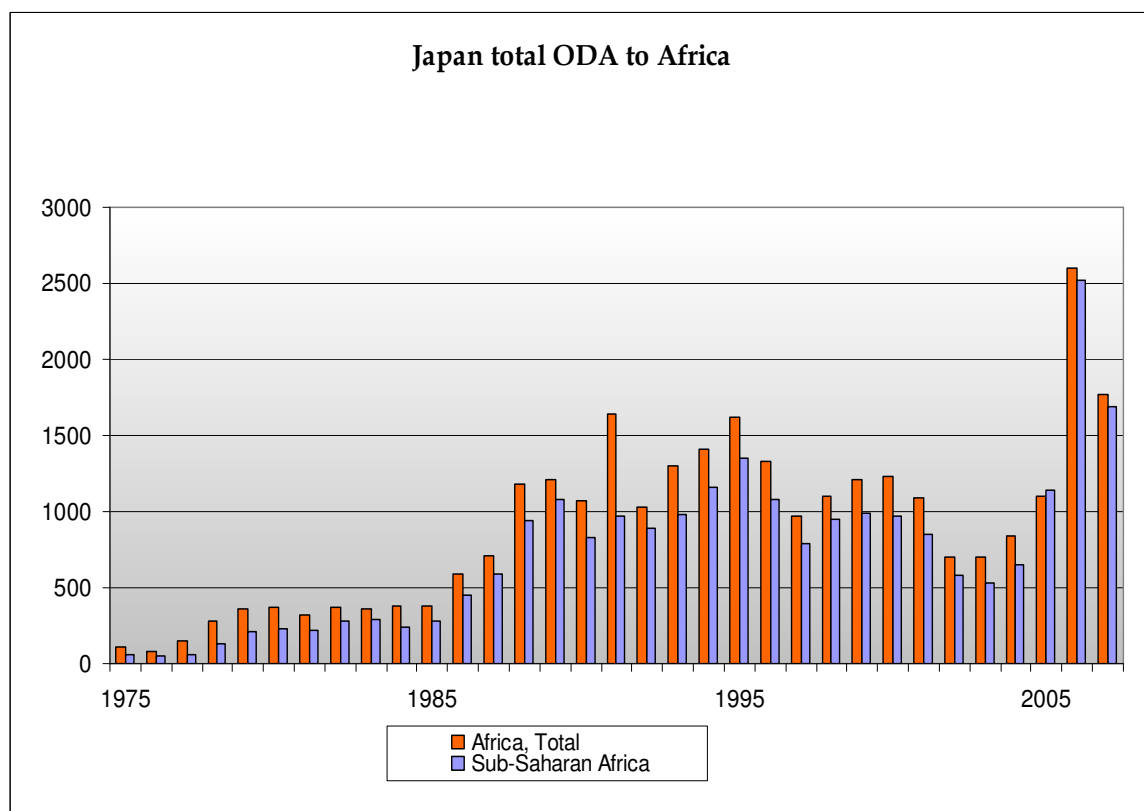
Japan's revised ODA Charter is based on five pillars (MOFA Japan revised ODA Charter 2003): supporting 'self-help' efforts of developing countries; the perspective of 'human security'; assurance of fairness; utilisation of Japan's experience and expertise; and 'partnership' and collaboration with the international community. According to the revised Charter, all Japanese initiatives in the area of development aid should be planned and implemented using these principles as a starting point. While the Charter still prioritises Asia, it introduces a number of other geographical regions where Japan's aid programme would focus in the future, with the African continent being first. Moreover, the Charter 'institutionalises' the various types of Japanese evaluations (ex-ante, mid-term and ex-post) for all its aid interventions, whether they are policy, programme or project aid (ibid., 8), in order to realise 'effective and efficient aid' (ibid., 6).

Additionally, the revised Charter introduces a fundamental element into the official Japanese aid discourse for programme and project aid: the idea of 'human security', which was to be quickly adopted by JICA in all of its project design and implementation (ibid.). Through this notion (which includes a spectrum of 'securities', from economic to health), Japan's ODA system suggests that all its aid initiatives would henceforth be designed and implemented under the understanding of 'Freedom from Fear' and 'Freedom from Want', while at the same time guarding the traditional aspects of Japan's ODA philosophy of 'self-help' and 'economic growth' (MOFA Japan revised ODA Charter 2003). Indeed, while the revised Charter of 2003 introduces the relatively 'new' development glossary of DAC countries by employing such terms as 'ownership' and 'empowerment', it also sticks to the core Japanese understanding of 'self-help', 'economic growth' and Asian-focused ODA policies (ibid., 9-12). The changes between the Charter of 1992 and its revised version of 2003 are not radical (MOFA 2004b). Japan's aid discourse further adopts in its development lexicon the terminology operated by the western donors and in parallel sticks to its traditional notions of aid being used as 'self-help', the importance of the Asian growth paradigm as an example for developing countries, and the prioritisation of Asia for Japan's ODA initiatives. In parallel to the 'mixed' approach in Japan's rhetoric described above, the country continues to show an increased interest in affairs outside of Asia by prioritising the African continent.

### 3.3 Japan's development aid in sub-Saharan Africa: the years up to the 1990s

Japan's history of development assistance in sub-Saharan Africa is relatively short, compared to the development initiatives of Japan on other continents (notably in the wider Asian region). Mainly using the official documents of the Japanese agencies,<sup>16</sup> this section is divided into two main parts, employing the TICAD initiative of 1993 as the landmark which divides the two periods: Japan's approach to Africa before the TICAD initiative; and Japan's policies on Africa after TICAD I.

Figure 3.2: Japan's total ODA to Africa



Source: DAC Statistics Database  
(US\$ millions, current prices, year 2004 not included because of debt relief)

While the political events of the 1970s signalled a small shift in Japan's aid flows to regions outside Asia, there is a broad consensus that the years between 1960 and 1990 were relatively insignificant for Japanese-African 'aid relations' (Ampiah 2005; Lehman

<sup>16</sup>The available literature on Japan-African ODA relations is considerably limited and fragmented.

2007). While there is an agreement that during that period trade volumes ‘took off’ (Oda and Aoki 1985, 153; Ochiai 1995, 132-133; 2001, 39; Sato 2005), the post-1990 period is understood as the most relevant in terms of increased aid flows and initiatives (Ampiah 2005; Lehman 2007). It is therefore argued that despite the increasing aid financing that had already commenced in the second half of the 1980s it was only after 1990 that Japan started including in its aid programme a systematic focus on sub-Saharan Africa, slowly following the wider post-Washington Consensus trends of DAC countries in reviving foreign aid and refocusing on ‘basic human needs’ issues (ibid.).

The above is also confirmed by Japan’s Diplomatic Bluebook series of the 1970s and 1980s: the documents briefly and sparsely address the African continent, usually only to refer to basic political developments in some of Japan’s main trade partners (South Africa) or to the visits of Japanese and African officials (see MOFA 1970 – 1979 and 1980 – 1989). According to Japanese official documents, the gradual shift of Japan’s ODA towards African countries was based on the growing international and Japanese concern about the continuing predicament of several sub-Saharan African countries and the need for Japan to safeguard its own economic and political ‘interests’ by assisting developing countries<sup>17</sup> (MOFA: 1992a; 1995). Other factors have also been suggested that played a significant role in the movement of Japan towards Africa in the post-1990 period: the end of the Cold War and the emergence of Japan as a more independent economic power (Alden 2002, 368); the rising independence of Japan’s foreign policy agenda from US influence after 1990 (Ochiai 2001, 4; Ampiah 2005, 9; Palanovics 2006, 373-374); and the growth of Japan’s influence as a major aid donor in the international development community (Ohno 2002, 1; Lehman 2007).

Certainly, a combination of the previous factors appears likely to explain the growing interest of Japan’s ODA programme in Africa during the 1990s. The ‘new’ aid discourse of Japan, with its adoption of DAC terminologies and agendas, together with rising aid volumes and political events (such as the end of the Cold War) gave the country the

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<sup>17</sup>There is a diversion among the various Japanese ODA documents over the rationale behind the country’s growing ODA programme. While some editions of Japan’s Diplomatic Bluebook (for example 1993; 1994; 2000) openly admit Japan’s own national interests behind its aid schemes, other editions distance themselves from Japan supporting its national interests through the provision of ODA (see for example Japan’s Diplomatic Bluebook 1990 in *Ensign* 1992, xvii cited MOFA ODA Annual Reports after 2000).

opportunity for more ‘independent’ and dynamic initiatives in the international development aid arena. Thus, while at the end of 1980s the official Japanese documents were still not explicit and clear regarding the opening of Japan’s aid programme (see the Fourth Medium-Term ODA Policy 1988), at the beginning of the 1990s the interest of the country’s aid programme in African affairs became more apparent.

The most significant expression of this new ‘role’ of Japan for Africa was the TICAD initiative of 1993. TICAD is a non-pledge project of the Government of Japan (GoJ) backed by the United Nations Development Programme (UNDP), the World Bank and a series of other ‘partners’ (such as the African Union and the New Partnership for Africa – NEPAD). The large number of partner organisations has led some scholars (for example Mulikita 1999, 52) to suggest that TICAD is rather a collective process for African matters within the UN framework, although it is widely considered today as a uniquely Japanese development initiative for Africa. According to the TICAD website, the TICAD process has two main objectives: to promote high-level policy dialogue between African leaders and their ‘partners’; and to mobilise support for African-owned development initiatives. It is declared that both objectives are relevant to Japan’s focus on aid initiatives characterised by equal ‘partnerships’ and increased ownership (TICAD 2009).

The most important document that was produced in TICAD I (Tokyo, Japan 1993) is the Tokyo Declaration on African Development, subtitled ‘Towards the 21<sup>st</sup> Century’ (TICAD 1993). The document pledges to pursue ‘the development of the [African] Continent’ and addresses several different issues, from the need for ‘political and economic reforms’ to the positive impact that the ‘Asian experience’ might have on the prospects of African development. The document underlines the importance of numerous areas (such as transparency and accountability, the positive role of the private sector and the importance of security), which are also discussed in all post-1990 MOFA ODA documents and JICA reports (*ibid.*)<sup>18</sup>. Moreover, the document combines several diverse issues of the relatively ‘new’ development agendas, such as the importance of

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<sup>18</sup>While in the overall period between TICAD I and TICAD II, Japan’s ODA to Africa experienced some significant fluctuations, and its ODA programme started shrinking after 1995, Japan maintained its discourse momentum for Africa during the period 1993 - 1998 (TICAD-AATIC: Chair’s Summary 2004; Opening remarks by Prime Minister J. Koizumi 2004).

‘partnerships and ownership’, civil society and democratisation in Africa and security matters with the traditional Japanese discourse on the importance of the Asian economic model as an example for African development (ibid.). Therefore, TICAD I and the Tokyo Declaration reflect to some extent the ‘new era’ of Japanese aid philosophy, the period after the first ODA Charter of 1992, with its focus not only on economic growth and poverty matters, but also with reference to political and environmental considerations, good governance, basic human needs (such as health and education) and aid effectiveness.

Following the Tokyo Declaration on Africa of 1993, TICAD II (1998) issued the Tokyo Agenda for Action, in order to promote ‘ownership’ and ‘global ‘partnership’ as its underlying principles (TICAD 1997a;1997b;1998). In accordance with TICAD I and with the wider shifts of Japan’s aid discourse and the trends of this period, the agenda highlights as first area for concern the promotion of ‘human development’ with an emphasis on health and education, including specific measures to reduce illiteracy, improve school enrolment and tackle high rates of parasitic diseases (ibid). Additionally, other important ‘cross-cutting’ themes are adopted, following the 1990s trends in the international development agenda for issues such as capacity building and environmental management (ibid)<sup>19</sup>.

### **3.3.1 From TICAD III to TICAD IV and the Yokohama Declaration**

With the launch of TICAD III (2003) and TICAD IV (2008), Japan’s aid programme further consolidated the previous shifts in Japan’s aid rhetoric for the importance of pursuing not only economic prosperity but a wider scope of targets, including ‘political security’ and ‘human-centred development’ (see TICAD 2003<sup>20</sup>; 2004; 2008e; 2008f). Thus, while the Declaration of TICAD III further highlighted the importance of closer, equitable cooperation between Japan and the African continent, TICAD IV prioritised a

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<sup>19</sup>Large parts of the Diplomatic Bluebooks of this period are dedicated to Africa, with Japan vowing that would continue supporting the African continent. (MOFA 1994).

<sup>20</sup>TICAD’s Tenth Anniversary Declaration is a brief document, describing the achievements of the TICAD process since its initiation in 1993, referring extensively to NEPAD and its common values with Japan (‘ownership’ and ‘partnership’), and reiterating that one of the fundamental pillars is ‘participation’ and ‘human centred development’ in Africa (TICAD: Tenth Anniversary Declaration 2003).

number of areas (security, environment, health and education) in accordance with the development vogue of that period and the wider Japanese discourse regarding more emphasis on sectors where basic human needs should be addressed (TICAD 2008b).

The Yokohama Declaration of 2008 (TICAD IV) is one of the most recent evolutions of Japan's aid policies towards Africa. As shown in the previous sections, the TICAD process was mainly the direct outcome of the 'opening' of Japan's ODA programme to continents other than Asia and to more 'soft' sectors such as health and education. This opening, both in terms of the growing relevant rhetoric and aid flows, has been accompanied by an expansion of Japan's ODA programme towards a more 'cosmopolitan' view of aid and the strengthening of the Japanese MOFA and its aid agency, JICA. It was under the decisions of TICAD III and TICAD IV that JICA's initiatives that are examined in this thesis were planned and implemented in Ghana. Before proceeding to the Japanese and JICA presence in Ghana, JICA's evolution is briefly analysed in the next section.

### **3.4. A background of JICA**

The expanding aid programme of Japan during the 1960s and the need to organise Japan's Technical Cooperation in a systematic and 'combined' way (through the dispatch of experts to developing countries, the acceptance of technical training participants and the provision of equipment) led to the creation of the Overseas Technical Cooperation Agency (OTCA) in 1962 (JICA 2004a, 196). Following the further expansion of Japan's aid programme in the 1970s, OTCA was replaced by JICA, which was officially established in 1974 as the organisation that would provide Japan's aid in a 'unified' form, and would take on the responsibilities previously held by OTCA, the Japan Emigration Service and the Overseas Agricultural Development Association, and part of the responsibilities held by Japan Overseas Development Corporation (ibid., 197).

Throughout the 1980s and 1990s, the continuous growth of JICA led to the inclusion in JICA's development aid programmes of several Japanese foreign aid initiatives, such as

the dispatch of Japan Overseas Cooperation Volunteers (JOCV), the Promotion of Implementing Grant Aid Projects (1978), Youth Invitation (1984), Disaster Relief (1987) and Aid Efficiency Promotion (1988). In TC terms, Table 4 (Appendix I) presents a selected list of the various kinds of *thematic* TC initiatives that JICA operated<sup>21</sup> from 1974 to 2003, the year when JICA became an independent governmental agency.

### **3.4.1 JICA's reforms after 2003**

In October 2003, JICA was established as an independent administrative institution, as part of a wider plan to reform special public institutions in Japan with the promulgation of law No. 136 of December 2002. The budget constraints of JICA after 1999, due to decreasing amounts of ODA at the end of 1990s, the revision of ODA Charter in 2003 and the mounting pressure from the international community for better quality and more effective Japanese aid, all appear to have played a role in the creation of an 'independent' JICA, with only 'loose' ties to the GoJ and the Japanese MOFA. The establishment of JICA as an independent agency was part of the wider effort to reform and 'modernise' JICA between 2003 and 2009 (see Figure 3.3).

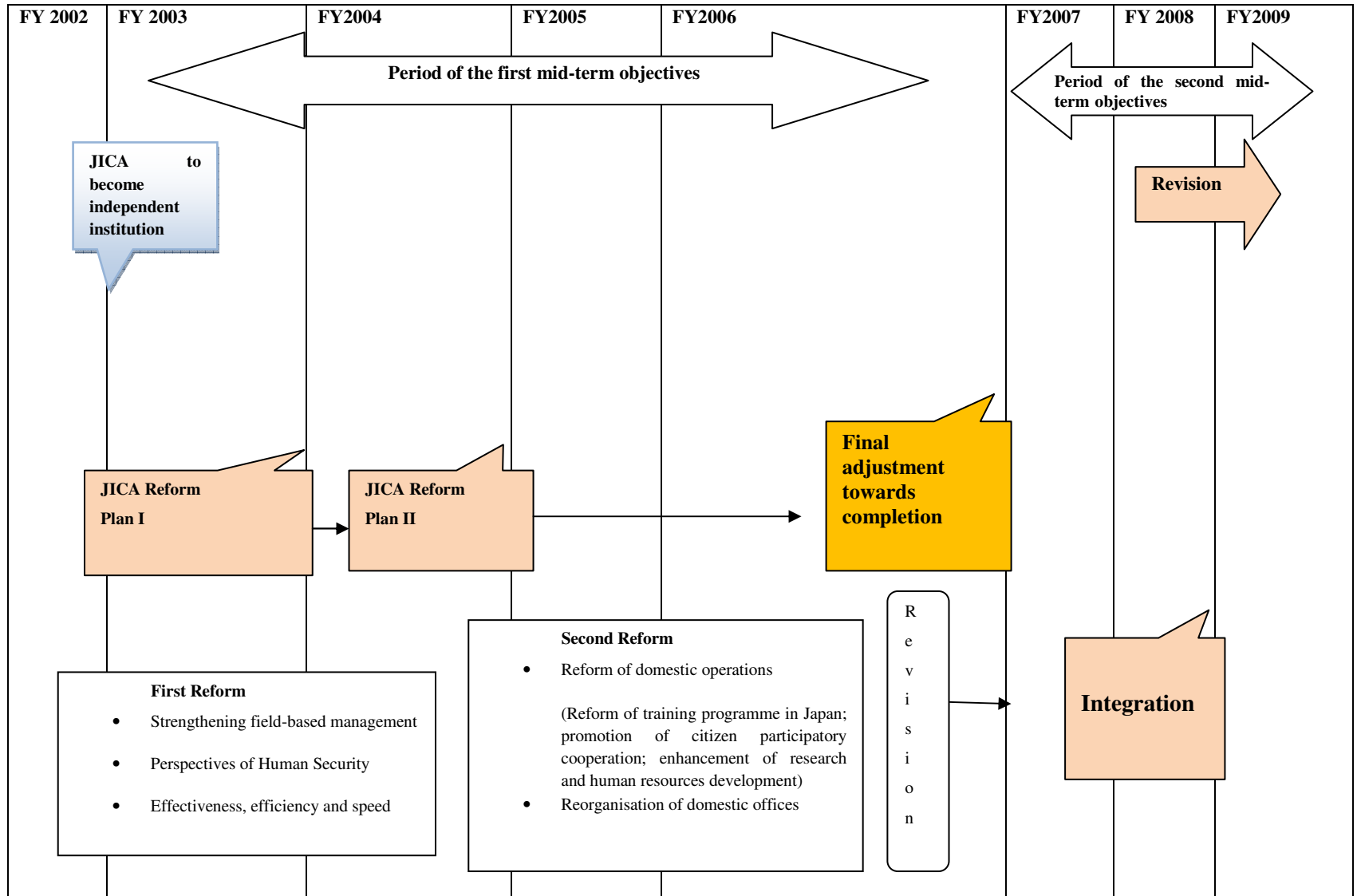
While the undertaken reforms addressed several organisational functions of JICA (headquarters reorganisation, reform of the training programme in Japan and the domestic offices, closure of some of JICA's offices, and so on), emphasis was given to three fundamental directions for project aid during the first period of reforms: strengthening field-based management and overseas offices; perspectives of human security (on TC project aid); and effectiveness, efficiency and speed in delivering in delivering JICA's projects and programs (*ibid.*).

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<sup>21</sup>These initiatives were part of the wider Japanese focus, before the 1990s, on capital aid and infrastructure projects principally on the Asian continent.



Figure 3.3: JICA's organisational change 2002-2009



(Adapted from the JICA Annual Report 2007, 24)

All these reforms were directly linked to the shift of Japan's aid establishment from the relative isolation of the past towards a closer, more cooperative policy with regard to the DAC countries. The 'field-based' management of projects was highlighted as one of the 'principles' of JICA, in terms of utilising 'local initiative' to the maximum and transferring personnel from the headquarters of JICA to its field missions to support the overseas offices (see for example JICA Annual Reports 2003 – 2007). According to JICA's Reports, the focus of the agency on local needs and on the decentralisation of planning and implementation of TC projects and other project activities would significantly strengthen in the medium-term the effectiveness, efficiency and speed of the implemented projects (JICA Annual Report 2007). These suggestions are repeatedly made in virtually all Annual and Evaluation reports of JICA after 2001-02, and they are in accordance with Japan's revised ODA Charter, as well as TICAD III's calls for more 'needs-based', 'human-focused' and effective development aid (see JICA Annual Reports 2001 – 2007 and JICA Evaluation Reports 2002 – 2007). The rapid shift of JICA's discourse towards a more 'inclusive', 'people-centred' aid approach clearly mirrors the wider shifts of Japan's aid rhetoric described above, and this understanding assists this study in order to better compare JICA's policy speech and development practice in Ghana in Chapters Six to Nine.

### **3.4.2 JICA and Japan's aid system today:<sup>22</sup> some fundamentals**

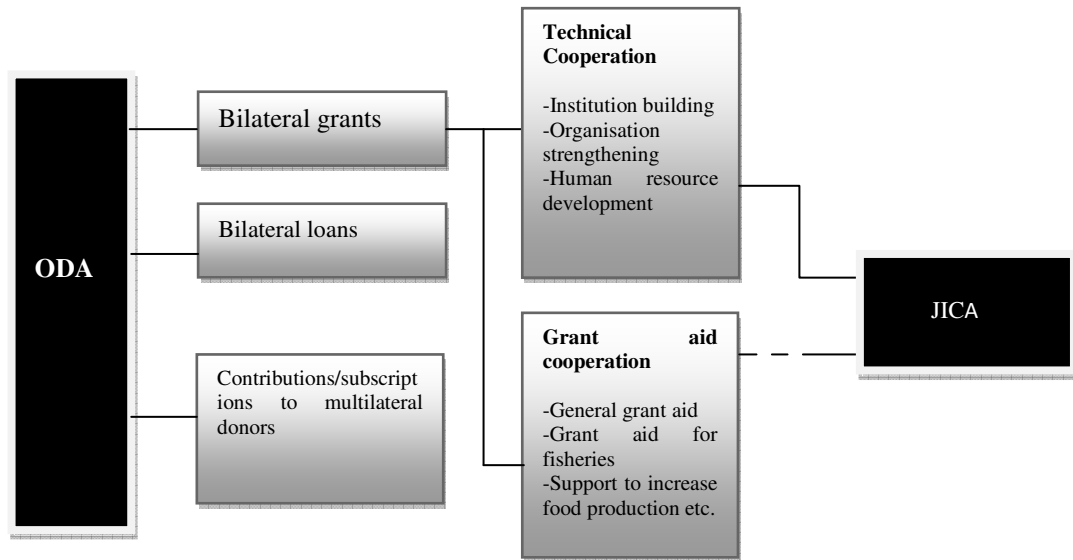
Figure 3.4 shows the structure of Japan's ODA system as it was during the planning and implementation of the RHIP and INSET projects in Ghana. From this figure, it is observed that the wider economic and development cooperation of Japan is divided into four categories: ODA, OOF, Flows of Private Funds and NGO grants. Furthermore, Japan's ODA is divided into three major categories: bilateral grants, bilateral loans and contributions to IOs. JICA's major operations focus on TC projects, including all the types of TC presented in the Figure and, to a lesser extent, on grant aid. However, JICA

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<sup>22</sup>It describes the system as it was during the implementation of INSET and RHIP (i.e. until the end of 2008, before the merger of JICA with JBIC, when JICA took over ODA loans from JBIC, plus a large part of grant aid which does not account as TC).

is not the exclusive agent for handling TC aid, as a network of Japanese ministries are also involved in the implementation of TC initiatives to a lesser degree.<sup>23</sup>

**Figure 3.4: Japan's basic ODA system (as for 2008)**



(Adapted by JICA 2007a, 25)

According to 2007 data, the ODA budget of Japan is allocated to 13 government ministries and agencies, with MOFA taking the largest part of the budget as the biggest ODA implementation institution in Japan (JICA 2007a, 27). Part of MOFA's allocation goes to JICA for implementation of Grant Aid and TC projects, similar to the budget allocation of the Ministry of Finance to JBIC for bilateral loans to recipient countries. Table 3.1 presents an example of the Project Budget (General Account) for 2007, where it shows that Japan's total TC accounts for 40.7% of Japan's total ODA activities, and JICA's portion accounts for 54.2% of Japan's total TC programme.

<sup>23</sup>For example in a TC education project of JICA the Japanese Ministry of Education might dispatch a number of experts to the Japanese agency in order to support the project.

**Table 3.1: Japan's ODA Budget and JICA's TC**

<b>Project Budget – FY 2007</b>	
<b>Japan's ODA – total</b>	<b>729.3 bn</b>
Japan's total TC	297.0 bn
JICA's total TC	160.9 bn
Percentage of TC implemented by JICA	54.2%

Source: JICA 2008a

Notes: 2006 DAC designated exchange rate: \$1.00=Yen 111.6 (US\$, disbursements – current prices)

JICA's TC includes results based on trust funds from METI and other ministries

(Unit: Yen 100m.)

Furthermore, Table 3.1 shows that for the year 2007 TC captures the biggest part of Japan's grant aid, as it accounts for more than 60% (Yen 2,970m) of the total of bilateral grants. It is characteristic that, for 2007, the total TC provisions account for almost double, in quantitative terms, the total amount of loans.

**Table 3.2: Total GoJ ODA Budget (General Account)-2007**

<b>FY 2007 Budget</b>	<b>Grants</b>	<b>Bilateral Grants</b>	<b>Flows</b>	<b>Contribution and donation to multilateral institutions</b>	<b>Flows</b>	<b>Loans</b>	<b>Flows</b>
	Economic development assistance etc.		1,636	IOs including UN, etc.	626	JBIC	1,591
	Grant aid for increase of food production		-	MDBs	246	...	...
	Transfer to Trade Reinsurance Account	Trade Special	25				
	Budget for JBIC		200				
	Technical Cooperation		2,970				
	(TC implemented by JICA)		1,556				
	<b>Total</b>				<b>7,293</b>		

Source: JICA 2008a

Notes: 2006 DAC designated exchange rate: \$1.00=Yen 111.6

(Unit: Yen 100m.)

Additionally, Tables 3.1, 3.2 (see also Appendix I-Table 3) present a picture of Japan's TC as a proportion of ODA for 2005 and 2006, and JICA's activities in terms of TC expenses (*not* commitments or disbursements) as a proportion of the total TC spent by Japan. In accordance with Table 3.1 it is shown that JICA manages a significant proportion (48.3%) of Japan's total TC, which accounts for almost half of total TC expenses for 2006.

The above underline that Japan's grant for TC is principally channelled through JICA, with only smaller sums going through other Japanese or international agencies. Furthermore, as shown in the previous sections, over the last two decades, JICA has increasingly become the strongest development organisation in the Japanese ODA establishment. In the following sections JICA's project structure is described with particular emphasis on its TC project approach, which is the focus of this thesis regarding JICA's case studies in Ghana, discussed in the following chapters.

### **3.5 Basic characteristics of JICA's Technical Cooperation project aid**

JICA's major activity is the planning and application of TC project aid (which is part of the Grant Aid type of ODA) in virtually all sectors of a recipient country. According to JICA:

‘TC transfers Japanese technology, skills and knowledge to developing countries in order to develop its human resources that will play a leading role in their socio-economic development.’

(JICA 2007a, 26)

Moreover, it is suggested that JICA's TC supports – in accordance with Japan's aid philosophy and JICA's programmes after the year 2000 – development efforts and technological improvements ‘appropriate to the circumstances of a particular country’, and includes: i) *the implementation of technical training* which provides training opportunities for technicians and administrators from developing countries; ii) *the*

*dispatch of experts and volunteers* with specialised skills and knowledge; iii) *development studies* to assist with the formulation of a variety of development plans such as urban, rural, transport, resource development etc.; and iv) *relief for disaster victims* and assistance with disaster reconstruction (ibid.).

While JICA's history of TC and project aid was mostly linked, until the beginning of the 1990s, with Japan's 'heavy' projects in infrastructure and industry, JICA's Annual Reports from the second half of the 1990s show a small but decisive move to a more 'soft' and 'people-focused' approach (see JICA's Annual Reports 1996 – 2000). JICA's understanding of TC project aid for 'human security' through the strengthening of the Capacity Development (CD) of the recipient countries, and shows that every JICA project is geared towards achieving 'human security' with the main aim of achieving the MDGs (JICA 2005h, 5). According to JICA, 'human security' is at the core of its projects, as it provides 'protection' while it 'empowers and strengthens the recipient country's administrative capabilities by engaging communities and individuals at their own level, and sharpens their drive to better their lives' (JICA 2004a, 13). In another policy document, JICA goes even further, underlining that the concept of human security is not only about ensuring that basic human necessities are secured after a project is completed, but also that 'such necessities will not be lost in the future' (JICA 2005c, 2), hence suggesting the importance the agency gives to project 'sustainability' and ownership. To achieve its aim to foster human security through its TC and CD, JICA underlined several 'Principles of Human Security' (ibid., 4): reaching those people in need through a people-centred approach; empowering people [...]; focusing on the most vulnerable [...]; and strengthening 'partnerships' with various actors to achieve a higher impact from assistance.

Following Japan's move since the second half of the 1990s towards the more 'human-centred', 'field-based' approach followed by other DAC countries during the same period, JICA has highlighted two other important guidelines (JICA 2007a, 4-5; but also JICA Annual and Evaluation Reports after 2002): the 'Field-Oriented Approach', by which JICA's projects 'make use of people on the ground to get an accurate grasp of the

needs and make a prompt response’, as it is recognised that the problems that recipient countries face may vary significantly from country to country and from continent to continent; and ‘effectiveness, efficiency and speed’, by which JICA’s project approach would become more effective in achieving project objectives<sup>24</sup>. This approach was clearly followed in JICA’s project cases in Ghana in the health and education sectors, with the agency specifically focusing on CD. It is JICA’s understanding of CD that is analysed in the next section as this will enable us to better conceptualise JICA’s projects in Ghana discussed in the next chapters.

### **3.5.1 JICA’s Technical Cooperation model for Capacity Development**

The basic Technical Cooperation model that JICA follows is presented in Figure 3.5. The model suggests that JICA cooperates ‘closely’ with other agencies and institutions in order to transfer ‘capacities’ from the agency to the project sites. The TC initiatives for Capacity Development address a number of areas such as organisation strengthening and human resource development at the community and district levels (areas that JICA addressed in its TC in Ghana).

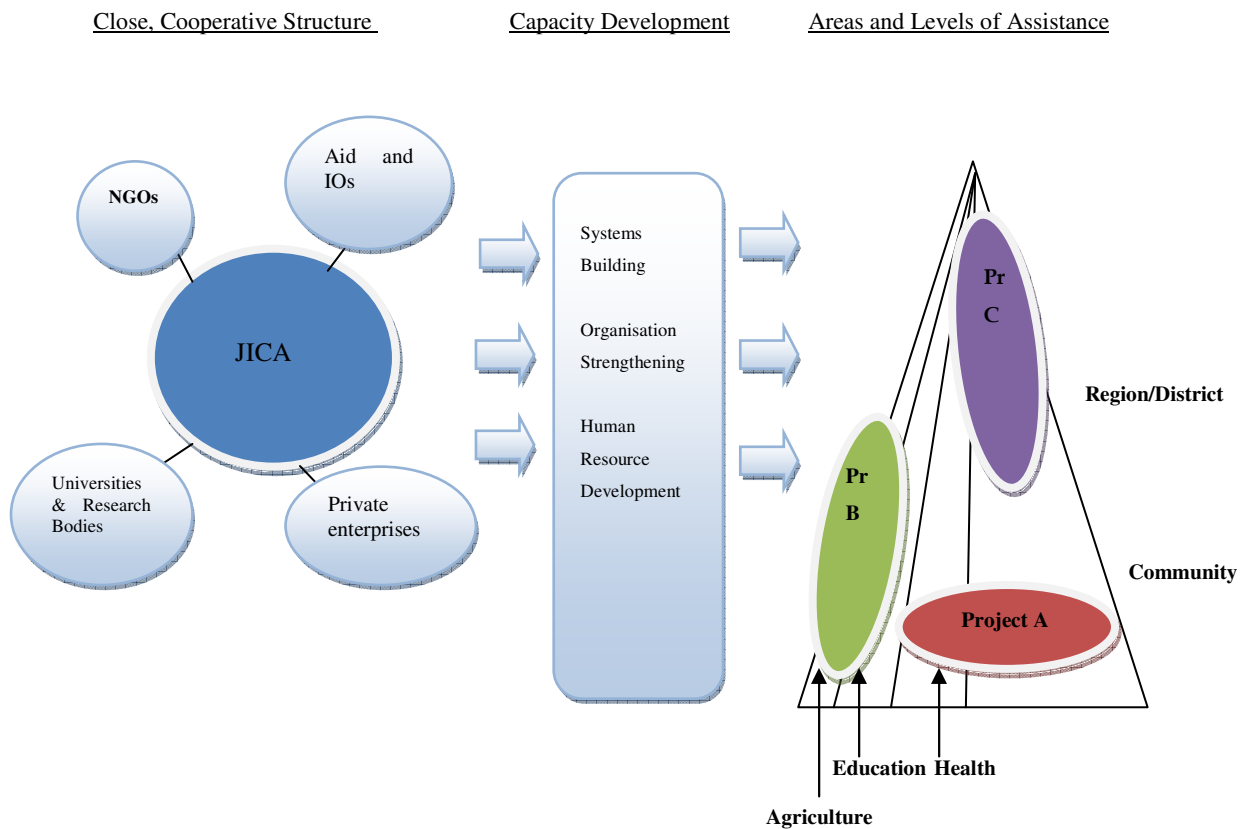
Over the last ten years JICA has largely adopted the rhetoric on Capacity Development (CD) promoted by DAC and UNDP. Indeed, according to Kanda et al. (2006,38-39) JICA has evolved from the 1980s CD model of ‘technology transfer’ to individuals to a ‘human resource development’ (‘hito-zukuri’) approach during the 1990s, which emphasised on strengthening organisational capacity in developing countries. In parallel, it increasingly adapted in its discourse the ‘participatory’ and ‘ownership’ approaches of the DAC countries during the 1990s<sup>25</sup>, suggesting that for JICA TC for CD would not represent an ‘expert to counterpart’ relation but more equal ‘person-to-person’ knowledge exchange and strengthening of local capacities.

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<sup>24</sup>According to JICA: ‘JICA works at the level of ordinary people to help developing countries become self-reliant [...] Assistance is not simply a matter of handing over goods and equipment [...] our aim is to act as a bridge that links Japan with developing countries, so that the knowledge and experience of all our peoples can be shared, and developing countries can strengthen their own problem-solving capability’ (Guide to JICA 2007, 5)

<sup>25</sup>In 1991 OECD-DAC released the ‘Principles for New Orientations in Technical Cooperation’, which stressed the importance of ownership and local participation (ibid.).

**Figure 3.5: JICA’s model for TC**



(Adapted from the JICA 2007a, 6)

For JICA, TC for CD refers to the ‘processes’ by which individuals, organisations and societies develop skills, abilities and knowledge in order to ‘perform functions’, tackle problems and achieve targets (JICA 2004c, 4). Without making frequent use in its actual project documents of the CD categorisation promoted by UNDP, JICA has nevertheless adapted the view that CD should be implemented not only for improving individual skills but also for strengthening the actual organisational level of a ‘partner’ country (JICA 2003e, 5). Thus, for JICA the individual level of CD represents not only the improvement of personal technical skills and capabilities, but also the raising of the ‘personnel’s motivation and commitment to public responsibilities and duties’ (ibid.). Moreover, at the organisational level the role of TC projects for CD is to improve the capabilities of public services to ‘meet the needs of the beneficiaries’ and strengthen the relationships between the policy and field levels (ibid.).



In a series of publications on TC for effective CD, JICA recognises the criticism project aid has undergone over the years and supports UNDP's mainstream suggestions of a different approach to the implementation of projects for CD. In terms of cooperation between donors and recipients, JICA highlights the problematic 'old model' of TC which was based on asymmetric vertical relations of transferring expert knowledge through routine, blueprint training courses (JICA 2003e, 2-5). According to JICA, the agency follows a 'participatory decision-making process' in its project interventions and focuses on the 'demand-driven' development of individual and organisational capacities of the recipient by creating networks and long-term 'partnerships' with local stakeholders (ibid., 5-8). In terms of actual CD, JICA repeatedly highlights the importance that is given to local values, capabilities and knowledge by focusing more on 'facilitation' and long-term skills and knowledge than on the short-term training TC model for CD that was applied in the past (JICA 2003d, 3-14; JICA 2008b). According to JICA, the 'interaction' of local and foreign knowledge and the long-term commitment of its projects highlight the distinctive approach the Japanese agency follows, in comparison to the TC model for CD applied in the past (ibid.). The Japanese agency argues that the earlier model resulted in low levels of ownership and project 'sustainability'; however it claims that JICA has now adopted in its TC project structure a decision-making process based on consensus with the local stakeholders and close relations with the local actors (NGOs, communities) for relevant CD initiatives, so as to ensure the 'sustainability' of the project results and structures (ibid., 16). As this study later shows, both JICA's TC initiatives in Ghana were planned and implemented under this 'new' aid discourse at all levels of project implementation.

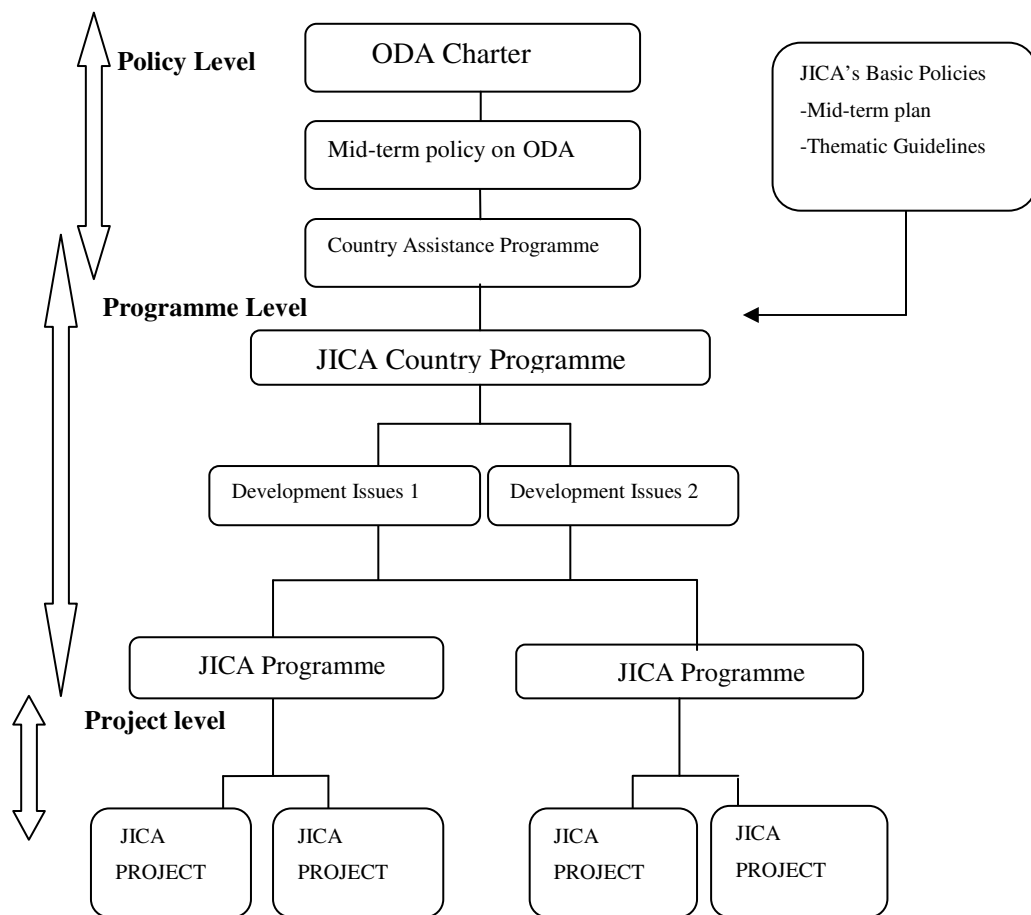
### **3.5.2 Evaluation in JICA – general characteristics**

Systematic evaluation processes are a relatively recent phenomenon in JICA, which has loosely followed the rapid professionalisation of development aid activities of the mid-1980s and 1990s with the introduction of management practices from the private sector. While as early as 1981 JICA set up an Evaluation Study Committee to examine how JICA projects were assessed, the Evaluation Division was established only in 1988. In

2000, in order to strengthen the ‘feedback’ process, the Office of Evaluation was integrated into the Planning and Evaluation Department of JICA.

Furthermore, in the new millennium, more systematic efforts have been made to strengthen JICA’s evaluation system, as part of the wider revision of Japan’s ODA Charter in 2003 and DAC’s policies for transparency and accountability in development aid.

**Figure 3.6: ODA system and JICA’s evaluation system**

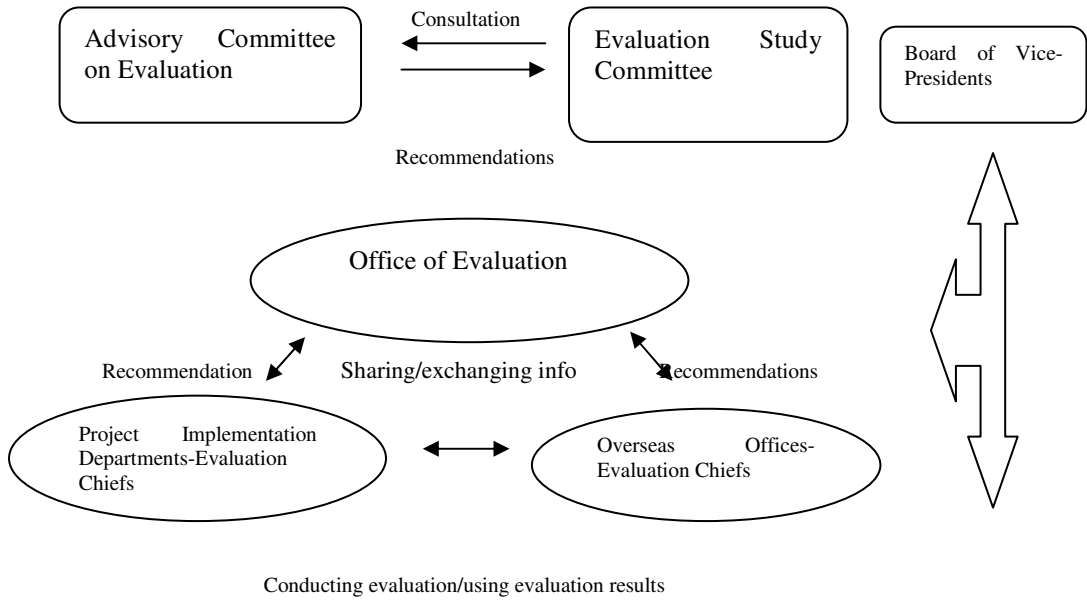


(Adapted from JICA Evaluation Report 2005, 10)

According to JICA’s Annual Evaluation Report of 2004, during the period between 1998 and 2003 all the proposed reforms to Japan’s ODA targeted the establishment of a

reliable evaluation system at the policy, programme and project levels (JICA 2004b, 33). The suggested reforms to JICA’s evaluation system resulted in a relatively stable evaluation structure which is closely linked to JICA’s Project Cycle System and DAC’s standardised Evaluation Criteria, and which most of the DAC donor agencies are also using in their activities. Figures 3.6 and 3.7 present an overview of Japan’s ODA structure and how JICA fits as an agency into this model. Evaluations are conducted for the programme and project levels of Japan’s ODA system, by JICA, by independent ‘partners’ of the Japanese ODA system, or jointly (JICA together with independent evaluators). The evaluations conducted at the field level are backed up by a number of institutionalised bodies (Figure 3.7) in Tokyo, which are managed by Japanese and international experts and act as advisory agencies to JICA’s evaluation processes and reports (ibid., 13).

**Figure 3.7: JICA’s evaluation system**



(Adapted from JICA Evaluation Report 2007, 13)

This ‘macro’, bureaucratic structure of JICA’s evaluation system is broken down into a number of evaluation approaches which are based on the ‘time of evaluation’, the ‘identity of evaluators’ and ‘evaluation criteria’.

### 3.5.3 JICA's project evaluation cycle: evaluation criteria, time and evaluators

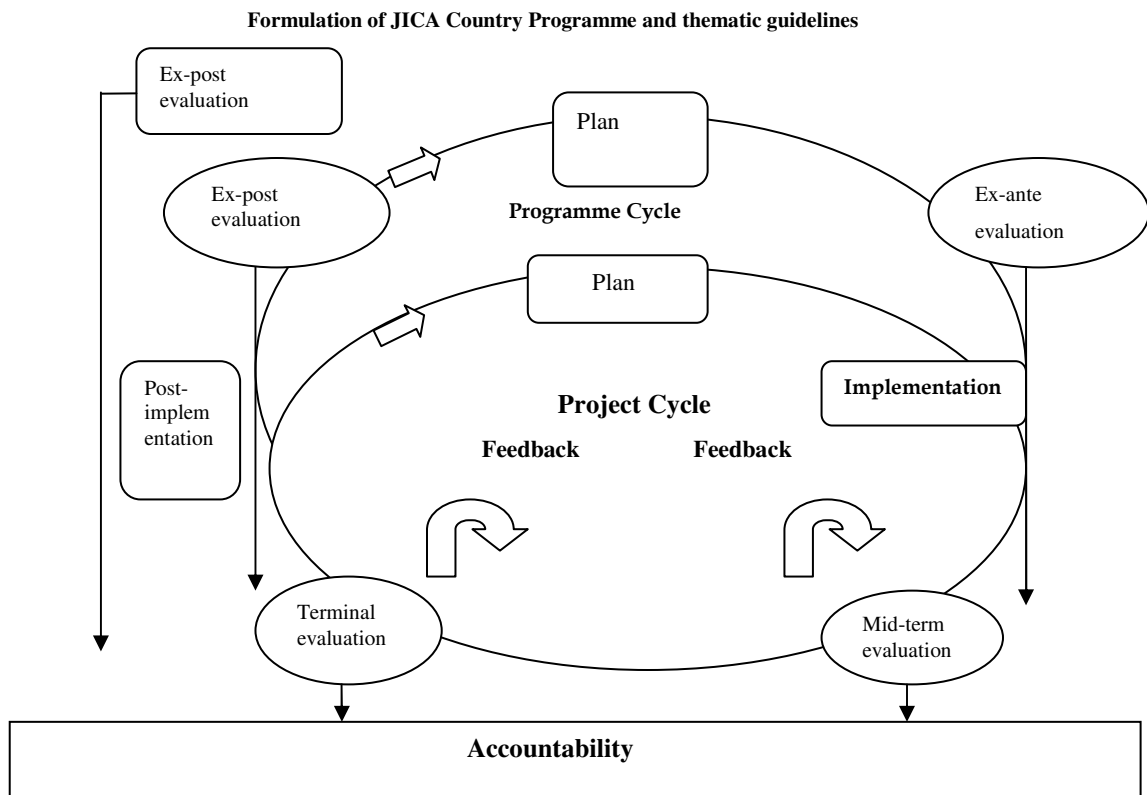
According to JICA's Evaluation Reports Series (see for example JICA Evaluation Report 2006, 10) JICA's evaluation has three purposes: feeding back evaluation results to the decision-making process for use in project management; utilising the lessons learned from evaluation results to assist the learning process of the aid organisations concerned; and disclosing information related to the effectiveness and processes of JICA's cooperation projects, both domestically and internationally, to secure project transparency and accountability.

In accordance with the broader alignment of the Japanese aid discourse with the DAC criteria, JICA has fully adopted the official evaluation criteria employed in the initiatives of the large western bilateral and multilateral donors. In order to conduct the evaluations of its project aid initiatives JICA largely follows the main methods applied by large bilateral (GTZ, DFID) and multilateral (EuropeAid) organisations, using highly technical and professionalised methods with strict budgets, deadlines and log-frame indicators. The criteria by which JICA evaluates its projects are: *relevance*: to what extent the project is 'relevant' to the needs and priorities of the recipient country and the priorities of Japanese-Partner Country cooperation; *effectiveness*: whether the targets (objectives) of the project have been achieved, and whether the project has contributed to the potential achievements; *efficiency*: to what extent the project has employed the optimal input, in terms of resources from the donor country, for the output achieved; *impact*: whether, in the long-term, the project has contributed indirectly to any goals and made any positive or negative socioeconomic impacts; and '*sustainability*': whether the effects and potential 'benefits' and goals of a project are sustained after the completion of a project, in terms of technology, organisation and financing (JICA 2004d).

These criteria are implemented through a standardised evaluation 'cycle' in a highly routinised procedure (in terms of criteria, time and evaluators), with some of the results being published in JICA's Annual and Evaluation Report series. Therefore, in terms of

time, JICA implements<sup>26</sup> an ex-ante (relevance), medium-term (implementation), terminal (performance) and/or ex-post (verification) evaluation study of a policy, programme or (more often) project in order to assess its performance during and after an aid initiative (JICA 2006a, 10-12). These evaluations are invariably conducted by professional ‘experts’ (internal, external or joint) who employ a large number of (largely quantifiable) indicators in order to assess which of the targets of the project matrices have been achieved. The results are entered into a centralised database in order for JICA’s staff members to have access to previous ‘lessons learned’.

**Figure 3.8: JICA’s Project Cycle Management Evaluation**



(Adapted from JICA Evaluation Report 2006, 11)

For example, both JICA’s RHIP and INSET projects in Ghana were designed based on a series of standardised project ‘objectives’, ‘indicators’ and ‘activities’, and underwent a

<sup>26</sup>Not all JICA projects undergo all the different types of evaluations.

series of highly quantified baseline (RHIP, INSET) and progress studies (INSET) and Terminal Evaluation reports (RHIP) (see Chapters Four and Five). In practice, JICA's project classification is not as 'clear-cut' as the above diagrams suggest, as it is often the case that a number of evaluations that were originally planned are not conducted or that an evaluation which is classified as 'external' largely involves the assistance of local staff.

The overall spirit of JICA's Evaluation Reports in terms of project 'performance' is optimistic. For example, in JICA's Annual Evaluation Report of 2001, it is stated that after evaluating 80 JICA projects, the results are positive as the large majority of the projects performed satisfactorily in terms of the five evaluation criteria (JICA 2001b, 19-26). Similar are the conclusions of JICA's Synthesis Study of Individual Evaluations, which finds that 63 of JICA's TC projects scored 'highly' in terms of relevance and effectiveness, and relatively highly, with some challenges, in terms of 'sustainability', impact and efficiency (JICA 2003b, 40-63). In addition, the conclusions of the Secondary Evaluation of the Advisory Committee for 2006 suggest that the quality of evaluation by JICA is improving over the years (especially from 2003 onwards), with some exceptions from year to year on 'reporting' and 'lessons learned' (JICA 2007c, 94-96). Thus, the Committee concludes that despite some challenges, the trend of JICA's project performance and quality evaluation is satisfactory (*ibid.*, 96-98). In accordance with this, the overviews of individual projects in the Evaluation Reports 2005 – 2007 draw similar conclusions, with the majority of the projects found to be overall 'successful' or 'relatively successful', with high performances in all evaluation criteria (with some exceptions in terms of 'sustainability') (JICA 2005b, 30-50; 2006c, 34-64; 2007c, 26-38 and 70-78).

Nevertheless, in these studies an interesting impact is observed which is related to the low ability of JICA to consolidate its institutional memory ('lessons learned'). Despite the fact that 'feeding back' of evaluation results is considered one of the fundamental objectives of JICA (2001b, 29), the Japanese agency faces serious challenges on that front. For example, in the 'lessons learned' section of the 2001 Annual Evaluation

Report it is suggested that the overall study of the projects showed that the roles and responsibilities of the various actors should be better clarified, the project purposes should be ‘elaborated’ and the ‘sustainability’ of the projects should be ‘ensured’ (JICA 2001b, 27-29). In JICA’s Synthesis Study of 2003 the recommendations of 2001 are repeated almost identically, with emphasis on the need for more clarification of the roles of various ‘partners’ in the projects and more detailed plans in terms of inputs/outputs (ibid., 72-76). In a very interesting study conducted by JICA in 2004 on the use and feedback of previous evaluation studies, it is shown that, regardless of the quality of the evaluations conducted in the past, ‘less than half of JICA staff had ever used evaluation results’, due to the lack of ‘usefulness’ of the results, the lack of knowledge of evaluation results for similar projects, lack of information on how to access these results and the ‘superficiality’ of the results in the evaluation reports (JICA 2004b, 49). Additionally, of those staff who accessed the results, nearly one-third did not find them useful and had never shared their feedback with other stakeholders (ibid., 54-60). Taking into account that the use of evaluation feedback is one of the main purposes of conducting evaluations in the first place, and that more than half of the respondents to this particular study represented JICA’s overseas offices, it is obvious that the above results are a significant challenge to JICA’s evaluation system.

The next section provides a background to Ghana, with particular attention to the main development initiatives of the country over the last ten years, focusing on the aspects of the health and education sectors which are related to JICA’s projects.

### **3.6 An introduction to Ghana: fundamental characteristics and development strategies**

The Republic of Ghana is located in West Africa between Togo to the east, Cote d’Ivoire to the west, Burkina Faso to the north and the Gulf of Guinea to the south. Created by the merging of what was during the colonial period the Gold Coast and the Togoland, Ghana is currently divided into ten regions and 138 districts. Ghana has a population of approximately 23.9 million people (est. 2008), geographically concentrated mostly in the centre and south of the country (AfDB – Key Facts 2008).

Ghana is home to more than 100 different ethnic groups, with the Akan, Mole-Dagbon, Ewe and Ga-Dangme representing the bulk of the population in the country. The major religions of Ghana are Christianity (68.8%), Islam (15.9%) and traditional beliefs (8.5%) (ibid.). The official language is English. Between the 17<sup>th</sup> and the mid-20<sup>th</sup> centuries, Ghana was partly (or wholly) occupied by the colonial powers of Portugal, the Netherlands and Great Britain.

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In 1957, after a long anti-colonial political struggle, Ghana gained independence from Great Britain and established the First Republic under Kwame Nkrumah. The relative success of the first period of Nkrumah's government was followed in the 1960s and 1970s by a series of coups and several years of political and economic instability (Tsikata 1999; Mohan 2010, 3). However, in 1992, after more than ten years in power, the Provisional National Democratic Congress (PNDC) and its uncontested head J.J. Rawlings (military leader of Ghana since 1981) organised the first multiparty elections which were won by PNDC itself and led Ghana to a relative political and economic stability throughout the 1990s. The initial resistance of Rawlings' administration to



accept a multiparty political system during the 1980s changed in the national elections of 1992 due to pressures from the progressively fragile position of PNDC (Mohan 1996, 437), pressures outside Ghana's political spectrum (mainly by various donors) for a democratic transition and by Rawlings willingness to shift his position in response to voices for democratic change (Jeong 1998,221). The PNDC stayed in power until the year 2000, when the New Patriotic Party (NPP) won the Presidency, under the leadership of J.A. Kufuor. In 2008, after two terms of NPP leadership, the NDC under the leadership of J.E.A. Mills won the national elections. Ghana's current political landscape is relatively calm and the country is in a position to identify itself as a '*consolidated democracy*' with certain aspects of its political environment remaining weak and fragile (Abdulai and Crawford 2009; see also ).

In economic terms, Ghana's first years of independence were accompanied by the involvement of the state to various development projects which despite their initial positive impact were quickly replaced by a series of external crises (for example, falling cocoa prices) and economic mismanagement which led to decades (1960s and 1970s) of large deficits and socio-political unrest (Jeong 1998, 221). During the 1980s the country underwent two IMF-led stabilisation programmes the legacy of which is largely contested by a number of studies (see for example Gary 1996; Mohan 1996). Currently, Ghana's economy is mainly based on agriculture; however the services sector has recently captured a considerable part of the national product (World Bank, World Development Indicators 2008). Overall, Ghana is classified in the category of the Least Developed Countries, with a Gross National Income (GNI) of US\$670 per capita (2008) and is considered as a 'success story' and a 'model' for other West-African countries (Moss and Young 2009, 1). At the time of research (2008), Ghana's national policies were targeting the country entering the Lower-Middle Income Countries list by 2020 and new hopes for rising revenue were raised by the discovery of oil in offshore sites (Mohan 2010,1-3).

As this study focuses on TC projects for CD in health and education, the next section briefly analyses the progress towards MDGs in Ghana, in terms of some key Human Development Indicators with a focus on the health and education sectors.

### 3.6.1 Ghana and the Millennium Development Goals

According to the data provided by the World Development Indicators Database of the World Bank, Ghana is a late success story of the last 20 years in terms of ‘political stability’ and its progress against the Human Development Indicators and the MDGs (Table 3.3). Even though the data demonstrates only a small success, Ghana is still performing better in such key areas as health and education than the average country in sub-Saharan Africa.

**Table 3.3: Summary of key Human Development Indicators in Ghana**

<b>Human Development Indicators – Ghana</b>	1990	1995	2000	2007	2007, sub-Saharan Africa
Infant mortality rate (per 1000 live births)	76	71	71	73	<b>89</b>
Maternal mortality rate (modelled/estimated, per 100,000 live births)	n/a	n/a	n/a	400	<b>900</b>
Life expectancy at birth (total, years)	58	59	58	56	<b>52</b>
Prevalence of HIV, total (% of population aged 15-49)	0.1	1.8	2.4	1.9	<b>5.0</b>
Literacy rate, adult total (% of people aged 15 and above)	n/a	n/a	58	65	<b>62</b>
Primary completion rate, total (% of relevant age group)	n/a	n/a	63	71	<b>63</b>
Total enrolment, primary schools (%net)	n/a	n/a	61	72	<b>74</b>
Improved sanitation facilities (% of the population with access)	6	7	9	10	<b>31</b>
Improved water source (% of the population with access)	56	64	72	80	<b>58</b>

Source: World Bank, World Development Indicators Database 2009  
 Note: in some cases the data are for earlier or later years than those stated

Nevertheless, despite the improvement of Ghana’s status in terms of Human Development Indicators the country is still facing significant challenges concerning key development indicators (Table 3.3 and 3.4). Notwithstanding its significant progress in the health and education sectors it is observed that against key indicators such as infant

mortality, HIV/AIDS prevalence and access to sanitation facilities, Ghana's performance has been relatively slow despite the continuous focus of government strategies (Vision 2020 and the Ghana Poverty Reduction Strategy Papers – GPRS) on MDGs.

**Table 3.4: Ghana's progress against MDGs (as for Sep. 2009)**

<b>Eradicate extreme poverty and hunger</b>	<b>Insufficient information</b>
Achieve universal primary education	Possible to achieve if some changes are made
Promote gender equality and empower women	Off track
Reduce child mortality	Off track
Improve maternal health	Off track
Combat HIV/AIDS, malaria and other diseases	Off track
Ensure environmental 'sustainability'	Possible to achieve if some changes are made
Develop a global 'partnership' for development	Possible to achieve if some changes are made

Source: MDG Monitor, GoG, UNDP as for 2009

In the next section, the GPRS Papers are briefly analysed as this will provide a necessary background for a better understanding of Ghana's strategies in the social sector together with the interventions of JICA through its Country Assistance Programmes (CAPs) and TC project aid in health and education.

### **3.6.1.1 Ghana Poverty Reduction Strategy Papers I and II**

The two IMF-led Economic Reform Plans (ERP I and II) of Ghana during the 'adjustment' period of Ghana in the 1980s were followed by the first comprehensive development plan of the country in 1991, entitled *Making People Matter: A Human Development Strategy for Ghana* (GoG 2003, 2). Furthermore, during the 1990s a number of development-related documents were published, such as the National Development Policy Framework (renamed Vision 2020 and, later on, Vision 2015), the First Medium-Term Development Plan (MTDP) to introduce Ghana into the 'middle-income' group of countries and achieve human development and macroeconomic stability. However, it is the publication of the Ghana Poverty Reduction Strategy Papers

I and II which has directed Ghana's development strategies of late. The interest of the GoG in education and health in these two 'macro'-policy documents is of particular importance as it was under those policy umbrellas (2003 – 2009) that the two projects of JICA (INSET and RHIP) were launched.

The launching of the GRPS I in 2003 was the outcome of a long process, which lasted three years and involved consultations, harmonisation, linking GPRS with medium-term budgets, instructional workshops, reviews and policy hearings. GPRS I ('An Agenda for Growth and Prosperity') is a long, 270-page document, which mainly presents the priority sectors and the strategies of the GoG for the period 2003 – 2005. The main body of the final version is composed of the priorities (and their respective targets) on which the Government of Ghana (GoG) would focus over the next three years. According to the document, the main goal of GPRS is:

'To ensure sustainable equitable growth, accelerated poverty reduction and the protection of the vulnerable and excluded within a decentralized, democratic environment.'

(Republic of Ghana 2002, 30)

The areas covered by GPRS I present a clear attempt by the GoG to focus on the progress of the MDGs and are also linked with the requirements of the donors involved in the budget support of the country which was initiated in 2003 (Quartey 2005; Walters 2005). While the document prioritises growth and production as a poverty reduction strategy, the principal attention of GPRS I is on poverty reduction strategies through policies in human resources, good governance and the excluded groups of Ghanaian society. Table 3.5 shows (page 99) the emphasis Ghana has put over that period on issues related to health and education by establishing 'human resources development and basic services' as one of the four basic pillars of the country's national development strategy.

Hence, basic education is first in the priority areas of the document and has as its main objective to create the conditions for better access to education and training. For

example, one of the actions/measures planned in the Policy Matrix in the education sector is to ‘ensure teacher development, deployment and supervision’ (GoG 2003, see Project Matrix).

**Table 3.5: GPRS I: Main pillars and priority areas**

<b>Production and gainful employment</b>	<b>Human resource development and basic services</b>	<b>Special programmes for the vulnerable and excluded</b>	<b>Governance</b>
Increasing employment opportunities	Education	Programmes for the vulnerable and excluded	Public policy management
Production and employment in agro-processing energy	Skills and entrepreneurial development for youth	...	Decentralisation
Environmental and natural resource management	HIV/AIDS	...	Public expenditure management
The rural environment as a catalyst for economic transformation	Population management	...	Transparency and accountability
Non-traditional export development	Health	...	...
...	Safe water and environmental sanitation	...	...

(Adapted from GPRS I 2003)

Additionally, in the section of actions/measures in the health, HIV/AIDS and population management parts of GPRS I, the policies focus on such areas as ‘behavioural change [in health issues]’, ‘promote safe sex’, and ‘redistribute health workers in favour of deprived areas; provide outreach services and clinics in deprived areas’ (ibid.).

Similarly GPRS II (2006 – 2009) was introduced in November 2005 as the official strategy paper for poverty reduction after renewed consultation with various Ghanaian and international ‘partners’. An interesting aspect of GPRS II is that while it shares similar targets with GPRS I, it alters its main goal, as is stated in the preface to the document:

‘The central goal of the new policy is to accelerate the growth of the economy so that Ghana can achieve middle-income status within a measurable planning period.’

(Republic of Ghana 2005, i)

According to the document, while Ghana is still focused on the MDGs and on poverty reduction policies, this shift in strategic focus is necessary as Ghana needs to accelerate towards its goal to become a middle-income country by 2015 (ibid.). The relatively good performance of Ghana concerning the MDGs, the document suggests, permits the focus over the next medium-term period to be on Ghana’s economic growth, which – it is supposed – will further assist in improving living conditions in the country (ibid.). Nevertheless, human resource development stays as one of the basic pillars of the GRPS.

**Table 3.6: Summary of the three pillars of GPRS II and its respective targets**

Priorities for private sector competitiveness	Human resource development	Good governance and civic responsibility
Private sector development	Education, skills, manpower and sports development for accelerated growth	Political governance
Improving the business and investment environment for agriculture-led growth	Improved access to health care, malaria control and prevention of HIV/AIDS	Economic governance
Support services	Population management	Good corporate governance
Developing additional sectors to support growth	Safe water and environmental sanitation	Promoting evidence-based decision making
Employment generation and improvement and expansion of safety nets	Urban development, housing and slum upgrading/urban regeneration	...
...	Social policy framework for mainstreaming the vulnerable and excluded in HRD	...

(Adapted from GPRS II 2005)

Table 3.6 presents a summary of the Policy Matrix for the human resource development and basic services pillar of GPRS II (GoG 2005). The GPRS II Policy Matrix on human resource development is considerably elaborated, compared to GPRS I, in terms of setting out more specific issues, policies and strategies concerning health and education.

In terms of education, GPRS II recognises the slow pace of achieving universal education, adult literacy and reducing gender disparities in education, and advocates some general (and some more targeted) measures (such as ‘expand access to primary schools’, ‘increase enrolment’, ‘facilitate the implementation of capitation grant’ and ‘focus on vocational education’). Moreover, GPRS II devotes a relatively large section to the quality of education, and sets as a policy to ‘improve quality of teaching and learning’. GPRS II suggests, as did GPRS I, that to achieve better quality in education, it is necessary ‘[to] ensure teacher development, deployment and supervision’, and more interestingly ‘[to] improve the teaching of Science, Technology and Mathematics in all basic schools’ (ibid.). Concerning the health sector, GPRS II includes a variety of sections which focus on the education of local communities and ‘behavioural change’, and access and delivering health services in deprived areas, as well as separate sections on malaria control and HIV/AIDS. Thus, the document’s strategies are dedicated to such issues that provide close client services to the poor, redistribute health workers in favour of deprived areas, provide outreach services and clinics in deprived, rural and semi-urban areas, improve the community-based health and planning services, increase government budget share for basic services at district and sub-district levels, develop at least one fully functioning and well-equipped hospital in each district, and improve access to reproductive services (ibid.).

Both GPRS I and II’s annual progress assessments showed mixed results concerning the Human Development Indicators. While it is recognised that there has been remarkable progress concerning health and education, Ghana is lagging considerably behind the MDGs targets and the results of the poverty strategies of the last fifteen years are diverse (Cheru 2002; Busolo and Medvedev 2007; IDA-IMF 2009). However, both documents are closely linked to the INSET and RHIP project initiatives in Ghana as, despite the gradual turn of Ghana to budget support financing and the importance of ‘economic growth’ the country further commits to achieving improved health and education status. Therefore, it is observed that (at least at the policy level) RHIP and INSET are relevant as they address better information and access to health facilities and improved educational skills, two areas directly linked to the GPRS strategies.

Nevertheless, as this study later shows in its findings, the issue of relevance of JICA's projects in development practice goes well beyond a simple connection between the agency's initiatives and Ghana's ministerial development documents.

### **3.6.2 A brief background to Ghana's primary and community-based health care system**

The scaling-up of international initiatives for more and better quality primary community health care with the Alma-Ata Declaration (1978) resulted in a series of bilateral and multilateral schemes in developing countries. In Ghana, numerous were the initiatives for community improvement in primary health care based on health volunteers. Thus, the Primary Health Care Strategy Paper of 1977/78 introduced Village Health Workers in parallel with a number of bilateral and multilateral health initiatives on basic health strategies, with some success (Amoono et al. 1981 cited in Nyonator 2005, 25). However, the scaling-up of health workers proved problematic in organisational terms, and later community health initiatives during the 1980s met with significant challenges (ibid.).

The RHIP project was planned and implemented under the GPRS I priority areas and the Ministry of Health's Five Year Programme of Work (2002 – 2006), in which basic community health care regarding issues like malaria, HIV/AIDS, reproductive, maternal and child health and sanitation were established as priority areas for the Government of Ghana (MoH 2001, 15-16). Other policy documents related to RHIP are the Ghana Vision 2020 of 1995 (Social and Human Development), but also the more recent GPRS II (2006 – 2009), in which community-based health activities are prioritised with focus areas of malaria control, HIV/AIDS and family planning. The funding of the public health sector in Ghana is based on a variety of sources (GoG, Internally Generated Fund, Medium-Term Expenditure Framework for Health, donors). According to the official data, during the last years (2002-2008) the total per capita health expenditure had grown in real and nominal terms covering 14% of the government budget (MoH 2007, d-f).



The most relevant national framework to RHIP in Ghana is the Community Health Planning and Services (CHPS). CHPS represents a Ghanaian national community health policy which has resulted from the attempt to scale-up a project implemented by the Ministry of Health (MoH) in Navrongo in 1993 with the establishment of Navrongo Health Research Centre in Upper-East region of Ghana. The Navrongo initiative included the engagement and training of community health volunteers and the construction of basic community health compounds in rural areas which had problems accessing health services. According to Nyongator et al. (2005, 26) and Philips et al. (2005), the positive results in 1996 of the project in Navrongo (in terms of reduced child mortality and fertility rates) signalled the replication of the model and the introduction, in 1999, of the CHPS initiative with the training and introduction of resident nurses in the communities and their logistical support by the District Health Administration offices on the district level. Although by 2003, 104 out of the 110 districts had initiated CHPS, the scheme faced several problems in terms of the real covering of the districts (ibid., 31-32). Thus, while Birim North district has come under CHPS since the initiation of the replication of the project (1999), when visiting the district in 2008 dozens of communities were still not covered by CHPS (the RHIP communities included), and in the communities where the project had been applied its 'sustainability' was problematic in terms of volunteers and equipment (PPAG member 1 New Abirem, Birim North 2008). While CHPS is currently the fundamental community-based health scheme of Ghana, the project itself faces serious challenges mainly in terms of funding and logistical support (ibid.).

### **3.6.3 A brief overview of Ghana's basic education system**

Ghana has a total of 12,225 public primary schools and 6,418 junior secondary schools, with a total enrolment of 2,216,792 for the academic year 2008-09 (GoG data as for June 2010). The current school education system of the country is based on the Education Reform Programme of 1987/88 which aimed to reduce pre-tertiary education from 17 to 12 years, to increase access to basic and secondary education and to address

the quality problems that schools were facing. However, the most important initiative concerning basic education was the provision of the 1992 Revised Constitution of Ghana which, following the 1990 World Conference for Education for All in Jomtien (Thailand), stated that basic education (primary and junior secondary schools) would become compulsory and free of charge<sup>27</sup>. This provision was realised in 1996 with the introduction of the free Basic Education programme (fCUBE), with the original aim to provide the opportunity for every school-age child in Ghana to receive quality basic education by the year 2005. Currently, primary school education in Ghana lasts for six years, and is financed mainly by the MoESS, which uses a number of institutions to support basic and secondary education, such as the Ghana Education Trust Fund (GET Fund), the District Assembly Common Fund (DACF), and contributions from donor organisations.<sup>28</sup>

The current education system in Ghana is guided by the Education Strategic Plan (ESP) of 2003 – 2015, which provides the sector policies, targets and strategies for education over this period, and which was designed in relation to the priorities of GPRS I and other important education-related documents (Education Sector Policy Review 2002; Education Sector Review 2002; Meeting the Challenges of Education in the 21<sup>st</sup> Century 2003). Linked to the INSET project are numbers two and four of the ‘Areas of Focus’ of the ESP (‘Quality of Education’ and ‘Science, Technology and Technical and Vocational Education and Training’), and ‘Policy Goal’ number six, where the promotion of science and mathematics, especially in junior secondary education, is underlined, together with the promotion of application of information and communication systems (MOESS, 2003a, 5-18). Nevertheless, as is shown in Chapters Six and Eight, the above ‘Policy Objectives’ do not have legal status in Ghana and do not necessarily match the priority needs of teachers and primary schools in the field.

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<sup>27</sup>According to Chapter 6, Section 38 par.2:‘The Government shall [...] draw up a programme for implementation within the following ten years, for the provision of free, compulsory and universal education.’ (Constitution of Ghana 1992)

<sup>28</sup>For example, the year before the implementation of INSET the planned budget for education by MoESS was US\$700 million, financed by the ministry with US\$500 million, by the District Assembly Common Fund (DACF) with US\$100 million, and by other donor organisations with US\$100 million (MOFA 2004a,48). From this budget, 48% of the funds supported pre- and primary school education.

### **3.7 A brief overview of Japan's own experience in the health and education sectors**

Few are the studies researching JICA's interventions in the public health sector in developing countries. According to the limited publications on the issue, Japan's own historical experiences in developing a national health system determine its initiatives in other countries (JICA 2004e, 97). Over the last 150 years, Japan has been experiencing long periods of major challenges in public health, including acute infectious diseases and sanitation issues (JICA 2005g, 13). Japan's health initiatives, from the ministerial to the community levels, and the success they have had in terms of improving maternal and child health, sanitation, tuberculosis rates and controlling acute infectious diseases in poor rural areas (for example in Okinawa), are suggested to have given to Japan the necessary experience to assist with the problems the developing countries are facing in the health sector (ibid.; Takahashi et al. 2006). In Ghana, JICA scaled-up its health and sanitation initiatives during the 1990s with the agency's introduction of more 'soft-aid' approaches, described in the previous sections. RHIP was part of this promotion by JICA of rural health projects after the introduction of the MDGs in 2000.

In contrast to the health sector, where JICA's project aid was more prominent and systematic, Japan's and JICA's approach to education projects was, until the 1990s, at best reluctant and at worst non-existent (especially outside Asia). This was not solely the consequence of Japan's focus on 'heavy' infrastructure projects, but principally a direct result of Japan's belief that development 'interventions' in education were bound to be ineffective due to the fact that education, at all levels, is closely linked with the cultural and political identity of a country, of which the donor does not have sufficient knowledge (Carr-Hill and King 1992; Sawamura 2002). Nevertheless, the gradual changes that took place after 1990 in the Japanese aid establishment, with its opening to continents other than Asia to new aid sectors, signalled the beginning of more systematic efforts from JICA towards assisting in basic education in developing countries. This was in accordance with two fundamental international initiatives for basic education: the 'World Declaration on Education for All' made in 1990 in Jomtien,

Thailand; and the ‘Dakar Framework for Action’, launched in 2000 in Dakar, Senegal. Both initiatives strongly emphasised the importance of Basic Education and the right to access basic education worldwide, and called for the concrete commitment of donors to take steps towards the achievement of universal basic education. It was these initiatives that led to the adaptation of MDG related goal for basic education (number two) in 2001.

According to a publication by JICA on general education issues and the role of development aid TC projects, the Japanese agency closely follows the decisions taken at the World Conference for Education for All in 1990 and the Dakar Framework for Action (JICA 2002e; see also Kuroda 2005). JICA underlines that, in accordance with the aforementioned high-level fora, its first priority is the support of basic education in developing countries, with a focus on the promotion of enrolments and qualitative improvements<sup>29</sup> (ibid., 3-5). More specifically, in Objective Number One (which refers to ‘Qualitative Improvement of Primary Education’), JICA suggests that its attention would be on the raising of teachers’ awareness, knowledge and motivation in primary education, with particular support to the areas of training science and mathematics teachers (Project-Type TC and Dispatch of Experts). According to JICA, teacher training projects are becoming one of ‘JICA’s most prominent measures of cooperation’ because they offer the opportunity for improved quality teaching in primary education<sup>30</sup> (ibid.). JICA clearly defines its aim and goals in science and mathematics education assistance. Mabuchi and Yokozeki (2006, 14-15) suggest that there are three main reasons for the shift of JICA towards science and mathematics basic education projects: science and mathematics education is politically and culturally neutral; Japan has a competitive advantage in science and mathematics; and the lack of foreign language ability is not a big obstacle in these subjects. Other authors (Nagao 2004-55-56; Kuroda 2005, 19) also suggest that the ‘choice’ by JICA to emphasise science and mathematics over the last fifteen years is the result of a wider ‘consensus’ in Japan and in the donor community that Japan’s rapid development is directly linked to its educational system,

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<sup>29</sup> See also Japan’s Basic Education for Growth Initiative (BEGIN) at the G-8 Summit of 2002 in Kananaskis, Canada

<sup>30</sup> See MOFA Evaluation study on Japan’s ODA for Education in Ghana (2004), where ‘improved quality of basic education’ in Ghana is highlighted as the first main mid-term objective of Japan’s education programme to Ghana.

especially in science and mathematics, and to the school performance of Japanese pupils.

JICA suggests that the reasons for supporting science and mathematics projects are not only related to the development of basic skills for teachers and pupils for their professional futures alike, but also that improvements in this area bring development to other areas such as health, environmental awareness, poverty reduction and employability (JICA 2007e, 8-12). Thus, it is stated that JICA's aim is 'practicing student-centred lessons', by transforming 'Teacher-centred teaching practices into student-centred ones' (ibid.,12). According to JICA, this approach, which provides the students with 'awareness through independent thinking' is not always given the required attention in developing countries, where:

'It is often the case that school teachers mechanically provide students with knowledge [...] their teaching practices seem to be based on a misconception that students are passive receptors of knowledge. Such Teacher-centred teaching may not support the learning of the students.'

(ibid.).

It is based on the above understandings on the part of JICA regarding health and education projects that the Japanese agency planned and implemented RHIP and INSET in Ghana. Before proceeding to the background of the projects in Chapter Four, the next section provides a brief analysis of Japan's and JICA's presence in Ghana.

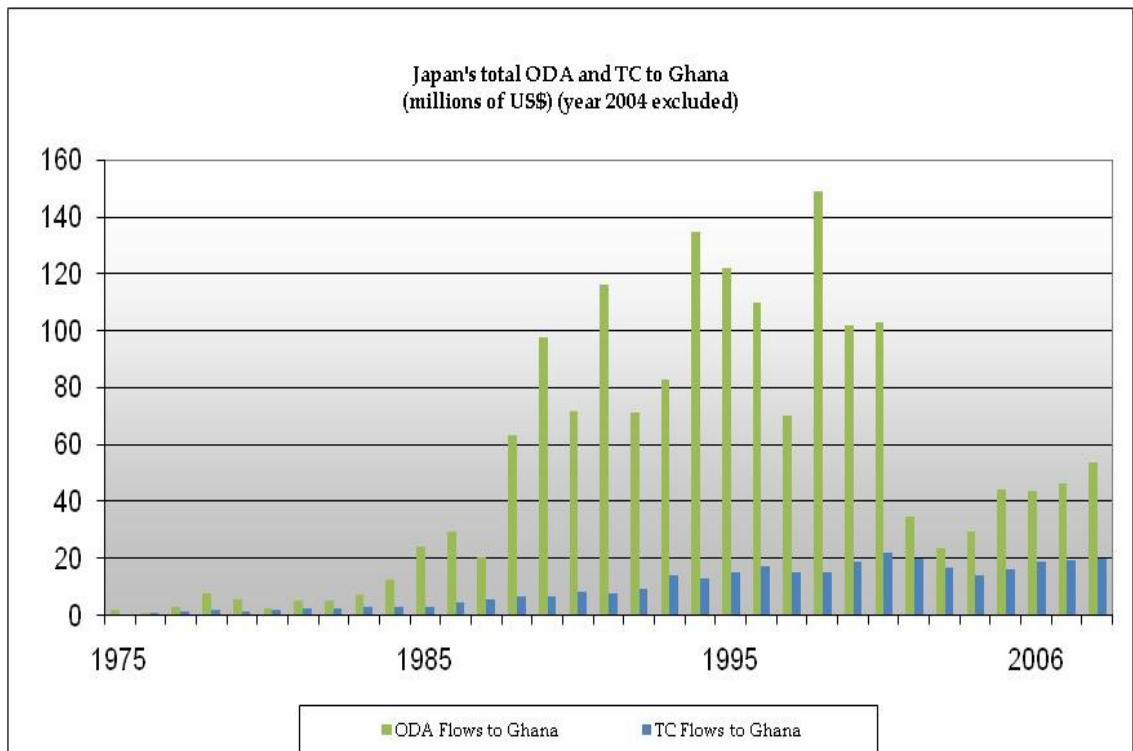
### **3.8 Japan and JICA in Ghana: fundamental data**

For decades Japan has been a major donor country in Ghana. JICA's Aid Policy Booklet for Ghana points out that the agency began operating in the country in 1963 (as OTCA) by organising a Textile Training Centre, and some years later (in 1968) by supporting the organisation of the Medical School of Ghana (JICA 2008f, 13). From this point Japan quickly developed its TC project aid, mainly in the area of capacity development

during the 1980s and 1990s. The focus of JICA on the health and education sectors is directly linked to the shift in Japan's ODA policies to a more 'human-centred' approach, described in the previous chapter. The revised ODA Charter of 2003 and the focus of Japan on 'human security' and 'basic needs' approach are also mirrored to Country Assistance Programme (CAP) II priorities and Strategic Objectives (SOs) of Japan in Ghana (see section 3.8). This study utilised a large number of document reviews and secondary data in order to draw an advanced understanding of Japan and Ghana aid relations (see methodological approaches followed, in Chapter 5).

As shown in Figure 3.9, Japan has provided more than US\$1.5 billion (current prices) of development aid between 1985 and 2008, mainly in the form of ODA loans (until 2000) and grant aid. Between 2000 and 2008, Japan covered 18.6% of the total DAC aid flows to Ghana (OECD-DAC Statistics 2010, current prices).

**Figure 3.9: Japan's total ODA and TC flows to Ghana**

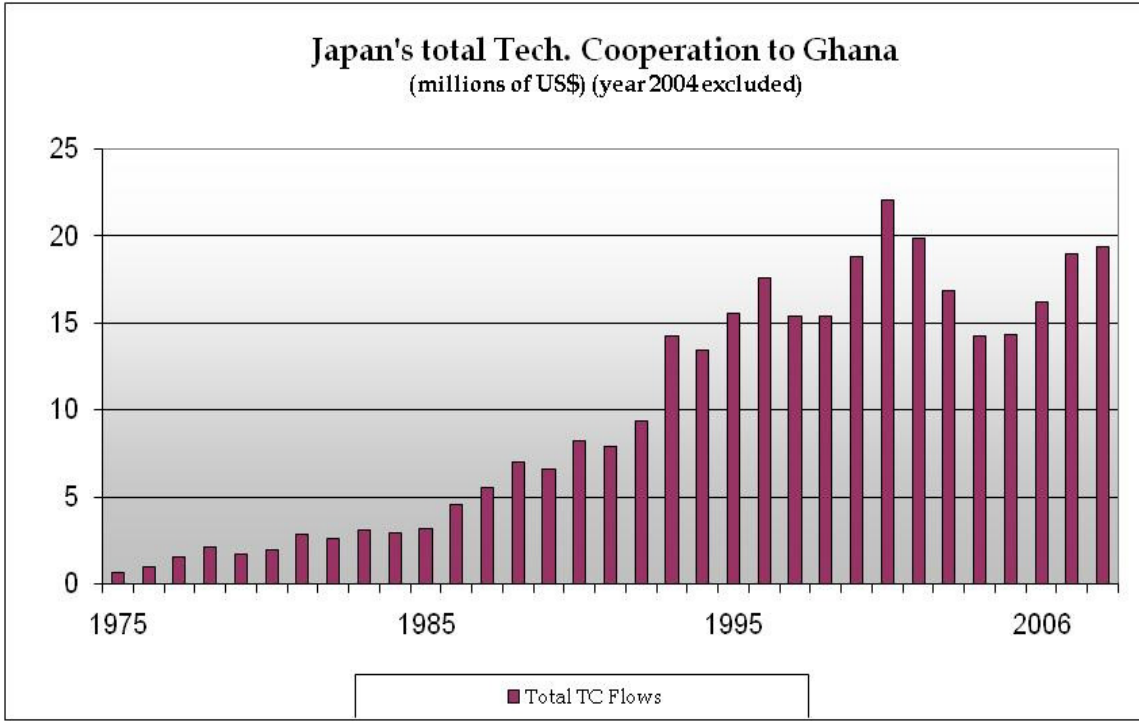


Source: OECD/DAC Statistics Database  
(current prices)

In 2004 there was a major initiative to relieve Ghana’s debt to Japan as part of Ghana’s entrance to the HIPC programme. In terms of TC flows to the country, Japan accounts for 15% of total TC flows from the DAC group (ibid.). TC also represents a significant amount of Japan’s total ODA to Ghana. As shown in Figure 3.9 Japan’s current TC to Ghana accounts for half of its total ODA to the country and is managed almost entirely by JICA with the cooperation of the Embassy of Japan in Accra. As mentioned earlier in this chapter, JICA is the principal agent of Japan’s ODA programme to the Ghana<sup>31</sup>.

Figure 3.10 presents a more detailed picture of the rising volumes of Japan’s TC aid for Ghana in the period between 1990 and 2008. Thus, during the period of the application of the RHIP and INSET projects in the country (2003 – 2008), Japan disbursed more than US\$100 million for TC to Ghana. Nearly all of the Japanese grant aid flows to Ghana were in the form of TC, and were largely covered by JICA (ibid.).

**Figure 3.10: Japan total TC flows to Ghana**



Source: OECD/DAC Statistics Database

<sup>31</sup>That being said, there are projects applied by Japanese ministries as well. As Japan’s ODA system employs several ministries and agencies, there are some individual projects implemented independently by Japanese ministries or in cooperation with JICA.

(current prices)

Furthermore, in the period 2003 to 2007, JICA covered TC projects (expenses) in Ghana amounting to US\$88.22 million, which represents 53.8% of Japan's total ODA to Ghana, placing Japan as one of the biggest donors of TC aid to the country. In total, after the year 2000, TC conducted by JICA covered almost 48% of total Japanese ODA to Ghana. Additionally, Table 3.7 shows the increasing financial role of Japan's TC in the health and education sectors in Ghana, as Japan's TC for the health sector in the country increased from US\$3.39million in 2005 to US\$4.6 million, representing 22% of the total TC of Japan to Ghana. Moreover, 26% of the total TC of Japan to Ghana was channelled to education, signalling Japan's increasing attention to the sector, at least in terms of ODA TC volumes (Table 3.10).

**Table 3.7: Japan's ODA flows to Ghana for the health sector**

Year	Flows in the health sector (total)	TC in health	Flows in the basic health sector (total)	TC in basic health
Ghana				
2002	0.22	-	0.22	-
2003	3.34	-	0.16	-
2004	3.74	-	0.03	-
2005	3.39	3.39	0.15	0.15
2006	6.49	3.92	3.51	0.95
2007	5.19	3.15	4.26	2.22
2008	4.85	4.6	3.01	2.76

Source: OECD/DAC Statistics Database  
(US\$ millions)

The increasing Japanese presence in the form of aid in basic health and education also becomes clear in Tables 3.7 and 3.8 (page 111) where it is shown that between 2005



and 2008 nearly all the flows of JICA to Ghana in health and education were channelled schemes related to these subsectors (basic education and health initiatives).

**Table 3.8 Japan’s ODA flows to Ghana for the education sector**

Year	Flows on Education sector (total)	TC on Education	Flows on Primary Education (total)	TC on Primary Education
	<b>Ghana</b>		<b>Ghana</b>	
2002	-	-	-	-
2003	5.2	-	-	-
2004	4.75	-	-	-
2005	5.47	5.46	0.33	0.33
2006	5.33	5.32	1	1
2007	5.84	5.46	1.46	1.46
2008	5.27	5.27	1.92	1.92

Source: OECD/DAC Statistics Database  
(US\$ millions)

From this it is apparent that JICA has an increasing presence in Ghana in the ‘softer’ sectors of aid cooperation. This can be attributed to the gradual move of the Japanese ODA programme towards a more ‘open’ and ‘cosmopolitan’ aid approach over the last decades, as presented in the previous sections. Japan gives particular attention to its TC programme in the country through JICA initiatives to which it dedicates nearly half of its ODA budget for Ghana. This is significant for this study as both cases fall under the TC aid of JICA. In order to better understand the increasing presence of JICA in Ghana the next section provides a brief background to Japan’s ODA discourse in the country.

### **3.8.1 Japan's aid discourse in Ghana: The Country Assistance Programs I and II**

The Country Assistance Programs (CAPs) represent the major policy documents regarding Japan's aid discourse on Ghana over the last ten years, and are designed in order to provide general directions for the implementation of Japanese aid projects and programmes in Ghana. Both the RHIP and INSET projects were implemented under CAP I (RHIP, INSET) and CAP II (INSET). Japan's MOFA has published two CAPs for Ghana, the first in 2000 and the second in 2006. Ghana was one of the first countries in sub-Saharan Africa where Japan introduced a CAP, as the country was understood as a 'model' for the promotion of Japan's aid programme, mainly due to its relatively stable political and economic environment (Ohno 2007, 23).

CAP I is a paper largely influenced by the priorities of GoG's document 'Vision 2020' (1995), but also by Japan's Medium-Term ODA Policy of 1999 and by the second TICAD meeting in 1998 (TICAD II). The Japanese document refers extensively to the need to promote basic education and health in Ghana as necessary preconditions for development, echoing in that sense the gradual shift of the Japanese discourse of the late 1990s to a more 'human-centred' ODA policy approach (MOFA 2000, 10-12; but also MOFA Diplomatic Bluebooks of the period 1996-2000 and MOFA ODA Reports 1996-2000). While CAP I is a brief, descriptive document, CAP II for Ghana (2006) is a more detailed, analytical plan of the Japanese Assistance Programme in Ghana. The main preoccupation of the document is to somehow 'fit' Japan's ODA policies for Ghana with the GPRS II, analysed earlier in this section.

The three priority areas of Japan's ODA in Ghana are closely related to the national priorities of GoG as described earlier as part of GPRS I and II: Accelerating Rural Development is linked to GPRS-Pillar 1; Promoting Industrial Development is linked to GPRS-Pillar 2 and Strengthening the Capacity of Administration and Institutional Development is linked to GPRS-Pillar 3. Furthermore, the four Strategic Objectives (SOs) are strongly related to GPRS II, making the CAP II a more focused document, compared to CAP I and individual lists of projects. CAP II emphasises the further focus of Japan on accelerating its support for basic social services (SO2) in deprived areas of

Ghana and strengthening its presence in vocational and science education (SO4) (see Table 3.9).

**Table 3.9: Summary of Japan’s CAP II for Ghana**

Characteristics of Japan’s ODA in Ghana	Basic policy for Japan’s ODA to Ghana	Priorities of Japan’s ODA to Ghana	Strategic Objectives (SOs) of Japan’s ODA to Ghana
-Emphasis on process support and human resource development	-To formulate aid policies in line with Ghana’s development policy based on its ownership	-Accelerating rural development	-SO1: Promotion of Agricultural Development and Supporting Improvement of Agric. Productivity
-Support to steady implementation, with an emphasis on the fieldwork activities	-To implement aid on the premise of Ghana’s self-help efforts	-Promoting industrial development	-SO2: Improvement and Support of Basic Social Services in Deprived Areas
-Synergy created by the combination of various aid instruments (grant aid and technical cooperation)	-To implement results-based assistance with a long-term perspective	-Strengthening the capacity of public administration and institutional development	-SO3: Private Sector Development, Fostering SMEs and other Local Industries
-Support to infrastructure and private sector development	...	...	-SO4: HRD needed for the Industrial Sector, Science, Technology and Mathematics Education and Vocational Training
-Collaboration with other development partners to achieve common targets	...	...	...

(Adapted from Japan’s CAP II for Ghana MOFA 2006b)

The planning and implementation of INSET and RHIP projects are part of CAP I and II, the development strategic development objectives of Japan in Ghana (SO1 and SO2), and the priorities of the GoG during the period 2000 to 2015. The general trend in the post-2000 period for more emphasis on Human Development Indicators, the adaptation of MDGs as the main priority by the GoG and the introduction of GPRS I and II, focusing extensively on basic social services provision, form the broad framework under which Japan applied, through JICA, its projects in health and education.

### 3.9 Conclusion

This chapter has provided the necessary framework in order to assess and compare Japan's and JICA's policy discourse in Ghana's development framework and JICA's development practice in Chapters Six to Nine. Japan's aid philosophy has evolved from an 'isolationist view', which traditionally focused on the Asian continent and heavy infrastructure projects, to a more open, 'cosmopolitan' aid framework after the mid-1980s. Thus, the 'unique' Japanese approach of 'self-help' aid policies, which focused on economic growth and investment, has progressively adopted a more 'soft' approach with swift openings into 'new' sectors (health and education) and continents (TICAD initiative in Africa, Latin America). The growing role of Japan's MOFA in Japan's ODA bureaucracy has given Japan the opportunity to include new policy elements in its development policy framework, and to employ JICA as the main 'vehicle' with which to approach the wider DAC policy agenda. Japan's increasing ODA presence in Ghana closely coincided with the country's efforts to introduce a comprehensive poverty reduction strategy which focuses on the MDGs and on economic growth. Japan's and JICA's discourse in the country quickly aligned with the Ghanaian Policy Frameworks by introducing (apparently) 'needs-based' and 'relevant' initiatives in the health and education sectors, principally through TC for CD. However, as this study shows in later chapters, this rhetoric hardly matches JICA's development practice in the field in terms of development processes and outputs, as it principally follows the practices and approaches of past development models, as analysed in Chapter Two.

The next two chapters analyse the background of INSET and RHIP, together with the methodology followed in order to conduct this research.

## **CHAPTER 4: BACKGROUND OF THE CASE STUDIES**

### **4.1 Introduction**

This chapter provides the background of the two JICA projects on which this study is focusing. First it presents a brief description of the area where the RHIP project took place by giving a short overview of the social characteristics of Birim North district, the wider area in which the project was implemented (see also sections 5.3.1 to 5.3.3 in Chapter 5). Then, the background of RHIP is analysed: how it started, the stakeholders involved and how JICA approached and evaluated the project through the release of RHIP-related documents (Terminal Evaluation, Phase-out Plan and Dissemination Reports). In addition, the chapter discusses the background of the two project areas where INSET was implemented. This will assist in the better understanding of the findings in Chapters Six to Eight. The methodological framework which was followed in the selected project sites is further discussed in the next Chapter.

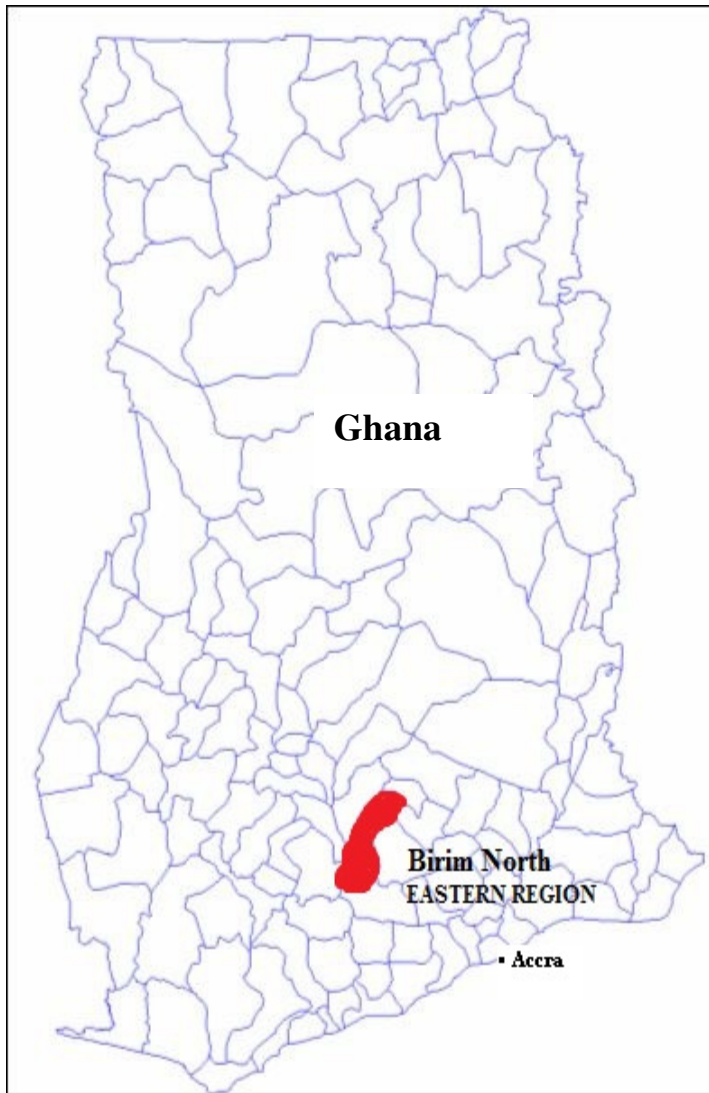
### **4.2 The study area of Rural Health Improvement Project<sup>32</sup> (General characteristics)**

The RHIP project was implemented in 20 pilot communities of Birim North District, a relatively newly-formed district in the Eastern Region of southern Ghana, and one of the most deprived and isolated districts of the region (JICA 2003f). This study of the Rural Health Improvement Project (RHIP) aims to understand how JICA approached the project in the pilot communities in terms of cooperation with stakeholders, ‘capacities and skills’ development and ‘sustainability’, and to compare the findings to JICA’s discourse on development aid and the wider development industry of foreign aid. Hence, this study is aiming at deepening the knowledge the literature has on Japan’s TC projects in Ghana and projecting it onto a wider critique of TC aid initiatives.

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<sup>32</sup>The information provided in the sections related to the study area of RHIP are extracted from Birim North’s Mid-Term Development Plan 2006-2009 (published by Birim North District Assembly) and the websites of Eastern Region and Birim North Regional and District Assemblies which are partly based on Ghana Census 2000.

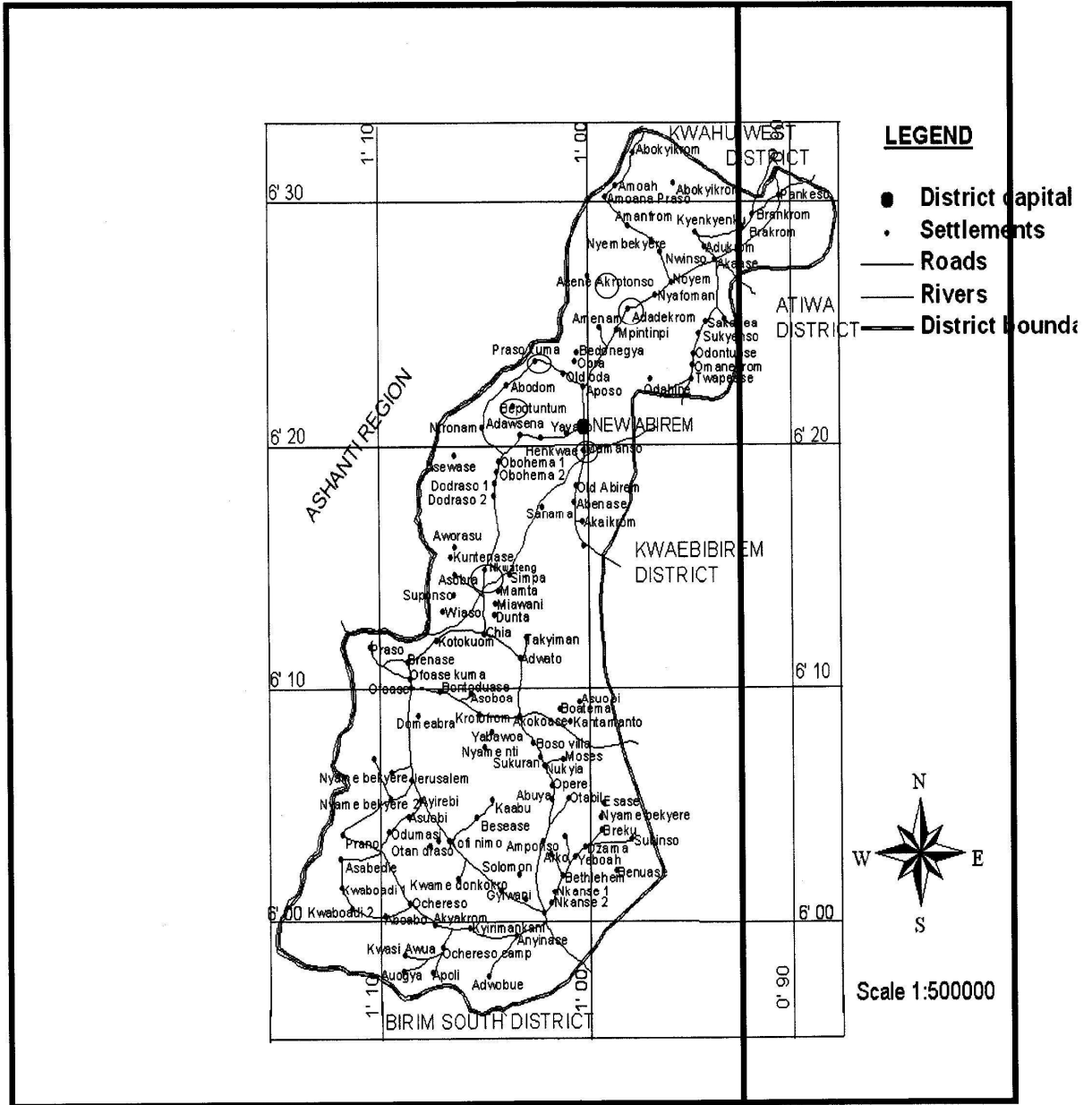
**Figure 4.1: District map of Ghana-Birim North district**



Source: GoG edited by author

Eastern Region is geographically located in the southern part of Ghana, and it is the sixth largest region in the country. The region is 19,323 square km, occupying 8.1 per cent of the total landmass of Ghana, and has a total of 2,106,696 people living in its 19 districts, a number which represents 11.1 per cent of the country's population (50.8 per cent females and 49.2 per cent males). The economy of Eastern Region is based on the agricultural sector in which the majority of the population was occupied in 2000 (last Ghana Census). Other main professions are related to sales, production and transport (Ghana Districts Repository 2006).

Figure 4.2 Map of Birim North and visited communities



Source: Birim North District Assembly

Birim North District is located in the south-east part of Eastern Region and has a total land area of 1,250 square km (see Figure 4.1). The district is predominantly rural, with over 190 settlements (Birim North District Assembly 2006d). The total population of the district is 123,579 people (estimated 151,401 in 2006), which has increased almost 100 per cent since 1984. The female population of Birim North is slightly higher (50.4 per cent) than the male population and in terms of age, 45.8 per cent of the population is between the ages of 0 and 14, and 48.8 per cent between the ages of 15 and 65. Birim North has one of the lowest population density ratios in the Eastern Region.

In Birim North the Akans (Akyems) represent the majority of the population (75 per cent) of the district, with Ewes, Krobos and Gwans constituting the remaining 25 per cent. In terms of religious beliefs, Birim North presents a homogeneous picture, where the majority of the population follow Christianity. Personal observation and the limited information sources for the district suggest that despite the difficult economic and social conditions the households are experiencing in their daily activities, there are no apparent ethnic, cultural or religious conflicts in the district and disputes are mostly related to land and property matters. In terms of education, the large majority of the population of Birim North has primary or junior secondary education (*ibid.*). The revenue of the district is principally based on government grants and to a lesser extent on internally generated funds.

As with the main economic activity in Eastern Region, the main occupation of the population in Birim North is based on the agricultural sector which employs the majority of the population, producing palm oil, cocoa and other food crops. The average daily income for a household is often less than one Ghanaian cedi (around 50 pence). In terms of infrastructure, Birim North is one of the poorest districts of the Eastern Region. Until 1995 there was no public electricity in the whole of the district and currently only three out of ten community members have constant access to electricity, mainly in the more 'urban' areas (Birim North District Assembly 2006d). Personal observation suggests that even in the larger communities of Birim North, such as Nkwateng, very few households have access to electricity, and power cuts are common. More remote



communities have no access to electricity whatsoever, and they rely on kerosene lamps, firewood and charcoal for their daily needs. Other basic needs include access to clean water, as many residents have very limited access to public or private transport to carry water from bigger communities, thus they often rely on collected rain water and/or boreholes.

#### **4.2.1 The health status of Birim North: general characteristics**

The information provided on the health status of Birim North is limited and the aggregated data few (see also section 5.2). The Mid-Term Development Plan of Birim North (2006d) suggests that the health infrastructure in the district, which is comprised of health centres, clinics and maternity homes, is poor, and highlights the lack of trained doctors and accessible clinics. Health delivery in Birim North is problematic and inaccessible for large parts of the population, especially in the more remote areas. During the field visits, the district did not have a single permanent trained doctor and the health clinics were limited to one in Nkwateng and another in Amuana Praso, many kilometres away from some off-road communities, understaffed and poorly equipped. The nearest hospitals to New Abirem (the capital of the district) are located in Kade (36 km away), Nkawkaw (37 km away) and Akim Oda (69 km away). According to the District Assembly of Birim North, the top two priorities of the district are the improvement of road networks and the construction of a hospital (BNDA-GHS Survey results 2006e).

Table 4.1 presents a set of health data for Birim North district as compared to Eastern Region in total. From the data available it is evident that the health facilities in Birim North are far below the average of the Eastern Region. Additionally the data published for maternal and child health and family planning, general health delivery, nutrition and trends of major diseases, present a problematic picture for the health status of the district.

**Table 4.1: Health service delivery status in Birim North district**

	Est. Population in 2006	Number of Hospitals	Number of Doctors	Number of Nurses	Number of beds	Population per Bed
<b>Birim North</b>	152,401	0	0	35	31	1/4,916
<b>Eastern Region</b>	2,108,852	17	63	1,643	2,953	1/714

(Adapted by BNDA-GHS Survey results published in Ghana District Repository for Eastern Region and Birim North District)

For example, while immunisation activities by outreach clinics and immunisation coverage of certain diseases (such as measles) far exceed the regional average, the lack of clinics and the limited availability of medical staff and traditional nurses have resulted in reported malaria and diarrhoea cases reaching record highs in 2005 (see Table 4.2). Moreover, the same survey shows that the rate of supervised delivery dropped between 2004 and 2005 (ibid.).

**Table 4.2: Diseases' prevalence in Birim North district, 2001-2005 (selected data)**

Year Cases	Number of patients				% of patients			
	2005	2004	2003	2002	2005	2004	2003	2002
<b>Malaria</b>	15,739	12,010	12,938	9,969	85,6	73,5	71,8	66
<b>Diarrhoea</b>	1944	1139	1535	1304	10,6	7,0	8,5	8,9
<b>Schistosomiasis</b>	92	41	156	66	0,5	0,3	0,9	0,4
<b>Measles</b>	64	18	111	497	0,4	0,1	0,6	3,4
<b>Yaws</b>	291	1162	892	731	1,6	7,1	4,9	5

(Adapted by BNDA-GHS Survey results published in Ghana District Repository for Eastern Region and Birim North district)

Birim North also suffers from major constraints in health care delivery and education on nutrition issues, and a lack of sanitation facilities. The established sanitation facilities (for example public toilets) are lacking or they are difficult to sustain. According to

BNDA, despite the fact that various types of latrines can be found in most of the villages, the lack of personnel to support them and their locations (often on the outskirts of community settlements which are difficult to access) limit their use and result in serious sanitation problems in the communities (ibid.).

#### **4.2.2 A day in the life of a community member in Birim North**

The working day of a young or middle-aged member of the communities of Birim North starts at around 5am when most of the working members of the households wake up to go to work in nearby fields. The large majority of the farmers usually work on small farming lands (owned or not) for ten to 12 hours a day and predominantly cultivate palm oil, other palm products and cocoa beans (depending on the season). Their daily income varies between two to six Ghanaian cedis per day (an equivalent to one to three pounds). The female farmers often carry their babies with them (depending on their age) while at work. A large number of female community members who are not employed in farming either stay at home to take care of the other household and family members and/or work as street-sellers of small quantities of fried food, vegetables, textiles etc. The sales stands are either private or rented and the women earn two to four cedis (one to two British pounds) per day. At the end of a working day, in the early evening, most of the male and female household members eat dinner together with the other members of their family (children and elders).

In terms of health and sanitation in the RHIP pilot communities, the households have significant difficulties in accessing the clinics in Nkwateng and Amuana Praso (see also Chapter Six). The road network is poor and becomes very difficult to use during the rainy season (between April/May and October/November). The clinic in Nkwateng is difficult to reach for the communities around Nkwateng, as a large majority of the community members do not own any transport means. The clinic itself is there to provide basic medication, advice and family support (like weighing of newborn babies) but regularly lacks of drugs and personnel, and the household members often rely not on medical advice but on a mix of curative methods (traditional healers, consultations from

friends and non-prescribed drugs) even for serious cases (such as malaria and diarrhoea). Furthermore, a large majority of the community members have no regular information from and contact with health experts and volunteers.

In terms of sanitation there are either public, 'dry' toilets or (to a lesser extent) private restrooms, depending on the community and the wealth of the household. Most of the common toilets are not in regular use as they are usually located in isolated places where access is often time-consuming. In the visited communities, there is no central sewage system and the waste goes through canals to either abandoned fields or small rivers nearby. For example, the basic canal system for toilet waste in Nkwateng is open and full of litter, with many community members complaining about the sanitation state of the community. Moreover, in terms of household and public waste in all the communities, there are either organised, semi-organised or unorganised open air dumps. In Nkwateng only, a private contractor (ZoomLion) cleans the main road of the village.

#### **4.3 The setting of RHIP: The Integrated Family Planning project**

In order to better understand the implementation of RHIP and to assess JICA's approach, the project which preceded RHIP is briefly examined in this and the next section. This will assist in drawing a picture in the later chapters of JICA's 'institutional memory' ('lessons learned') which is one of the main questions of this thesis. Two years before the introduction of RHIP in the pilot communities of Birim North, JICA engaged in the planning and implementation of a very similar health project in the Eastern Region called the Integrated Family Planning, Nutrition and Parasitic Control Project phase II (IPII). IPII was a TC project aiming at improving the health status of inhabitants in the target communities and applying parasite control and family planning acceptance and practices (JICA 2006f, 1)<sup>33</sup>. In the case of IPII the project was planned and implemented by JICA and PPAG (JICA was introduced to PPAG by JOICFP –

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<sup>33</sup>IPII was the continuation of IPI which was applied in a number of pilot communities of Central Region and funded, planned and implemented by a Japanese health-related NGO, the Japanese Organisation for International Co-operation in Family Planning (JOICFP) and a large Ghanaian NGO (Planned Parenthood Association of Ghana-PPAG) which is a member of the International Planned Parenthood Federation (IPPF). JOICFP works closely with the Japanese government and the Japan International Cooperation Agency (JICA) and the International Planned Parenthood Federation (IPPF).

interview with JICA senior staff member 1 2008). IPII<sup>34</sup> had as its aim the ‘availability’ and ‘accessibility’ of quality healthcare, especially in rural areas (IPII, Annual Report 1998, 27). Other objectives included an increase in contraceptive prevalence in the pilot communities, an increase in immunisation, information campaigns and sanitation seminars (ibid.).

IPII covered a total of ten communities in the district which were selected according to their health and sanitation status (lack of facilities) and the ‘willingness of the community members to support reproductive health programmes’ (IP II Evaluation Report 2001, 5). Those villages were the first ‘group’ of communities where RHIP was also implemented in 2003. After three years of implementation and monitoring, IPII was terminated in 2000 and handed over to the communities with the ‘back-up’ support of PPAG, which conducted a final evaluation report of which there is further discussion later in this study. JICA ‘returned’ in 2003, as it is in the general practice of the agency *not to* financially support TC projects for more than three consecutive years without a ‘gap’ of at least two years (JICA member 1, email, 2009).

#### **4.3.1 Evaluation of IPII and ‘institutional memory’**

The financing of JICA for IPII ended in 2001 and a terminal evaluation was conducted by PPAG, which had taken part in the implementation of the project together with JICA. Previously to the terminal evaluation, PPAG conducted a Baseline Report at the beginning of the project (1998) and a Mid-Term Evaluation in 2001. The methodology of the terminal evaluation of IPII was principally based on sampling, with ‘closed’ questions, comparing the Baseline Report to the results after the implementation of the project.

Virtually all the quantitative results of the Terminal Evaluation are optimistic and show an improvement in terms of sanitation practices, reduction of children’s infections and

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<sup>34</sup>Both IP I and IPII were identical in terms of Aims (‘strategy title’) and Objectives (IP II Annual Report 1998,27; IP I Annual Report 1998,16).

use of contraceptives. The IPII evaluation suggested that there was an improvement in terms of information on family planning and STDs and constant communication with the health workers (CBS agents). Furthermore, the Evaluation Report argued that due to the project, the community members of the pilot districts showed ‘significantly improved commitment and mobilisation’ with regard to decision-making and support of the project activities, and that the members who had participated in the training and activities of IPII continued to be motivated after the end of JICA’s financing (PPAG 2000b). Moreover it is suggested that the District Assembly (DA) is committed to continuing with the project (which would be also financed by the Income Generating Activities – IGAs – created during the project) (ibid.). Finally, in terms of sustainability (which includes recommendations), the report recognises that the financing of the project, logistics and personnel may potentially be problematic areas for the continuation of the project and proceeds to a number of suggestions, such as the increase of the District Assembly’s budget support for the project, further promotion of IGAs (which are found to be partly problematic in operational terms), updating of training of community-based volunteers and peer educators and involvement of the Ministry of Health (MoH) and Ghana Education Service to support IPII.

As this study shows in the following chapters, the evaluation methods and results of RHIP were nearly identical to those of IPII, as well as the suggested problems the project faced in the pilot communities. Furthermore, despite the favourable outcomes of the IPII evaluation, the follow-up with RHIP planning and implementation was suggested to be partly due to problems the IPII project faced after JICA’s phase-out from the sites (PPAG member 1, New Abirem 2008).

#### **4.4 The RHIP project – an introduction**

The RHIP project is a TC project designed by JICA and implemented by JICA and PPAG. The overall goal of the project, as stated by JICA, is:

‘[...] To improve the health status of the people living in Birim North District by improving the contribution and cooperation of stakeholders of the project [and to] replicate the model project in other Districts in Ghana.’  
(JICA, 2003g, 1-2)

Moreover, the project suggests that the main objective after its implementation is for the RHIP stakeholders to be ‘empowered’ and ‘responsive’ with regard to addressing their own health and sanitation community needs (ibid.; see Table 4.3 and RHIP Project Matrix in Appendix C, Table 1). The project was implemented between December 2003 and December 2006 in a total of 20 pilot communities of Birim North, with a target population of 15,154 inhabitants and a budget of US\$526,087 (current prices) (JICA-RHIP Terminal Evaluation Report 2006). The research team for this study visited a total of seven pilot communities (see Figure 4.2 and Appendix I Table 5<sup>35</sup>)

**Table 4.3: JICA’s RHIP Outputs**

1. Stakeholders cooperate effectively to improve community health
2. Management capacity of stakeholders enhanced to implement health programmes
3. Communities empowered to address their health needs
4. Stakeholders provide adequate resources for health programmes
5. Income levels of communities improved

Source: JICA (2003g)  
(see Appendix C-Table 2 for detailed project objectives and indicators)

According to JICA and PPAG, the main motives behind the implementation of the RHIP project in Birim North were (JICA 2006k, 1-2; PPAG staff member 1, New Abirem 2008; JICA staff member 1, Accra 2008): the continuous deprivation of Birim North District in terms of health services; the previous experience with the IPII project in the same communities; and the need to sustain and expand the project after JICA’s phase-out from IPII, serious issues of sustainability appeared.

<sup>35</sup>See also Table 7.1 in Chapter Seven for a more detailed analysis of the communities’ status.

**Table 4.4: Japan and Ghana inputs for RHIP**

Japan inputs	Ghana inputs
<ul style="list-style-type: none"><li>• Cost of behavioural change communication (BCC) activities including BCC material, training, fuel for transportation and recruiting member</li><li>• Cost of seminars, workshops and meetings</li><li>• Transportation cost of JICA member for supervising</li><li>• Cost of clinic construction and extension</li><li>• Dispatch of supporting experts (2)</li><li>• Provision of Vehicle for community visits</li></ul>	<ul style="list-style-type: none"><li>• The establishment of RHIP operating unit.</li><li>• Provision of project office.</li><li>• Transportation.</li></ul>

Source: JICA (2006k,2)

According to the initial planning of the project in 2002, the inputs of the Japanese side to the project were the total cost of the project (cost of materials, seminars, local experts, campaigns, vaccinations clinic) and the dispatch of Japanese experts; the inputs of the Ghanaian side were the establishment of the RHIP operating unit at the district level and some of the necessary transport means for the project to be implemented (Table 4.4) (ibid., 2006k, 2). While JICA suggested that the planning and implementation of the project was principally the responsibility of PPAG, in practice this was not the case. The interviews and my personal observations (Chapter Six) showed that it was JICA who had control of the overall management, monitoring and evaluation of the project, with PPAG having a more day-to-day management of RHIP, with its desk representative at the community level coordinating the activities of the local partners (JICA staff member 1, Accra 2008). Furthermore, GHS was minimally employed at the national level in order for the project to be introduced through government channels to other districts in Ghana (ibid.).



## **4.5 The ‘partners’ of the RHIP project<sup>36</sup>**

Apart from JICA, which represented the donor side and managed the overall planning and implementation of RHIP, a number of stakeholders were involved in the project. The structure of the project was designed at three levels in order to establish an RHIP system: the national, district and community levels. The following sections briefly analyse the roles of the stakeholders at all three levels as this will provide a better understanding of the relations between the different partners involved (see also sections 5.3.4.1 and 5.3.4.2).

### **4.5.1 National level (JICA and Ghana Health Service)**

At the national level, JICA had the overall responsibility for the planning, implementation and monitoring of the project. Moreover, JICA volunteers would be placed for six to 12 months in the project area (New Abirem) to technically assist the district offices and to participate in RHIP activities in the pilot communities. In addition, the role of Ghana Health Service (GHS) staff members was to consult JICA for the planning and implementation of the project and to participate in joint monitoring and evaluation activities of the project. In practice, however, the role of GHS was constrained, as JICA introduced GHS to the project for the main reason of the potential replication and financing of the project by the Ministry of Health (MoH) and GHS (see Chapter Six). A total of four interviews were conducted with JICA and GHS. All the interviews were conducted in Accra.

### **4.5.2 District level**

Table 4.5 presents a summary of the tasks attributed to the partners at the district level of RHIP according to JICA’s RHIP-related documents. The following sections briefly analyse the roles of the partners at the district level.

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<sup>36</sup>In this section the partners’ tasks are described as found in the JICA Model Dissemination document of 2006.

**Table 4.5: RHIP ‘partners’ in the district level**

RHIP district ‘partners’ and summary of basic tasks					
Planned Parenthood Association of Ghana (PPAG)	District Assembly (DA)	District Health Administration (DHA)	District Education Office (DEO)	Ministry of Food and Agriculture (MoFA)	District Health Env. And Sanitation Unit (DHESU)
Implementation of RHIP activities in the pilot communities and Sensitisation of community members	Involve and sensitise DA members in RHIP	-Coordinate DA, DEO, MoFA and DHESU	Organise health activities in the schools of the pilot districts	Develop Income Generating Activities (IGAs) in the pilot districts	Support DHA especially on monitoring the sanitation status of the pilot communities
Monitoring and Evaluation of RHIP	Secure budget for RHIP activities	-Join activities in the pilot communities with PPAG for implementation and monitoring of RHIP	Train peer educators and sensitise schools in the communities	...	...
Support of the CBS volunteers	Provide facilities for RHIP meetings among partners	-Provide logistical support to PPAG and JICA	...	...	...

Source: Author, based on RHIP Project Design Matrix (2003) and interviews

#### 4.5.2.1 The role of the Planned Parenthood Association of Ghana (PPAG)

The Planned Parenthood Association of Ghana (PPAG) is a Ghanaian NGO established in 1967 and forming part of the International Planned Parenthood Federation (IPPF) network, a London-based global service provider and a leading advocate of sexual and reproductive health. Its main activities are contractual projects in the health sector (child health, family planning, infertility management etc.), financed or co-financed by the GoG and by bilateral and multilateral donors (such as JICA, DFID, the French Embassy, DANIDA, UNICEF etc.). PPAG offices in Ghana are distributed in terms of geographical zones. For the RHIP project, the responsible zonal office is PPAG-Kumasi, where the interviews took place and a number of volunteers of PPAG and JICA in the field were trained (New Abirem and the selected communities of Birim North). The official role of PPAG, as described in JICA’s documents, is the implementation and monitoring of RHIP *during* the project by an office provided to PPAG by the district office of MOFA. However, according to the PPAG staff members,

in practice the overall planning, implementation, monitoring and evaluation was managed by JICA (see Chapters Six to Eight).

A total of five PPAG staff members were interviewed, one in New Abirem (also a DA member) and another four in the Kumasi and Accra PPAG offices (see Table 5.1 and Appendix BIII-1).

#### **4.5.2.2 The role of the District Assembly**

The main role of the District Assembly (DA) was to actively participate in the implementation of RHIP activities by providing its facilities for meetings and training and support the DHA with logistics for the outreach clinics and to allocate annually a budget for meetings, workshops and advocacy activities, for the ‘sustainability’ of the project after the exit of JICA. Although the role of DA is important, especially in terms of the overall management and ‘sustainability’ of RHIP as a stand-alone project, at the time of the field visit in 2008 the DA appeared to be completely inactive on its role and responsibilities as all three of the assembly members who had knowledge of the project had either retired or moved to other districts (conversation with PPAG official in Birim North 2008). The only member of the DA who could provide information for the project was the key contact of PPAG who had become a member of the assembly and operated alone (mainly monitoring), without any assistants because of lack of funding.

One DA member (which is also a local PPAG member) was interviewed.

#### **4.5.2.3 The role of District Health Administration**

The nature of RHIP as a health and sanitation campaign project underlines the importance of the District Health Administration (DHA) office for the planning, implementation and ‘sustainability’ of the project. Theoretically, the main role of DHA office was to participate in the decision making together with the other project

participants<sup>37</sup> (JICA,PPAG, communities) for the planning, implementation and monitoring of RHIP activities and to allocate, through the assembly, an annual budget for the RHIP project in Birim North (interview with DHA member 2, New Abirem 2008). According to JICA's plan the role of the office included the appointment of a full-time administrator for RHIP, the provision of supporting members, transport and drugs for the outreach and static clinics, the provision of training facilities and the coordination of the activities in the communities amongst project volunteers (CBS Agents), community members and the elders.

A total of five DHA members were interviewed in New Abirem (see Table 5.1 and Appendix BIII-1)

#### **4.5.2.4 District Education Office**

The main role of the District Education Office (DEO) was to train peer educators for them to educate pupils in the schools on issues of hygienic conditions, HIV/AIDS and parasitic diseases (interview DEO-SHEP Coordinator, New Abirem 2008). More specifically DEO's main role in the RHIP project was to organise, monitor, finance and supervise school-health activities related to the RHIP project, through a School Health Education Program Coordinator and to provide teachers and member for health-related seminars in the schools of the selected communities. Nevertheless, the role of DEO in the overall project is secondary as compared to the DHA office. This is also confirmed by the interviews with DEO member and personal observation in the communities, where most of the RHIP participants (CBS, PPAG and JICA member) found that the DEO did not participate in the project actively, as it was understood by the office as a 'health' project (see Chapter Six).

A total of two DEO interviews were conducted in New Abirem (see table Table 5.1 and Appendix BIII-1).

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<sup>37</sup>The idea was to form a 'District Steering Committee' of the related offices and agencies (PPAG, JICA) in order to jointly decide on RHIP issues.

#### **4.5.2.5 Ministry of Food and Agricultural and District Environmental Health and Sanitation Unit**

The role of the district office of the Ministry of Food and Agriculture (MoFA) is to develop Income Generated Activities (IGAs) in parallel to the project implementation. According to a MoFA member at New Abirem, the role of the office, during and after RHIP implementation, is to assist community members to develop their own skills on income activities (MoFA member, New Abirem 2008). Similarly JICA underlined that the creation of Mothers' Clubs and the subsequent increase of the income level of the pilot communities could trigger the interest of the community members for the project (JICA member 1, Accra 2008). The contribution of MoFA in RHIP is secondary, although it provided an office at its building in New Abirem, for the PPAG official at Birim North. The role of DEHSU is also secondary, and it is coordinating with DEO for sanitation issues in the RHIP districts. The aim of the Unit is to '*ensure that there is improved sanitation in Birim North*', in cooperation, for RHIP, with DHA, DEO, MOFA, JICA and PPAG (interview DEHSU member, New Abirem 2008).

A total of two MoFA and DHESU interviews were conducted in New Abirem (see table 5.1 and Appendix BIII-1).

#### **4.5.3 Community level**

Table 4.6 presents a summary of the basic tasks of the stakeholders of RHIP on the community level as described in JICA's project documents and in the interviews with the community project participants. The basic stakeholders of RHIP according to JICA in the community level are: the community members; the Community-based Service Agents (volunteers); and the Local Steering Committee which would function as support for the volunteers in the villages.

**Table 4.6: RHIP ‘partners’ in the community level**

<b>RHIP community ‘partners’ and basic tasks</b>		
<b>Local Steering Committee (LSC)</b>	<b>CBS Agents</b>	<b>Community members</b>
-Sensitise the community members for participating and applying RHIP activities	-Volunteering for informing, sensitising and consulting community members on health and sanitation issues	-Volunteer for RHIP activities and participate in health and sanitation campaigns
-Selection of CBS volunteers and organisation with CBS, PPAG and DHA of health and sanitation campaigns	-Provision of contraceptives to community members	-Potentially contribute financially for the continuation of the project
-Monitoring of RHIP in the communities	-Organising RHIP activities (such as film shows, small theatre performances on health and sanitation, cleaning campaigns)	-Sensitise other community members

Source: Author, based on RHIP Project Design Matrix (2003) and interviews

#### **4.5.3.1 The role of Local Steering Committees**

The Local Steering Committees (LSCs) are formed by a school teacher, an assembly man, a Traditional Birth Attendant (TBA) and community members in order to authorise and monitor the activities of RHIP project and to advocate, mobilise and meet the community members on RHIP progress and activities. More specifically the LSCs were supposed to be formed during the implementation of the project and be maintained after the exit of JICA from RHIP, as support for the CBS Agents in the communities, organise with CBS, PPAG (in the initial stages) and DHA clean-up campaigns, monitor the progress and mobilise potential local resources for supporting the project. Nevertheless, as in the case of DSC, at the time of visit in the communities, the LSCs in the visited pilot communities were never initiated or they were formed at the beginning of the project and there were swiftly dissolved (or stayed inactive) after the end of RHIP in 2006.

#### **4.5.3.2 The role of the Community Based Service Agents**

The Community Based Support (CBS) Agents are a fundamental part of RHIP, as they are responsible for the day-to-day application of several RHIP activities in the

community level. The CBS are volunteers trained by JICA and PPAG and (originally) suggested by the local committees. Their main role is the support of the project in the communities in terms of home visits, health education performances and mobilisation of the community members (see Table 4.6). A total of thirty CBS Agents were trained by JICA and PPAG in New Abirem and the communities, during the period of the implementation of RHIP between 2003 and 2006. Their training involved seminars on STDs and SRH, Parasite Control, Environmental and Sanitation issues and Nutrition Activities. The CBS were selected by PPAG and JICA according to their motivation and credibility to participate in the project and their acceptance in their communities (interview with PPAG member 1, New Abirem Birim North 2008).

A total of eight interviews with CBS volunteers were conducted in seven pilot communities (see table 5.1 and Appendix BIII-1).

#### **4.5.3.3 The role of the communities**

There is no evidence for JICA's documents that there was a realistic provision for the active participation of the community members in the project. JICA's main '*assumption*' was that for the project to be effective the communities support RHIP, volunteer and dedicate resources for the project (RHIP Project Matrix Appendix C-Table 1). According to JICA, the household members were supposed to participate in the project implementation with voluntary work and potential personal financial contribution. This would be facilitated by their constant cooperation with the CBS and the other PPAG stakeholders (principally PPAG and DHA). After the implementation of the project the community members would be ready to take their own initiatives and address their own health and sanitation needs in the community level (ibid.-project purpose).

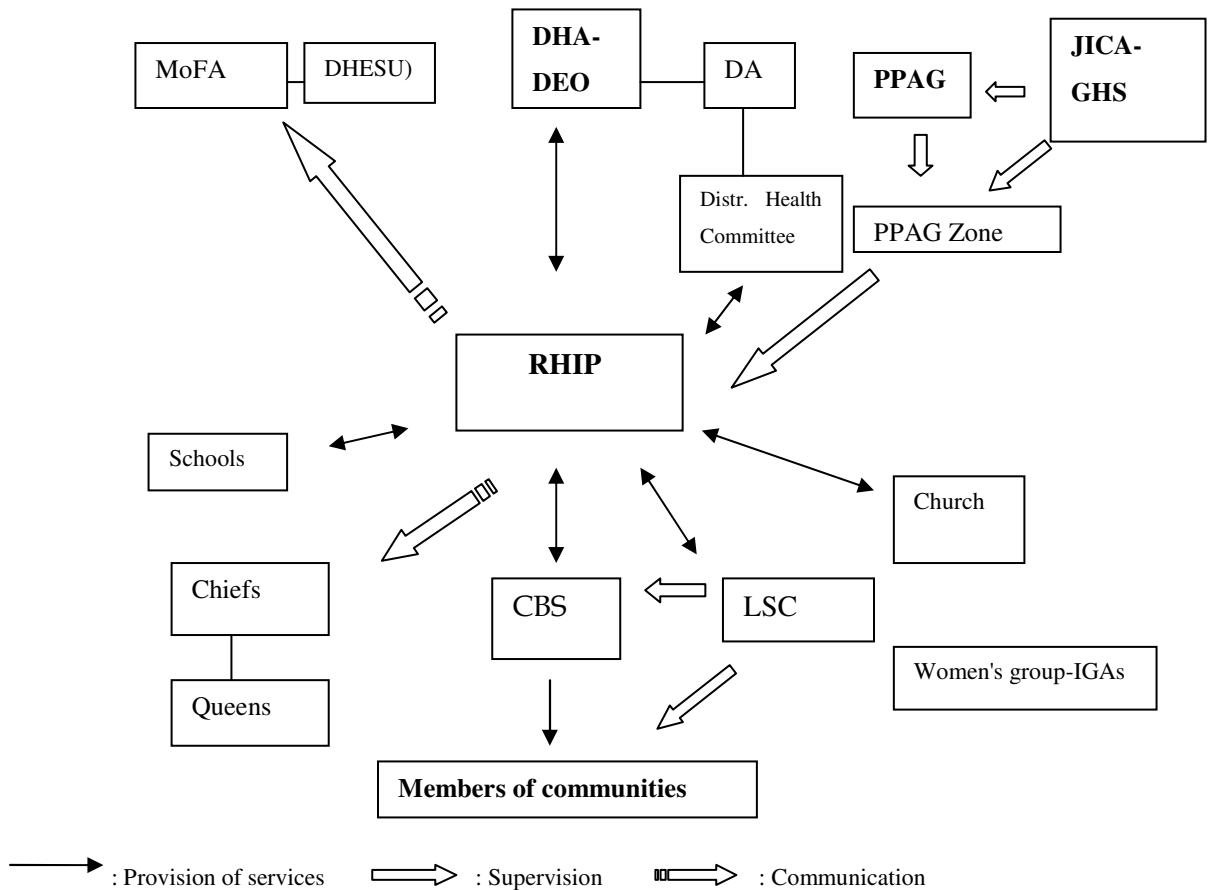
A total of 120 semi-structured interviews were conducted in seven pilot communities. As the project was implemented in a large area of 20 pilot communities I considered necessary for our research team to reside in the communities and visit an adequate

number of villages and talk with their residents over RHIP related issues. The goal was *not* to talk to as many community members as possible but rather to visit communities in different locations and engage in the process a large number of views in order to contrast them with the opinions of the other project participants (volunteers, district members, JICA) (see Table 5.1 and Appendix BIII-1 for more detailed information of the interviewees).

#### 4.5.4 Basic organisational structure of RHIP

Figure 4.3 presents the organisational scheme of RHIP project in Birim North, at the district and community levels as designed by JICA.

**Figure 4.3: Structure of the RHIP project in the district and community levels**



(Adapted by JICA 2003g, 5)



According to RHIP structure, JICA, GHS have the overall supervisory and monitoring role of the project in the district and community levels. The district stakeholders (DHA, DEO, MoFA and DHESU) are reporting to GHS and JICA for the progress of the project in the pilot communities but also to PPAG, who has both an implementing and supervising role. Additionally, PPAG is reporting to JICA and GHS for its RHIP activities in Birim North, as the financial support of JICA for the project depends on the progress of the project in the communities (for further details on the RHIP financing see Chapter Six). According to JICA project design the most involved district offices in RHIP would be DHA and (to a lesser extent) DEO who would cooperate with the local assembly for organising and implementing RHIP. MoFA and DHESU would undertake ‘supporting’ responsibilities. Furthermore, in the community level, LSC has a supervisory role over CBS volunteers, who are having a daily contact with household members of the pilot communities and report to LSC personnel (who, in their turn, are reporting to PPAG and/or DHA).

#### **4.6 The RHIP Terminal Evaluation report and post-project documents**

The terminal evaluation report of RHIP was conducted at the end of 2006, by the same Japanese consultant who conducted the RHIP Dissemination and ‘Phase-out’ Plan (Construction Project Consultants Inc.) and who is a regular contractor of JICA worldwide<sup>38</sup>. As in the case of IPII Final Report, the overall results of the evaluation report are positive and optimistic for the outputs of RHIP and the prospects of its ‘sustainability’ in the pilot districts. The evaluation report employs a large number of predominantly quantitative indicators and its main conclusions are positive in terms of the ‘smoothness’ of project implementation and the achievements of such indicators as ‘number of immunisations’, ‘nutrition activities’ and ‘number of volunteers trained’.

However, the report found mixed results in terms of ‘knowledge’ and ‘behavioural change’ of the communities (JICA 2006k, 8-12). Moreover, the report of JICA

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<sup>38</sup>According to a summary of its clients between 1988 to 2000, CPC contracted services from JICA in seventeen (out of a total 25) cases. The previous suggest a regular and close relation between JICA and the private consultant (CPC 2010,2).

dedicates a very small space for commenting on such important qualitative issues like the overall level of cooperation of the stakeholders, the organisational capacity of the stakeholders to manage the project, the level of participation of the community members and volunteers and the adequacy of local resources to support RHIP. Surprisingly, the report dedicates only one small paragraph for each of the previous with predominantly optimistic results. Thus, for example, in terms of 'cooperation' the project team suggests that close cooperation has been effectively established amongst the stakeholders and it regularly quotes such indicators the number of community members participated in vaccinations, campaigns and volunteers trained (ibid.,15). Moreover, in terms of project continuation, the report is optimistic, underlining that RHIP's potential of continuation is 'high' as the volunteers of RHIP are 'motivated' the stakeholders are 'aware' of the importance of the project and funding has been ensured by the district assembly (ibid.,16). Overall, under the five evaluation criteria (Relevance, Effectiveness, Efficiency, Impact and Sustainability) JICA report highlights the success of RHIP. As in the case of IPII, RHIP evaluation report overemphasises a number of quantitative aspects of the project 'performance' and does not engage in a more qualitative analysis of the project results. In later chapters these evaluation results are further addressed in order to compare them with the findings of this study.

In September and October 2006, the 'Guidelines for Model Dissemination on RHIP' and the 'Phase-out Plan' were published by JICA and GHS. Both publications were conducted and introduced by the same Japanese short-term expert (Construction Project Consultants Inc.) who conducted the RHIP Terminal Evaluation report. In a brief, fourteen pages document, the guidelines suggest that the core element of RHIP in the fifteen pilot communities is the CBS Agents, who are the 'catalyst' to carry on with the activities they were trained by JICA and PPAG in the district level (JICA 2006f,4). Although the document recognises that lack of incentives can be a 'challenging task', for the continuous motivation and commitment of the CBS volunteers, it does not suggest anything new in terms of motivating the agents and insists on the model of incentives followed during the implementation of the project which the volunteers find very poor (see Chapter Six).

Furthermore, in the community level, the ‘sustainability’ plan suggests that it is important for the LSCs to continue functioning systematically for motivating community members, selecting CBS volunteers and monitor the health and sanitation issues of the communities. Moreover, the study claims that at the time of the report (2006) there were six IGAs functioning in the communities (‘Mothers’ Clubs’), and it provides guidelines on how to expand them (ibid., 10-12). On the district level, the report underlines that the district offices should be active and coordinate in order to support the project. Finally, according to the Memorandum of Understanding of RHIP (2006), PPAG would stay in the district for an initial period in order to support the related offices with the project.

Moreover, the ‘Phase-out Plan’ of JICA (2006i), addresses the ‘challenges’ which RHIP might face (and which are parallel to the problems met with the termination of IPII), mainly in terms of financing and the commitment of the stakeholders. Thus, DA should establish ‘in the long-run’ an ‘organisational structure’ for the smooth hand over of the project from PPAG to DHA and the assembly; the CBS to continue volunteering with the existing incentive system; the LSC to supervise CBS and continuing RHIP activities in the community level. The plan further suggests that the district (DA, DHA and PPAG) is ready for the smooth continuation of the project and the take-over of financing and training by JICA and PPAG (ibid.,3-5). Furthermore, the recommendations underline the importance of the assembly to coordinate the quick phasing out and dissemination of the project to the national level in order to have future funding support, that JICA should carry-out an ex-post evaluation six to twelve months after the end of the project, that continuous training is indispensable for the increased ‘sustainability’ of the project and that the formation and functioning of ‘local committees’ is necessary for the rising awareness of RHIP in the communities (ibid.). The previous are partly repetitions of IPII report and are further commented mainly in Chapter Six to Eight.

In the next sections are briefly analysed the background areas of the second JICA case study in Ghana.

## **4.7 The study areas of INSET project<sup>39</sup>**

INSET project was implemented in ten pilot districts between 2005 and 2008. This thesis focuses on studying the project in two pilot districts where the INSET was implemented: Adansi North (Ashanti region) and Wa Municipal (Upper-West region) (Figure 4.3) (see also sections 5.3.1-5.3.2 for a brief on the process of project selection).

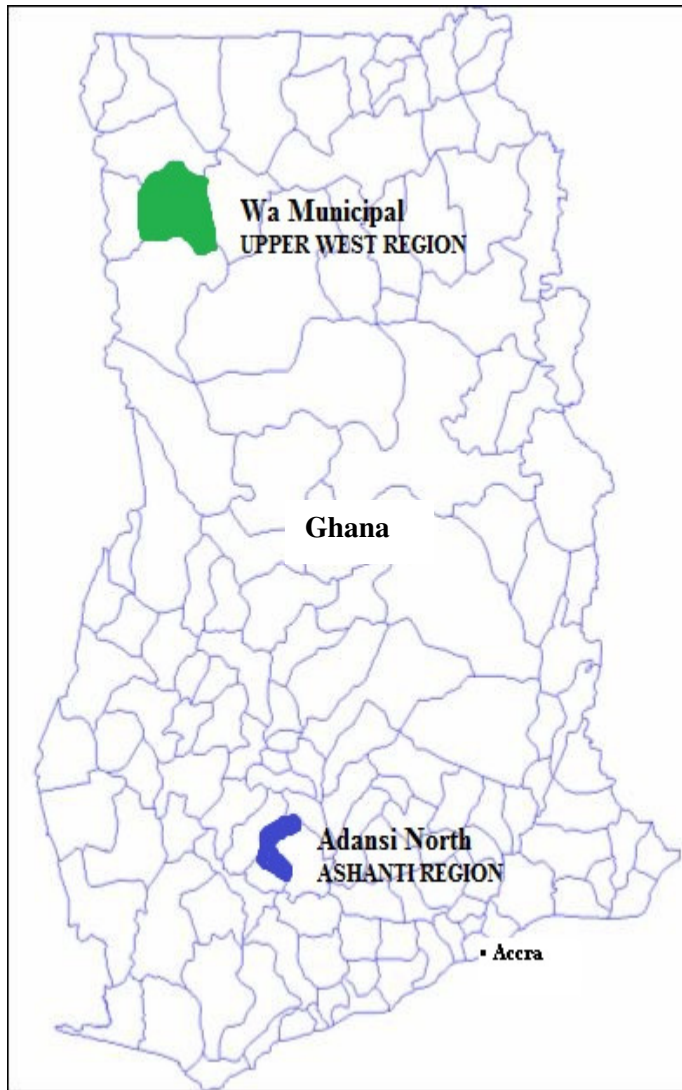
### **4.7.1 Adansi North district: demographic characteristics**

Adansi North district (see Figure 4.3) is located in the Ashanti Region in central Ghana. The district represents 4,7% of the total area of the Ashanti region. While the population of the district is predominantly Akan, there are also present several other ethnic groups with the most large being Ewes, Krobos and Fantes (Adansi North District Assembly 2006a). The structure of the economy of Adansi North is identical to the one of Ashanti region, with a large part of the population occupied in agricultural activities, mostly related with crop production and live stock keeping. The output of local products includes cocoa, palm oil, cassava, citrus, maize etc. Smaller parts of the working force (around 20%) are working as street sellers and in dressmaking, hairdressing, tourism and banking services and small manufacturing. According to Adansi North District Assembly, the overall income level in the district is low and community members are living in very difficult conditions in terms of housing, nutrition and schooling for children (Adansi North District Assembly 2006a; 2006c). While large on-road communities have relatively easier access to community health centres, smaller off-road communities have significant problems on reaching basic health facilities, especially during the rainy seasons.

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<sup>39</sup>The information provided in this section is extracted by the Mid-Term Development Plans 2006-2009 of Adansi North and Wa Municipal District Assemblies and from the websites of Ghana District Repository, which is mainly based on Ghana Census of 2000.

**Figure 4.4: District map of Ghana-Adansi North district and Wa Municipal**

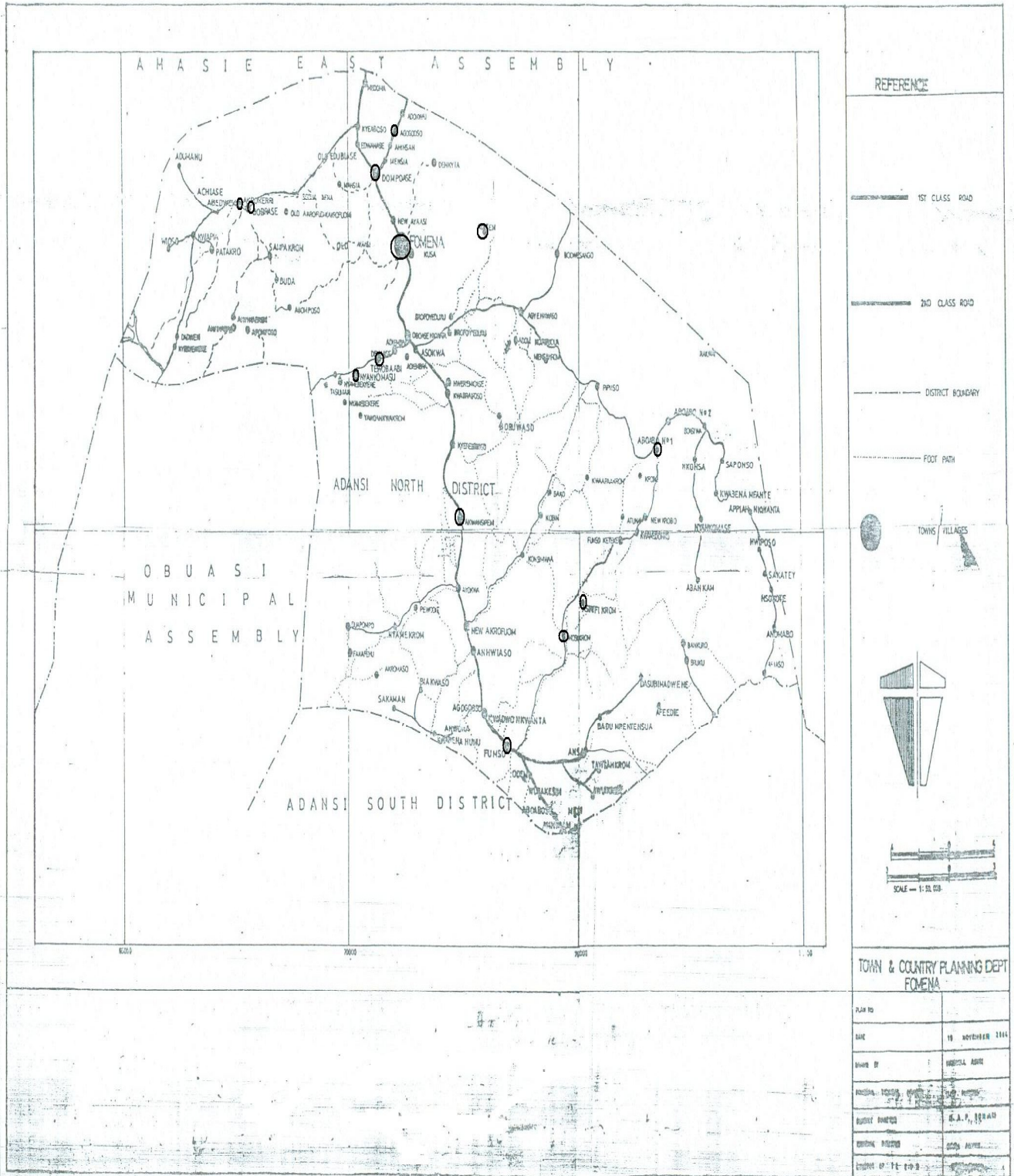


Source: GoG edited by author

#### **4.7.1.1 The education status of Adansi North**

Adansi North has a total of 99 Primary and 58 Junior Secondary Schools (JSS) and four Senior Secondary Schools (SSS). Moreover there are four Teacher Training Colleges and one DEO office at Fomena, the capital of the district. In 2006, 18,786 pupils attended primary schools, 6,080 attended JSS and 2,450 attended SSS.

Figure 4.5: Map of Adansi North and visited schools



Source: Adansi North District Assembly

In Adansi North only 39% of the primary schools in the district have toilets and 50% drinking water (ibid.). Additionally, almost 55% of the total teachers in the primary schools are untrained. As the majority of the communities and settlements are located in the rural parts of Adansi North, most of the primary schools in the district are found in rural or semi-rural areas. The district database suggests that despite the large size of the district and the scattered placement of the communities, the sites of schools are carefully selected in order to be reached from pupils coming from more remote villages.

**Table 4.7: Basic Characteristics of Education in Adansi North**

Education Data for Adansi North in 2006			
	Primary schools	JSS	SSS
Number of schools	91	58	4
Number of pupils	18,786	6,080	2,450
Male/female % pupils-total in all levels	52.9/47.1		
Pupil/Teacher ratio	36:1	21:1	24:1
% of Teachers with formal training	45,2	n/a	n/a
Male/female % Teachers	60/40		

Source: Adansi North District Assembly 2006c

Personal observation suggests that the district is predominantly rural and many off-road communities are literally cut off from larger communities and townships, without access to public transport. Numerous pupils need to walk daily for several kilometres to access their school and teachers are not content with the working conditions in the remote areas and they are often absent from the school. The latter is confirmed by the Adansi North district administration, when it is analysing the ‘teacher profile’ of the district:

‘Due to the fact that the district is rural and deprived, it has never had the full complement of teaching personnel since its creation [...]. Teachers

posted to the district for reposting, in most cases, refuse to accept postings to the rural communities’.

(Adansi North District Assembly 2006a)

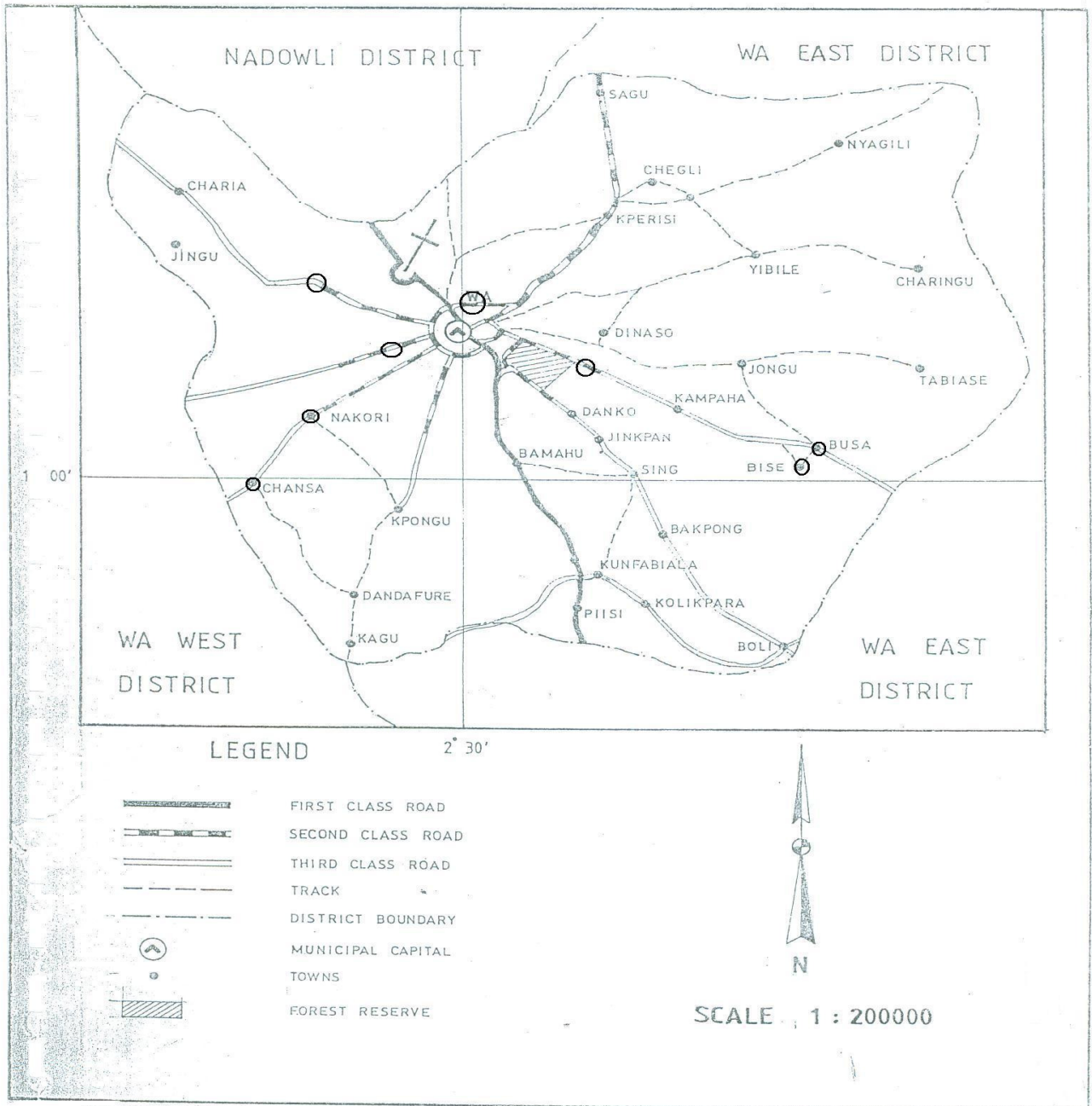
The above have led to a large number of primary school teachers being untrained as the trained teachers often prefer to work near bigger communities and cities where access to the school is easier. In 2008-9 the rate of untrained teachers in public basic education in Adansi North was nearly 54,3% of the total employed teachers, with most of them located in the rural parts of the district (ibid.). Moreover, the pupil/teacher ratio in the district is 36:1, which is close to national average (35:1) but does not represent the reality. As shown in Chapters Six and Seven, several primary schools of the district have a very high number of pupils, while others are sparsely populated with low pupil attendance and few teachers (ibid.). Personal observation (as described in Chapter Seven) suggests that many of the schools are in difficult state in terms of class conditions and equipment especially in off-road communities.

#### **4.7.2 The study area of Wa Municipal: demographic characteristics**

The INSET project was implemented in the pilot district of Wa Municipal which is geographically located in the Upper West Region of Ghana. While Wa Municipal is the socio-economic centre of Upper-West, the region itself is one of the poorest in the country. Wa Municipal is one of the largest districts in Upper West, with a size of 2,563 square kilometres. The municipal has a population of 224,066 inhabitants (2000 Census), representing the 38,9% of the region's population, while the remaining districts are sparsely populated with approximately 15% of the population each. In Wa, the regional capital, the population reached 66,644 in 2000, a 84,8% growth since 1984. The major ethnic groups of the district are the Dagaabas and the Walas which represent the two single largest ethnic groups in the district.



**Figure 4.6: Wa Municipal and visited**



Source: Wa Municipal District Assembly

The religious affiliation of the majority of the population (44%) is Islamic. The main sector of Wa Municipal's economy is agriculture, where the large majority of the population is occupied (69,8% for males, N/A for females) (ibid.). The other main sectors of Wa are production and transport equipment, sales, professional and technical work.

#### 4.7.2.1 The education status of Wa Municipal

Following the regional trend in terms of literacy, Wa Municipal has very low 'functional literacy rate', as only 27,5% of the population is literate, one of the lowest in the region (Wa Municipal, Medium-Term Plan 2006-2009).

**Table 4.8: Basic Education data for Wa Municipal in primary education**

Education Data for Wa Municipal in 2008		
	Primary schools	JHS
Number of schools	58	42
Number of pupils	21,523	8,385
Male/female % pupils-total in primary education	51.4/49,6 (primary education)	
Pupil/Teacher ratio in primary education	34:1 (primary education)	
% of Teachers with formal training in primary education	71,2 (primary education)	
Male/female % Teachers in primary education	60/40 (primary education)	

Source: MoESS 2008/09 and DEO Wa Municipal (2008)

Moreover, the while the majority (64,7%) of the population has attained primary or JSS level of education only a small minority has followed further studies. Table 4.8 shows that for the school year 2008/09, there were 21,523 pupils in primary education in Wa Municipal and only 8,385 pupils in secondary education, suggesting a potential high drop-out rate between primary and secondary education in the district. Furthermore, it is observed a high pupil/teacher ratio in the primary schools (34:1), and a large proportion of untrained teachers in the district (near 30%). Additionally, in terms of infrastructure,

MoESS's data show that from 58 primary schools in 2008, only half have toilets and 41% drinking water (MoESS, Basic District Profile-Wa Municipal 2008).

#### **4.7.3 Brief of a day of a teacher in rural Ghana<sup>40</sup>**

The average teacher of a primary school in the visited areas is a relatively young person (22-35), who has either graduated by a two or three-year teacher Training College (TTC) or is still a trainee or a teacher by profession, graduate of Senior Secondary School (SSS). Rare are the cases of teachers' graduates from specialised University departments as the majority of university graduates either work in urban centres or as civil servants.

The large majority of the newly hired teachers from TTC establishments are paid between 120-140 Ghana cedis per month (an equal of 60-70 British pounds in 2008) and they usually live in rented rooms, houses or bungalows, depending on the area the school is located. Some of the teachers have an additional small income from sub-renting small market stalls or trade small quantities of agricultural products (for example palm oil). The salary of a teacher is barely enough for the very basic needs (food, clothing, transportation and so on), especially when there is need to support other family members and their social status is currently considered as 'low' (Mereku 2000,5).

A usual day of a teacher at a primary school starts at 07.30am, when the pupils are having their morning gathering at the yard of the school. Many teachers need to travel several kilometres, by tro-tro, bicycles, foot or motorbikes (mostly in the Northern Regions of Ghana), especially when they are working in more remote schools..The school classes vary significantly, in terms of size and infrastructure, but in most of the primary schools visited, the classes were overcrowded (usually with 30-50 pupils each), lacking often such basic material as desks and chairs for the pupils. The teacher is often obliged to 'merge' different classes of pupils because of the high rate of teacher absenteeism. The class brake often last more than 45 minutes to one hour due to teacher

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<sup>40</sup>As experienced in Adansi North and Wa Municipal.

shortages. Furthermore, the pupils often share a very small amount of textbooks and have only one meal from the time they wake up until they return from school at 12,30-2pm<sup>41</sup>. In rural areas (especially in Wa Municipal) many classes are taking place in the yard, under trees or under ‘roofs’, held by four tall wooden sticks. During the dry season the heat can be as high as 40C in the class and during the rainy seasons several HTs suggested that for many days the schools remain closed due to floodings (mainly in Wa Municipal). The teachers do not have almost any basic teaching materials for science and mathematics classes and the majority of them spend a lot of time on trying to make the pupils pay attention to the class. Moreover, there are often problems with the use of local languages (Wa Municipal), as the teachers are frequently not from the region and it is difficult for them to communicate with the pupils.

Many of the teachers arrive after a journey of more than one hour at their homes. During the afternoon and evening a school teacher would either rest, meet friends or/and family or work for a potential side source of income.

#### **4.8 The setting of INSET: the Science Technology and Mathematics project**

During the period preceding the implementation of INSET, JICA has been implementing together with Ghana Education Service (GES) the Science Technology and Mathematics project (2000-2005). According to JICA the STM project was addressing the ‘quality aspect’ of education in Ghana, in line with the policy of MoESS and GES for Free Compulsory Universal Basic Education (fCUBE), the GPRS and ESP (JICA 2005f, 2). Moreover, the STM was described as ‘a joint 5-year TC between the GoG and the GoJ’, and had as its purpose the improvement of capacity of primary school teachers to deliver science and mathematics courses for improving pupils’ performance in the class (ibid.,3). The outputs of the STM project were very similar to the ones of INSET and included the creation of an STM project structure in three pilot

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<sup>41</sup>The pupils are eating a free meal, which is covered by the Ghana School Feeding Program (GSFP), introduced in 2005 in 10 pilot districts and expanded in many Primary schools of Ghana. Nevertheless, several are the cases of primary schools which are not covered by the GSFP, principally due to lack of financing.

districts for the training of teachers, volunteers and district personnel and the institutionalisation of the project in the Ghana's education system with the introduction of STM monitoring and evaluation mechanisms (ibid.). Furthermore, the basic organisational structure of the STM was identical to the one of INSET, as the project was operating in three levels: the national (GES and JICA headquarters); the district level (mainly DEO); and the school level (teachers, head-teachers). Moreover, on the national level, the STM project was supported by the Project Unit which was organised by Ghanaian and Japanese experts. At the district level the DEO of the districts were responsible for implementing and monitoring STM.

It is essential to briefly refer to the evaluation results of STM, as this would provide us with the necessary background on whether JICA 'learns' from challenges met in similar or identical TC projects.

#### **4.8.1 Terminal Evaluation of STM project**

The Terminal Evaluation of STM in 2004 was a joint evaluation conducted by JICA and GES. The Joint Evaluation suggested that the project was overall highly effective and the objectives of STM were achieved. The report argues that hundreds of teachers have been trained in new teaching methods in science and mathematics, the pupils showed 'increased interest' and that the quantitative results showed a slight improvement of pupils' performance; monitoring and evaluation of STM in the three pilot districts have been '*regularised*' (JICA 2004e). Moreover, concerning the project relevance, the evaluation team suggested that STM is highly relevant with the policies of GES in Ghana for improved performance of teachers and pupils in science and mathematics and the needs of the teachers in the schools (ibid.). Additionally, the project is found effective in terms of cost, and with a positive impact in all three levels as it created awareness for INSET institutionalisation in Ghana. Finally, in terms of 'sustainability' the report argues that despite some financial challenges there is increasing commitment for the continuation and dissemination of INSET by GES, the DEOs and DAs (ibid.).

Concerning challenges and recommendations for the project the evaluation team supports the importance of the project volunteers (Curriculum Leaders) as core elements for the development of the project in the school level. The report recognises the problem of the high attrition rate of STM volunteers and suggests their continuous training and monitoring by the district education office and the support of the assembly. Moreover, it is suggested the issuing of STM certificates for the attendants and the wide distribution of STM manuals to the districts and schools. Additionally, in the district and national levels it is recommended the closer collaboration of the various ‘partners’ of the project because of the ‘multiple’ actors of STM and the challenges on cooperating effectively. Finally, the financing of STM is attributed to DAs and DEOs who would be responsible for financially supporting the primary and secondary schools through a separate budget. In later chapters this study returns to the previous project brief in order to comment on the current approach of JICA in INSET.

#### **4.9 The INSET project-an introduction**

According to JICA, the In-Service Training (INSET) project for Science and Mathematics is a project aiming at:

‘[...] Continuous professional development of teachers through school-based activities, training activities as well as cluster or group based activities. These learning and training activities could be in the form of Curriculum Leaders or headmasters sharing their best teaching practices with their colleagues, the preparation of teaching and learning materials or the organisation of workshops or group activities.’

(GES-JICA 2005a, 9)

INSET was implemented between December 2005 and December 2008, with a total cost (for all pilot districts) estimated at more than 550,000US\$<sup>42</sup> (JICA 2007f, 14-15; JICA member 2, Accra 2008). More specifically, the approved budget for

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<sup>42</sup>At the Evaluation Report for INSET is not yet published JICA has released only estimated data for the total cost of the project.

the total of INSET activities (2006, 2007) in Adansi North was 27,660US\$ and 22,372US\$ for Wa Municipal (ibid., 14-15). The financing of JICA (counter-value fund of Japanese Embassy in Accra, plus JICA's budget) lasted two years, with 2008 being the phasing-out period from the project for the Japanese agency (see Appendix C-Tables 3 and 4 for the timeframes of establishing INSET). This study has visited 23 primary schools in both districts (see Figures 4.4 and 4.5; also for a list of schools see Appendix I-Tables 5 and 6<sup>43</sup>).

At the time of the research, the primary schools in Ghana had no other income and support for their staff and pupils apart from the capitation grant (established in 2005-06). This means a financing of the pupils of Ghana's basic education system per term by the GoG is directly linked to the amount of pupils attending every school. Furthermore, the transfers are more than often irregular, making the planning of school activities difficult, especially in the more rural areas. In 2008, the capitation grant was three cedis per pupil (1,5 British pounds per year). Overall, in 2007, the total DEO budget (capitation grant and donors' inputs excluded) for basic education was approximately 10,500 cedis in Wa Municipal and 12,000 cedis in Adansi North (phone conversations with DEO member in Adansi North, and Wa Municipal 2008).

According to JICA's Inception Report of INSET (JICA 2006g,1-2), the project outputs of INSET are related to the establishment of an INSET structure in the pilot districts, with monitoring and evaluation mechanisms and to develop awareness and commitment to the stakeholders for the project (see Table 4.9). Additionally the project planning underlines a number of 'implementation approaches' in order to achieve its aims and objectives. These approaches include the development of a 'flexible' INSET model in the pilot districts which 'respects' the education sector reforms of the country and cultural diversity; considers 'sustainability' and ensures budget support for the project from the DAs; coordinates with other JICA projects and utilise 'lessons learned' from STM; institutionalises INSET in Ghana (ibid., 2006,3).

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<sup>43</sup>For an elaborated view of the schools' status see Tables 7.2 and 7.3 in Chapter Seven.

**Table 4.9: JICA’s Outputs for the INSET project<sup>44</sup>**

1. To establish the INSET implementation structure in ten (10) pilot districts
2. To develop needs-based INSET modules, Sourcebook and Guidelines for use in the sourcebook
3. To develop capacity of the key actors to support the delivery of INSET
4. To develop and implement a monitoring and evaluation system for the district INSET model
5. To develop awareness of and commitment to INSET and to amend the INSET policy for smooth implementation

Source: MoESS-JICA INSET Inception Report 2006

Furthermore, JICA recognises the importance of meetings, regular communication and information sharing as the project employs a large number of stakeholders (ibid.). Table 4.10 shows the inputs of JICA and Ghanaian sides as described in JICA and GoG records of discussion for INSET in 2005.

**Table 4.10: Japan and Ghana inputs for INSET**

Japan inputs	Ghana inputs
<ul style="list-style-type: none"> <li>• Long and short-term experts (Chief Advisor/Management of Teachers Training, Project Coordinator/Monitoring, Volunteers)</li> <li>• Financing of the INSET project (INSET educational material, training expenses and logistics for the participants in all three levels of implementation, (in some cases) TLMs and computers and vehicles or/and motorbikes for DGES offices)</li> <li>• Training of GES and DGES member in Japan on INSET</li> </ul>	<ul style="list-style-type: none"> <li>• Counterpart personnel from GES, TED and full time counterpart personnel in the fields of S&amp;M, plus a programme coordinator</li> <li>• DGES ,DIU, DTST involvement in ten pilot districts</li> <li>• Administrative personnel for the needs of INSET</li> <li>• Facilities (land, buildings, room and space necessary for the installation of equipment, office space)</li> <li>• Local costs</li> </ul>

Source: JICA-GoG Record of Discussion, Appendix 2005

In later chapters (Six to Nine) this study commensurates JICA’s discourse with its development practice in order to project the relevance of the Japanese agency to wider critique of the rhetoric and practices of the development aid industry.

<sup>44</sup>For a more detailed Table of Project Outputs, see Appendix C, Table 5.



#### 4.9.1 The School-based and the Cluster-based INSET

JICA has previous experiences on implementing INSET-like projects in developing countries. For example JICA has applied the Strengthening of Mathematics and Science in Secondary Education (SMASSE) in Kenya and School-based Training Programme (SBTP) projects for teacher training in the Philippines. In Ghana the Japanese agency has applied a mixture of these two models applied previously (Mabucki and Yokozeki 2006). In one of the few articles on the education activities of JICA, Mabuchi and Yokozeki (2006,17) suggest that the INSET project targets the quality of education through the support and systematic training of teachers in science and mathematics, by boosting their knowledge in the related courses, learning them how to use readily available materials for making TLMs for science and mathematics and use student-participatory methods of teaching these courses. As a result of the experiences with technical projects in Kenya<sup>45</sup> and the Philippines<sup>46</sup> and elsewhere, JICA introduced a cascade/cluster INSET system in Ghana.

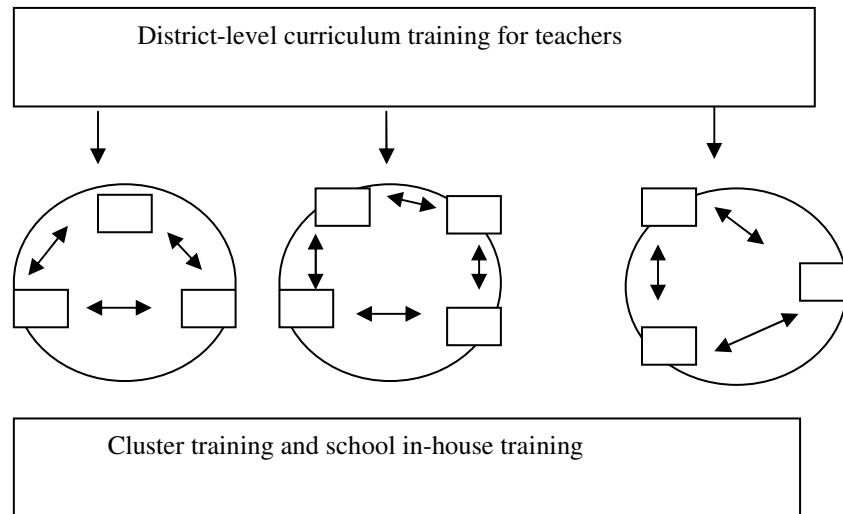
In Ghana, a more 'hybrid' model of the above two systems was applied, in INSET. While a continuous training system was designed by JICA and GES (from the national to the district to the school level), a core SBI-CBI system was applied in the pilot districts. The key actors are usually experienced teachers of primary schools, who receive training from the district level by DGES or/and JICA staff, become Curriculum Leaders (CL) of INSET, and then return to their school level to train other teachers (see Figure 4.7) under the supervision of the Head Teacher (HT) of the school. JICA and GES suggest that the SBI/CBI systems guarantee 'continuous professional development' for individual teachers and establish 'collegiality' among the participants (GES-JICA 2005a, 2-3).

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<sup>45</sup>In the cascade system, a 'whispering game'-type training takes place, where the training is passed from one level to the next, from the national level to the school level.

<sup>46</sup>The cluster approach is based on training organised in a certain location and this is re-produced in other locations.

**Figure 4.7: Ghana, STM-INSET ‘hybrid’ system**



(Adapted by Mabucki and Yokozeki 2006,18)

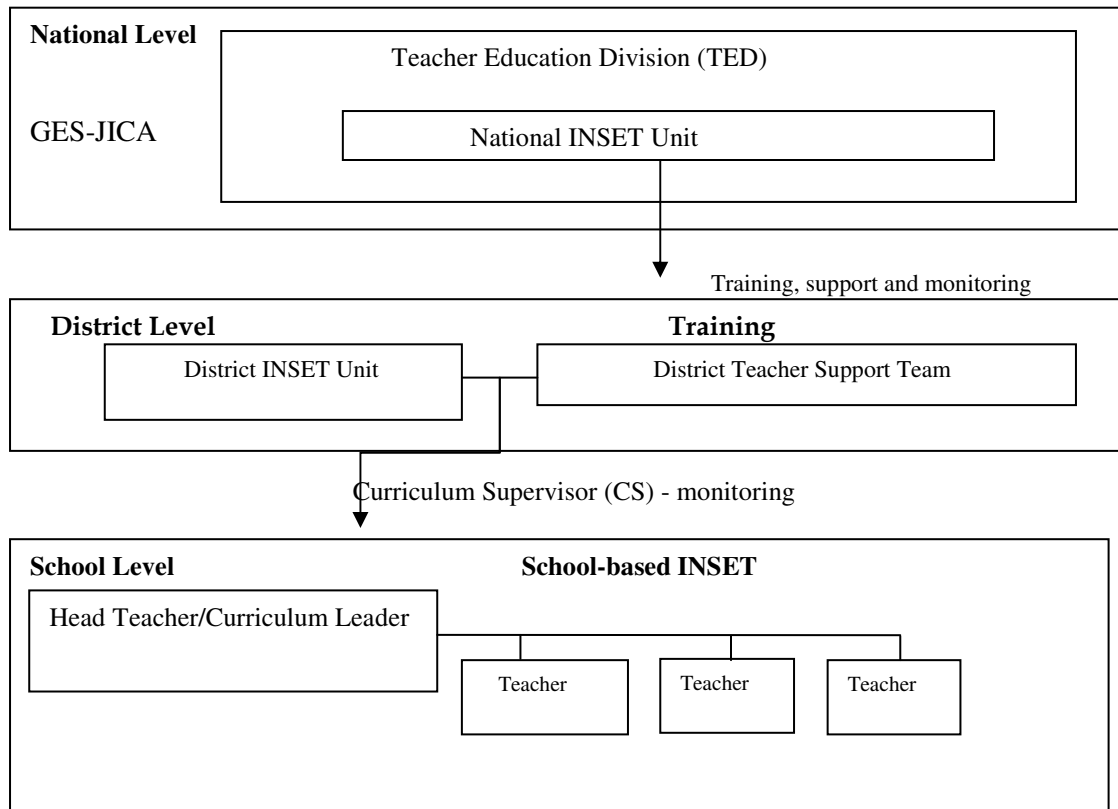
Thus, two main targets of SBI/CBI implemented in Ghana during INSET are (ibid.): ‘Individual’ teacher improvement: to improve each teacher’s competencies (knowledge, skills and attitude); ‘Group’ improvement, by bringing the teachers together, creating a culture of uniting for a common purpose, inspire the teachers for collaborative activities and respecting each other’s abilities. The previous are achieved by applying a number of methods in the school and cluster level of INSET (ibid.): ‘Demonstration lesson’, where a demonstrator (a volunteer teacher) teaches the pupils a specific challenging topic while the other teachers are observing; ‘Peer teaching’, where a demonstrator teaches other colleagues on how to teach a challenging topic; Teaching and Learning Material (TLM) preparation/usage, here a demonstrator prepares for a certain topic TLM and shows to his/hers colleague teachers how the preparation took place and how the particular TLM can be used for a topic in science and mathematics.

#### **4.10 The ‘partners’ of INSET project**

Figure 4.8 shows that INSET project has three levels of implementation: the national level, which serves for the overall design, implementation and supervision of the project; the district level, where the training and supervision of INSET in the schools

takes place; and the school level, where the actual training of teachers and head teachers is taking place by other teachers already trained in the district level. In all three levels GES and JICA established a number of 'INSET Stakeholders', for implementing, promoting and supervising INSET in the districts and schools (see also 5.3.4.1 and 5.3.4.2).

**Figure 4.8: Model of the INSET project in Science and Mathematics for Ghana**



(Adapted by GES-JICA 2005a)

As in the case of RHIP system, the INSET project has a vertical, bureaucratic structure where financing, planning, implementation, monitoring and evaluation runs 'top-bottom' in parallel to a 'bottom-up' direction of reporting of the 'progress' of the project on the field (see Chapter Six).

In the next section the various stakeholders of INSET are briefly examined in terms of roles in the project.

#### **4.10.1 National level: JICA and Ghana Education Service**

In the national level the National INSET Unit (NIU), which is comprised by GES (Teacher Education Division) and a JICA member, is accountable for the overall management, implementation, monitoring and evaluation of the project in all pilot districts where the project was implemented and is coordinating the roles of its GES and JICA members and cooperating systematically with the DEOs of the pilot districts (JICA 2006d, xiv). The main roles of JICA and GES are (ibid.): the overall organisation of the INSET activities in TED and dissemination of the activities in the district level; planning, facilitation and application of INSET training in the national and district level; and, overall evaluation of INSET in the pilot districts. The INSET stakeholders in the national level are supposed to have close and systematic cooperation with district and school members of the project.

A total of seven INSET members were interviewed in the national level of the project (see Table 5.1 and Appendix BIII-2).

#### **4.10.2 District level: The District Education Office and JICA Coordinator**

In the district level there are four different INSET ‘partners’: the District INSET Unit (DIU), the District Teacher Support Team (DTST), the Curriculum Supervisors (CS) (whom, in reality, are also acting as DTST depending on the availability of the member) and JICA Coordinator. Table 4.11 presents the ‘roles’ of the INSET ‘partners’ in the district level attributed by JICA-GES Performance Standards for INSET (2006d, 9-15). Depending on how big a district office is, the members of DTST and CS, together with the JICA Coordinator and the DEO Director consist the District INSET Unit. The latter is cooperating with JICA and GES in the national level for the INSET training (in the district and school levels) and the planning and implementation of INSET in the schools. DIU is also responsible for sending to JICA and GES the district INSET reports on which depends the continuation of project financing (see Chapter Six for more details). A total of 14 district officers were interviewed.

**Table 4.11: INSET ‘partners’ in the district level**

INSET district ‘partners’ and tasks			
DIU	DTST	CS	JICA Coordinator
-Overall management of INSET concerning planning and implementation in the schools. It is comprised of the Director of the DEO, the JICA Coordinator and DTST members	-Day to day support of the CLs and Teachers	-Monitoring the CLs and Teachers on the school level.	-Advising DTST and CS on INSET matters.
-Monitoring of the progress of the project in the district.	-Training of the CLs.	-Advising the CLs and Teachers on INSET matters.	-Participating in the training of district and school members
-Supervision of all other INSET ‘partners’	-Supervising of the project’s progress in the school level.	-Reporting on INSET activities in the schools.	-Participating in the monitoring and supervision of INSET

Source: the author, based on JICA 2006d

### 4.10.3 School level: Teachers, Head Teachers and Curriculum Leaders

Table 4.12 (page 157) presents the tasks the school participants of INSET are expected to perform. The HTs, together with the CLs are responsible for the organisation, monitoring and application of INSET activities in the schools as well as with motivating the teachers to participate in INSET activities and apply them in real classes. Furthermore, the CLs are accountable for supporting and advising the teachers with daily difficulties they face when teaching science and mathematics. Teachers are the main target of INSET project and the focus of training in science and mathematics. The basic idea of the project is that the CL is a volunteer who is organising and training the teachers in use of TLMs, preparation and delivery of science and mathematics, use of teaching methods in the class (mostly focusing on active pupil participation during the classes). The training was planned to be supported by the publication of INSET Modules by JICA and GES.

**Table 4.12: INSET ‘partners’ in the school level**

INSET school ‘partners’ and tasks		
Head Teachers	Curriculum Leaders	Teachers
-Organisation and management of INSET activities (SBIs/CBIs).	-Training and advising of Teachers in challenging issues in S&M.	-Expected to recognise the importance of INSET and participate in the activities.
-Planning and Budgeting of INSET.	-Identifying the needs of Teachers in teaching S&M.	-Express the potential challenges they are facing in subjects in S&M
-Motivation of Teachers to participate and apply INSET in real classes.	-Co-organising with HTs SBIs/CBIs.	-Expected to apply what they have learned in the real classes
-Assist the DEO and JICA/GES visiting member.	-Motivating the Teachers to participate in INSET	...
-Reporting to the DEO.	...	...

Source: the author, based on JICA 2006d

Finally, the ‘partners’ of the INSET system are to be coordinated by the Joint Coordinating Committee (JCC), which is comprised of members of JICA Ghana Office, Experts from Japan and Ghana and Other Development Partners with previous experience in INSET<sup>47</sup>. Although this coordinating body was meant to be summoned annually with full participation of all INSET sides, at the time of the fieldwork visit JCC appeared inactive with a senior interviewed staff of TED suggesting that they do not meet more than once a year (GES member 1, Accra 2008). Moreover, several of the JCC members of both donor and recipient sides, had changed posts or/and geographical areas and were not replaced by new members.

A total of 100 primary school teachers were interviewed (see Table 5.1 and Appendix BIII-2 for more details). The INSET project was spread to numerous schools in both districts. Therefore, I considered necessary for our research team to visit a fairly large number of primary schools in different locations in order to have a personal view of the primary school context and also to talk with the teachers of different locations and backgrounds in order to contrast their views to the interviews of the other project participants (see Appendix III-2).

<sup>47</sup>Senior members of GES, MOESS and GNAT from the Ghanaian side and UNESCO and DFID offices in (MoESS-JICA INSET Inception Report 2006,7).

#### **4.11 INSET-related documents after project implementation**

At the time of the study, there was no evaluation report published by JICA and GES for INSET, as an ex-post evaluation report was scheduled to be published in 2011 (private email, JICA 1 2010). Thus, at the end of the project (2008), only two short INSET progress reports have been published (in 2006 and 2007), and a series of INSET sourcebooks (2007) which provide guidelines to the DEOs and primary schools for planning and implementation of INSET in the class.

The progress report of 2006 presents a plan related to the smooth implementation of INSET on the national, district and school levels, and the prospective challenges the implementation process might face. The report briefly refers to the ‘achievements’ of JICA’s STM project (teachers and volunteers trained, schools covered, reception of project in the schools) and the challenges STM had faced. Furthermore, a list of prospective ‘challenges’ is presented that INSET would potentially face, and which are very similar to the problems STM had during 2000-2005. Similarly, the second progress report (2007), studies the development of INSET in the pilot districts<sup>48</sup> addresses problems the project is facing and presents a detailed account of the activities of the project in the ten pilot districts until March 2008. In parallel to the first progress report and the STM evaluation, the second progress report found that there were a number of problems which had to be addressed for an INSET System to be sustainable: the non-motivation and attrition rate in the school and district levels; the lack of ‘material resources’, such as lack of skills for preparation of TLMs, inadequate funds to support INSET, maintenance of materials; and, inadequate ‘financial resources’ to support the project in terms of organising systematic training and monitoring for project ‘sustainability’.

The reports are repetitive in terms of recognising some of the serious problems the project is facing (or ‘will’ face) and as in the case of STM, ignoring the realities on the

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<sup>48</sup>Number of SBI/CBIs and workshops organised, training of the CLs, publication of INSET Guidelines, monitoring, establishment of INSET System.

ground and drawing recommendations already stressed at the end of STM implementation (such as the securing of separate budget for the project and regular monitoring and support of the schools by the district offices and GES). It is characteristic of the 'repetitive' challenges the project is facing that the challenges and recommendations for Terminal Evaluation of STM (2004, 51-54), are also found in INSET First (2006, 6-7) and Second Progress Reports (2007, 24-25).

The above suggest a weak institutional memory of JICA, despite its policy and project claims that 'lessons' from previous projects are utilised for 'learning' for similar project planning and implementation. As this study shows in the next chapters many of the problems JICA's projects are facing are considerably bigger than the challenges JICA's evaluations suggest and have significant similarities to the problems described previously for the 'background' projects but also to usual problems the 'classic' TC project approach has faced over the last decades.



## **CHAPTER 5: METHODOLOGICAL FRAMEWORK**

### **5.1 Introduction**

This chapter addresses the methodological framework that was employed for researching the two projects of JICA in Ghana. First, I explain the wider methodological stance of this research. As analysed in the previous chapters, this thesis employs two cases of JICA's Technical Cooperation project aid in order to explore the gaps between Japanese aid discourse and practice, and to project Japan's ODA paradigm onto the wider context of the development aid industry. Thus, this study is an empirical approach, which is not directly linked to any theoretical school of social theory but rather employs its findings inductively in order to address the wider picture of the development aid context. Secondly, in this chapter I explain in detail the research methods used in order to explore the case studies followed during my desk and field research. Finally, I briefly analyse the methodological limitations encountered in the field.

### **5.2 Case study approach**

Social research attempts to respond to ontological and epistemological inquiries through a number of constructed paradigms which address such fundamental questions as 'what constitutes reality?' (ontology) and 'how do we get to know about that reality?' (epistemology) (Blaikie 2000,8; Grix 2002,177). Naturally, an individual's specific ontological stance determines their epistemological position and directs the methodological framework that would be followed in a research study. In the classic positivist paradigm ('naïve realism'), the investigator and the subject of research are independent from each other during the research process, and the approach to the research question is made in order to verify a number of hypotheses, mainly by using quantitative methods (deduction) (Guba and Lincoln 1994, 109). On the opposite side of the paradigm spectrum, constructivism understands 'reality' as the outcome of a particular belief system which occurs only in a particular social context (Healy and

Perry 2000, 120). Thus, constructivism (which is mainly based on hermeneutical methods) understands 'truth' as multiple and subjective, a product of social construction(s) where interaction among the investigator, the object of investigation and systemic subjectivism are the norms (Mogan and Smirchich 1990, 496-497). A third paradigm in social research is critical theory, which supports that 'reality' is virtual and shaped by multiple values (social, political, ethnic, gender, cultural), and puts forward the dialectical nature a methodology should have in order to raise consciousness and bring change to the existing social structures (Guba and Lincoln, 1994,113). The fourth main paradigm of social research is critical realism (or post-positivism), an approach that combines elements of both positivism and constructivism. Critical realism suggests that although there is a 'real' world to discover, this world is only imperfectly and probabilistically apprehensible (Healy and Perry 2000, 119). Reality must be the subject of a systematic critical examination that facilitates its better apprehension, but which can never be perfect (Guba and Lincoln 1994, 110). Epistemologically, critical realism adopts a form of 'modified objectivism', where 'objectivity' is treated as an 'ideal' but is constantly questioned by the multiple perceptions of a single reality (ibid.). Critical realism mainly emphasises 'theory-building' based on research findings rather than statistical testing of theories, and is more inclined to employ triangulated qualitative research methods with only limited emphasis on quantitative approaches (Yin 1994; Healy and Perry 2000).

This study's research stance is associated with critical realism, as it is an inductive empirical study, which employed a multiple set of methodological tools derived from both qualitative and quantitative research methods. Where positivism offers a 'unique' and objective reality ignoring the various social contexts surrounding a phenomenon, and constructivism suggests that all research objects are socially constructed (omitting social structures that are persistent and independent from the observer), critical realism offers a basis for a multiple method approach where 'reality' is imperfect and empirical case results support the development of wider theoretical approaches. In order to study the two projects of JICA, this research employed an empirical case study approach using qualitative methods. The case study is seen as an empirical inquiry which

investigates a contemporary phenomenon within its real-life context, and in which ‘multiple sources are used’ (Yin 1984, 23). This approach is principally (but not exclusively) linked to inductive research strategies where the accumulation of data and observations aim to establish pattern explanations and generate theoretical propositions of social life (as opposed to *deductive* strategies, in which theorising comes before any empirical research and results) (May 1993, 22; Blaikie 2000). Thus, instead of approaching a case study through a particular ‘lens’ (discipline) of social science (such as the schools of economics, sociology or political theory), the empirical evidence is used to underline aspects of social theories that are encountered in the above disciplines. As May (1993, 26) suggests, social researchers do not have to engage themselves with a single paradigm, as social sciences include dynamic disciplines within which other paradigms can be considered. Accordingly Harris (2002), while recognising the ‘productivity’ of ‘discipline’ approaches in international development research (economics, for example), also underlines the ‘constraining’ nature of approaching a subject through a single specific discipline and calls for a wider set of approaches which would potentially provide the study with more ‘rigour’, due to ‘cross-checking’ of interpretations and assumptions. Similarly, the pivotal work of Chambers (1994; 1997) in rural areas calls for a less ‘disciplined’ and ‘standardised’ approach for the understanding of case studies, and for more ‘openness’ in terms of research methods in order to better understand the perspectives of poor people themselves. By employing a critical realist empirical framework (see the previous section), using works from development studies, geography and political economy, I wished to understand:

- the level of cooperation between the various ‘partners’ of the two projects, especially at the district and community/school levels;
- the degree to which the objectives of JICA were achieved in the two projects, principally according to the recipients’ views;
- the degree to which the projects are economically and socially sustainable at the community/school and district levels;
- from the previous, the capability of JICA from ‘learning’ from previous aid initiatives (‘institutional memory’)

- the position of Japan's aid initiatives in the wider context of western aid by comparing its discursive approach with its development practice.

This research is an empirical study that seeks to commensurate JICA's aid discourse with its development practice on the project sites and how this relates to the wider aid critique of large aid donor initiatives of the past. To better analyse the two projects in the field I applied what is referred to in the literature as 'triangulation', the combination of methodologies for studying the same case (Denzin 1978, 291 cited in Jick 1979, 602). Under triangulation the qualitative researchers are encouraged to systematise observations and to use and develop quantitative techniques in order to cross-validate their qualitative findings (Jick 1979, 602). Accordingly, quantitative researchers are called to use and exploit interviews and social observations in order to enrich their survey and statistical approaches (ibid.). Olsen (2004, 8) understands triangulation as 'methodological pluralism', the use of different techniques to gain access to different aspects of the same social phenomenon. The author underlines the fact that the division between qualitative and quantitative methods traditionally drawn in empiricism is unsupportable, and that a more realistic approach could usefully bridge the qualitative-quantitative divide (ibid.). Several other authors have also called for more 'pragmatic', 'well-grounded' research approaches in order to arrive at more 'holistic', 'cross-checked' results (see for example Sayer 2000; Bryman 2001; Addison, Hulme and Kanbur 2009).

This study employs the method of triangulation by focusing on mixed approaches. The involvement of multiple actors at three different levels of project implementation (community/school, district, national) required the operationalisation of various research methods, which in both case studies involved documentation review and analysis, semi-structured interviews, scaling, direct observation, participation in workshops (education project) and visits to the local clinic (health project). Additionally, this study conducted interviews with all the stakeholders involved (triangulation of resources) in order to study the responses of the various participants over the same subject (project) area. The large number of stakeholders involved and the complexity of JICA's projects required

multiple field visits and interviews to be conducted. The following section describes the actual research methods applied in both case studies and the background framework of the study areas.

### **5.3 Description of research methods**

#### **5.3.1 Selection of projects**

As shown in Chapters Three and Four, JICA has a strong presence in the areas of health and education in Ghana, with several TC initiatives and increasing budgets. In following Ghana's prioritisation of the MDGs in its national development policy framework, JICA has shown an increased interest in the 'soft' sectors of development aid. According to JICA officials in the Accra office, the In-Service Training (INSET) and the Rural Health Development (RHIP) projects are considered two of the most important and successful projects of JICA in Ghana, where a considerable amount of time and budget was spent during their planning and implementation (see interviews with JICA member 1, Accra 2008; JICA member 1, Accra 2008). Thus, while other JICA initiatives were also considered for studying during my field research in Ghana, I decided to research these two projects as (according to JICA) the availability of key informants was better and there was also the challenge of studying the level of 'success' of two of JICA's 'showcase' (according to a JICA senior member) projects.<sup>49</sup>

#### **5.3.2 Selection of study areas for RHIP and INSET projects**

The RHIP project was implemented in 20 pilot communities of Birim North district. Given my lack of contacts and previous field experience I started my research with the development of some basic contacts in Birim North who had knowledge of the planning and implementation of the project in the communities. With the assistance of JICA's health officer in Accra I arranged a first meeting with a senior PPAG member for RHIP at the District Health Administration (DHA) office in New Abirem, which provided me with some practical information about RHIP and introduced me to the project in the

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<sup>49</sup>For a further analysis and limitations of the project selection see section 5.4.1.

field. From the list of communities participating in RHIP I chose a total of seven communities for my field visits. While it was not possible to know beforehand details of the communities themselves, I applied some basic criteria for the selection not to be completely random. Thus, I attempted to build a mixed projection of communities with the following criteria:

- Having a selection of on-road and off-road communities;
- Having a selection of ‘old’ and ‘new’ RHIP communities (former IPII communities, and communities which entered RHIP in 2003 and 2005 – see Chapter Three);
- Having a selection of ‘larger’ and ‘smaller’ communities, in terms of number of households.

While it was suggested by the PPAG-RHIP member that I can stay in New Abirem and be accompanied during my interviews in the communities, I argued that I felt it would be more effective, in terms of bias, to stay in the community (Nkwateng) alone, and travel daily with my research assistants to other communities and around Nkwateng in order to conduct our interviews.

In the case of the INSET project I decided to visit two of the ten pilot districts where the project was implemented in 2005 and 2008. In order to study the project, I selected Adansi North and Wa Municipal as my visiting locations, so as to have not only adequate primary data for INSET but also to compare the features of the project in two different areas of implementation. While both districts are rural, without Teaching Training Colleges (TTCs), and with problematic school facilities, Adansi North is located in one of the most economically developed regions of Ghana (Ashanti), and Wa Municipal in one of the most deprived regions of the country (Upper-West), which is sparsely populated with a very problematic road and transport network (even in rural areas only some kilometres away from Wa township, access to schools and villages by public transport is not often possible – see Chapter Four). Therefore, these two districts

with different welfare and social characteristics were to provide a good background for comparing potential differences regarding the implementation of INSET.

### **5.3.3 Selection of research assistants**

Selecting research assistants for the case studies was a challenging issue, as it was the first time I had conducted this kind of research in a foreign country, and I sought advice from members of staff at the Universities of Ghana, Kumasi and Manchester for that reason. According to Devereux and Hoddinott (1993, 27), communication skills, a good knowledge of English and of the local language, together with the ability to get along with the local surroundings and the respondents, are essential skills when choosing research assistants for research work in rural communities. In both case studies I sought to apply all of these criteria.

In the case of the RHIP project, I was first introduced to the Chief of the village where I was staying (Nkwateng) by the PPAG contact in New Abirem, to whom I raised the issue of finding a local assistant (interpreter) for my interviews as I did not have knowledge of the local language (Twi) and the surroundings. The majority of the community members in Birim North have only a basic knowledge of English, as they employ Twi in every aspect of their daily lives and use English words only when they want to describe something that cannot be described in the local language. Following the suggestion of the Chief of the village, a competent research assistant was swiftly found. The research assistant had a senior high-school degree and was preparing to study at the Institute of Public Administration (IPA) in Accra. Moreover, the assistant had lived for over twenty years in Birim North district, where he was a popular and respected member of his village, with an extensive network of people in the surrounding area. Additionally, a second research assistant was employed to conduct parallel interviews. The second assistant (interviewer) had been introduced to me by a senior member of the Institute of Social and Economic Research (ISSER) of the University of Ghana (with whom I was put into contact by a member of my university in Manchester). The second assistant was a competent student of social sciences who had lived for many

years in the Ashanti region and had experience in the past of qualitative interviews and data analysis.

Both research assistants were trained<sup>50</sup> for two days, learning about the characteristics of RHIP, the aim and the objectives of the research, the semi-structured interview process and the main issues the questions were addressing. During the training I was briefed on cultural aspects of Birim North district, in terms of communicating with community members of different ages, sexes and social status (Chiefs of villages, Assembly Men, elders etc.). Over the following two days, we conducted informal interviews with friends of the local research assistant to familiarise ourselves with the issues to be discussed in the interviews and to make an initial assessment of the relevance of the key themes of the questions. Moreover, the second research assistant conducted some interviews alone in order to familiarise himself with the purposes of the research and the process of the interviews. Due to the fact that the project was spread among many communities and that I planned to conduct many interviews with community members, I had to assure myself that the assistants had a good grasp of the project components and the interview process. At the end of each day we would discuss our views of the responses, the reactions we had had and how we could improve our contact with the interviewees. Personal observation suggested that the communication between both research assistants (interpreter and interviewer) was very good, friendly and open.

In the second case study (INSET), one research assistant was employed (the local assistant from Nkwateng) in order to conduct parallel interviews with the teachers as there was no particular need for an interpreter (all teachers spoke English). When interpretation was necessary (in some cases of off-the-record discussion with parents), a local teacher or the assistant (in the Ashanti region) was asked to translate. The training and introduction of the research assistant to the project lasted two days and took place in

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<sup>50</sup>The briefing and training of the research assistants took place on separate days, as the student had to delay his arrival in Birim North for a few days due to his exams at the university. The briefing, the training and the trial interviews of this assistant took place both in Accra and upon his arrival at Birim North. Additionally, he conducted some trial interviews in the same way as the local assistant had a few days earlier.



Fomona, where we were based for the first leg of our research. As we were staying in the house of a head teacher of a nearby primary school together with one young teacher (employed at the education office) and an older teacher, we conducted some trial interviews with them so as to test the open questions, and to assess the validity of the rating part of the interview and the overall flow of questions and answers. Additionally, I had some brief, informal conversations with teachers regarding their views of the questions and topics raised during the interviews and how the questions and topics could be improved in terms of familiarity with the teachers who participated in the INSET project.

In the next section the research methods followed during the fieldwork for the RHIP and INSET projects are analysed.

#### **5.3.4 Semi-structured interviews**

According to May (1993, 91), interviews can provide rich sources of data on the experiences, opinions, feelings and aspirations of the interviewees. The semi-structured type of interview, which was chosen for this study, utilises methods from both focused and structured methods of interviewing, including specific questions but with the option for the interviewer and the interviewee to deviate from the specific questions asked (ibid., 93). This type of interview was selected because of the nature of the thesis (a qualitative study of JICA's TC), as it gave the opportunity to approach the interviewee not with a narrow, structured survey or a broad, 'open' set of questions but with a focused interview process on aspects of the projects that were in question. Both RHIP and INSET focused on specific issues of the areas that they targeted and there was a need for the qualitative questions to address certain parts of the projects in combination with the wider social contexts in which the projects took place.

**Table 5.1: Data summary of interviews for RHIP and INSET**

Project	Location	Project level – number of interviews	Age	Sex	Education
<b>Rural Health Improvement Project (RHIP)</b>	Eastern Region: Birim North	Community members:120	18-30: 54 31-50: 47 51+: 19	m: 19, f: 35 m: 20, f: 27 m:13, f:6 Total: M:52, F:68	No educ:25 Primary:14 JSS: 76 SSS:4 n/a:1
		CBS volunteers:9	18-30:2 31-50:5 51+: 2	m:5, f:4	JSS:4 SSS:5
		District:9 PPAG:5	31-50:5, 51+: 8 Non-available (n/a):1	m:8, f:6	JSS:2 SSS:4 Univ.:2 Postgrad.:4 n/a:1
		National:4	Male (m):1, female (f):3	m:1, f:3	Univ:1 Postgrad.:3
<b>In-Service Training (INSET)</b>	Ashanti Region: Adansi North	School teachers:50	18-30:29 31-50:17 51+: 4	m:31, f:19	SSS:25 TTC:25
		Head Teachers (HTs):5	51+:5	m:2, f:3	TTC:5
		Curriculum Leaders (CLs):6	18-30:4 31-50:1 51+: 1	m:5, f:1	SSS:1 TTC:5
		District:8	18-30:1 31-50:6 51+:1	m:8	Univ:1 Postgrad:7
	Upper-West Region: Wa Municipal	School teachers:50	18-30:16 31-50:30 51+:4	m:20, f:30	SSS:17 TTC:31 Univ:2
		Head Teachers (HTs): 5	31-50:2 51+:2	m:3, f:1	TTC:4
		Curriculum Leaders (CLs):2	31-50:1 51+:1	m:2	TTC:2
		District:6	51+:6	m:5, f:1	Univ:1 Postgrad:5
		National Level:7	31-50:4 51+:2 n/a:1	m:5, f:2	Postgrad:6 n/a:1

Source: the author

In both RHIP and INSET, a large number of semi-structured interviews were conducted at all three levels of the implementation of the projects (community/school, district and national) with all the related actors. The large number of interviews was considered necessary as a great number of participants and ‘beneficiaries’ were involved in the projects, especially at the community/school levels in wide and often diverse locations (on-road and in remote areas). While not all the interviewees showed the same interest

during the interview process, it was considered necessary to listen to a fairly large number of views for both projects in order to have a well-grounded picture JICA's initiatives in the community and school levels. Conscious efforts were made for the large number of interviews not to affect the quality of the interview process.

During the interview process, the interviewee would be informed about the purpose of the research and would be read a statement related to the confidentiality of the identity of the interviewee (see statement in Appendix B). The interviews were not recorded, as it was considered more familiar and less 'official' for the interviewees' answers to be written down on paper by the interviewer. In both case studies the interviews were designed in order to blend open-ended questions with a limited number of scaling statements. Thus, every interview started by asking some 'standardised' questions (age, occupation etc.) in order to create a first contact between the interviewer and the interviewee, and to prepare the interviewee for more open questions. The later parts of the interviews were more 'open' questions, guided by issues that needed to be addressed, and were divided into four sub-sections. Thus, this part of the interview was mostly a semi-structured discussion, with the interviewer 'leading' the conversation and giving time for the participant to reflect on the issues discussed and respond appropriately<sup>51</sup>. The interviews regarding both projects covered four areas, which qualitatively assessed whether JICA's objectives for the project were achieved and if so at what level:

- Cooperation during the project with the other stakeholders;
- Study of the potential 'capacities and skills' developed during the project and the ability of the volunteers and local offices to support it.
- Sustainability of project outputs/outcomes and project systems; and
- Other questions about the project, depending on the interviewee and the previous questions.

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<sup>51</sup>Naturally, this depended on the 'interest' the interviewee would show during the interview, but also on the knowledge and the level of the interviewee (community, district or national).

In both cases, the research was mostly focused on the views of the actual ‘beneficiaries’ of INSET and RHIP at the school and community levels, but also on the views of the related district offices. The interview process started from the community/school levels and it later moved to the project related district and national offices.

The next sections briefly present the process of the interviews of this study, which took place at all levels of project implementation.

#### **5.3.4.1 Interviews at the community and school levels**

The interviews took place in formal and informal settings depending on the interviewee and the project. Therefore, for RHIP the interviews with the community members took place without any previous appointment and were usually held in the yards of the households of the visited communities. When the research team would arrive in a community, we would meet the Chief (if available) or one of the eldest Assembly Men of the community to explain the reasons for our visit and to ask permission to proceed. When/if permission was granted, we would then introduce ourselves to the first households and move in parallel, with the two research teams conducting interviews: one comprising myself and the interpreter,<sup>52</sup> and the other comprising the second research assistant, conducting interviews in the local language. The daily schedule started at 5.30am and usually ended at around 7pm. The team would visit one community for one or two consecutive days (depending on the size of the community).

Regarding INSET, the research team first visited the DEO offices in Fomena and Wa Municipal, where we had pre-arranged meetings with the directors, who provided some basic information about the project and who, through the JICA Coordinator, introduced us to the other district INSET members. The primary schools were visited either by using tro-tros (small public vans), taxis, motorbikes (Wa Municipal), foot or a combination of these. While access to on-road and semi-deprived communities was not usually a problem, accessing deprived remote schools was often very difficult as many

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<sup>52</sup>Both research assistants conducted interviews *only* with community members, and in one case with a CBS Agent.

communities and schools were cut off from the rest of the district (particularly in Wa Municipal). In both districts, efforts were made to include schools from both off-road and on-road communities. Our daily schedule of visiting schools started at 7am. On the previous day we would pre-arrange which schools we were planning to visit and would ask local community members for the itinerary. In the primary schools we would introduce ourselves and our research to the HT (or the older teacher of the school if the HT was away) and ask permission to interview some of the teachers and the CL, and/or to attend science and mathematics classes. The actual interviews with the teachers and the CLs would usually take place during class breaks, in the yard of the school or in an empty office. The team would visit every school for one or two consecutive days.

#### **5.3.4.2 Interviews at the district<sup>53</sup> and national levels**

At the district level (in the district offices, the PPAG-RHIP zone offices and the DEO INSET offices), the interviews took place following a preliminary call to the interviewee to whom I would introduce my research project and its purpose. For both RHIP and INSET most of the contacts were established via JICA, PPAG and the district offices. Similar to the community/school level interviews, the interviews at the district and national levels were designed to assess the views of the ‘partners’ involved in the projects.

In RHIP the interviewees at the district level were the relevant to the project district members mainly from the health administration office (DHA) and the remaining PPAG member who was also a member of the district assembly. For INSET the contacts at the district level were the INSET members of the DEO offices and the JICA Coordinator for INSET who was a permanent Ghanaian member of DEO. In both projects the interviews with the members took place at scheduled times, with most of them taking place after the interviews at the community/school levels.

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<sup>53</sup>At the regional level there were virtually no members who could give any useful information. This was confirmed by JICA and PPAG, which did not foresee in its RHIP ‘model’ design any significant role for the regional administration.

At the national level the first contacts were provided by JICA and then by the Ghanaian members of staff in GHS and GES related to the projects. The interviews concentrated on the remaining project staff of JICA in Accra, GHS and the Teacher Education Division (TED), Basic Education Division (BED) and the Ministry of Education (MoESS). Apart from one or two cases where the members of staff appeared reluctant to discuss issues related to the project,<sup>54</sup> the rest of the interviews ran smoothly, as both JICA and GES/MoESS personnel were cooperative, despite their busy schedules. The interviews conducted at the national level took place near the end of the field research in order to have the opportunity to acquire as much knowledge of and views on the project as possible and to raise the relevant issues to JICA and GES INSET staff members. The interviews at the national level were based largely on the experiences developed at the school and district levels.

### **5.3.5 Use of rankings**

At all three levels of research (community, district and national) the interviews included a small number of Likert-scale questions (rating on a 1 to 5 scale, see Appendix B) designed according to the information gathered from the background documents of the two projects and the objectives of this study. The rankings were used on a limited scale in order to understand the views of the interviewees on aspects of the project related to this study and to cross-check them with the qualitative parts of the interviews and the other methods of research. When writing and editing the scale questions in the field, I aimed to have essential information on both projects, as not having enough information or knowing much about the subject area might interfere and create positive or negative biases during the research (Krippendorff, 1980; Patton 1990). Thus, the objective was to have a 'balanced' flow of information on the projects and to modify the qualitative and ranking questions according to the interviewee and the level of the interview.

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<sup>54</sup>See the section 5.4 on the limitations of this study.

During the interviews, the interviewer would read the ranking questions (statements) to the interviewee and the interviewee would rate them. The scaling questions were part of the interview and would be asked during or at the end of the qualitative part of the process. In most cases the interviewee would be asked to comment on his or her rating, especially when the rating was very high or very low. The rating part of the interviews was seen as being ‘complementary’ to the interviews and was principally descriptive, in terms of supporting and cross-checking aspects of the projects (Gill and Johnson 2002, 98-101).

In RHIP the participants were asked to rate (on a scale from 1 to 5) a number of ‘statements’ regarding the project, in relation to their contact with project volunteers, their information and knowledge of health and sanitation issues over the last few years and the desirability of the project. All interviewees were subsequently asked to comment on their ratings. The INSET project case study functioned similarly at all levels of project implementation.

### **5.3.6 Direct observation**

The field visits in the districts where JICA’s projects were implemented enabled me to have an advanced insight into the social context of the pilot project areas and to observe characteristics of the projects in the daily routine of the communities and schools. Observational data enable the visitor to describe the setting(s), the activities that take place in that setting, the participants of those activities and the ‘meanings of what was observed from the perspective of those observed’ (Patton 1993, 202). Thus, through direct observation the ‘observer’ is in a better position to understand the context in which the project operates than a researcher who is solely analysing secondary data away from the field (ibid., 203) and can be effectively used for obtaining additional information (Yin 2003, 93).

By living in the communities where the RHIP was implemented, I had the opportunity to have daily informal conversations with community members and health volunteers

and to cross-check the validity of the answers of PPAG and JICA officials and the reports on the RHIP project. Additionally, it gave me the opportunity to be a part of the daily life of the communities and to observe the villages' access to health services, health information and knowledge, and the sanitation status of the visited villages. Direct observation of community life in Birim North was used as a supplementary method for exploring issues that were not able to be discussed or covered during the interviews and understood from the limited published project documents (for example visiting the local clinic re-constructed by JICA). Accordingly, direct observation constituted an important method for researching and understanding the INSET project, especially at the school level. As the project had a special focus on training and activities in primary schools, with the use of TLMs and active pupil participation in science and mathematics, observation of teachers' activities in science and mathematics in the visited schools was a necessary and important method of verifying whether INSET activities are applied in the class and cross-checking the answers given during the interviews in the schools and the DEOs.

In all visits to communities and schools I and the research assistants were making conscious efforts not to distract community members, teachers and volunteers from their usual schedules. Apart from the obvious advantages of living in the sites where the projects took place, the visits to the communities and primary schools gave us the opportunity to have off-the-record conversations with individuals (such as parents of pupils), which proved a rich source of understanding the wider social context of the project areas.

### **5.3.7 Document review**

May (1993, 133) suggests that document review, alongside observational data, allows comparisons between the observer's interpretations and findings and the data recorded in the available documents. Moreover, document sources inform the researcher of practical matters and political decisions made regarding the research object in question (ibid.). In this study, document review of INSET and RHIP was used as a background



and corroborative method to the other methods described above. Additionally, document review proved very useful for cross-checking not only the level of implementation of aspects of the two projects in the field, but also as a source of verification of whether ‘lessons learned’ from previous, background projects of RHIP and INSET were taken into account and proved useful in the progress reports and evaluations of the two projects.

Most of the documents on RHIP and INSET (and its predecessor, the IPII project) were provided by JICA and studied throughout the research principally for verifying the aims and objectives of the projects and the activities undertaken in the field with the data collected during the visits to the communities and the district offices. The PPAG zone offices in Kumasi and Accra provided material on the background project to RHIP (IPII), and JICA provided some background material on RHIP, including the Evaluation and the Model Dissemination Reports. Furthermore, the Medium-Term Development Plans of the related district assemblies were thoroughly studied. The document reviews involved the careful study of the educational data provided by GES and the DAs for the visited districts, the introductory and progress reports, booklets and brochures of JICA-GES for INSET and the (limited) available documents on related JICA projects.

### **5.3.8 Participation in INSET workshop and visit to community clinic**

During the fieldwork study in Ghana I had the opportunity to participate in an INSET workshop organised by JICA and a local primary school, and to visit a static clinic built in the pilot communities of RHIP in order to study aspects of the project implementation in the field (see Chapter Seven).

## 5.4 Limitations and challenges of research methods and case studies

Table 5.2 presents a summary of the limitations this research faced in the two case studies. As is shown in the next two sections a number of cultural, organisational and financial limitations were present during my fieldwork study of the two JICA projects. Most of these limitations were related to a lack of previous experience and knowledge of the local context of Ghana and local perceptions of my study in the project areas, along with organisational and financial limitations.

**Table 5.2: Summary of the limitations of research methods**

Case Limitations	Rural Health Improvement project (RHIP)	In-Service Training Project (INSET)	
<b>Community/school level</b>	<ul style="list-style-type: none"> <li>-Perception of the communities that the research team was working for JICA and reflexivity</li> <li>-Attrition rate of members of staff (such as CBS volunteers) and no functioning of the Local Steering Committees (LSCs) and RHIP Peer Educators</li> <li>-Lack of records related to the project</li> <li>-Difficulties in accessing more isolated communities</li> <li>-A fraction of the total interviewees showed little interest during the interviews</li> </ul>	<ul style="list-style-type: none"> <li>-Perception of the communities that the research team was working for JICA and reflexivity</li> <li>-Attrition rate of trained Curriculum Leaders (CLs)</li> <li>-Lack of records related to the project</li> <li>-Difficulties in accessing more isolated, off-road schools</li> <li>-A fraction of the total interviewees showed increased interest during the interviews</li> </ul>	Time and financial constraints
<b>District level</b>	<ul style="list-style-type: none"> <li>-Attrition rate of district members of staff involved in the project</li> <li>-Lack of records related to the project</li> </ul>	<ul style="list-style-type: none"> <li>-Attrition rate of district members of staff involved in the project, especially in DA</li> <li>-Lack of records related to the project or mismatch between records and testimonies in the field</li> </ul>	Lack of previous research experience on the field
<b>National level</b>	<ul style="list-style-type: none"> <li>-Lack of extensive documentation on RHIP</li> <li>-Attrition rate of JICA and GHS staff</li> </ul>	<ul style="list-style-type: none"> <li>-Attrition rate of personnel involved in the project particularly those who moved/retired after the project's termination</li> <li>-Attrition rate, especially of JICA staff</li> </ul>	

Source: the author

### 5.4.1 Limitations in RHIP and INSET

There were several limitations encountered while researching the RHIP and INSET projects. These limitations were partly due to my lack of experience, as it was the first time I conducted a research of my own in this particular context.

In the communities and schools, despite the initial efforts to distance our research team from JICA we were still perceived by several community members as employees of the Japanese agency or of related organisations. This was potentially due to the fact that many of the community/school members had experienced a number of visits of Northern aid organisations to their communities. Thus, we were often originally perceived as working for an aid agency and that we would report back to our employee at the end of the study. As this perception of the community/school members towards our research team could create considerable research biases and misunderstandings systematic efforts were made to make clear that this was an independent research study of RHIP and INSET and that we were not affiliated with JICA or with any other NGO<sup>55</sup>. In the case of RHIP I asked my local assistant to kindly ‘pass’ the message that we were not linked to any foreign agency but that this was an independent study. In both RHIP and INSET we would clarify our research purpose directly to the elders of the visited community (RHIP), the head of the school and the teachers (INSET) before the interview. Despite the above, I initially experienced difficulties in gaining the trust of some community members/ teachers and volunteers with regard to my real status and the purpose of the visits, as it was clear that I was coming from a very different cultural and socio-economic environment, and therefore I was often perceived as an ‘outsider’ strongly linked to previous visits of bilateral agencies and NGOs.

In most of the cases we were received very warmly by the elders, household members (RHIP) and HTs (INSET) despite their busy daily programmes. In the case of RHIP, after asking the permission from the elders of the community to proceed, the large

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<sup>55</sup>My research assistants were frequently asked why we moved from village to village by foot and tro-tros and why we did not bring a car.

majority of the villagers and CBS volunteers welcomed us, offered us water and responded patiently to all our queries (often doing housework at the same time, such as pounding yam, fetching water, washing clothes, cleaning the surroundings etc.). Others would prolong their morning stays at their house or their time spent at the market for thirty minutes to one hour, in order to respond to our research questions. On the other hand, the fact that the majority of the young male population of the communities were going to work on the farms meant that we would often wait in the visited communities until late in the afternoon to have interviews with them. Expectedly not everyone showed the same interest during the interview process as some interviewees were elaborating more (this applies to the district and the national levels as well). In the case of INSET, after asking the permission of the HT of the school, we would start interviewing the available teachers. The time schedule for conducting interviews at the school level was limited to the schedule of the schools, as after a normal school day most of the teachers had commitments and could not stay for long to answer to questions. As in the case of RHIP, a fraction of total interviewed teachers and project volunteers showed increased interest during the interview process, with others providing less information.

The interest many community members, teachers and volunteers showed for our research and visits had in both cases some challenging aspects which were often associated with the quality of the answers in the scaling parts of the interviews. During the pilot interviews in RHIP and INSET it gradually became obvious to all members of the research team that a number of the rating answers were overwhelmingly optimistic, as the qualitative answers and comments of the interviewees on the same issue often did not match with their scaling (this is a very common element of applied methods and is often referred to in the literature as ‘reflexivity’; see for example Chambers 1983; Ebbutt 1998 and his notion of ‘evaluator as a guest’). Therefore, we decided to either alter or delete some of the rating parts of the interviews (the same issue was encountered at the district and national levels). The above were often a challenge in the district and national levels as well.

At the district level a main challenge I encountered was the attrition rate of potential interviewees who were no longer working for RHIP and INSET as they had been relocated or retired. For example, there was no DA member of staff available (apart from a PPAG member also participating in the DA) to provide information on RHIP. This problem was tackled by extracting as much information as possible from the district members in New Abirem, Fomena and Wa who had worked for the projects and gathered key information. Similar problems appeared at the national level, as many JICA and ministerial members had been transferred to other posts directly after the end of the projects (especially in RHIP) and they were difficult to contact. Moreover, in both INSET districts, because of a lack of administrators, some members of staff participating in one INSET body (DIU) were also members of another (DTST or/and CS), or would rotate according to ad hoc needs, despite the initial plan to have clearly distinct roles of the various INSET bodies and personnel.

Furthermore, in terms of supporting documentation for RHIP and INSET, the documents provided by JICA were relatively limited (especially for RHIP), with the agency publishing only a small number of comprehensive reports<sup>56</sup>. This was partly counterbalanced by the detailed study of the existing reports as well as the study of additional information documents and brochures on RHIP and INSET published by JICA. Additionally, a serious problem in the case of INSET at the school level was the lack of record keeping, not only regarding documents related to INSET but also to regular functions of the school such as school performance of pupils. For INSET's application at the class level the research team relied on the responses of the teachers and the volunteers, and would cross-check the answers with our direct observation of the teaching of science and mathematics, as well as observing the TLMs and the modules/textbooks available in the schools.

In the case of INSET an additional challenge was the location of the rural and semi-rural primary schools in both Adansi North and Wa Municipal. In both districts (but

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<sup>56</sup>For RHIP a Baseline Study, a Terminal Evaluation Report, a Phasing-out and a short Model Dissemination Report (no Mid-Term or ex-post Evaluation Reports were published, although the latter was one of the objectives of the Phase-out Report of 2006). For INSET, an Inception, a Baseline and two Progress Reports were published.

especially in Wa Municipal) it was often very difficult to access certain primary schools due to a lack of public transport. Furthermore, we would often arrive at a rural primary school and find most of the teachers not present, or many teachers were new and did not have any INSET experience. In both districts, we attempted to visit as many off-road schools as possible using private/public transport and the assistance of DEO (in the case the Wa Office).

Finally, despite the fact that a JICA member of staff presented me with a small list of projects they had conducted in Ghana, they 'promoted' RHIP and INSET as a more 'appropriate' projects to choose for research, in terms of information available and access to the districts. When I asked about other projects which had recently been terminated, JICA personnel would argue that it would be more difficult to research them, as they did not have enough contacts and information on those projects anymore, thus trying to 'convince' me to choose and study projects (RHIP and INSET) which were perceived as 'showcase'. I decided to accept their suggestions as I would have better access to project contacts and because it would be interesting to study two projects which are considered as 'success stories' for JICA.

## **CHAPTER 6: COOPERATION AND PARTNERSHIP IN JICA'S PROJECTS**

### **6.1 Introduction**

This chapter examines the level of cooperation among the participants of the RHIP and INSET projects of JICA, principally by focusing on the views of community/school (households, teachers and volunteers) and district members of staff who participated in the two projects. This is in order to understand the relations between the different stakeholders of the projects, before but also during and after their implementation, and thus draw wider suggestions and links between Japan's and JICA's aid discourse and development practice and assess whether this practice escapes or faces the same or similar structural challenges as those the literature suggests for past Technical Cooperation project approaches.

Cooperation among the stakeholders and administration layers in development interventions has long been an important element (especially in the views of academic researchers) of aid projects and programmes for assessing the quality of project implementation, as the relations between the 'partners' of a development project are considered vital for its 'effectiveness' in the field. As shown in Chapter Two, development initiatives have been, historically, 'top-down' and 'supply-driven', with little and fragmented coordination among foreign and local members of staff, little (or no) input from the actual recipients and no systematic contact with and feedback from the 'beneficiaries' to the various project team(s) (see section 2.4.4.1). Currently, cooperation as 'partnership' and 'active participation' have been 'enthusiastically' introduced to the broader donor lexicon. However, closer cooperation and participation have often been understood in a 'static' and simplistic way (*ibid.*; see also empirical studies of Rifkin 1986; Rissel 1994) and have not significantly altered the problematic donor practices of the past.

As shown in Chapter Three, JICA's discourse suggests that its current project aid approach is principally 'bottom-up', participatory and responsive to 'recipient needs' (JICA 2003e, 5-6). This rhetoric is also present in RHIP and INSET. In RHIP the

project objectives include the stakeholders being expected to cooperate ‘effectively’ (RHIP-Output 1), and communities being able to address their own health needs after the end of the project (Output 2). In INSET the project objectives include the development of monitoring and evaluation systems in the districts (Output 4), and, the raised awareness of and commitment to the project amongst the local stakeholders (Output 5). However, JICA’s ‘indicators’ in order to assess those objectives are predominantly quantitative, and, according to its evaluation and progress reports they have been achieved (see Project Matrices of RHIP and INSET in Appendix C and Chapter Three).

This part of the study qualitatively examines the cooperation and ‘partnership’ aspects of two JICA projects at three levels of implementation (community/school, district and national). This was achieved by mainly focusing on issues such as the importance of the project for local stakeholders, the relations between local stakeholders, district staff members and JICA/Ministry staff members and the level of awareness and participation in the processes of the project and current relations after JICA’s exit (see Appendix B for interview questions in the areas of cooperation and ‘partnership’).

## **6.2 Cooperation and ‘partnership’ in the RHIP project**

According to GHS-JICA, RHIP Booklet (2005a) and RHIP Evaluation Design Matrix (2006) the basic ‘relations’ (cooperation) among the stakeholders of the project are:

- At the community level: Community Based Agents (volunteers) together with Local Steering Committees (LSC) provide voluntary health services (advice and activities) for community members.
- At the district level: the district offices have a supporting, monitoring and coordinating role both during and after project implementation. The main stakeholder is the District Health Administration (DHA) office. The other district offices (such as District Education Office– DEO– and District Office of



Food and Agriculture– MoFA) have secondary roles, mainly supportive to the DHA.

- The NGO Planned Parenthood Association of Ghana (PPAG) cooperated during the project with CBS volunteers, district offices and JICA in order to plan and implement project activities. During the project PPAG had the main coordinating role together with the DHA until project termination, when DHA took over.
- At the national level, JICA and GHS's main role during project implementation was the overall supervision and support of the project. GHS was supposed to take over after RHIP completion (see also sections 4.4 and 4.5)

The analysis of the findings follows the project implementation structure above, from the community to the national level, by assessing the relations developed amongst the multiple 'partners' of the project.

## **6.2.1 Cooperation at the community level**

### **6.2.1.1 Community members**

One of the first characteristics revealed during the interviews was the overall approval of the community members of RHIP and community health projects taking place in their area, but also their little and random contact with the RHIP project volunteers and the health personnel in the district offices. The bulk of the interviews showed that household members were favourable towards RHIP-related 'health and sanitation' projects implemented in their communities in the form of health and sanitation campaigns, information and active individual involvement. Most of the interviewees responded that they felt it was necessary for them and their communities to participate in health initiatives and absorb information on sanitation, as they believed that this would improve their living conditions. For example, a middle-aged male in Mamanso community suggested:

‘Health information is important for us in the community. We don’t have TVs so we don’t get much info on health. People giving information to us will help us to know more.’

(Community member, Mamanso Birim North 2008)

According to the interviewees,<sup>57</sup> the most popular subjects of health campaigns of the last three to five years in their communities were:

- Malaria issues, prevention and treatment
- HIV/AIDS
- General sanitation and nutrition of the communities
- Family planning and child issues
- Tuberculosis (TB) information
- Other issues (river blindness, bilharzia etc.)

In all the visited pilot communities of RHIP most of the household members were well-informed that there was an ongoing health information campaign project in their area, as most of the community members responded positively (or ‘quite’ positively) regarding whether they had knowledge of health campaign(s) in their area during recent years (although it was not always possible to clarify who was organising the campaign and for what purpose). Even in the more remote pilot communities (like Bepotuntum) the interviewees had been informed (‘they had heard’), at some point, about the activities of PPAG and JICA in nearby areas or in Nkwateng. Furthermore, the community members recognised the term ‘CBS agent’ (or the name of the volunteer who is the CBS agent), suggesting that, at least in terms of visibility, the RHIP project has established a significant number of ‘recognisable’ health agents.

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<sup>57</sup>As this study is largely based on semi-structured qualitative interviews it highlights the most ‘common’ answers provided during the field research. The conversational nature of the larger part of the interviews does not allow to categorise how many people (in terms of numbers) gave exactly the same answers. Thus, with the exception of the scaling part (Appendix D) of the interviews most of findings given represent the most common statements provided during the semi-structured interviews.

However, the visibility of the CBS varied between the communities. In more populated communities near Nkwateng (such as Teimuni), where there are more visits from foreign and national agencies, the community members could more easily recognise a 'health person' in their area. The opposite was true for more isolated villages (such as Bepotuntum), where very often the majority of the household members could not name *any* health practitioner in their village, or when they could name them they could not comment on what the CBS agent was doing. Overall, more than one-third of the interviewees who knew the CBS agents in their communities suggested that they did not have any information on the role of the agents in their village. Half of the previous interviewees claimed that they did not know the CBS agent at all, even when the agent was described by name or by his or her activities. Furthermore, several community members knew the CBS agent(s) of their village but had rarely seen them conducting any health activities. For example, in Nkwateng, which is a central community with two CBS agents, a 30-year-old male, who has lived in the community for twenty years, suggested that:

'No, I don't know them really. I know T [the name of agent] but I only saw her selling condoms around two years ago. I also know Mr A [the second agent] but I am not sure what he is doing.'

(Community member, Nkwateng, Birim North 2008)

As mentioned in Chapter Four, the RHIP volunteers are the basic point of communication for the community members who wish to access basic health and sanitation advice in their area. Apart from the vaccinations and information campaigns JICA conducted in their villages, the community members' only contact in terms of finding out information and even participating in the project is the RHIP volunteers. However, little contact appears to have been established between the volunteers and the households. The large majority of the community members suggested that they did not have frequent (or any) communication with the CBS agent of their community. This is also confirmed by the ratings of household members (Appendix DI-Table 1), in which most of the interviewees suggested that they do not discuss with the CBS issues related

to health and sanitation. Most of these respondents suggested that they still prefer to talk about those issues at the community level with family, friends and/or traditional healers. Many interviewees also stressed that they did not see the CBS volunteers very often or that they had not thought of them as active (see for example community member Akrofunso, Birim North; community member Bepotuntum, Birim North 2008). In most cases, especially in more remote communities, the household members argued that they were scarcely (or never) visited by health experts or asked to actively express their views and participate in health campaigns.

The overall interviews and personal observations suggested that the visibility of the health volunteers of RHIP and their contact with community members and their activities have been significantly reduced since JICA's exit from the project in 2006, mainly due to lack of resources (see further analysis in Chapters Seven and Eight). It is characteristic that in two other ratings (Appendix DII– Table 1) most of the community members underlined the fact that they do not feel sufficiently informed on health and sanitation issues and that it has been more than six to 12 months since they have had any kind of health information in their community.

Similarly, the community members suggested that despite knowing of the existence of PPAG in the area they had had little contact with its members and the local committees, even during project implementation. The household members were either never called to discuss the health and sanitation issues of their communities over the last three to five years, or they were called randomly to the Chief's Palace in order to be informed or to observe a PPAG video related to health issues. A number of more isolated community members (Bepotuntum) highlighted that health activities from PPAG (RHIP) or other health organisation (District Health Administration Office) invariably took place in Nkwateng, which is distant and costly for them to access, or that activities took place late at night when transportation was lacking (Community member Bepotuntum, Birim North 2008).

This suggests that at the community level the interviewed members of the pilot communities had little or no contact with RHIP volunteers at the time of the interviews (2008), and contrary to what JICA suggests they have scarcely participated in the sparse project initiatives. Indeed, as is also shown in the following chapters, despite the willingness of the community members to actively volunteer and participate in health initiatives in their villages, they are usually ‘receivers’ of sparse information with limited access to health campaigns and information activities.

#### **6.2.1.2 Community-Based Service Agents**

Most of the Community-Based Service (CBS) volunteers had a good background knowledge of the project and their role in the pilot communities. Many of them were willing to continue participating in the project as volunteers but they had little communication and support from the district offices to conduct activities in the communities. Moreover, the LSCs have been inactive since the termination of the project in 2006. The little contact the volunteers had with the DHA office in order to get some support and further training was repeatedly stated during the interviews. Moreover, the volunteers had limited information regarding the roles of other project stakeholders at the district level (DEO, MoFA), apart from that of the health office.

Commenting on their past and present cooperation with the Local Steering Committees, the CBS volunteers argued that despite their initial good monitoring, support and information-sharing, the cooperation faded over time, especially after JICA’s and PPAG’s exit from the project. According to the CBS, it is frequently hard for them to meet the Chiefs and the opinion-leaders and to engage them in helping with the project in the pilot communities (CBS Agent Mamanso, Birim North, 2008). Likewise, commenting on their cooperation with the DHA office, most of the CBS agents suggested that the office supported them initially to carry out RHIP activities in the communities, with training on health and sanitation issues and monitoring. However, after JICA’s exit in 2006 the volunteers received limited or no new information from the district office and were left to cope with the project alone (CBS Akrofunso, Birim

North 2008). This is also reflected by other CBS agents who viewed that their initial training and relatively good cooperation with the district health administration, JICA and PPAG were replaced by nearly no contact and support after the end of the project:

‘They don’t pay a fixed amount for transport to go to the meetings [at the DEO office in New Abirem] but the exact amount (20 to 70 pesewas) [10-35 cents]. This is not good for us. There is lack of incentives to continue, lack of funding for the project. The distances we need to cover for the CBS activities are long and we don’t have the necessary equipment and they don’t finance us at all. All these fall into deaf ears.’

(CBS agent, Akrofunso, Birim North 2008)

Concerning their cooperation with PPAG and JICA,<sup>58</sup> the CBS agents were overall satisfied with the quality of training they had received for RHIP, the support they had been given *during* the implementation of the project and the equipment provided to them, but they suggested that the support of JICA and PPAG was often random (CBS agent, Akrofunso, Birim North 2008). Concerning their participation in the project, there is no evidence that confirms their active involvement in the planning, implementation and continuation of RHIP. Thus, while the CBS agents suggested that their views had been taken into account for the planning and implementation of RHIP in their communities, when they were asked to elaborate on this they suggested that once or twice they had been called into the Chief’s Palace in Nkwateng and the District Health Administration (DHA) office in New Abirem where they were briefed on the project and their training (CBS agent, Bepotuntum, Birim North 2008). As in the case of the community members and contrary to the claims of JICA there was no significant involvement of the volunteers and the elders in the planning and implementation of the project (*ibid.*).

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<sup>58</sup>For JICA, there were mostly comments from the CBS agents on the ‘sustainability’ part of the research on RHIP discussed in Chapter Eight.

Furthermore, despite the good knowledge the volunteers had of their role in the project they lacked fundamental information on the roles of PPAG and DHA after the end of the project. For example, despite PPAG's official exit from the project shortly after the end of RHIP in 2006, most of the CBS agents thought that the NGO was still part of the project. Moreover, they were unsure about the extent of the responsibility of DHA and the district assembly to support them. The lack of wider information among CBS agents can be attributed to lack of systematic contact of the volunteers with PPAG and JICA during the project, and DHA after RHIP implementation, and their lack of participation in district meetings.

Most of the volunteers could not confirm when was the last time they had participated in an activity or campaign although they underlined that with their limited means they did their best to contact the community members. Despite the fact that the majority of CBS agents are willing to actively volunteer for the project, they do not have any systematic support and contact from outside the community and their mechanism of support at the community level (LSCs) has ceased operating. Moreover, their participation in the project appears to be mostly informative and of a seminar nature. Despite JICA's suggestion that the project volunteers are smoothly cooperating with the project participants (JICA 2006k) the findings of this study suggest differently.

## **6.2.2 Cooperation at the district level**

### **6.2.2.1 District members**

There are several RHIP stakeholders at the district level (see section 4.5). Most of the interviews were conducted with staff members of the District Health Administration Office, which had the main role in supporting and monitoring the project. Their initial comments on JICA were favourable in terms of cooperating with the Japanese agency for training, campaigning and monitoring purposes:

- Satisfactory funding and punctuality in terms of releasing funds

- Good level of trust and personal relations with most of JICA visiting staff
- Good level of training of district, CBS and community staff

However, the relations between JICA, PPAG and the district offices seemed to have more of the characteristics of vertical TC project initiatives, where the contact and coordination amongst donors, agents and local ‘partners’ involves a limited involvement of the latter in the overall project planning and implementation. Hence, despite the fact that a number of district members suggested that the general management of RHIP did not present significant difficulties (see rating in Appendix DI– Table 3), when they were asked to further comment on the cooperation with JICA, many district personnel underlined that they had systematic problems with JICA’s approaches:

- Lack of adaptation to the district offices’ schedule, in terms of organising RHIP activities in the communities (DHA member 1; DEO member 1)
- Lack of more coordinating activities at the community level and cooperation in the period of ‘phasing-out’ (DHA member 1; DHESU member)
- Lack of consultation with district offices in terms of selection of pilot sites and inadequate levels of funding (DHA member 2; DEO member 1)
- Lack of trust over JICA’s funding in terms of transparency (DEO member 1)

Regarding their cooperation with PPAG, the district members raised a number of similar issues. While PPAG was often characterised as ‘trustful’ (DEO member 1; DEO staff member 2, New Abirem 2008) and ‘very cooperative’ (DHA member 1, New Abirem 2008), it was also seen as an agency which took over a project designed by JICA without having adequate personnel and logistics to operate in the area and therefore relied heavily on the DHA office, which already had constrained resources (ibid.). Moreover, the NGO was understood as building ‘closer’ coordination with JICA than with the district offices (ibid.).

More specifically, at the time of research, a senior DHA staff member in New Abirem was in open confrontation with PPAG because of the poor planning and coordination by



JICA with the district ‘partners’ during the ‘phasing-out’ period. The relations with PPAG at the district level were in such a dire state that this DHA staff member was consciously not cooperating with PPAG staff. In sum, the most common challenges the district staff members suggested to their cooperation with PPAG staff were:

- Lack of systematic cooperation and information-sharing with the district offices
- Lack of adequate PPAG and/or JICA staff members to implement the project, thus engaging personnel and resources from the district offices, which were already overworked with other tasks.

At the district level there is also no support for the project by the assembly of Birim North. While it is argued in the district offices that the District Assembly (DA) showed ‘interest’ in the project at the beginning of its implementation, after the exit of JICA and PPAG the assembly completely withdrew. The lack of supporting staff<sup>59</sup> and financing from the assembly to support the project considerably challenged the further cooperation between the district offices and the DA (DHA member 1; DHA member 3, New Abirem 2008). There was limited available information for the district staff members on CBS volunteers and the pilot communities, particularly after the end of the project in 2006. Most of the district staff members were satisfied by the activities and motivation of the volunteers during the project but they suggested that the current (2008) lack of funding and incentives for the volunteers were challenging their cooperation with the district offices (DHA member 3). The visits and support of the district offices to the CBS agents were scattered, and only one staff member at the district level was occupied in visiting the remote communities of the RHIP project (see also Chapter Seven).

Accordingly, the comments of the district staff members on their current cooperation with the community members were few as the visits to the villages appeared to have

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<sup>59</sup> According to the interviews with DHA staff, at least three staff members who were involved in the project through the DA had retired or moved to other districts after the end of the project in Birim North.

stalled because of a lack of funding and resources and the problematic relations between the DHA Director, JICA and PPAG. It was suggested that during the implementation of RHIP most of the communities showed a good level of participation in the activities, in terms of coming to the meetings, being open and cooperative with the district offices and providing volunteers for sanitation campaigns (DHA member 1; DHA member 2; DHA member 3; DEO member 1, New Abirem 2008). However, a number of district staff members suggested that many of the community members had begun not coming to the meetings as they lacked incentives and motivation (DHA member 2; DHA member 3; DEO member 1, New Abirem 2008).

Overall, despite the general positive view of the district staff members of RHIP the interviews suggested significant difficulties concerning the cooperation of the district offices with the other stakeholders (national and local) during and particularly after the implementation of RHIP, and highlighted their limited contact and cooperation as the district offices were called to implement their day-to-day activities with little contact with community members, volunteers, PPAG and JICA.

#### **6.2.2.2 Planned Parenthood Association of Ghana**

According to JICA's project documents the Planned Parenthood Association of Ghana (PPAG) was responsible for the overall implementation of RHIP in the pilot communities (see for example RHIP Terminal Evaluation Report 2006). However, in practice JICA planned RHIP with the joint contribution of PPAG, and they jointly implemented and monitored the project in the pilot districts (PPAG staff member 2, Kumasi 2008). JICA members from Accra would visit the project sites and Japanese volunteers (JOCV) were dispatched from the DHA office in New Abirem, reporting on the progress of aspects of the RHIP project. There is no evidence from the project documents and interviews that PPAG was left at any point to operate in a more autonomous way despite the opposing claim by JICA.

PPAG's cooperation experience in the pilot districts was mainly positive with an initial good reaction from the Chiefs to the objectives of the project. The PPAG members in Kumasi, Accra and New Abirem suggested that there was:

- A good level of participation in the outreach clinics in the communities (all interviews)
- A good level of reception and information regarding the community members by the Chiefs (PPAG member 1, Birim North 2008)
- An understanding by the community members of the benefits of the project (PPAG member 1, Birim North PPAG member 2, Kumasi 2008).

However, as in the case of the district members, PPAG staff found it increasingly challenging to motivate sufficient numbers of community members for voluntary work and to select skilled CBS agents (PPAG member 1, New Abirem 2008; PPAG staff member 2, Kumasi 2008 PPAG member 5, Accra 2008). It can be argued that this was due to the random nature of the project which did not engage significant numbers of community members for planning and implementation of project activities from the beginning. Furthermore, the NGO staff members commented that the project volunteers were active but that they did not have incentives or a strong motivation to cooperate during project activities on the ground (outreach clinics, information campaigns, sanitation issues), and they often made demands that PPAG could not deliver (PPAG member 5, Accra 2008).

Nevertheless, it is important to underline at this point that during the time of research (2008), less than two years after the termination of the project, several of the members of PPAG staff in Kumasi and Accra who were part of the project did not have *any* current information on how the CBS agents were actually coping with the project (PPAG member 3, Kumasi 2008; PPAG member 6, Kumasi 2008). Almost all the PPAG staff (with one exception) left the project after its termination in 2006 and did not have any follow-up on the status of the project in the communities. As shown in the next two chapters, this lack of communication had a direct effect on the low rate of

campaigns and activities in the communities, on the way the people were receiving information on health and sanitation issues and on the understanding of the locals and volunteers of the project and the ‘partners’ involved.

Furthermore, the cooperation of the NGO personnel with district staff members was strong during the project’s implementation in the communities, as the offices (mainly the DHA) supported the project with staff, logistics and knowledge of the sites (see for example interviews with PPAG member 1; PPAG member 2, Kumasi 2008). However, PPAG members found it increasingly difficult to cooperate with the DHA office, especially near the end of the project. The PPAG members suggested that:

- The DHA could not contribute as much as they could because of the overload of work they had from their usual tasks (PPAG member 4; PPAG member 5, Accra 2008).
- There was a different working culture in the DHA, with no motivation to work extra hours without any incentives (PPAG member 1; PPAG member 4, Birim North and Accra 2008).
- There was inexperience in writing reports and following the schedules JICA was asking for (PPAG member 4, Accra 2008).

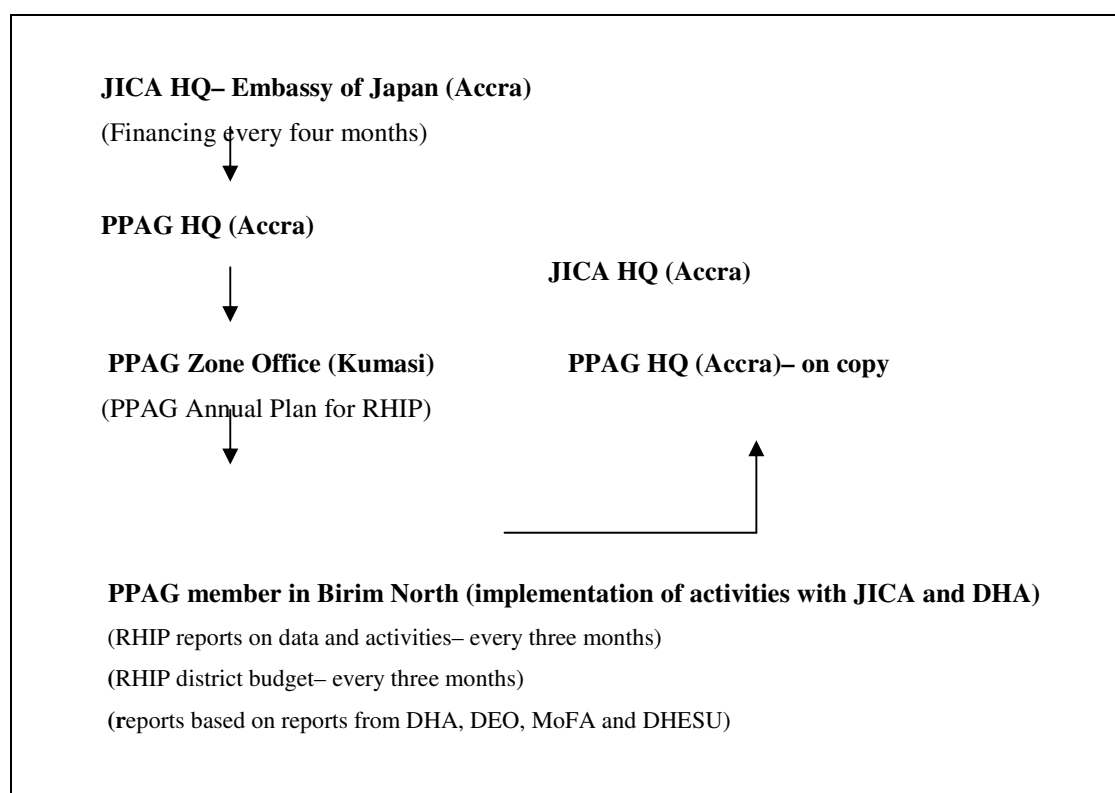
PPAG had also a good level of cooperation during the project with the education office regarding the office’s provision of HIV/AIDS ‘peer educators’ at the school level, and the introduction of RHIP elements in several schools of the pilot communities. Similarly, PPAG had positive views of the district office of agriculture (MoFA) for their support of income-generating activities during RHIP. However, most of the PPAG members underlined the fact that the education and agriculture offices in New Abirem mainly understood the project as a ‘health’ one with which the DHA should be occupied, and they were not committed in terms of better supporting RHIP with more personnel (for example PPAG member 1, New Abirem 2008; PPAG members 2 and 3, Kumasi 2008). A senior PPAG member, when commenting on the challenges they had met with the DEO office, said:

‘There was a high attrition rate among the peers [peer educators for RHIP] and they didn’t commit themselves to replace them for the project. This is important, as people leave and then you have nothing. They [DEO] wanted to have their own budget for RHIP and not an NGO [PPAG] running the things for them. The school component was not very strong.’

(PPAG member 5, Accra 2008)

The aspect of the attrition rate of peer educators was confirmed when visiting the pilot communities of RHIP in 2008. A large number of peer educators trained in 2004 and 2005 had left school for further education or had changed community and were never replaced. Similarly, MoFA did not follow up the initiation of Women’s Clubs in some pilot communities, which at the time of the visit had ceased their operation (see Chapter Seven).

**Table 6.1: Basic financing and reporting scheme for RHIP**



Source: the author, based on the interviews at all three levels of RHIP 2008

The PPAG members had a good level of relations with JICA, suggesting that the Japanese agency was supportive in terms of financing and personnel and relations characterised by trust (ibid.). The funding of RHIP was characterised as ‘on time’ and ‘regular’, but with too much paperwork attached (see Table 6.1). PPAG members had to write and submit the RHIP Annual Plan and a number of quarterly budget and activity reports to JICA, which had to be in accordance with Japanese financial standards, together extra progress reports to the ‘mother’ organisation of PPAG (IPPF, see Chapter Four). Moreover, PPAG had a very specific financial budget to spend which was set jointly by JICA and PPAG, and could not ‘deviate’ from the initial quarterly budget, even when the realities in the field were different from the initial financial plan for RHIP activities. The latter created a situation where at the end of the Japanese fiscal year all the funds for the project had to be spent even if it was not necessary (because of the ‘zero balance’ approach of JICA) and there was no possibility for extra funding. More specifically, the PPAG members suggested that there were problems with:

- JICA’s ‘zero balance’ policy at the end of the Japanese fiscal year (the end of March), when, even if there are no activities on which to spend the funding, you are ‘obliged’ to spend all the available financing (PPAG member 4, Accra 2008)
- The different timing of the Japanese and Ghanaian fiscal years and the reports which had to be sent on RHIP to IPPF (PPAG member 1, New Abirem ; PPAG member 3, Kumasi; PAAG member 4 Accra 2008).
- Restricted funding by JICA, where the Japanese side would never agree to surpass the agreed budget, even when it was necessary for the project (PPAG member 5, Accra 2008).
- JOCV volunteers could not quickly adapt to the culture and context of Birim North and the communities, and had problems communicating with the district officers and household members (PPAG member 3, Kumasi 2008).

A PPAG member with many years of experience on working together with JICA, commenting on the second point, said:

‘Good reporting system, from all these different offices [DHA, DEO, MoFA DEHSU, PPAG], is necessary because delays of submitting the reports creates problems [with funding]. But there is no staff for this. I write day and night reports all the four quarters to JICA, reporting is too much.’

(PPAG member 1, New Abirem 2008)

Further comments in Chapter Eight highlight that the initial motivation in the district level for the project partly faded because of serious logistical and financial challenges met during implementation.

### **6.2.3 Cooperation at the national level**

#### **6.2.3.1 JICA and Ghana Health Service**

As mentioned in Chapter Four, the role of JICA in RHIP was in funding, overall planning and supervision of RHIP implementation at the district and community levels. In RHIP, JICA principally cooperated with PPAG and DHA for the planning of activities and training in Birim North, and supervised jointly with members of PPAG and the district offices the implementation of the project in the pilot communities. On the other hand, the cooperation of JICA with GHS was principally targeting the introduction of GHS to RHIP and the replication of the project in other districts of Ghana.

JICA had overall good relations and cooperation with PPAG during the project. The experience the NGO had in the region together with the contacts it had at the local level proved valuable in kick-starting the project in Birim North (JICA member 1, Accra 2008; JICA member 2, Accra 2008). JICA had previous experience with PPAG from a project preceding RHIP, and its personnel were understood by JICA as experienced. Apart from some problems of coordination and financial dependence, one JICA member suggested the Japanese personnel highlighted that their relations with PPAG were on a

very good level without significant challenges (JICA member 1, Accra 2008) (an element only partly confirmed by PPAG, see above).

Concerning JICA's cooperation with the district offices (mainly DHA) it was confirmed that despite the initial good cooperation and introduction of RHIP into the district, there were serious challenges during the implementation and termination of the project. These were mainly related to the overload of work the district offices already had and the planning by JICA regarding the status of the cooperation between PPAG and DHA after the end of the project in 2006 (JICA member 1; JICA member 2, Accra 2008). Bad planning from JICA provoked confusion in terms of who would take over the equipment donated by JICA after the termination of the project in the district (ibid.). While the Memorandum of Understanding (JICA 2006j, 3) suggested that the DHA is the principal responsible district office for the continuation of the project, JICA chose to hand over some of the equipment (such as an SUV car) to the desk officer of PPAG, as it was suggested by a JICA staff member that the DHA had its own equipment and transport means.<sup>60</sup> This incident created a problematic environment between JICA and PPAG on the one hand, and the DHA on the other, making the continuation of RHIP after JICA's exit very challenging (see Chapter Eight).

The JICA staff and one GHS member (no2) confirmed that the district assembly showed initial enthusiasm at the beginning of the project by supporting it until the year 2006 and vowing to support it in the period 2006to 2009 under the Medium-Term Development Plan. However, after 2006 several assembly members who were familiar with the project moved or retired and the interest faded. As a JICA staff member put it:

‘I don't know what is happening currently with the involvement of DA in RHIP. People are not willing to stay [in the project area] because the area is remote.’

(JICA member 1, Accra 2008)

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<sup>60</sup>PPAG would exit the project as well, but a resident and member of PPAG (who was also an assembly member) would continue supporting the project acting as part of the District Assembly.



JICA and GHS had equally little information on the current status of the project volunteers as they had limited or no contact with the communities. Commenting on the cooperation and participation of CBS during the project, JICA staff suggested that the volunteers showed an initial enthusiasm and that initiatives had been implemented for them to participate more actively (JICA member 2, Accra 2008). However, when they were confronted with the views of CBS agents that they did not have adequate support from the district level and JICA there was no clear answer. Similarly, commenting on the communities' involvement, the JICA staff (and one of the GHS staff members) argued that while several members of the communities and villages' Chiefs initially showed an interest in RHIP activities and participated, it was challenging to motivate them to be active in the long-term (JICA member 2, Accra 2008; GHS member 1, Accra 2008).

However, GHS members understood that PPAG and JICA wanted to have the overall control of the project, in both financial and logistical terms, and they viewed their own participation and cooperation in RHIP mostly as 'decorative'. When asked about their cooperation with PPAG, a GHS staff member, involved in RHIP in terms of supervision, said:

'PPAG and JICA wanted to have full control of RHIP in organisational terms [...] they wanted a GHS person there just for decoration.'

(GHS member 1, Accra 2008)

Similarly, another senior GHS member suggested:

'There was no provision for a government representative in the project for the responsibilities of RHIP.'

(GHS member 2, Accra 2008)

Overall, the cooperation between JICA and GHS was limited, despite the claim by JICA that its aim for RHIP was to replicate the project in other Ghanaian districts. Throughout the project JICA did not engage the experienced GHS staff members in any systematic way, and the communication between Japanese and Ghanaian ministry members was limited. As is shown in Chapter Eight, there was a general dissatisfaction of GHS staff members, as they were asked to participate in RHIP without any provision of potential responsibilities they could undertake. Personal observation and casual discussions with the JICA members suggested that the GHS members were asked to cooperate in the project without specifying what would be their responsibilities. For JICA, the primary goal of asking GHS to participate in the project was the introduction of RHIP to Ghana and its potential replication in parallel with projects such as Community-based Health Planning and Services (CHPS). However, JICA did not actively engage GHS throughout the project to achieve such an outcome.

#### **6.2.4 Concluding remarks**

Contrary to the claim of JICA that the RHIP project has a ‘bottom-up’ structure, with ‘partners’ cooperating and participating actively in the project activities, the interviews revealed a rather different picture, where the basic structure of the project was planned by JICA (with the consultation of PPAG and GHS) and applied at the district and community levels from a ‘top-down’ perspective (see Table 6.3 for a summary of this section).

At the community level there is no evidence of community members and volunteers being consulted, engaged and/or actively participating during the planning and implementation of the project. The community members were called into the Chief’s Palace on an ad hoc basis in order to be briefed on a ‘health project’ in their communities. Moreover, the volunteers were picked, briefed and trained by PPAG, district members and JICA without any regular consultation with them or follow-up support. The findings showed that CBS volunteers and community members had little contact with each other and with district and national staff. As a result, the majority of

the interviewed household members did not have any contact for health and sanitation matters for several months, especially in the more remote pilot communities. Moreover, at the time of the visits to the seven communities the LSCs were not functioning, leaving the CBS volunteers alone to cover the needs of the villages.

**Table 6.2 Cooperation and ‘partnership’- Summary of strengths and constraints in RHIP**

Cooperation and ‘partnership’	Rural Health Improvement Project (findings from visits in seven pilot communities)
Strengths	<ul style="list-style-type: none"> <li>• Community members positive and receptive for health campaigns and information</li> <li>• Households informed on campaign under RHIP and aware for presence of CBS volunteers well informed about RHIP and required activities</li> </ul>
	<ul style="list-style-type: none"> <li>• District members initially receptive for the initiation of the project in Birim North</li> <li>• Good relations among PPAG and most of the volunteers</li> <li>• JICA’s relations with PPAG close and regular for the project purposes</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>• Lack of participation of the community members and volunteers to RHIP planning and activities</li> <li>• Ad-hoc calling for community members to attend health and sanitation meetings</li> <li>• Lack of regular contact between communities and volunteers and volunteers with district offices</li> </ul>
	<ul style="list-style-type: none"> <li>• District offices employed by JICA and PPAG mainly for their logistics and contacts in the area</li> <li>• Lack of participation of the district offices to RHIP planning</li> <li>• Reporting culture</li> </ul>
	<ul style="list-style-type: none"> <li>• Low level of first hand information of JICA for pilot communities</li> <li>• Low level of contact of JICA with GHS</li> <li>• GHS not engaged by JICA in the planning and implementation of RHIP</li> </ul>

Source: the author

At the district level the cooperation with the community members and the CBS volunteers was initially at a good level, in terms of organising ‘kick-start’ training and monitoring the CBS agents and the communities. Nevertheless, the lack of close cooperation with PPAG (which preferred to act independently and refer to JICA) and the use of the district staff members by PPAG and JICA mainly as a means of logistical support (not actively included in the planning) made the district offices ‘feel’ that RHIP was not ‘their’ project. PPAG confirmed that the district offices did not overall perceive RHIP as ‘their’ project (especially for DEO, MoFA and DHESU), and that they did not commit systematically to its implementation in the pilot communities. PPAG members were generally satisfied with their cooperation with JICA in terms of financing but they struggled with the reporting demands of the agency, and the professional ‘corporate’

way they wanted the RHIP documents and reports to be delivered by PPAG and the district offices.

Finally, at the national level JICA members suggested that their cooperation with PPAG during RHIP was smooth, but argued that the district members and volunteers were difficult to continuously motivate. On the other hand, GHS staff suggested that they had limited cooperation with JICA during the project and they were never actively involved. Both JICA and GHS lost contact with almost all the project stakeholders right after the termination of the project.

### **6.3 Cooperation and ‘partnership’ in INSET project**

As shown in Chapter Five, INSET was planned and implemented at three different levels: the school level, the district level and the national level. JICA attempted to build at all three levels an INSET ‘system’ for the ‘operationalisation’ of the project in the pilot districts<sup>61</sup> (see for example JICA 2007f). As in the case of RHIP, the INSET project was implemented after the initial implementation of a previous JICA project in Ghana (STM) and similar project experiences of JICA in Kenya (SMASSE), the Philippines (SBTP) and other countries (such as Egypt and South Africa).

- At the school level: the Curriculum Leaders (CLs) are volunteers providing training to the teachers of the school on how to effectively teach challenging topics in science and mathematics through the use of Teaching and Learning Materials (TLMs) and new teaching methods based on a pilot curriculum for science and mathematics developed by JICA and GES. The Head Teachers (HTs) organise training sessions, support the CL and monitor and sensitise the teachers.

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<sup>61</sup>Contrary to RHIP, which mostly focused on creating a project design at the community and district levels only with the objective of lobbying GHS for the replication of the project *after* its termination, INSET, from its initiation, attempted to create a complete, national, ‘top-down’ structure, from GES to the primary schools.

- At the district level: the District INSET Unit (DIU) is comprised of the Director of the DEO and cooperates with JICA members for the overall implementation and supervision of INSET in the primary schools. The District Teacher Support Team (DTST) assists with the sensitisation of school and district staff members for INSET, and cooperates with DIU and JICA for the further training and monitoring of the volunteers and the facilitation of INSET in schools. The Curriculum Supervisors (CS) monitor and supervise the teachers, CLs and HTs on their INSET activities in coordination with DTST. In reality, due to the lack of adequate staff in both districts, DTST are also acting as CS and DIU and vice versa.
- At the national level: the main ‘partners’ at the national level for the INSET project are JICA and GES. The staff members of GES and JICA are part of the National INSET Unit (NIU), which is responsible for the overall management of INSET in the pilot districts, and its main focus is the organisation, monitoring and evaluation of the project. The members of JICA and GES cooperate mainly with the DIU and DTST for the training of the district members of staff and the overall monitoring and evaluation of INSET.

### **6.3.1 Cooperation at the school level**

#### **6.3.1.1 School teachers**

The interviewed teachers had a good knowledge of what the INSET project represents and what are the objectives of the project in their schools. Most<sup>62</sup> of the teachers in the visited schools were familiar with the fundamental concepts of INSET. More than half of the teachers interviewed had a ‘good’ knowledge of the project, with only two teachers (out of 100 interviewed) suggesting that they did not know or could not remember what INSET was about. The most common first reaction of the teachers during the interviews was relatively positive with regard to the project. For example, a young teacher stated:

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<sup>62</sup>As in the case of RHIP, the qualitative nature of the interviews did not allow for the categorisation of the answers of teachers in terms of exact numbers. Rather this study is opting to provide an overall picture of the most ‘common’ responses the INSET participants gave during the interviews.

‘[INSET] is about our personal knowledge [in science and mathematics], something that is not being taught properly in the class before and that we [the teachers] don’t have knowledge or don’t understand.’

(Teacher Nyankwomanso Primary, Adansi North 2008)

Most of the interviewed teachers in both districts suggested that there were overall significant positive factors that characterised their cooperation with the CL of their school:

- The good quality of general training and learning capacities on how to use TLMs and teach/prepare science and mathematics classes on challenging or difficult-to-teach issues
- Good personal relations, cooperation and information provided for the purposes of INSET in the school
- Availability for questions and dedicated time of the CLs for the teachers of the schools.

The overall responses of the teachers regarding their trainers (CLs) under INSET were positive. In both districts (especially in Wa Municipal) the relations of the teachers with the CLs appeared smooth, especially in the schools where the CLs were more active. On the other hand, a smaller number of the interviewed teachers highlighted a number of problems with their relations with the CLs:

- Low quality of training by the CLs in terms of understanding the issues of science and mathematics discussed
- Lack of TLMs during the School-Based INSET (SBI) and in the schools (mainly in Adansi North)
- Time at which the INSET activity is organised (after normal school hours)
- CL not involved or active

A clear theme that emerged from the comments of the teachers regarding the CLs was the way some CLs were handling INSET training in terms of not motivating the teachers to participate, but the interviews also revealed misinformation of the teachers regarding CLs' responsibilities (for example the time of INSET workshops, which is *not* decided by the CL but was agreed at the national level of the project). During INSET activities teachers are asked to stay after normal school hours for an extra one to three hours in order to follow INSET training, in most cases without any refreshments or food and without compensation for the transport costs of the teachers who might come from other schools. For example, a young teacher in a rural school in Wa Municipal said:

‘[...] afterhours INSET– he [the CL] needs to do something about it because it is too difficult for us, they give us only 25 pesewas [around 13p) for food and water [as part of the INSET activity].’

(Teacher, Nako Primary, Wa Municipal 2008)

The interviews showed that the teachers in both districts (especially in the more remote areas) had rarely had the opportunity to meet (let alone participate) with JICA or district staff members to enable them to have an analytical briefing regarding the role and responsibilities of the CLs. The relations of the teachers with the head teachers (HTs) regarding INSET are also at a relatively good level in both districts, although significantly more problematic than those with the volunteers. The most favourable characteristics that the teachers stated for the HTs during the interviews were:

- Good overall cooperation, assistance and/or information for the project
- Active, encouraging and motivating during INSET
- Dedicated in terms of time to assist the teachers
- Good planning, supervision and/or organisation of INSET

Several teachers responded that after JICA and district staff members started coming less and less often to the schools it was common for some HTs to finance an INSET activity themselves, mainly by buying some materials for INSET demonstrations or

paying costs for transport and refreshments (Teacher Akwansrem, Adansi North 2008; Teacher, St. Aiden, Wa Municipal 2008) despite the fact that those were supposed to be covered principally by the district offices. While the relations and cooperation between the teachers were at a good level, the interviews revealed that there had also been serious challenges for the teachers during their cooperation for INSET. The most important issues expressed by the teachers during the interviews were:

- Lack of TLMs for INSET activities in the school
- INSET is time-consuming as INSET activities are organised after normal school hours
- Lack of funding and/or serious financial constraints for INSET in the schools
- Lack of effort and motivation from the HT to assist the teachers and lack of incentives for the teachers to participate in the INSET activities
- Teachers not involved in the project and the activities but only participating as observers

Nevertheless, according to GES-JICA INSET Module 3 (2007b) the HTs are not responsible for the timing of the INSET project and they only have an ‘encouraging’ role in terms of providing TLMs. Furthermore, heads of the schools are not supposed to finance the project themselves but to attempt to find solutions with the district education offices for the financial and logistical support of INSET (ibid.). However, due to the fact that the teachers were not called on to actively participate at any stage in the planning and implementation of INSET in their schools, this resulted in the partial information of the teachers regarding their INSET school ‘partners’. This had further implications regarding the willingness and readiness of teachers to implement INSET in real classes (see also Chapters Seven and Eight).



### 6.3.1.2 Curriculum Leaders and Head Teachers

As mentioned in Chapter Five, the role of the CL in the INSET project is crucial. CLs are volunteers who cooperate with the HTs and the district staff members for the organisation of training sessions in the schools by supporting and mobilising the teachers with regard to the project. In both Adansi North and Wa Municipal the CLs had mixed views on their cooperation with the teachers in their schools during INSET activities. The volunteers were satisfied with the rate of participation of teachers during the activities, but they suggested that their cooperation was constrained by lack of funding and monitoring of the project (an aspect further explored in Chapter Eight). However, the participation of teachers in INSET activities is not constant and the CLs suggested that there is only a partial application of INSET in real classes (see Chapter Seven). A middle-aged teacher, with one year of experience as a CL, commenting on the cooperation of teachers during INSET, observed:

‘Sometimes participation by the teachers is good. Some of them apply half of the things they learn in the class, because people are different and they are not all interested [...] Many of the teachers do not show interest because they don’t think the project is important for them.’

(CL Tendambe Primary, Wa Municipal 2008)

More analytically, the main problems that the CLs identified in their cooperation with the teachers in both districts were:

- Absenteeism during INSET activities
- Non-application of the INSET seminars in the classroom
- General lack of interest and participation by the teachers in INSET activities

There were no significant differences between Adansi North and Wa Municipal schools but instead between more remote and on-road schools *within* the districts (for example absenteeism was more common in more rural schools, an element also depending on the

HTs of the schools). The interviews with the teachers and the CLs and personal observations revealed that despite the initial training of the CLs at the district level most of the teachers and CLs did not have constant contact with INSET as INSET activities are often considered extra work for the teachers themselves. Furthermore, at the school level, the relations between the CL volunteers and the heads of the schools are essential for the project, as the frequency, quality and participation in INSET activities are all highly dependent on the motivation and the coordination of the CL with the HT to organise workshops and monitor the teachers.

Most of the CLs had a good level of support from the heads of schools concerning the organisation of INSET activities in the schools. However, the volunteers stressed two main problems of their cooperation with the HTs: the lack of funding for materials for the INSET project in the school; and the lack of incentives for CLs to continue applying INSET activities in the schools. Personal observation and the interviews with the volunteers and the HTs in the primary schools suggested that the relationship between the CL and the HT is mainly dependent on the motivation and initiative of both in terms of keeping in close contact with each other and sensitising the teachers. There were off-road and relatively small schools (for example Busa Primary in Wa Municipal) visited by the research team where the CL and HT knew the project and the level of acceptance from the teachers of the school in detail. On the other hand, in on-road schools in the same district INSET was less organised (for example in St. Aiden in Wa Municipal). In any case, however, the daily difficulties the volunteers, HTs and teachers face in terms of school conditions certainly limit their ability to cooperate regularly for the project.

The further commitment of the CLs in sensitising the teachers of their schools is also negatively affected by the lack of contact with the education offices. The interviewed CLs in both districts had scarce or no contact and further training with the DEOs, and as a result they lack essential information on the different duties of the complex<sup>63</sup> INSET structure. Virtually all the eight CLs (especially the ones in the more rural, off-road

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<sup>63</sup>A fact admitted even by a senior JICA INSET staff member during an unofficial conversation before a scheduled interview (2008).

primary schools in Wa Municipal and Adansi North) found little (or no) positive factors to comment on regarding their cooperation with the district officers for INSET, as their contacts were scarce and random. The main problems the CLs identified in their cooperation with the district staff members directly challenged the project at the school level, as they revealed significant shortfalls in the monitoring and support of the volunteers and teachers by the DEO offices:

- Inadequate monitoring by the district office even for the schools that are located closely to the DEOs in Fomena (Adansi North) and Wa (Wa Municipal)
- Lack of support for funding and materials for the application of the INSET project, and delays in the existing funding
- Lack of information and adequate planning of the INSET project activities (SBI and CBI). Several CLs suggest that they were informed at the last minute about a prospective INSET activity

Several issues were mentioned by the CLs during the interviews at the school level:

'In the district they [district members] only come to the CL with decisions: this is the project, JICA finances it etc. [...] there is lack of funds and provision while doing the seminars, JICA has now phased out. Allowances [for INSET] are very small. We also have communication problems when seminars are taking place. There is last minute information from DEO.'

(CL Bodwesango Primary, Adansi North 2008)

In parallel to the findings from the RHIP project, the participants in INSET who were at the 'end' of the project structure had little information and contact with the district offices, particularly after the 'phasing-out' period of JICA. INSET volunteers and heads of schools were left without regular support to continue with the project at the school level. CLs lack continuous training and HTs lack funding to essentially continue with the project in the schools.

The Head Teachers (HTs), who are principally responsible for the organisation of INSET activities in the schools and for supporting of CLs, largely confirmed the views of the volunteers in both districts. Overall the heads of schools appeared relatively active but less informed about and involved with the project compared to the CLs. Their assessments of their cooperation with the teachers were relatively positive, suggesting that they would regularly try to support them and the CLs with any difficulties they had with the project. These statements were only partly confirmed by the teachers and the CLs. The application of the INSET project in a school rests significantly on the personality and motivation of the HT. Thus, while the majority of the HTs of the visited schools appeared to be interested in INSET activities in their schools, around three (out of eight) of the interviewed HTs were unmotivated. The interviews with the HTs revealed that it is often the case that the teachers are reluctant to participate in the project for various reasons, better described in the chapter about INSET's 'sustainability' (Chapter Eight). Due to the fact that they do not consider the project as important, some of the teachers are reluctant to participate because they understand the project as extra work and time (see also Chapter Seven on INSET's relevance).

For example, the HT of Busa Primary, commenting on the cooperation of the teachers, said:

'Some of the teachers cooperate quite well. But some of them, they don't want to participate on the INSET project because of the time issue [after normal school hours]. Motivation is not enough for the teachers [to participate in the activities].'

(HT Busa Primary, Wa Municipal 2008)

Nevertheless, despite the fact that the HTs stated that they encouraged the teachers to participate in INSET seminars they had less information compared to the CLs regarding the participation and views of the teachers on the project. For the heads of many schools committing regularly to INSET is challenging as their daily tasks and problems in their schools are already overwhelming.

The cooperation of the HTs with the CLs in both districts was at a good level, despite the fact that some HTs found CLs not to be motivated or interested in organising and training other teachers on INSET (HT Chansu Primary, Wa Municipal 2008). Nevertheless, in order to better understand the relations between HTs and CLs, a wider picture of the challenges HTs are facing is necessary. Personal observation suggests that the HTs of the visited schools face significant daily challenges related to the very function of their schools, especially in the more remote parts of the districts. In terms of staff, there is a constant daily rate of teacher absenteeism, especially in the rural areas. Off-the-record conversations with young teachers after school hours revealed that the large majority of young teachers and CLs are in a process of leaving<sup>64</sup> the school for further studies or other jobs, as they find the work of a teacher in a rural area to be demotivating and low-paid. Additionally, the HTs are often called on to find solutions to such fundamental school problems as few (or no) and badly-equipped classrooms and an overly large pupil population which is living in very poor conditions in the surrounding villages (challenges that become more visible in off-road schools such as Atatam and Agogooso in Adansi North and Busa, Nakori and Biihee in Wa Municipal). It is under the above circumstances that the HTs are called on to support the project in the schools.

Concerning their cooperation with the District Education Offices, JICA's INSET project design (JICA 2006h,13) suggests that the contact and meetings of HTs with DEOs is expected to be close and regular regarding issues related to INSET. While the JICA staff underlined that according to the reports the cooperation was running smoothly in all pilot districts (see section 4.11) the findings suggest differently. Certainly the visits of the District Teaching Support Team (DTST) members and Curriculum Supervisors(CSs) to the schools were expected to be regular (School-Based INSET and Cluster-Based INSET) (twice per semester– see for example INSET Project Matrix– Appendix C– Table 2) and the cooperation close. However, this was not the case according to the HTs, who confirmed the CLs' and teachers' statements about the scarce visits of the

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<sup>64</sup>In Ghana, teachers have access to the Granted Study Leave Program, which allows them, after three years of work in urban or one year of service in rural areas, to leave the school for further studies.

district officers. This was also confirmed by the fact that, similar to teachers and CLs, the HTs did not have a clear view of the distinctive roles of INSET stakeholders at the district level (HT Tewobabi, Adansi North 2008; HT Nakori, Wa Municipal 2008).

Most of the ten interviewed HTs observed that their contact and cooperation with district members for INSET activities was irregular and random (HT Bobriase, Adansi North 2008; HT Chansu, Wa Municipal 2008). At the time of the school visits the contact of the HTs with the INSET members in the DEO was minimal. Rare (if any) were the visits of the district officers to the schools in both districts, particularly to remote areas. There was lack of personnel and basic resources, such as fuel.<sup>65</sup> While at the beginning of the implementation of the INSET project the HTs argued that the visits and invitations to the DEOs were more regular, they claimed that during 2008 there was no presence of district officers<sup>66</sup>. The principal problems that emerged from the interviews with the HTs regarding their cooperation with the district offices were:

- Lack of presence, supervision and monitoring from the DEO for INSET activities at the school level
- Lack of support and/or information concerning the organisation of SBIs and CBIs
- Lack of funding and motivation from DEO staff members for INSET at the school level.

During the interviews and informal discussions with the HTs, a general disappointment was revealed when the conversation turned to the cooperation with DEOs. As an experienced, middle-aged HT of an off-road primary school in Wa Municipal suggested:

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<sup>65</sup>JICA donated (Wa office) or co-financed (Fomena office) motorbikes and a car (Wa) to the DEO for the proper monitoring of INSET, but there were still problems of using the transport means due to a lack of staff and fuel.

<sup>66</sup>In Adansi North no records of visits were available. In Wa Municipal a very well-kept INSET record of the DTST visits to schools was presented to our team by the JICA coordinator, but double-checking with the HTs of the visited schools in the field revealed that either they had not been visited or had been visited more than 8-12 months ago.

‘When district members were here their contribution on supervising INSET was generally good. But they don’t come here often and the education office [DEO] doesn’t have enough money and [...doesn’t provide] motivation for the teachers to participate.’

(HT Nako Primary, Wa Municipal 2008)

Another HT of a rural school in Wa Municipal, when asked to elaborate on the cooperation of the DEO office for the INSET project, said:

‘When the CS are around they have active participation but many times they don’t come at all [...] the director of education office is important to show presence and monitor INSET and for the teachers to feel monitored. She doesn’t come now [...].’

(HT Chansu Primary, Wa Municipal 2008)

The comments of the HTs on the district staff members of INSET revealed a problematic picture of the cooperation between schools and the District Education Offices, which is also experienced in the RHIP project and is characterised by a lack of information, monitoring and training between the school and district levels, especially following the exit of JICA from the project areas. This important observation is further confirmed in Chapters Seven and Eight.

## **6.3.2 Cooperation at the district level**

### **6.3.2.1 District staff members**

The district staff members for INSET carry out for the overall implementation of the project in the pilot district (DIU), the support and sensitisation of CLs, HTs and teachers (DTST), and the monitoring of the progress of the project in the schools (CS). Moreover, as mentioned in Chapter Five, the district level is supposed to function as a ‘facilitator’ of information regarding the progress of the project between the national and school levels.

Overall, the interviews and ratings of the DEO members in both Adansi North and Wa Municipal showed a rather pessimistic view of their cooperation with the school teachers during project implementation. The INSET support team (DTST) argued that although there was some initial willingness on the part of teachers to engage with the project they did not show further motivation to apply it in the classroom when they were not monitored. The most common problems the DEO staff members found in their contact with the teachers in Adansi North and Wa Municipal were:

- Lack of motivation from the school teachers to participate
- The time at which INSET was organised– after normal school hours makes teachers not want to attend
- The teachers see INSET in their school as extra work, and they prefer to perform only their basic tasks that they are familiar with already
- Lack of provision by JICA and GES on how the project would impact on the older generation and on new teachers. New teachers are negatively influenced by old teaching methods but the project did not take this aspect into account
- Teachers understand INSET as ‘an exam’, something they need to be ready for when monitoring arrives, and do not integrate it as such into regular school activities.

Most of the district staff members in both Adansi North and Wa Municipal do not have regular information on the status of the project in the schools due to a lack of resources. The budget and logistics the offices have are limited and the district assemblies do not help. Contrary to the unrealistic claims of JICA (for example in Progress Reports 2006;2007) that the education offices are aware of the project and committed to it, the DEOs in Fomena and Wa are very reluctant to provide some of their limited resources for regular maintenance of INSET.

Slightly more positive, but still challenging, are the views of the district staff members regarding the HTs and project volunteers. Despite the district members in both districts



recognising the difficult conditions under which the HTs and CLs are called to perform INSET, their relations were limited by practical problems such as the load of work that both sides (schools and district offices) already had, and the lack of contact due to limited resources. The most common challenges that the DEO personnel found in their cooperation with the HTs were:

- Lack of participation in the INSET project in terms of preparing and organising SBIs and CBIs properly and taking part in them
- Lack of interest and motivation by the HTs
- Cooperation between HTs and DEO personnel problematic because of the ‘filling forms’ culture in the INSET project.

The JICA Coordinator of Fomena office argued that the HTs were overloaded with filling in forms for the INSET project, on top of their usual tasks (JICA Coordinator–INSET, Adansi North 2008). Similar was the view of a DTST-CS member of staff in the Wa office, in terms of HTs reporting on the INSET activities of their school:

‘Even though HTs are trying to implement INSET in the school, they often don’t send their reports to the JICA Coordinator. Probably because of their load of work [with usual school matters].’

(DTST-CS 3, Wa Municipal 2008)

Personal observation and discussions with HTs and DEO staff members suggested that in on-road, less deprived areas in Adansi North and Wa Municipal, there was a slightly better and ‘easier’ cooperation between the DEOs and the primary schools. This agrees with the fact that both offices were focusing and commenting more on schools they could access more easily than on the schools in poorer areas of their districts, where monitoring and organising INSET activities was more difficult. Again, there were no significant difference *between* the two districts but *within* Adansi North and Wa

Municipal, the access to more remote schools was certainly more challenging compared to on-road schools.<sup>67</sup>

The lack of information and cooperation between the DEOs and the schools is also evident in the fact that the district members in both Wa and Fomena offices did not have adequate information on the progress and activities of the CLs. Despite the volunteers being seen in the offices as active, the contact between the district offices and the volunteers for support and monitoring was rare. The problem of the attrition rate of CLs was confirmed by the DEO staff members, as the trained and experienced CLs were leaving and being replaced by inexperienced ones (DTST-CS 1; DTST-CS 2, Wa Municipal 2008). The new volunteers often had problems adapting to the system as new INSET briefings and training were lacking. Moreover, it was often the case that primary schools had difficulties in finding new CLs, due to the poor incentive system of the project (DIU 2, Wa Municipal 2008). As JICA's project lacks a robust incentive mechanism it became, over time, harder for the different parts to cooperate as the various INSET 'partners' understood INSET as extra work that had been embedded by a foreign agency and GES.

Concerning the relations of the district offices with JICA and GES, most of the district officers in both districts rarely had any contact with members of the Japanese and the Ghanaian INSET agencies, and when they did it was for short training seminars. The JICA and GES INSET members resided in Accra and their main contacts were with the district directors and (to a lesser extent) the local staff who had been appointed JICA Coordinators.<sup>68</sup> JICA's Coordinator in the Fomena office suggested that in the period from 2005 to 2008, when the cooperation with JICA was more systematic, personal relations with JICA staff members were good and assisted significantly with the office's requests (JICA Coordinator, Adansi North 2008). Likewise, the director of the DEO

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<sup>67</sup>Nevertheless, the general feeling of the teachers, CLs, and HTs, even in these schools, was that during the last year (2008) the visits had been rare because of JICA's preparation for 'phasing-out.'

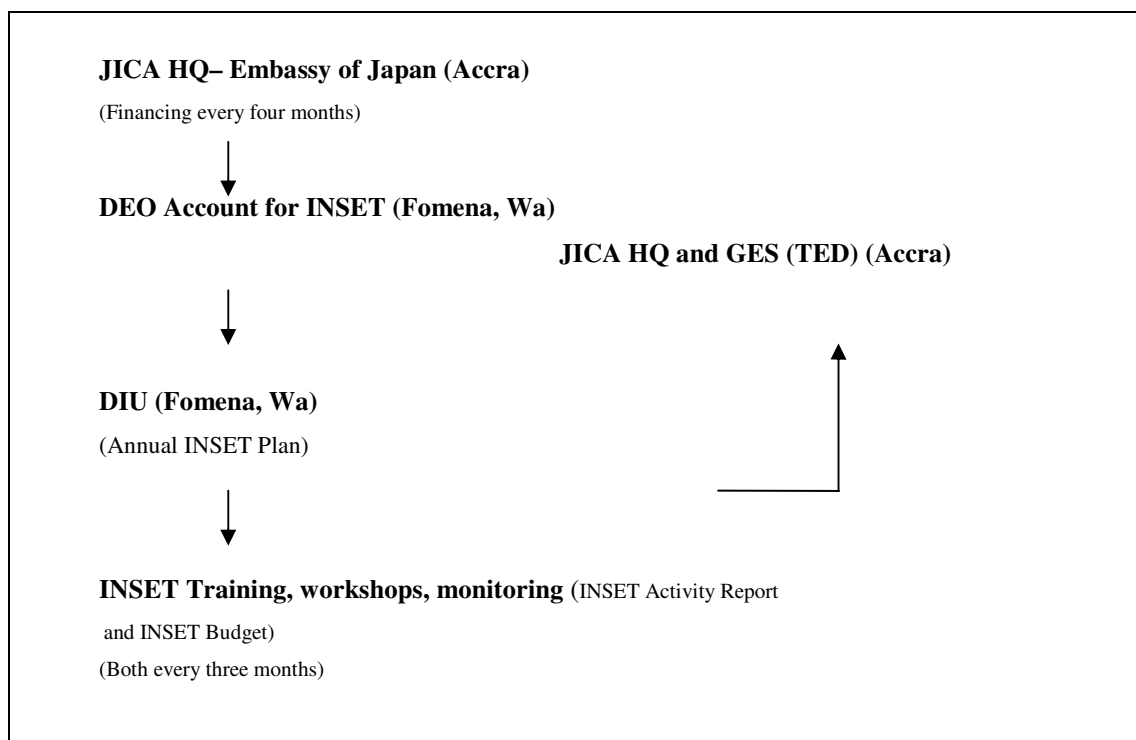
<sup>68</sup>All the appointed staff for INSET (DIU, DTST, and JICA Coordinator) were recruited after consultations between JICA and the director of DEO.

office in Wa, commenting on the cooperation with JICA during the project, suggested that:

‘The general cooperation with JICA was very good [...]. The equipment provided [PCs, motorbikes, a jeep, textbooks] was very good, which made our work easier. The training was very good as well (I went to Japan).’  
(Director of DEO, Wa Municipal 2008)

While the funding availability supported a relatively good level of cooperation between some district members and JICA, the numerous reports that had to be written by local staff engendered limitations to the coordination between local staff and the Accra-based personnel of JICA. For finance transfers to take place from JICA’s account to the district office, a series of initial and mid-term progress reports had to be submitted from the local to the national level, creating a constant flow of reporting between schools, DEOs and JICA-GES (TED Unit) headquarters (Table 6.2).

**Table 6.3: Basic financing and reporting scheme for INSET**



Source: the author, based on interviews in Adansi North and Wa Municipal

For the quarterly release of funds from JICA to the district offices' INSET accounts the offices had to send to JICA and GES an Annual INSET Plan, together with INSET and budget reports, every three months. These reports were based on short reports sent from the primary schools on their INSET activities, and on monitoring reports of the DEOs at the school level. Even after the exit of JICA from the project, the DEOs had to send reports for two years to JICA according to the initial agreement between JICA and GES (DEO member 2, Adansi North 2008). However, according to the INSET stakeholders in the field, there was no established mechanism to ascertain whether the activities actually took place (DEO member 1, Wa Municipal 2008; but see also comments of HT 2, Adansi North 2008). The JICA Coordinator for the DEO office in Wa, commenting on the financing and reporting of INSET's progress, said:

'The financing of INSET was quarterly [and was] covering fuel, food, remuneration to the trainers and transport costs. We had to send reports back to the NIU and TED [in Accra] every quarter. [...] They needed the reports in a specific style, we are not accountants though! They would return our reports back because they didn't like the way they were written.'

(JICA Coordinator, Adansi North 2008)

Moreover, in a similar comment on JICA financing for INSET and reports:

'What we [the DEO] had also planned [for INSET] was different from reality. We needed more money because on the ground there were more people. JICA would delay financing because reports of coordinators and directors were delayed [often due to delays of school reports]. It was confusing on how to prepare reports.'

(*ibid.*).

The constant reports the DEOs members (principally DIU) had to collect and submit to JICA and GES demotivated the district staff members of INSET and often delayed the

implementation of activities because of a certain way the submitted reports needed to be written. DEO personnel in both districts complained that JICA followed extensive formalities, often creating mistrust among the DEO personnel and JICA staff members (DEO member 1, Adansi North 2008; DEO member 2, Adansi North 2008; DEO member 2, Wa Municipal). On the other hand, cooperation between DEOs and GES was challenging as GES showed reduced interest in supporting the INSET project after the initiation of the 'phasing-out' period of JICA in 2008. In both districts the common challenges during their cooperation with GES that the DEO personnel identified were:

- Lack of financing for the project from GES, which makes the functioning of the DEO and its cooperation with the other INSET bodies problematic
- Lack of personnel, support and motivation from GES to monitor if INSET works in the villages.

In Adansi North and Wa Municipal the interviewees underlined the lack of financing, training and basic cover of transport costs to visit schools. GES is understood in both districts as a 'faraway' institution, the involvement of which is invariably minor and opportunistic in foreign aid education projects, with only very basic communication with the DEOs. In both districts there is a general mistrust of GES and NIU which are the major implementing bodies over the INSET project scheme. Moreover, in both DEOs, the personnel for INSET activities had been sparsely and inadequately trained by the national trainers of GES and JICA, and there was a significant attrition rate of district staff member trained and experienced in INSET (DIU member 1, Adansi North 2008; DIU member 1, Wa Municipal 2008). Personal observation and discussions with the trained personnel confirmed that, similar to the cases of teachers and CLs, many of the staff trained for the INSET project (especially in Adansi North) had left the district because of their transfer to another location or because they wanted to continue their studies. For many INSET volunteers the project was seen as a useful seminar/training to enhance their skills and move their professional careers to regional and ministerial offices.

### **6.3.3 Cooperation at the national level**

#### **6.3.3.1 JICA and Ghana Education Service**

At the national level the visits of JICA and GES staff to the district offices and schools were minimal at the time of the research. While the district offices did receive initial training, during the ‘phasing-out’ period of JICA (2008) contact from JICA and GES personnel were limited and largely based on reports. The visits of JICA and GES usually concentrated on areas close to Accra (see section 7.3.1.3).

The JICA staff members found the district INSET staff to be motivated, with a good level of commitment and participation in the project activities (JICA member 1, Accra 2008; JICA member 2, Accra 2008). Virtually all JICA staff recognised that the district and school staff were operating in very difficult conditions, but suggested that no systematic efforts were made on their part to pressure their local assemblies to provide better support (*ibid.*). Furthermore, JICA confirmed that the reports sent back and forth to the districts often delayed the project activities due to a lack of coordination. In parallel, the comments of GES and MoESS were equally critical, reflecting the frustration of the district offices regarding GES. The district offices were mainly seen in GES as only marginally willing to cooperate on INSET activities because of a lack of motivation and the ‘rewards’ they were expecting (MoESS-BED member, Accra 2008).

However, as in the case of JICA, GES members are relatively detached from the realities at the district and school levels. The information they receive is mostly based on the quantitative reports the district offices are sending. The Ghanaian administration does not have either the budget or the personnel to support the pilot districts on a regular basis, and they lack a detailed view of the status of the project in the schools and district offices. According to GES staff members, school staff are often ‘apathetic’ and unmotivated to participate in INSET demonstrations and implement it in the classroom (MoESS-GES member, Accra 2008; JICA member 1, Accra 2008), or even (at times) ‘not competent’ or ‘expecting material incentives’ (GES-TED staff member 2, Accra 2008; GES-TED staff member 1, Accra 2008). The interviews revealed that the ministry

and JICA dismiss those behaviours, as they claim that the project is for the professional ‘good’ of the teachers and should not be related to material aspects (ibid.). Nevertheless, this ignores the difficult daily realities in the field and the views of the teachers on the project.

Particular problems concerning the cooperation between JICA and GES equally exist at the national level. The members of the project in GES face serious challenges in coordinating their activities with JICA, despite the claims of the latter for a ‘collective decision-making process’ (JICA member 1, Accra 2008). In the daily practice the Ghanaian project members are widely employed not for the planning of activities but to facilitate JICA’s access to their contacts in the pilot districts. Contrary to JICA’s claims, senior GES staff members suggested that collective decisions were an exception in INSET. According to the interviews, GES members were only asked to participate in meetings when it came down to very ‘practical matters’ of the project, such as data and networking in the field. A senior staff member of GES-TED, with many years of experience in implementing educational projects in Ghana, suggested that:

‘I am supposed to be in charge...[smiling]. Only when they [JICA] need something they come– when they have problems with the DEO offices for example. But generally they overtook the decision making because they provide the funds. There are JCC [Joint Coordination Committee of INSET] meetings, I think once a year...but the decisions are on JICA... Currently JICA has contracted INSET activities to a private Japanese agency [PADECO,<sup>69</sup> consultants for 2007-08], working in the name of JICA. Now I don’t have any control of the people coming and going in GES and visiting the district level [...] most of the decisions for INSET are currently taken without any sort of communication. [...] The member of JICA is not transparent.’

(GES member 1, Accra 2008)

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<sup>69</sup>PADECO is a development consultancy company based in Tokyo and contracting projects for bilateral and multilateral organisations. The company undertakes various project tasks in a range of sectors (infrastructure, health, education). JICA is a significant client of PADECO. For example, in the ‘education’ section of its website 11 out of 14 of its current projects were planned by JICA (PADECO 2010).

Similar were the views of a senior GES (BED) staff member for INSET who underlined that JICA brought new INSET staff from Japan without consulting with GES, and that those new staff members are mainly accountable to Japan and JICA, not to GES (GES-BED member, Accra 2008). Another senior GES staff member suggested that cooperation with JICA staff had been problematic since the start of the project, as JICA did not engage sufficiently with locals:

‘They [JICA] brought people who could not cooperate with local counterparts. JICA team brings personnel and they also bring funding and keeps it independently and not putting it in the common basket. They don’t share the local management practices and the result is that when they leave, they leave gaps behind. Foreign management practices are efficient but problematic when JICA phases out.’

(GES member 2, Accra 2008)

The bureaucratic procedures and technicalities regarding the financing of the project also created problems at the national level (MoESS-BED staff member, Accra 2008). The major financing for the INSET project was released from JICA after meetings between JICA and GES personnel regarding the activities and project needs at the national and district/school levels. Another smaller financing, which were the ‘counter-value’ funding grants for the INSET project, was released from the Embassy of Japan in Accra to support the project<sup>70</sup>. Only after long consultations with national-level ‘partners’ and reports from the district offices of the pilot districts would JICA and the Embassy of Japan release the funding to MoESS, to the Funds Procurement and Management Unit, and then to GES-TED (ibid.). Finally the funding would be sent to the pilot districts. The overall control of the progress of the project in financial terms and the activities at the district level relied entirely on JICA.

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<sup>70</sup>This represents for INSET not financing in terms of money but in terms of ‘kind’, which the Ghanaian side could sell to generate more funding (Japanese rice) (JICA member 2, Accra 2008).



### 6.3.4 Concluding remarks

As in the case of RHIP, cooperation in the INSET project was studied at its three different levels of implementation: the school, the district and the national levels. Overall, the relations between the various ‘partners’ have been characterised by interest and positive attitudes at the beginning of the project (2006), moving to more challenging and problematic relations in the middle and terminal phases of the project (mid-2007 and 2008). This was mainly the result of an increasing lack of contact between the different levels of project implementation.

**Table 6.4: Cooperation and ‘partnership’- Summary of strengths and constraints in INSET**

Cooperation and ‘partnership’	In-Service Training (findings from visits in pilot schools-both districts)
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Teachers satisfied with their contact/personal relations with the CLs and HTs</li> <li>• Teachers satisfied by the effort the volunteers and HTs put for organising INSET</li> <li>• Good relations in INSET workshops between CLs and HTs</li> </ul>
	<ul style="list-style-type: none"> <li>• Provision of equipment and training to the DEOs</li> <li>• Good relations between district offices and CLs, in terms of motivation and receptivity</li> <li>• Funding availability by JICA</li> </ul>
	<ul style="list-style-type: none"> <li>• Close relations of JICA with GES and MoESS</li> <li>• Creation of INSET agencies</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Lack of participation of teachers and volunteers in INSET activities in the district level</li> <li>• Lack of information for the duties of CLs and HTs</li> <li>• Inadequate monitoring and support with resources by the district education offices and DA</li> </ul>
	<ul style="list-style-type: none"> <li>• Only the Directors and JICA Coordinators regularly engaged by JICA</li> <li>• Attrition rate of trained personnel for INSET in the district offices and DAs</li> <li>• Reporting culture of INSET</li> </ul>
	<ul style="list-style-type: none"> <li>• JICA and GES mainly relying on reports for the progress of the project</li> <li>• Problematic relations between GES and JICA, as GES is employed mainly for its contacts on the field</li> </ul>

Source: the author

At the school level, cooperation amongst teachers, volunteers and HTs is at a good level, as most of the interviewed CLs were motivated and well-informed about the educational needs of the teachers in their schools. The teachers in both districts were generally satisfied with their communication with the volunteers for INSET issues who were motivated despite the difficulties they faced in implementing the project. The heads of

schools were more detached and less informed about the project and their contact with the teachers was less frequent. The relations among teachers, CLs and HTs on INSET matters relied significantly on motivation of the project volunteers and the HTs. However, the difficulties the schools were facing in terms of location and infrastructure often negatively affected these relations. The contact of the INSET school participants with the district offices was limited, as the offices rarely visited the schools for support, further training or monitoring. Throughout the interviews at the school level, it was revealed that most of the teachers understood INSET as a ‘casual’ seminar, an opportunity to learn something (new information), and not as a part of continuous professional development, which was JICA’s long-term ‘Project Goal’ (see JICA INSET Project Design Matrix in Appendix C).

The views of the school participants were largely confirmed at the district level. Both training and supervising staff in Fomena and Wa Municipal underlined that the lack of resources and incentive systems for INSET were problematic in terms of contacting the schools more often. On the other hand, the cooperation of the DEOs with JICA was seen as relatively satisfactory in terms of prompt release of funds and training, but the majority of the staff members in both districts had never really engaged with or been consulted by JICA and/or GES about INSET in their area. Most of the district staff members participated in ad hoc seminars and INSET briefings organised by the JICA Coordinators and JICA or GES staff members. Moreover, in both DEOs the district staff members (mainly the JICA Coordinators) had to ‘professionally’ complete and send to the JICA offices a number of time-consuming project reports on top of the usual tasks they had as district education officers.

At the national level, most JICA staff members were satisfied with their cooperation with GES, although they found some of GES’s processes ‘bureaucratic’, and they would prefer to have access directly to the ministry (JICA staff member 1, Accra 2008). Despite their rare visits to the pilot districts, they were satisfied by the overall implementation of the project in the ten INSET districts, suggesting that the objectives of INSET to establish awareness and commitment amongst the stakeholders in the pilot

schools had been largely achieved. Nevertheless, this optimism was not shared by the GES and MoESS staff members who saw that JICA did not consult them over the planning and implementation of INSET in the pilot districts, and instead employed GES staff solely for their contacts in the district offices. While some of the Ghanaian INSET staff members in the ministry suggested that initially JICA included them in meetings and decisions, at the time of research GES and MoESS staff members felt sidelined and that they were participating in INSET only to supporting JICA's initiatives and INSET's plans for the districts.

#### **6.4 Conclusion**

As shown in Chapter Two, cooperation seen as 'partnership' in foreign aid initiatives is part of the relatively new rhetoric of the DAC donor countries, promoting a more 'equitable' development paradigm of 'mutual accountability' and the use of 'country systems' (OECD-DAC Paris Declaration 2005; OECD-DAC Accra Agenda for Action 2008). Cooperation branded as 'partnership' between donors and 'beneficiaries' in the donor discourse has become a fashionable buzzword, an 'idealised relationship', which has progressively come to prevail over the last two decades (Mawdsley et al. 2002, 120; Moulyneux 2002 cited in Townsend et al. 2004, 873-874). However, this discourse often falls short when it comes to development practice, where relationships are defined by rigid 'log-frames', specific targets and reports to strict deadlines. Partnership then becomes a formality, where local participation is used simply to describe the presence of local stakeholders at ad-hoc seminars and information briefings. JICA has increasingly committed to the above 'new wave' discourse in both its policy papers and its project and evaluation guidelines (Chapter Three). In this part of the study we have explored whether two selected projects of JICA are actually in line with JICA's and DAC's 'recipient-friendly' donor rhetoric on cooperation and 'partnership', or whether their development practice falls short of the Japanese aid discourse.

The findings show that the TC projects of JICA in Ghana do not escape the criticism of the traditional project approaches described in Chapter Two. Despite engaging local

resources at the community/school, district and national levels of project implementation, there is no evidence that there had been any kind of systematic consultation with the local 'partners' before, during or after the planning and implementation of the projects. On the contrary, the project documents and interviews with the local stakeholders suggest that, apart from limited meetings between JICA and some of the project participants in Accra and the districts, the Japanese agency and GES have kept a 'safe' distance from the project volunteers, community members, teachers and even district officials. This aspect of JICA's projects, the lack of regular contact and active participation of most project stakeholders, directly addresses the 'usual' pitfall of TC project aid where the vertical structure of the initiative prevents the systematic cooperation, engagement and feedback of the local actors (Berg 1993; Bossuyt et al. 1995).

At the community/school level the project participants (household members, school staff, volunteers), after an initial period of project campaigns, training and monitoring, have rarely had any kind of contact with district and/or JICA staff members (especially in the more remote areas of the project sites, principally in INSET). The interviews revealed that in both project cases the community/school participants were briefed that they would participate in JICA's projects, but they were never actively engaged in the project planning and implementation, treated in that sense more like 'objects' than 'partners' (Fukuda-Parr 2002,11)

Similarly, the district staff members had very limited cooperation (contact, communication, visits) with JICA and community/school volunteers, as the lack of financial and human resources and poor support from the district assemblies and ministries prevented the local actors from more advanced contact. Moreover, the insistence by JICA on strict formalities (like 'professionally' written reports) effectively created a growing 'reporting' culture (Mawdsley et al. 2002; Townsend and Townsend 2004), resulting in several district members being demotivated due to the 'extra' tasks they were assigned without actively participating in any of JICA's (or PPAG's) planning and implementation, and with no incentive mechanisms established.

According to the findings, there was a lack of information and physical contact between the various ‘partners’ in both projects, and a non-commensurate framework and terms of reasonable reward and project incentives, as the impact of the limited resources on the level of cooperation does was not dealt with realistically by JICA and its Ghanaian ‘partners’. These dysfunctions in the structure of both JICA projects mainly affected the stakeholders in the field who were supposed to benefit the most from the projects (household members, teachers), and directly correspond to the usual problems of relations between donors and local project stakeholders, analysed in Chapter Two.

## **CHAPTER 7: 'CAPACITIES AND SKILLS' IN JICA'S PROJECTS**

### **7.1 Introduction**

This chapter studies<sup>71</sup> the two JICA projects in terms of developing a number of “capacities and skills” at the local, district and national levels. Thus, this chapter examines whether a number of JICA’s project objectives were achieved (and if so, to what level) in order to assess the outcome of the project targets of the Japanese agency.

As shown in Chapter Two, the so-called ‘transfer’ of capacities, skills and knowledge via Technical Cooperation (TC) project aid has been heavily criticised over the years for its inability to address local priorities and to build sustainable capacity systems. Development initiatives have become geared towards specialised log-frames, performance indicators and a large output of evaluation reports accountable upwards (to donors) rather than to the recipient side for which the project was originally designed (Townsend et al. 2002,536). The orthodox approach required universalised ‘solutions’ to the perceived knowledge ‘gaps’ which could be filled by the transfer of the ‘required’ skills (‘prescriptive knowledge’) of the ‘expert’ donor to the ‘beneficiary’ (King and McGrath, 2004). Despite the relatively recent changes in donors’ language which now promotes ‘partnership’ and ‘useful knowledge’ there is little evidence that in practice the donors have moved from moved from the blueprint, expert-counterpart model of skills transfer (ibid., 44).

JICA is quick to state that ‘in JICA’s projects the recipient country is in the driver’s seat’,<sup>72</sup> and to suggest that the agency follows a ‘needs-based’ approach of Capacity Development (see for example JICA Annual and Evaluation Reports after 2000). Under this discourse JICA aims not at mere skills transfer but at a more holistic approach where Capacity Development (CD) is a process of ‘shared knowledge’ addressing both

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<sup>71</sup>This part of the research is not related to any ‘technical’ meaning of evaluations conducted by aid agencies and consultancy companies as I am not an education or health expert. Rather the ‘studying’ of both projects denotes a number of qualitative changes that might (or might not) have taken place in the project sites during and after project implementation and are based on the interviews of the participants, personal observation and documentation.

<sup>72</sup>Informal conversation with senior JICA member (non-project expert) in Accra (January 2008).

the individual and organisational levels of a project site (see Chapter Three). In RHIP Project Matrix one of the main objectives of the project is to improve the management capacity of stakeholders to be responsive to the health needs in the district (the project purpose); and, to improve stakeholders' capacity to implement health initiatives (objective 2). Similarly, the main objectives of INSET included that 'needs-based' INSET modules be developed (objective 2); that the capacities of key project 'partners' to support the delivery of INSET be created (objective 3); and that monitoring systems be developed for INSET (objective 3) (see Appendix C– Tables 2 and 5). However, as shown in the 'indicators' section of the Project Matrices of the projects and the evaluation reports of JICA, their main approach to the assessment of those objectives is quantitative, such as 'number of stakeholders trained under RHIP' (RHIP indicator 2-a) and number of schools, districts and volunteers oriented and trained towards the INSET project (INSET indicators for objective 3).

While this study recognises that the quantitative expansion of a project in terms of 'number of vaccinations' and 'workshops' can potentially have a short-term positive direct outcome for the participants of the projects, it also considers those indicators as presenting only a technocratic and superficial view of the projects. In this part of the thesis the study of the projects is two-fold: first, to assess whether qualitative aspects of the two projects have been achieved at the community/school and district levels in terms of 'capacities and skills' developed; and second, to assess whether the creation of INSET and RHIP 'structures' at the national, district and community/school levels was achieved, which would provide a constant framework to transfer relevant 'capacities and skills' in order to maintain and develop the projects' objectives. Both these aspects were two of the main project objectives of JICA<sup>73</sup> in accordance with its discourse regarding relevant individual and organisational Capacity Development (see also Chapters Two and Four).

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<sup>73</sup>The third objective is 'sustainability' of the projects, which is studied in detail in Chapter Eight.

## **7.2 ‘Capacities and skills’ in RHIP**

According to JICA, the emphasis of the RHIP project was to support and develop capacities (information, knowledge, activities, etc.) related to HIV/AIDS and other Sexual Transmitted Diseases (STDs), family planning, parasite control (such as malaria) and sanitation, and to improve the income levels of the communities. Therefore, objective 2 stated that RHIP aimed to improve the capacity of the local stakeholders to implement health programs (see Appendix C– Table 2). Moreover, through RHIP, individuals and communities would be ‘empowered’ to address their own health priorities (objective 3), and the income levels of communities would be increased through spin-off project activities (objective 5).

The interviews mainly focused on the views of the community members and project volunteers regarding the relevance of the project to their priority needs; how they assessed their knowledge of health and sanitation issues compared to previous years; and whether they had certain information regarding basic RHIP components such as malaria and HIV/AIDS,<sup>74</sup> sanitation and income. In addition, direct observation and interviews were used to assess the sanitation status of the communities and the level of mobilisation of their members and volunteers. A significant number of interviews were also conducted at the district and national levels of the project in order to assess the views of the other stakeholders regarding the level of achievement of the objectives of the project and the level of mobilisation of their organisational mechanisms. The next sections present the empirical results at the community, district and national levels of RHIP.

### **7.2.1 Community level**

#### **7.2.1.1 Community members**

Most of the community members confirmed that health and sanitation issues were considered one of their ‘top’ (important) priorities, as they predominantly suggested

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<sup>74</sup>While the author is not a health and education expert, the empirical findings are based on the interviews with the project participants and personal comparative observations of JICA’s project objectives and the findings.



during the interviews that health-related issues were important for their daily lives. During the interviews, the most common problems the community members mentioned as important for their daily lives in the communities were:<sup>75</sup>

- Economic related issues (low family/personal income, no savings, property, farming and housing matters).
- Health-related problems (diseases, no/difficult access to clinics, scarce and random visits and information from health personnel, sanitation issues).
- Infrastructure-related problems (no/difficult access to facilities, no transport to main communities like Nkwateng and Amuana Praso, damages due to natural causes like heavy rains).
- Education issues (difficult access to primary/junior secondary schools, few teachers for pupils from the households).

As mentioned in the previous chapter, the community members were generally satisfied when health and sanitation initiatives started in their areas, as they previously had only random contact with health personnel, especially in remote settlements away from Nkwateng and New Abirem. The interviews showed a good individual level of basic information and knowledge of project-related issues such as HIV/AIDS and malaria. Most of the community members had a good knowledge of, for example, how HIV/AIDS is transmitted and how it can be prevented. Thus, their most common responses on how to prevent transmission of HIV and other sexually-transmitted diseases were:

- Use of condoms
- Abstinence
- Having one partner/not changing 'partners' often
- Not using common blades in hair salons

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<sup>75</sup>It is difficult to assess in the case of RHIP the exact number of household members who rated each of the priority problems of their communities, as during the interviews many of these problems were stated as being interconnected. Thus, for example 'no/difficult access to clinic and health facilities' implied a problem of both transport and health facilities being limited.

Furthermore, the interviewed members showed a good basic knowledge of parasitic diseases (malaria), in terms of transmission and prevention, suggesting that these are the most relevant health issues in their communities. Most of the community members pointed out that malaria is transmitted by infected mosquitoes (with a smaller number suggesting that it can also be transmitted by food). They also had good basic information about malaria symptoms, as at least one-third of the interviewees had had a case of malaria in their family in the past. The most common prevention measures against malaria suggested during the interviews were:

- Cleaning surrounding areas
- Use of bed nets in the house

However, despite these findings there were some limitations regarding the way the community members approached such issues. Thus, while sexual intercourse was mentioned as the primary reason for HIV transmission in almost half of the interviews, it was also highlighted that more than half of the interviewees would not socialise whatsoever with an infected person, and the large majority of the rest that would not eat or shake hands with an infected person (although they would be friends with him or her). Moreover, it was commonly suggested that there were often problems in making use of prevention methods (condoms were the most common) due to lack of financial means and difficulties in accessing them.

Similarly, more than half of the people who showed a basic knowledge<sup>76</sup> of malaria suggested that they did not know how to prevent it. Most of the interviewees did not have access to district health mechanisms and relied exclusively on local herbalists and traditional treatments, even when the malaria cases were not mild. During the visits to the communities I personally witnessed two cases of malaria (one in a 12-month baby and one in a young male), neither of whom were planning to visit a clinic due to lack of resources. Even when a family member in the more remote areas of Birim North like Bepotuntum finds the financial means to buy a bed-net, he or she needs to travel at least

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<sup>76</sup>Knowledge of what malaria is and how it can be identified.

one to one and a half hours by tro-tro (and several hours by foot) to access a market where they might sell bed-nets. For example, a young woman in a village far from Nkwateng, when asked about bed-nets, she said:

‘Filthy surroundings and mosquitos provoke malaria. To prevent it we need nets but me and my children don’t use, I don’t know from where to buy. People from health services have promised to bring nets but they never brought us any.’

(Community member Bepotuntum, Birim North 2008)

Other families had nets but they suggested they were half-torn or not in use for various reasons. Only a small number of interviewees could not comment about the disease whatsoever, on how it could be transmitted and/or prevented.

However, during the interviews with the community members the answers clearly revealed that there was no apparent community mechanism developed to support their knowledge and practice regarding infectious and parasitic diseases. Most of the pilot communities of RHIP are relatively isolated and the main support for their medical treatment comes from traditional herbalists or a mixture of traditional healers and clinic advice (for the wealthier individuals and communities close to Nkwateng and New Abirem). In the visited pilot communities, only a few people responded that they had received some kind of information from health experts over the last twelve months regarding STDs, malaria, family planning or sanitation-related issues. Moreover, despite the fact that most of the community members responded that they would agree with having a course on health and sexual education, in the senior primary and junior secondary school, only one-third of interviewees stated that they knew that this course already took place in several schools in the area.<sup>77</sup>

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<sup>77</sup>After the training of the first ‘peer educators’ regarding health issues in the schools by JICA and PPAG, there was no provision for replacements by JICA and DEO, as many students who were trained finished school and no other students replaced them .

On the other hand, the community members suggested that they felt that their overall information and knowledge of STDs and malaria improved over the last three to five years (2003/2005– 2008), and the large majority stated that they felt the same about family planning issues (see Appendix DI– Table 4). There were only small proportional differences in the responses of the residents who stayed in on-road communities (for example Nkwateng) and in more remote communities (for example Bepotuntum). However, the community members attributed those improvements not to any systematic contact with health staff or participation in any regular community initiative, but largely to the increased health information provided by the local radio, which most of the interviewees stated as their main source of information. The second source of information was family and friends, and ‘RHIP/health-related volunteers’ was only third, together with ‘school’ and ‘TV’ (see also Chapter Eight).

In terms of sanitation, under RHIP most of the community members suggested that during recent years the sanitation status of their communities improved (see rating in Appendix DI– Table 4). However, in their further comments on the issues of cleanliness in the villages the interviews showed that there were still significant problems with waste collection and public toilets, particularly in larger communities (Nkwateng, Mamanso) where there are tro-tro hubs and more street sellers. This was also confirmed by personal observation, where of the seven visited communities, three (mainly the ones without grocery shops) were in a visibly good state of sanitation (Bepotuntum, Prasokuma, Adadekrom), one was in a relatively good state (Teimuni) and three were in an obviously dire state (Nkwateng, Mamanso, Akrofunso) (Table 7.1). In almost all the cases, the main link between the communities and good sanitation status appeared to be only partly the motivation of the CBS volunteers in the community, while other factors, such as the size of the village and the existence of stores (both negatively affecting sanitation status) were more relevant. For example, in Bepotuntum, a remote pilot community where, according to the household members, the CBS was not active and where they had rarely received any visits from RHIP or other experts, the village was in a very good sanitation state, with organised dumping sites and public spots used as toilets.

**Table 7.1: Communities' sanitation status at the time of the visit (2008)**

<b>Name of the community</b>	<b>Distance from Nkwateng-clinic (dirt roads in all road networks)</b>	<b>Sanitation status– characteristics</b>	<b>Number of CBS agents– motivation (according to interviews with the community members)</b>
<b>Nkwateng</b>	...	Main street and several side streets problematic in terms of waste. Open sewage canals near houses and schools. Small, open dumping sites near households. Dry communal latrines. Hand-dug wells.	Two CBS– one motivated and active
<b>Teimuni</b>	40 minutes' walk from Nkwateng– no transport for the community	Relatively good state, without many visible sanitation problems. Large palm oil tent dumping site near houses. Dry communal latrines. Combination of water supply systems (boreholes, wells).	Two CBS– one active and visible
<b>Mamanso</b>	45 minutes from Nkwateng, towards New Abirem, good transport and easy access	Sanitation of the village in a very bad state. Garbage in random places, open dumping sites, open toilets, small river just outside of the village full of garbage, where small children were playing. KVIP, dry communal latrines. Combination of water supply systems (boreholes, wells, stream).	Two CBS agents, almost unknown to the community members, no one knew what they were doing, etc. Not well-informed or active
<b>Bepotuntum</b>	One hour from Nkwateng after taking two tro-tros	Very good, no visible dumping sites near households, no sewage going through village. Dry communal latrines. Boreholes other water resources.	One CBS agent– non active, or/and motivated. Not known to the community members for their CBS duties
<b>Prasokuma</b>	30 minutes to one hour from Nkwateng. Accessible by one or two transport means	Good level, no visible open dumping sites, organised public toilets (KVIP, dry communal latrines). Combined water supply– mainly boreholes	Two CBS, not very visible or motivated, a previous, experienced one has resigned
<b>Akrofunso</b>	40 minutes to one hour from Nkwateng. Accessible by one or two transport means	Open dumping site at the entrance of the community, near houses, with children playing around. KVIP, dry communal latrines. Combined of water supply– mainly boreholes	Two CBS– only one well-informed and visible but not motivated
<b>Adadekrom</b>	40 minutes from Nkwateng– good transportation by tro-tro	Good, no visible problems. Dry pits and KVIPs. Combined water supply– mainly boreholes. KVIP, dry communal latrines.	No CBS agent– a teenage girl will replace the one who left

Source: the author– data from visited RHIP communities as of 2008 (interviews and personal observation)

Certainly, while it can be argued that the situation in the pilot communities was much worse before the initiation of implementation of RHIP activities in 2003 (as it is suggested in JICA's RHIP reports of 2006), it is problematic that two years after the

termination of the project a number of pilot communities appeared to have serious sanitation problems. Despite JICA's claims, there was no 'new' established mechanism in the communities for regular sanitation campaigns, and the cleaning of the visited communities basically relied on a combination of ad hoc community volunteers and workers from the district assembly (and in some cases a private company, ZoomLion) which had operated before the project. The interviews with the household members and CBS volunteers showed that while during the project there were more regular efforts to achieve good sanitation status in the pilot communities, after the end of the project in 2006 many communities fell back into their old practices they had had before the project due to a lack of resources and incentives for the volunteers (see also Chapter Eight).

Finally, the claims of improvement in income of the community members under RHIP through Income Generated Activities (IGAs)<sup>78</sup> is challenged by the fact that the most of the interviewees suggested that their family or personal income worsened or remained the same over the last three to five years (2003– 2008– see Appendix DI– Table 4). Despite JICA's claim that the findings of the RHIP Terminal Evaluation (2006, 16) regarding community incomes were mixed, the interviewees clearly suggested that their personal incomes worsened during recent years.

Overall, the household members in the pilot communities did have basic information on aspects of RHIP despite the fact that they were not the focus of any systematic health and sanitation campaigns and had significant difficulties in accessing health services (especially in the more remote villages). However, the community members had difficulties in applying and/or using the information ('knowledge') because of their poor economic conditions, limited contact with health personnel and difficulties in accessing the necessary services. Moreover, RHIP did not establish any relevant community mechanism or increased awareness amongst the community members, as most of them still largely relied on information (radio) and health treatments (local healers) that had operated before the project initiative.

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<sup>78</sup>Which is a basic component of the project (see RHIP Project Matrix in Appendix II-Table 5).

### **7.2.1.2 Community-Based Service Agents**

According to the comments of the CBS volunteers, the RHIP project brought some (or significant) change in terms of its overall success and the initial ‘interest’ of the community members in health and sanitation issues (see also ratings: Appendix DI–Table 5). Despite the fact that the CBS do not keep any systematic records on their activities in the pilot communities, the volunteers suggested that during the implementation of the project many community members became more responsive and cooperative in health and sanitation campaigns (CBS 1 Akrofunso; CBS Teimuni, Birim North 2008). Moreover, the construction of the clinic in Nkwateng has significantly improved the health status of pilot communities, especially in terms of children’s health.

However, the CBS volunteers invariably suggested that after the termination of JICA’s project in 2006 there was no regular support for the continuation of their training and activities in the pilot communities, in terms of ensuring a wider participation of community members by securing a small budget, monitoring activities, attracting new volunteers or establishing a motivation mechanism (CBS 1 Nkwateng; CBS 1 Akrofunso, Birim North 2008; also see Chapter Eight). This has resulted in communities falling back on ‘old methods’ of dealing with health conditions as their information about and contact with health services is random, visits to the clinic are difficult and sanitation conditions in certain villages have worsened (CBS Mamanso, Birim North 2008). Additionally, the CBS volunteers suggested that fewer and fewer locals ask them for health advice and/or to buy contraceptives.

### **7.2.1.3 A visit to the clinic of Nkwateng**

The clinic in Nkwateng community was part of a plan by JICA and PPAG to build two static clinics during the IPII project, one in AmuanaPraso and one in Nkwateng. However, due to the fact that the construction of the clinics were not part of the original design of JICA (but was decided on only after consulting the pilot communities, PPAG and DHA) and there was not sufficient budget provision, it was finally decided to

renovate an abandoned clinic in Amuana Praso and to build a new clinic in Nkwateng (IPII Terminal Evaluation Report 2001,34-35). During the period of the research in the pilot communities (2008), there were five health personnel employed (one nurse, two extension workers, one aid worker and one midwife) covering the wider area surrounding Nkwateng. However, at the time of the visit to the clinic there were only two members present, as the others were absent for various reasons.

While the community members of Nkwateng and the surrounding communities close to Nkwateng were satisfied with the existence of a clinic near their houses, the clinic is under-resourced. For example, the nurses do not have accommodation, they do not get paid for their transport costs to the clinic and often do not have a sufficient supply of drugs to provide to the patients (Nurse, Nkwateng Clinic Birim North 2008). In terms of infrastructure, the clinic appeared to be in a very good state but its two big rooms were almost empty, with nearly no medical equipment, and only some basic furniture and a weight scale for newborn babies.

The senior nurse who was present suggested that during project implementation the health and sanitation activities were quite regular in terms of vaccinations, information for pregnant women and gatherings of community members to share information on STDs (ibid.). Nevertheless, commenting on the outcomes of the project in the pilot communities, the nurse stated that:

‘After the phasing out of the project we’re having many problems. The district health office [DHA] does not help. We don’t have money for transportation and the district does not provide us with support. This is a main problem.’

(ibid.)

Moreover, the nurse suggested that the community members need continuous active engagement with the issues that the project dealt with because many of the members (mainly the younger ones) do not take the information they received during the campaigns ‘seriously’ (for example not using condoms or bed-nets, planning to have



'many' children). Additionally, the nurse underlined that for example teenage pregnancy and malaria are still 'rampant' (ibid.). Overall, the nurse highlighted that when RHIP was still active the project had a positive impact on the household members. However, since the termination of the project in 2006 the activities have faded and there was no sign among the community members or by the RHIP volunteers (CBS) of taking any initiative to address their health and sanitation needs.

## **7.2.2 District level**

### **7.2.2.1 District offices**

At the district level, the comments on the direct outcomes of RHIP in terms of providing health information and developing capacities of local volunteers were favourable (Appendix CI– Table 6), but there was little information on the current (2008) status of the project, and pessimism concerning the readiness of the communities to take over the project and progress RHIP (Appendix CI–Table 6; see also Chapter Eight). Thus, an experienced DHA member commenting on the outcome of the implementation of RHIP in the pilot communities suggested that during the project, vaccinations, family planning acceptance rates and information on STDs had indeed increased, but it was not certain whether they would continue to exist (DHA member 2, New Abirem, 2008). Similarly, another district health member, commenting on the overall contribution of the project in the communities, said:

'There were very often activities because of the project, like de-worming of areas and communities. The communities were often visited by RHIP people—not now anymore but in the past.'

(DHA member 3, New Abirem, Birim North 2008)

At the district level, the members of DHA do not have information on the status of RHIP in the pilot communities, because of a lack of personnel and funds to cover the 20 communities of the project. The members employed in the DHA office are already limited due to having to deal with the usual tasks of the district office, and the budget

they receive from the DA is small even for their day-to-day plans, let alone external projects. Thus, while in the Medium-Term Plan (2006– 2009) of Birim North’s district assembly there is an allocation for RHIP, the DHA members suggested that the disbursement had never materialised (see Chapter Eight). On the other hand, the DA’s only member who is still occupied with the project (and is also a member of PPAG) is a very active individual but without any support in terms of training, personnel and funding. Personal observation suggested that this remaining PPAG member is popular amongst the community members in terms of health information, especially in the more remote communities, but it is often difficult to contact her as she operates alone. In sum, the organisational capacity of the district office to manage the project is considerably limited.

#### **7.2.2.2 Planned Parenthood Association of Ghana (PPAG)**

In parallel to the lack of information on the current (2008) status of RHIP activities in Birim North, the PPAG members in the Kumasi and Accra offices stated that the project reached its initial objectives as stated in the the project plan, and that they understand the project as ‘successful’ (see ratings in Appendix DI– Table 7). Thus, PPAG members argued that RHIP has increased the sexual related health (SRH) services and reached some of the other ‘indicators’ of outputs 1,2 and 3 in the (see Appendix C– Table 1 and RHIP Terminal Evaluation Results of 2006).

However, as in the case of district members, PPAG members were informed only about the initial (and measurable) outputs of RHIP until 2006 (such as the number of information campaigns in the pilot communities, the increase in the number of SRH services, the construction of static clinics, etc.) but there is a lack of sufficient information on the status of the project in terms of further project implementation. Thus, a member of PPAG in the zone office of PPAG in Kumasi observed:

‘[Through the project] awareness has been created now in the communities– and this is positive for the people to continue, they understand now health

issues [...] I don't know what is happening now. I also don't know if the commitment of the district [DHA] is still the same. For example peer educators [of RHIP] are going to leave the school, what will happen after that?'

(PPAG member 3 Kumasi 2008)

PPAG members would invariably refer to the achieved targets (objectives) of the project in terms of vaccinations, initial training of volunteers and campaigns and to the favourable Terminal Evaluation of JICA for the project, but they would not have up-to-date information on how the community members and the district office were coping with the project in the field.

### **7.2.3 National level**

#### **7.2.3.1 JICA and Ghana Health Service**

Contrary to the views of several members of RHIP stakeholders at the community level, the JICA project staff were favourable regarding the overall performance of the project in the pilot communities. This optimism was mainly in reference to the direct results of the project in terms of the more 'measurable' results of RHIP, such as the volunteers being trained and the vaccination campaigns, and, as in the case of the PPAG members, this was largely based on the 2006 evaluation report of the project. Additionally, it was supported that the volunteers are committed and the project established sources of information and support for community members (JICA member 1; JICA member 2, Accra 2008– see also the ratings in Appendix CI– Table 8). A senior member of JICA, who coordinated the project from the start, suggested that:

'Yes [RHIP is overall successful], as it has improved the health services in family planning and improved drastically the reproductive health [...] the CBS are active, there is no problem with their commitment for implementing RHIP activities in the communities.'

(JICA member1, Accra 2008)

On the other hand, the views of GHS members were optimistic in terms of the initial contributions of the project to the communities, but lacked information on whether the activities continued and whether the district offices and assembly had the capacity to support them. A GHS member in Accra, who actively participated in RHIP until 2006, suggested that RHIP had improved access to services with the construction of static clinics but also through the coordination of health services and volunteers in Birim North pilot communities (GHS member 1, Accra 2008). The second GHS member was less inclined to agree, stating that there was not adequate information and that GHS was not really involved throughout the project. Furthermore, in GHS the view was that, regardless of the ‘success’ or lack of success of the project in the pilot communities, the GHS could not assess RHIP as a whole as RHIP was a small-scale project, and such projects are difficult to sustain and have a limited real impact at the community and district levels (GHS member 2, Accra 2008).

JICA and GHS did not have sufficient information on the current situation in the communities where RHIP was applied and could only comment on visits they had made more than two years before (between 2003 and 2006) and on the evaluation results of the RHIP Terminal Evaluation Report (a post-terminal evaluation of RHIP, which was part of the ‘Phase-out’ plan recommendations of JICA, was never conducted– see JICA-GHS RHIP Phase-out Plan 2006,7).

#### **7.2.4 Concluding Remarks**

According to the empirical findings and JICA’s records, the RHIP reached its direct ‘quantifiable’ project objectives during project implementation, including the increased number of health services and sanitation campaigns, the training of volunteers and the construction of clinics (JICA 2006k). Most of the interviewed community members had a basic knowledge of certain RHIP issues, such as HIV/AIDS and STDs, parasite control and family planning, although it was often difficult for them to apply prevention methods or to change behaviours, due to their daily socio-economic context. What is more, it was difficult to assess whether the knowledge they had was due to the project,

as most of the interviewees suggested that their main source of information on health and sanitation issues was the radio and other sources unrelated to RHIP (see Table 7.2 for a summary of the findings section).

**Table 7.2: ‘Capacities and skills’- Summary of strengths and constraints in RHIP**

‘Capacities and skills’	Rural Health Improvement Project (findings from visits in seven pilot communities)
Strengths	<ul style="list-style-type: none"> <li>• Training of volunteers, Immunisation and sanitation campaigns conducted <i>during</i> the project</li> <li>• Introduction of supporting committees (LSC) and IGAs and construction of clinic</li> <li>• Project relevant to the needs of the communities</li> </ul>
	<ul style="list-style-type: none"> <li>• Trained personnel</li> <li>• Establishment of a number of district members from DHA for the purposes of the project</li> <li>• Equipment and funding (during the project)</li> </ul>
	<ul style="list-style-type: none"> <li>• JICA’s provision of equipment and personnel support with volunteers and Japanese ‘experts’</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>• Difficult for many community members to apply information/knowledge they receive</li> <li>• LSCs and IGAs ceased operating</li> <li>• No evidence that community members were consulted on their strategies for health and sanitation</li> <li>• Lack of incentives and support for volunteers</li> </ul>
	<ul style="list-style-type: none"> <li>• District members feel de-motivated due to lack of follow-up support and incentives</li> <li>• Limited capacity of district offices to operate without any outside support</li> <li>• Clash over the equipment provided by JICA to PPAG instead of DHA</li> </ul>
	<ul style="list-style-type: none"> <li>• Lack of follow-up of project outputs in the pilot communities</li> <li>• No publication of ex-post RHIP evaluation report</li> <li>• Lack of interest of GHS for project continuation</li> </ul>

Source: the author

Moreover, interviews and personal observations during the visits to RHIP pilot communities revealed no evidence that suggests any development of ‘community empowerment’ in terms of addressing ‘communities’ health needs’ and/or the cultivation, through a sustainable RHIP community system, of continuous transferrable knowledge and skills through the mobilisation of local and district resources. On the contrary, RHIP seems to have strong similarities to top-down, expert-recipient projects: ad hoc information has been ‘transferred’ to the communities and the district offices by JICA and its related agencies mainly through training and seminars without any systematic engagement of community members and volunteers. This information has not been transformed into practical knowledge and skills in the daily lives of the community members, as at no point did the interviews suggest that JICA seriously

considered including the local stakeholders in the planning and implementation of the project or supporting it using a realistic incentive system.

Overall, the RHIP achieved several immediate and ‘measurable’ targets and transferred a certain amount of information to the pilot communities, but it did not succeed in building an RHIP mechanism of constant information and relevant capacities by engaging the communities and the district offices (as was JICA’s project aim).

### **7.3 ‘Capacities and skills’ in INSET**

As in the case of the RHIP project, the INSET project was planned in three levels (school, district and national), aiming at continuous professional development of primary school teachers in science and mathematics, through training at the school and district levels and through the use of best teaching practices in class (JICA 2006h,9). The project had as objectives the improvement of the skills of the teachers when delivering science and mathematics and the implementation of an INSET system in ten pilot districts with the support of key actors in all levels of implementation, the development of modules for the school in science and mathematics and the creation of awareness (ibid.).

This part of the study assesses whether a number of objectives of INSET were achieved, and if so, to what level. Similar to the case of RHIP, this section examines qualitative aspects of the project: the individual and organisational capacities developed in INSET according to the views of the local stakeholders and JICA, the interest and awareness of the teachers and volunteers regarding the project, their participation and views in INSET workshops, and the actual implementation of INSET components in real classes (see numbers three to five of ‘INSET Outputs’ in Appendix C– Tables 4 and 5). Moreover, this section studies the capacity of the key stakeholders to support an INSET system in the pilot districts (a short-term goal of INSET– see Project Matrix in Appendix III-Table 2).

### **7.3.1 School level**

#### **7.3.1.1 School teachers**

A significant number of school teachers suggested that the initial outcome of INSET was positive in terms of the new skills they developed for teaching challenging issues in science and mathematics in primary schools. Most of the teachers in the districts had a positive view of the way INSET contributed to their skills for the specific course. While a number of teachers who responded positively on the previous issue were not able to demonstrate clearly how INSET had practically assisted them in class, half of the interviewed teachers were able to provide illustrations of how the project had improved the quality of teaching in science and mathematics. The most common were:

- More confidence by the teachers in teaching challenging issues in science and mathematics
- Learning how to use new methods of teaching (usually they would not specify what methods when asked to elaborate)
- Easier class preparation after the INSET seminars
- Increasing interest of the pupils because of the application of new methods of teaching

The main examples given by teachers during the interviews in both districts regarding the impact of INSET on their teaching were:

- The use of improvised TLMs for science and mathematics
- More active participation of pupils in the class after INSET training.

Furthermore, with only a small difference between Adansi North and Wa Municipal, the main points illustrated by the teachers regarding how the INSET project had improved the participation and performance of pupils in class were:

- General pupil contribution is now better than before the implementation of the project
- The pupils are more interested in science and mathematics and they perform better
- The pupils now have a better understanding of challenging issues in science and mathematics.

Most of the teachers in Adansi North and Wa Municipal claimed they had tried to apply some of the things they had learned during INSET training. For example, the use of TLMs implies the use of simple, ready-made or improvised materials such as cardboard, tubes, used bulbs, wire and fraction charts. Thus, a teacher in a deprived, off-road school of Adansi North stated that after INSET he could use cardboard, bottle tops and fraction charts in mathematics in order to show the students how to measure and make calculations (Teacher Atatam Primary, Adansi North 2008).

However, the skills and knowledge the teachers acquired in INSET seminars are often difficult to apply in real classes. Several of the teachers stated that, despite their participation in the project, the application of various factors of INSET, such as the use of TLMs or the more active participation of students in the class, was often problematic and/or unrealistic because of the lack of resources as well as practical problems such as overcrowded classes and a lack of infrastructure, especially in the more remote schools like Biihe (Wa) and Agogooso (Adansi North). The use of TLMs, the preparation of notes and the implementation of INSET methods, which involve a more active participation of the pupils in the class, appear of limited (or no) use in real classes. When the teachers were asked about the use of TLMs in real classes and the application of the modules designed by JICA, they suggested that despite the skills learned and the capacities developed through INSET, they lacked the support, time and resources to apply what they had learned (Teacher, Nako Primary, Wa Municipal 2008; Teacher, Busa Primary, Wa Municipal 2008). A teacher who participated in the project over the last two years, when asked about the use of TLMs and the preparation of notes for science and mathematics, said:



‘We were taught only on the theoretical aspect of TLMs and preparing classes—practically we don’t have TLMs in the school— we see some only in class demonstrations of INSET.’

(Teacher Chansu Primary, Wa Municipal 2008)

Several other comments from teachers support the view of the limited use of TLMs and of preparation of science and mathematics courses using methods of writing course notes that the teachers had learned during INSET. In a number of visited schools, especially in the rural areas of Wa Municipal, there was lack of facilities to store TLMs and textbooks (Chansu Primary and Kambali Primary School). Despite the lack of records of pupils’ performance in the primary schools, most of the interviewed teachers in both districts pointed out that when some of the INSET methods were applied (demonstration with TLMs, division of pupils into small teams) they observed positive reactions from the pupils, but they also confirmed that TLMs were lacking and INSET methods were difficult to implement in real classes mainly because of the large numbers of students and the wider challenging context within which the primary schools were operating (Teacher Fumso primary, Adansi North 2008; Teacher Kambali primary, Adansi North 2008).

### **7.3.1.2 Curriculum Leaders and Head Teachers**

According to the interviewed Curriculum Leaders (CLs) and Head Teachers (HTs), INSET had been ‘successful’ overall in their schools in terms of training the teachers in new teaching methods in science and mathematics and the improved interest of pupils in class. However, while the CLs and HTs were favourable regarding the participation of teachers in the project, they (especially the Curriculum Supervisors who conducted the monitoring of INSET workshops) were very critical of the district members, confirming the problematic cooperation between schools and DEOs analysed in Chapter Six.

For CLs and HTs in both pilot districts the project had initially improved teachers' skills in science and mathematics and brought them closer in terms of collegiality, but they suggested that it was difficult for them to continue motivating and monitoring whether the teachers applied what they had learned in class due to a lack of resources and an incentive mechanism. A head of school with many years of experience in a school in a deprived community in Adansi North said:

'We lack of resources. Finance and material is needed and we don't have any money to apply INSET in the classes. We have available ten cedis [approx. £5 in 2008] *per term* to apply INSET activities. In the second term [of 2008] they [DEO office in Fomena] told us that the financing of INSET will come from the capitation grant of GES, but the grant depends on the enrolment of pupils in the school and we don't have many pupils as we are in a deprived area. In any case, capitation grant is very low for the general functions of the school, let alone for INSET.'

(HT Atatam Primary, Adansi North)

In primary schools there was satisfaction among volunteers and HTs regarding the participation of their schools in INSET and the direct influence it had had on teachers' skills, but they were finding it increasingly difficult to continue with the project, as there was no support from the DEOs and DAs following the exit of JICA, and the teachers were not motivated (see Chapter Eight).

### **7.3.1.3 Participation in JICA-organised school-based INSET**

A scheduled INSET workshop (school-based INSET, peer review demonstration) took place during my eight-month stay in Ghana, the only INSET demonstration organised by JICA during that period. The INSET activity was organised in the on-road primary school of Dodowa, in the Greater Accra region, very close to the education office of the area. The activity was planned at least four weeks in advance and the place was chosen because of its 'proximity' to JICA headquarters and the lack of time and personnel for

visiting other districts (off-the-record conversation with JICA member 1, JICA Headquarters Accra 2008). When I asked whether an INSET activity would be more realistic in a rural school and, in terms of bias, not to be planned so many weeks in advance, the response was that these kinds of workshops were organised by the education offices in the districts, especially now (2008) that JICA was exiting INSET. Moreover, it was suggested that planning an activity that early was more ‘convenient’ for both teachers and JICA in order to have a proper demonstration. Additionally, it was suggested that more INSET activities in schools might be organised by JICA in the months to come. (However, no other JICA school visits took place during my eight-month field study).

The visiting team included a JICA education officer from the JICA Ghana Office, a visiting education expert from a Japanese university, a JICA trainee and a photographer. Upon arrival at the school, the HT welcomed the team in his office, introduced us to the INSET peer demonstrator teacher (who was the CL of the school), and called the teachers to come to the class for the demonstration. The INSET activity addressed the subject of the movement of the earth in relation to the moon, the sun and the other planets of the solar system. The peer educator had constructed a very well-designed, improvised TLM from materials he had found, which demonstrated the earth and the moon. The peer educator explained that that he had picked this subject to demonstrate as it was suggested as a challenging topic by his colleagues.

The demonstration was well-organised and the demonstrator took questions from the participants on the particular TLM and the topic. The JICA members focused their questions on the ways the TLM was constructed and also asked other teachers about TLMs, whether they had constructed any themselves, whether they used notes when they taught and whether there was any storage space for the INSET materials and notes in the school. Virtually all the teachers and the HT responded positively to the questions. When they were asked for any challenges with regard to INSET, the objections that were raised related to the challenging ‘nature’ of certain subjects of science and mathematics and the difficulties they sometimes had to construct TLMs. Additionally,

the HT suggested to the JICA team that despite the challenges, the teachers were cooperating with the CL regularly. After approximately one hour,<sup>79</sup> the peer demonstration ended.

Overall personal observation suggests that the demonstration was a ‘formalised’ one where it was presented as an ‘ideal’ INSET activity in an on-road primary school, very close to an urban area. However, this idealised, pre-scheduled activity which took place in the presence of JICA experts had little in common with real science and mathematics classes in the visited schools of Adansi North and Wa Municipal.

#### **7.3.1.4 Participation and observation of real classes of science and mathematics**

During the visits to the primary schools in Adansi North and Wa Municipal I asked the heads of the schools in five cases if I could participate as an observer in a random class of science, environment and mathematics. In all cases the consent of the relevant teacher was also requested. Those classes were:

- Three in Adansi North (Nyankomasu Primary, Fumso Primary and Bobriase Primary), two in science (Nyankomasu and Fumso) and one in mathematics (Bobriase).
- Two in Wa Municipal (Nakori Primary and St. Cecilia Primary), one in science (Nakori) and one in mathematics (St Cecilia).

In all five cases the common characteristic was that the classes contained more than 30 pupils, regardless of the location. It was often the case that the teachers struggled to keep the pupils quiet and to make them pay attention (Nakori, Bobriase). Furthermore, in all five cases the teachers did not use any ready-made or improvised TLMs (only the chalkboard in two cases: mathematics in Bobriase and St Cecilia); the use of notes and the participation of the pupils was also minimal, as the teacher was talking most of the

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<sup>79</sup>The demonstration took place in after school time, i.e. after 1.30pm, when INSET activities are supposed to take place.

time. For example, during the science class in Fumso (Adansi North) with the subject ‘environment and living things’, the teacher appeared to have a very good knowledge of the subject but it was difficult to engage the pupils and did not have any TLMs available from the school. There were few textbooks for the pupils and many pupils did not have pens or paper for the course. When the teacher was asked about the course, he suggested that the lack of textbooks and TLMs in the school made teaching science and mathematics difficult (Teacher, Fumso B, Adansi North 2008). Similarly, in the two mathematics classes attended (Bobriase and St. Cecilia), the teachers were trying to explain an introduction to multiplication (St. Cecilia; Bobriase), asking the students to repeat mechanically and struggling to be heard in the overcrowded classrooms without any assisting material. Several other science and mathematics classes were also observed (in Dompouse, Atatam, Kambali etc.), for shorter or longer periods (10– 25 minutes) from outside the actual class.<sup>80</sup>

The large majority of the classes were overcrowded, with most of the teachers delivering science or mathematics teaching with no apparent TLMs or notes, and no specific schedule or time-frame of the actual class (see Tables 7.3 and 7.3). In at least ten to fifteen cases during our visits, we encountered the classes in science and mathematics (and in other subject areas) of different grades either being ‘merged’ because several teachers were absent, or cancelled for the same reason, with the pupils staying in the class without any apparent activity, with a teacher in coming from time to time to tell them to stay calm or attempting to occupy them (for example in Fongo Primary). Furthermore, in several rural primary schools, there were not enough classrooms for the pupils, who were often too many for a single teacher to engage them in activities (35– 50 pupils, often hungry, with only one meal offered at midday by the Ghana School Feeding Programme).

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<sup>80</sup>It was often possible to observe a class of science and mathematics by standing just outside the room, as in Ghana many primary schools lack actual frames on their windows.

**Table 7.3: Aspects of INSET and conditions of visited schools in Adansi North**

Adansi North characteristics district/school	Deprived/Semi-Deprived/Normal	Facilities (classrooms, pupil facilities, teachers)	Availability of TLMs	Science and mathematics notes based on INSET (Y/N) and/or comments	Science and mathematics textbooks and module guidelines
Bobriase	N	Relatively good infrastructure, many classes, several teachers absent	No TLMs in the school	N	N
Agogooso	SD	Poor school, with enough rooms for pupils. Almost half the teachers absent at the time of visit	Very few TLMs, not in apparent use	N	N
Dompoase	N	Relatively good infrastructure, most of the teachers absent, 20– 25 pupils in every class	N	Few, not in obvious use	N
Bodwesango	N	Good infrastructure, many classes, most of the teachers present but indifferent HT, small archive destroyed	Few TLMs, not in apparent use, abandoned on the top of a chest of drawers	N/A	N/A
Atatam	D	Very poor school, not enough rooms for pupils, not enough teachers	N	N	N
Nyankomasu	N	Relatively good infrastructure, rooms and desks for all pupils, half of the teachers absent	Few TLMs, abandoned in two small bins	Few, not in apparent use	Few, not in apparent use
Tewobabi	N	Good infrastructure, many pupils in every class, many teachers absent	Few and abandoned TLMs, not in apparent use	N	N
Akwansrem A	N	Relatively good infrastructure, too many pupils	Few TLMs	N/A	N/A
Akwansrem B	N	Relatively good infrastructure, with too many pupils in classes and few teachers present	Few TLMs	N	N
Mosikrom	D	Very poor school, not many classes, few pupils, most of the teachers, absent	TLMs locked away, the person who had access was not present	N	N
Asirifrikom	SD	Half of the teachers absent, relatively good infrastructure, enough rooms for pupils	TLMs, dusty not in apparent use	Dusty and abandoned	Few
Fumso R/C	N	Good infrastructure, many classes, most of the teachers present	N/A	N/A	N/A
Aboabo	SD	Poor school, some classes outside under semi-destroyed metal tents. Few teachers present	No TLMs	N	N

Source: the author– school data, based on DEO’s data in Fomena, interviews and personal observations, as of 2008. (N=Normal, SD=Semi-deprived, D=Deprived), (Y=Yes, N=No).

Tables 7.3 and 7.4 present personal observations of all the visited schools, in both districts.

**Table 7.4: Aspects of INSET and conditions of visited schools in Wa Municipal**

Wa Municipal characteristics district/school	Rural/Semi-Rural/Urban	Facilities (classrooms, pupil facilities, library, storage room, archive)– comments	Availability of TLMs (Y/N) and comments	Science and mathematics notes based on INSET (Y/N)	Science and mathematics module guidelines
St. Aiden	U	Good infrastructure and building, many teachers absent, good number of pupils in classes	Few TLMs and textbooks, not in apparent use. No course notebooks for teachers	N	Few
Tendaba	U	Half of the teachers not in school, classes with pupils with no teachers or merged	Few TLMs, not in apparent use	Few, not in obvious use	Few, not in obvious use
Busa	R	Classrooms and pupil facilities OK. Storage room in HT's Office, no library or archives	Some, not in obvious use	Not in school	Some for teachers and pupils
Biihe	R	Only three classrooms and an HT office	N	N	N
Nako	R	Poor infrastructure, some classes under a metal roof with no walls. One-third of the teachers absent	N and no CL in the school	Few in boxes	Few in boxes
Nakori	R	Very poor school, few classes, outside, with one room only for the HT. Most of the teachers were present	Few TLMs	N– storage room destroyed by flood	N– storage room destroyed by flood
Chansu	R	Only a HT room, archive destroyed, classes outdoors	N	N	Few, only for teachers
Fongo	U	Large school, with many pupils and teachers and relatively good infrastructure. Half of the teachers were present	Few TLMs in room, not in apparent use	Few	Few
Kambali	U	No storage room, no library and archive. Few classrooms, HT room as storage room	N	Not in school in the day of visit	N/A
St. Cecilia	U	Relatively good infrastructure, merged classes because of teachers' absence	Few TLMs	Few	Few

Source: the author. The school data are based on DEO's data in Wa, interviews and personal observation, as of 2008. (U=Urban, R=Rural, Y=Yes, N=No).

In every school that was visited for interviews, I would ask the HT (or a senior teacher in case the HT was absent) if it was possible to show me some examples of the TLMs they used in the school, whether they had textbooks for science and mathematics, and if

I could see the notes of the teachers for the related courses. While it was observed that at least half of the visited schools, especially the largest ones, had some TLMs available (like dry cells, bulbs and cards), they usually looked half-destroyed or had been abandoned in an office (usually that of the HT), with the CLs and teachers often not knowing where the TLMs were located. Moreover, in the large majority of the cases in both Adansi North and Wa Municipal, there were no course notes for science and mathematics and/or textbooks for teachers and for pupils available in the school, and when they were available, they appeared not to be in use, as often they were locked in storage rooms, in boxes, they were half-destroyed etc. Particularly those schools in the more remote areas of the districts, which were already facing serious challenges in terms of basic infrastructure (building maintenance, classroom facilities etc.) appeared to have almost *none* of the characteristics the project supposes primary schools to have (INSET activities, TLMs, textbooks) after two years of project implementation (with the potential exception of Busa Primary in Wa Municipal).

#### **7.3.1.5 Records and archives**

None of the involved participants of the INSET project, at all three levels, could comment on pupils' performance before and after INSET implementation, as neither the schools nor the DEO offices keep any centralised, official records of pupils' assessments. JICA's quantitative study of (JICA-GES Second Progress Report 2007) of pupils' performance conducted during project implementation showed mixed results in the test-scores of the pupils.

Personal observation showed that, in the few cases in which some past records of pupils' performance had been kept (as in Agogooso Primary in Adansi North and Fungo Primary in Wa Municipal, all at the initiative of the HT), these were partly abandoned or destroyed due to a lack of facilities or personnel or for other reasons (for example flooded schools in Wa Municipal). The HTs did not have any particular plan to keep any records in the near future, as they had neither the time and personnel nor the



financing for such a project. Thus, it was not possible to quantitatively assess based on pupils' data their performance in science and mathematics before and after INSET.

#### **7.3.1.6 INSET and collegiality: views of the teachers**

One of the basic elements implied in the INSET project is the 'collegiality' aspect the project was supposed to develop, principally amongst teachers themselves as well as between teachers and other project stakeholders (volunteers, HTs, DEO personnel) (see for example JICA-GES INSET Brochure 2006,3). The activities the project involves, such as teachers coming together to discuss challenging teaching issues in science and mathematics, how to improvise TLMs and prepare classes, and participating in INSET trainings and demonstrations are alleged to create a sociable and cooperative environment (ibid.). Most of the interviewed teachers in both districts argued that the project had brought some kind of 'collegiality' in the form of:

- Assistance from colleagues on challenging topics in science and mathematics
- General good relations through common participation in INSET seminars
- Cooperation with teachers from different schools on CBIs

However, personal observations and further comments from teachers suggests that the lack of systematic INSET activities and monitoring in the primary schools in both urban and rural areas challenges the regular contact of school teachers in INSET workshops. Furthermore, the CLs could not confirm how often they would organise an INSET meeting. While it can be argued that teachers might 'unofficially' discuss some of the issues and challenges they were facing when teaching science and mathematics, the school visits in both districts did not suggest that teachers were meeting systematically because of INSET activities and that through these their collegiality was improving. However, it was confirmed that INSET activities were more regular at the beginning of the project than during the period of JICA's phasing out. When asked about the potential collegiality the project promoted, a teacher in Bodwesango primary responded:

‘[...] So and so. I am not sure. The education officers [from DEO] are often not around to organise and monitor INSET activities.’

(Teacher, Bodwesango Primary, Adansi North 2008)

Another teacher in Wa Municipal argued that:

‘No [INSET hasn’t improved collegiality among teachers], because some teachers start criticising immediately when you’re asked to lead the class for an INSET demonstration [...].’

(Teacher, Tendambe Primary, Wa Municipal 2008)

A large number of teachers (significantly more in Wa Municipal than in Adansi North) suggested that either they could not comment on whether INSET had improved collegiality or that they did not think that the project had improved professional relations amongst teachers. Those were mostly teachers in more remote schools in both districts (but mainly in Wa Municipal) who were less in number within their own schools and who had less regular contact with teachers and administrators from other schools and the DEOs.

### **7.3.1.7 Priority issues for teachers in primary schools**

A significant issue related to INSET was the relevance of the project according to the teachers’ priority needs at the school level.<sup>81</sup> The objective of the discussion with the teachers regarding that issue was to develop a picture of the main problems the teachers were facing in the schools and to assess the relevance of INSET. During the interviews the teachers were initially asked to prioritise the principal problems they faced in their daily work at the school, and then elaborate if they had any comments. According to the

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<sup>81</sup>During the interviews and informal discussions with the school teachers I considered it more important to raise the issue of the specific teacher’s professional priority needs rather than ‘the school’s needs’ or ‘pupils’ needs’, as the project implementation highly relies on teachers’ opinions of it (as important, less important) compared to their daily problems in the schools. If a teacher thinks the project is irrelevant to his or her priority needs as a professional it is highly unlikely that he or she would actively volunteer, participate and apply the project (or aspects of it) in the actual classroom even if the project *is* relevant to the school’s or to pupils’ needs.

overall responses in both districts, the main challenges the teachers were facing in Adansi North and Wa Municipal were:

- Overcrowded classes (mainly in urban schools in Adansi North) and indifference from the pupils/parents regarding the courses (both districts)
- Too many subjects to teach in the class (both districts, urban and rural schools)
- Lack of textbooks and basic equipment, and problematic infrastructure (mainly remote schools in Adansi North and Wa Municipal)
- Low salaries and motivation to continue working as a teacher (both districts, urban and rural schools)
- Lack of training and TLMs (both districts, urban and rural schools)
- Lack of accommodation for teachers working in distant, off-road schools (mostly in rural and more remote schools)

Most of the teachers in both districts responded that the first four points mentioned above were the fundamental problems teachers were facing in their daily routines in primary schools. In Akwansrem A, an on-road school, a teacher suggested that:

‘[...] the parents are not helping with providing their children with books, pencils etc. because they are poor, the children outnumber the teacher, and it is difficult controlling the class with so many children.’

(Teacher Akwansrem Primary A, Adansi North 2008)

Another teacher in Asirifrikom primary school (on-road), when asked about the main problems of the teachers in the school, said that:

‘The conditions of teaching are bad, there is no accommodation, the salaries are low, there are no textbooks for teachers and children.’

(Teacher Asirifrikom Primary, Adansi North 2008)

There was no significant difference amongst locations in terms of the *kind* of the challenges the teachers were facing; however there were differences in terms of the *extent* to which these challenges were present (slightly more in Wa Municipal than in Adansi North, bigger challenges in rural rather than urban schools within the pilot districts). In the rural schools of Adansi North and Wa Municipal, the teachers principally underlined the lack of furniture and facilities in the school (both districts), the lack of accommodation for the teachers who were not staying in nearby communities (mainly Wa Municipal), the accessibility of the schools (both districts) and communication in the local language (Wa Municipal). Mobility for teachers at off-road schools in both districts was problematic, as many teachers needed to commute daily for many kilometres from urban to rural areas in order to reach the schools (Teacher Agogooso Primary, Adansi North 2008). Moreover, in more rural areas the teachers often had problems communicating with the pupils, as the latter do not speak English and the teachers do not speak the local languages (Teacher Busa Primary, Wa Municipal 2008; Teacher Busa Primary, Wa Municipal 2008).

One of the basic problems INSET is facing is that the project is not relevant to the teachers' priority needs and the daily challenges they face in the primary schools, and the project lacks a strong incentive system for securing a stronger commitment by the teachers. Most of the teachers in both districts argued that the project was not relevant to their professional needs, especially in Wa's rural schools where the large majority of the teachers responded that INSET was not related to their primary professional problems. This finding is of significant importance as it contradicts all JICA-GES INSET documents (see for example JICA-GES INSET Progress Report 2008), in which the high relevance of INSET to the needs and challenges of primary school teachers in Ghana is highlighted. Commenting on the relevance of INSET to the principal challenges teachers face in the primary schools, a teacher in Adansi North suggested that:

‘[INSET is] good as an idea but not relevant. There is a lack of materials, we cannot teach properly without materials, we have no TLMs to use, and these things discourage teachers.’

(Teacher Nyankomasu, Adansi North 2008)

Another teacher at Kambali Primary, when asked about the relevance of INSET, observed that:

‘INSET is relevant only partly. The training part, which is not the most important, is OK. If the issues that challenge us remain unchanged and unsolved INSET is irrelevant.’

(Teacher Kambali Primary, Wa Municipal 2008)

The lack of a strong link between the project and teachers’ priority needs underlines that the skills the project has provided may be interesting for the teachers in terms of gaining general knowledge, but are of limited application in the classroom. Many teachers understand the project as a kind of examination for which they ought to prepare in order to be ready for monitoring (Teacher Kambali Primary, Wa Municipal 2008), rather than something to improve their teaching skills.<sup>82</sup>

## **7.3.2 District level**

### **7.3.2.1 Members of staff of the District Education Offices**

In both pilot districts, the District Education Office (DEO) members of staff had a positive view of the direct outputs of INSET, especially the improved skills of teachers after INSET and the smooth implementation of the project in the schools (related to the INSET short-term and long-term Project Outputs and Indicators (see Appendix C–Table 5). As in the case of RHIP, in the district offices in Fomena and Wa most of the district staff members were optimistic about the short-term results of INSET. The DEOs

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<sup>82</sup>This study returns to the issue of teachers’ priorities and views of INSET in parts of Chapters Eight and Nine where the ownership of the projects is discussed in relation to their ‘sustainability’.

in both districts favourably rated the project as ‘successful’ and stated that the project had improved the teaching of science and mathematics at the school level (see ratings in Appendix DII– Table 1). Additionally, most of the DEO members of staff (five out of seven) highly rated the effect of INSET on the improvement of the teaching of science and mathematics in the primary schools.

However, the district staff members who were charged with the actual supervision of INSET in the primary schools (Curriculum Supervisors) were less optimistic, suggesting that the project faced some significant challenges (see Chapter Eight). Apart from the first active period of INSET (2006– 2007) in the two pilot districts, the phase-out of JICA from the project and the subsequent suspension of INSET financing, together with the non-involvement of the assemblies and GES resulted in the limited capacity of the DEOs at the school level to carry out further training and monitoring. As in the case of RHIP, with the end of the financing of the project both district offices significantly reduced their activities regarding the project, as there was no support from the DAs and/or from GES in terms of budget and personnel to the already constrained resources of the DEOs.

### **7.3.3 National level**

#### **7.3.3.1 JICA and the Ghana Health Service (GHS)**

At the national level there was even less information on the current (2008) status of INSET at the school level, in terms of teachers’ INSET skills and DEOs’ capacity to cover the project areas. The large majority of the INSET staff members rarely visited pilot districts far from Accra, and mainly based their views on the Annual INSET meetings of 2005 to 2007, and the INSET Progress Reports of 2006 and 2007.

At the national level views were divided over the overall ‘success’ of the project in upgrading the INSET skills of teachers and establishing an INSET system (Appendix C– Table 5). Thus, while JICA members favourably rated the effect of the project on the teachers in terms of improved delivery of science and mathematics classes, the

Ghanaian INSET members (GES-TED division) and the Ministry of Education (MoESS) were more careful in their comments. However, even the JICA members could not elaborate on their optimism, and their views were mostly drawn from reports sent by the District Education Offices in the pilot districts and the INSET Progress Reports of 2007 and 2008. A senior JICA INSET member admitted that they did not really know if and what parts of the project were going well, and that the attrition rate of the trained members of staff was so high that they could not comment on the specific impact of the project or present reliable data for INSET (JICA member 2, Accra 2008). Nevertheless, the same JICA member of staff insisted that:

‘[...] there is a vast difference now on the way teachers are teaching, on methods, the use of TLMs etc. The INSET plan was ideal.’  
(*ibid.*, Accra 2008)

When this JICA staff member was confronted with what the research team had encountered in two pilot districts, the very difficult conditions under which the schools were operating and the problems of implementing INSET in the primary schools, it was suggested that while it was true that there were difficulties, nationwide the results at the district and school levels were ‘beyond expectations’ (*ibid.*). When the member of staff was asked in what terms the project results were so positive, there was no response. Along the same lines of general optimism were also the responses of JICA members of staff 1 and 3 (both senior). While the challenges of the project were acknowledged, there was an optimism that the project was useful, the teachers were provided with initial training and an effective INSET system was actually established (JICA member 1, Accra 2008; JICA member 3, email 2008). JICA members also pointed to the publication of the INSET sourcebooks series which would be distributed in 2008 to the schools and district offices as guidelines. In accordance to the INSET reports, JICA staff found INSET ‘relevant’ to teachers’ and schools’ needs (see Appendix DII– Table 2), despite the opposing views of the teachers in the field. Less optimistic (‘neutral’) were the Ghanaian INSET members. A GES member from TED commenting on the relevance of INSET to the priorities of primary schools and teachers suggested that:

‘One of the things INSET is not addressing is that it is not trying to accredit whatever they learn during the INSET. So teachers are not motivated. INSET is important to be included to academic curriculum because INSET is addressing personal qualification.’

(GES member 2, Accra 2008)

GES members of staff agreed with JICA that the project was relevant and believed that INSET had positive outcomes in the way teachers delivered science and mathematics classes. However, they were not so positive when they were asked whether those skills were implemented in real classes. The previous optimism over the real impact of the project on teachers’ skills and the organisational capacity of the districts to support it can be attributed to the limited information and contact INSET staff members have with the implementation of the project in the field, largely based on quantitative data, and to staff members’ need to defend the project for which they are accountable. Similar to the case of STM which preceded INSET, the project staff at the national level suggested that the ‘few’ problems present in INSET (such as lack of resources) would be dealt with in the near future by the local stakeholders.

#### **7.3.4 Concluding remarks**

In parallel to RHIP, INSET implementation in the visited pilot districts was characterised by an initial vigorous campaign of training at the school and district levels, which partly (or wholly, depending on the school and the district) faded in terms of continuous teacher support and engagement of the District Education Offices. While a number of project objectives and ‘indicators’ appear to have been partly achieved and improved (such as INSET Matrix Outputs and Indicators 3-4, see Appendix C– Table 5), the findings of this study suggest differently (see Table 7.5 for a summary of the findings of the section).



At the school level, while teachers, volunteers and HTs were satisfied with the initiation of the project, most of them had only participated in a very small number of INSET trainings and workshops. There was little evidence that formal or informal INSET activities took place in the primary schools and that these were implemented in real classes. On the contrary, the interviews and personal observation showed that INSET components were not applied in the classrooms. Despite the motivation of most of INSET volunteers (CLs) in the schools, the teachers suggested that the project was difficult to implement in real classes, especially in the more rural parts of both districts, due to the difficult school contexts of the primary schools in Ghana where INSET was not understood as a priority need by the teachers (see also Chapters Four and Eight).

**Table 7.5: ‘Capacities and skills’- Summary of strengths and constraints in INSET**

‘Capacities and skills’	<b>In-Service Training</b> (findings from visits in pilot schools-both districts)
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Training of teachers in new teaching methods for science and mathematics</li> <li>• Training of CLs and HTs for organising INSET workshops in the schools</li> <li>• Provision to schools of INSET Modules series</li> </ul>
	<ul style="list-style-type: none"> <li>• Training of district members and establishment of INSET agencies (DIU, DTST, CS)</li> <li>• Equipment and funding (during the project)</li> </ul>
	<ul style="list-style-type: none"> <li>• Establishment in the national level of a number of INSET bodies and involvement of a substantial number of GES and MoESS members</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Teachers find the project not relevant with their main professional needs</li> <li>• Lack of implementation of INSET in real classes due to lack of material and context</li> <li>• Teachers understand INSET as an exam or/and extra work</li> </ul>
	<ul style="list-style-type: none"> <li>• Low capacity of district education offices to support INSET due to lack of resources</li> <li>• No support from the DAs</li> <li>• District members understand INSET as extra work. Lack of incentive mechanism</li> </ul>
	<ul style="list-style-type: none"> <li>• Lack of first hand information in JICA and GES for the status of INSET</li> <li>• Limited capacity of JICA and GES to monitor and support the pilot districts and visit the schools</li> <li>• Lack of incentive system for GES members to be involved</li> </ul>

Source: the author

At the district level, the capacity of the education offices to support the project was also problematic. INSET appeared to have been operational (training of district members, volunteers and HTs, visits to primary schools to monitor INSET workshops in the schools) for the years 2006 and 2007, but at the time of the field visits in 2008, the

training of the district staff members by JICA and GES had ceased, together with the further training and monitoring at the school level by the DEO. This was primarily attributed to the lack of financing and human resources at the district level and the scarce contact with JICA and GES (see also Chapter Six). While the district office staff members, in both Adansi North and Wa Municipal, suggested that INSET could be useful for improving 'quality' education, and that they were satisfied with the initial participation of the teachers, the difficulty of developing and monitoring the project further at the district and school levels after JICA's phase out was also underlined.

Finally, at the national level, while JICA did not have adequate 'first-hand' information on the progress of INSET in the DEOs and the primary schools, its members were optimistic that INSET had brought about significant differences to the way the teachers were teaching science and mathematics and to the level of capacities developed in the districts and GES to support the project. Nevertheless, it was suggested that the publication and distribution of INSET modules in 2008 by JICA and GES would improve the situation in the schools and district offices. The Ghanaian INSET members of staff (GES and MoESS) also confirmed the 'necessity' of projects like INSET for improving 'quality' education, but suggested that its effectiveness, in terms of making teachers participate more actively and apply what they had learned, would greatly depend on the strengthening of the incentives of the INSET system, especially at the school level (see also Chapter Eight).

#### **7.4 Conclusion**

Both JICA projects are characterised by a quick and informative structure to transfer capacities at the individual level (communities, schools) through a number of sparse campaigns, briefings and seminars, where the large majority of the local members (community members/teachers, volunteers) did not actively participate in any kind of activity but were invariably 'asked' to volunteer or attend meetings. Furthermore, while according to JICA's reports (INSET) and evaluations (RHIP) a number of JICA's project log-frame indicators were achieved, they failed to create a stable project system

at the district and school levels. The district offices in both cases had limited capacity for monitoring and supporting the project with further training, and there was no lasting assistance to the offices from the district assemblies.

At the community/school and district levels, the stakeholders had to undergo some initial training and were provided with basic supporting equipment. Moreover, volunteers were found and promptly trained. However, these volunteers were not supported by any systematic effort to motivate and actively engage the school and district participants in the projects, despite the differing claims of JICA in its project documents. Furthermore, in one case (INSET) the project was not even considered as a priority need by the large majority of the participants (teachers), despite the claims made at the national level (JICA and GES/MoESS). Hence, the basic characteristic of both projects in practice was the swift transfer of seminars, training and information (defined by the 'activities' parts of the project log-frames) rather than the development of relevant knowledge by engaging individuals and volunteers in a systematic way and creating a stable supportive system (Goodman et al.2008, 259-261). These point contradict JICA's evaluation results and progress reports on the 'change' the projects brought on the 'capacity' individual and organisational levels and confirm a number of past studies which doubt the outcomes of similar 'expert' projects. Thus, Sauerborn et al. (1989), Khassay and Oakley (1999) and Morgan (2001) underline the low utilisation of community health workers by household members due to the lack of meaningful participation, involvement and needs assessment of the communities' health priorities under health schemes. Similarly, a number of empirical studies of INSET implementation in developing countries find informative INSET initiatives comprised mainly of workshops ineffective for teachers to embrace new teaching methods (Lamb 1993; Harvey 1999), and that teachers quickly fall back on old teaching methods under seminar-like INSET initiatives (Kouraogo 1987). Therefore Freeman (1991,19 cited in Lamb 1993,79) underlines the fact that teacher education models that rely on knowledge transmission are ineffective because they mechanically attempt to transmit skills and do not acknowledge the contexts and views of the teachers themselves.

In that sense, despite the repetitive claims of JICA regarding the engagement of local stakeholders in terms of ‘addressing’ their health needs and actively participating in a ‘needs-based’, ‘bottom-up’ project (see for example JICA 2007b, 53-91), the projects studied are characterised more by the classic TC project aid approach described in Chapter Two, with ‘top-down’, ‘short-term’ goals, and ‘expert-counterpart’ transfer of information (Berg 1993; Hauge 2002; European Court of Auditors 2007). Thus, JICA has not succeeded in achieving what it has described as the development of capacities at the individual and organisational levels with the effective adoption of the project structure into the national systems (Fukuda-Parr 2002; UNDP 2009). The lack of close cooperation, participation, support and meaningful development of relevant capacities in the two projects presented in the last two chapters will become more apparent in the next chapter, where the Japanese initiatives are further explored in terms of project continuation and ‘sustainability’.

## **CHAPTER 8: 'SUSTAINABILITY' IN JICA'S PROJECTS**

### **8.1 Introduction**

As shown in Chapter Two, one of the most challenging areas of Technical Cooperation (TC) project aid for Capacity Development (CD) is the level of 'sustainability' of the implemented projects in terms of project outputs (or outcomes) and project structures. Evidence from the performance of past development initiatives shows that project 'sustainability' is rarely achieved. This has been mainly attributed to the donor's 'narrow focus' on achieving the quick targets of the project log-frames, and the lack of interest of the 'beneficiaries' in continuing participating in an initiative that they were never really part of (Taconni and Disdell 1992). A common TC project initiative would usually create an 'island' of project inputs for a relatively short period of time and would last up until the exit of the foreign agent, at which point the project terminates and most of its components start to disappear. These issues have led to 'sustainability' becoming one of the most problematic areas in TC aid.

As was shown in Chapter Four, one of the main objectives of both RHIP and INSET was the development of sustainable project systems in Ghana. The RHIP project design included the creation of a developed RHIP project structure ('system') and the replication of the project in other districts of Ghana (JICA 2003b, 2-3; 2006d). Similarly, one of the basic characteristics of INSET was the institutionalisation of the project in the country through the Ministry of Education (MoESS) (JICA 2006e, 1-3; JICA member 1, Accra 2008; see Appendix C – Table 5, INSET project purpose).

In order to study the 'sustainability' of RHIP and INSET<sup>83</sup> in Ghana, the interviews focused on whether the continuation of the projects was 'useful or desirable' for the local stakeholders; whether the stakeholders believed that the project systems (participants, volunteers, logistics, financing) had the potential to continue operating; what were the problems the projects were facing at all levels of project implementation,

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<sup>83</sup>In the case of INSET the *potential* of the project's 'sustainability' was studied as the project was still in its terminal phase of implementation at the time of the research in 2008 (therefore, it can be argued that it was still too early to study the 'sustainability' of the project in strict technical evaluation terms – see Mosley 1992).

and whether these problems could be addressed (see also relevant questions in Appendix BI and II).

## **8.2 ‘Sustainability’ of RHIP project**

This research has investigated whether RHIP is sustainable at the community, district and national levels. The interviews with RHIP stakeholders mainly focused on the continuity (and potential expansion) of related components and the ‘desirability’ of the project in the pilot communities and GHS; the ‘presence’ of RHIP components in the pilot communities (volunteers, campaigns, clinic); the main sources of health and sanitation information for the households at the time of the research; and the views of the district and national stakeholders on financially and socially sustaining the project and replicating it in other communities.

### **8.2.1 Views at the community level**

#### **8.2.1.1 Community members**

At the time of the field research in the pilot communities, there were few elements of RHIP which were ‘visible’ to the research team, especially in the communities where access was more difficult. It is characteristic that during the first days of the field visit to Birim North, the local assistant suggested that although he had heard about the project, the visits to his village (Nkwateng) regarding health and sanitation issues were rare, and mostly conducted by Ghana Information Service (GIS), which uses cars with speakers in order to inform the community members about various health issues (private conversation Nkwateng, Birim North 2008). This was confirmed by personal observation during my stay in Birim North (April – May 2008), where the only encounter I had in the pilot communities related to public information on health and sanitation was a GIS car briefly instructing the residents of Nkwateng about malaria-related issues through its speakers. In addition, during the interviews most of the communities’ permanent residents confirmed that they had not seen or met any health or

sanitation workers for months or years (see also Chapter Six and Appendix CI – Table 1).

While in the visited communities most of the household members welcome efforts that involve health and sanitation improvements in their villages (see ratings in Appendix CI – Table 9), they often feel isolated in terms of access to health facilities and overloaded with scattered information and campaigns from a variety of agencies (GHS, GIS, PPAG-JICA as well as other donors). Most of the household members suggested that the information they had was random, resulting from last-minute visits, usually from the DHA and/or PPAG. A middle-aged male in Nkwateng suggested that:

‘[...] we need more constant information by experts, health officers and NGOs. The information we have now is not constant. But we also need more vaccinations and access to the clinic. It would be good for the ministry [MoH] to come and see how we live here.’

(Community member, Nkwateng, Birim North 2008)

Other household members confirmed that although the information and campaigns on health and sanitation by PPAG, the DHA or any other organisations were welcome, there were more ‘concrete’ things their communities needed, like a permanent clinic closer to their settlements. For many community members Nkwateng is very far to walk when they fall sick, during pregnancy or, for example, when they want to weigh a newborn baby. A middle-aged male in Prasokuma welcomed any effort in the community but he added:

‘The lectures are becoming too much. We need concrete action. We need to see the things [of the information] happening in our lives.’

(Community member Prasokuma, Birim North 2008)

Another community member, a young female, commenting on the continuity of information in the village, suggested that:

‘Not many people they come and listen to us. We’re farmers, they don’t listen to us [about our health needs].’

(Community member Akrofunso, Birim North 2008)

Despite its desirability (see Chapter Seven), RHIP is facing serious challenges in terms of continuity in the communities. It is characteristic that while the large majority of community members suggested that they would be willing to volunteer to do personal work for the continuity of RHIP, they added that they did not have any support in the matter. Additionally, the interviews revealed that most of the household members would be willing to provide a small monthly or annual contribution in order to support health and sanitation information and activities in their communities. More analytically, the most common resources of funding to support RHIP which were suggested by the interviewees were<sup>84</sup>:

- Personal/community resources
- Ministries and district offices
- Income from the Chief’s palace (‘stool coffers’)
- Other donors/sponsors.

The above statements show a positive view from most of the members of the local communities regarding the continuation of the project in their area, despite the fact that their knowledge and encounters with RHIP components were scarce. For example, when the community members were asked to comment on their main sources of information and knowledge on health and sanitation issues over the last three to five years, RHIP and other health volunteers (local herbalists and the clinic included) came only third, together with ‘school’ and ‘TV’. By far the most common sources of health and sanitation information were ‘the radio’ and ‘friends’ and ‘family’.

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<sup>84</sup>Such answers often interconnect with the answers given by the community members, and represent the most common responses given for financially supporting the project.



This confirms the findings suggesting that despite the relatively recent termination of the project in the pilot districts, the community members have little or no contact with the RHIP system (volunteers, the clinic) and primarily rely on sources of information that they were using before the project took place (see Chapter Six). The problematic aspects regarding the continuation of the project in the community areas (especially the more isolated areas), in terms of frequent contact with the residents and recruitment of new volunteers, are also confirmed in the next section.

### **8.2.1.2 Community-based agents**

In the visited communities, the large majority of the CBS agents were pessimistic about the continuation of RHIP as it is, despite their willingness to continue volunteering for health and sanitation campaigns. The volunteers wanted to engage more with the project but they did not have support and the incentives were poor (see ratings in Appendix CI – Table 9). The most common challenges the CBS agents suggested they faced in continuing volunteering for the project were:

- Lack of incentives and financing of CBS for basic activities such as transport, new bicycles and raincoats
- Lack of continuous activities and monitoring by PPAG and DHA
- Lack of continuous training for CBS

For example, the CBS agent of a community several kilometres away from Nkwateng, commenting on the challenges the project was facing, argued that:

‘In the past five years we do voluntary work. And the district office [DHA] doesn’t care – JICA and PPAG, after the phasing out, they have never really come back to see our struggle.’

(CBS agent Akrofunso Birim North 2008)

Most of the CBS volunteers (regardless of the communities in which they operate) agreed with the above statement, arguing that after the end of the project JICA, PPAG and the DHA showed no interest in revisiting the communities and continuing training and/or supporting the CBS (CBS agent 2, Nkwateng, Birim North 2008; CBS 2, Mamanso, Birim North 2008). The communities face significant challenges in terms of health access and awareness, and there have been no strong incentives established for the CBS volunteers to engage more systematically with activities. The money the volunteers make from the sales of contraceptives is very small (around 3-6 cedis per month – £1.5-£3), and the bicycles and equipment that they had been given five years before by JICA were old and had not undergone any maintenance. Commenting on the lack of incentives for the project volunteers, a CBS agent in Nkwateng said:

‘60% of the sales of contraceptives is not enough. CBS agents need allowances to keep going with the project. For example bicycles were provided but CBS are paying the damages themselves. We gain moral status as CBS but financial issue is important. Lately not many interested becoming CBS.’

(CBS agent 1 Nkwateng, Birim North 2008)

Furthermore, when the CBS volunteers were asked when was the last time they had had an RHIP activity in their communities (for example selling condoms, consulting community members on sanitation, visiting pregnant women etc.), six out of nine could not recall, or suggested days that were not confirmed by the community members. The lack of support to the project volunteers from the district level directly challenges the project, as the volunteers are the only stakeholders of the project remaining operative at the community level. Despite the optimism of JICA in its project report of 2006, the little contact the household members had with the volunteers (seen in Chapter Six), the lack of incentives and support for CBS agents and their attrition rate are fundamental problems for the continuation of RHIP.

## **8.2.2 Views at the district level**

### **8.2.2.1 District members**

At the district level there is a lack of information on whether there is any plan from the District Assembly (DA), District Health Administration (DHA) and Ghana Health Service (GHS) for the continuation of the project in the pilot districts (see ratings in Appendix CI – Table 10). The staff members of the district offices (mainly the DHA) lack the resources and willingness to continue with the project, with the director of the office suggesting that he cannot actively support RHIP activities because of his dissatisfaction with the way JICA handed over the equipment of RHIP after the end of the project in 2006.

Most of the district staff members involved in the project argued that the project had the potential to continue and expand only if financing continued. Additionally, most of the district staff members were not certain whether the communities could continue with the project without the support of the district (Appendix CI – Table 10). Several members of staff in the district offices were not motivated due to a lack of support and an established incentive mechanism. A staff member from the DHA, with many years of experience in the district, commenting on whether RHIP activities had the potential to continue in the future, was optimistic, but argued that the health office had limited capacity to cover the area without support:

‘It is possible [for the project to continue] as DHA is going to the communities and encourage them [...]. CBS are also helping in the villages [...]. The communities need constant training and knowledge, supervision and monitoring. I don’t know for the funding for RHIP by IGAs – since JICA left we don’t have any transport as nurses and we often use taxis and pay from our own pockets to go to the communities [...]. JICA and PPAG did not visit the district and communities after phasing-out.’

(DHA member 4, New Abirem 2008)

However, as was shown earlier, the claim made by some members of the DHA that the office regularly visited the pilot districts of RHIP was not confirmed by the household members, volunteers or by personal observation. The communities rarely received any kind of visits from the DHA on health and sanitation matters. In sum, the main features which emerged from the interviews concerning the ‘sustainability’ of the project were:

- Lack of funding for the continuation of the project
- Lack of staff members for monitoring and training of CBS volunteers and carrying out campaigns
- Lack of willingness by the communities to adapt to the project

At the district level there was no plan of how to challenge these problems (see also ratings in Appendix CI – Table 10), as despite the financial provision of the DA for the project in its development plan for 2006 to 2009 (200,000 cedis-100,000 British pounds-), no disbursement had realised (with the exception of 2006). Without financing, support in terms of personnel and an incentive mechanism, the district offices found it unlikely that they could support the project in the pilot communities.

Similar to the district administrators of the project, most of the PPAG staff members in Accra and Kumasi (with one exception) had limited information on the status of RHIP in the pilot communities at the time of research. After the termination of the project, the PPAG personnel had never revisited the project sites or received any regular information regarding RHIP. As a result they were not aware whether there was a district or GHS plan for continuing and potentially expanding project activities in the communities. A number of PPAG staff were cautiously optimistic about the continuation of health and sanitation activities in the communities, although they admitted that they did not have information on whether there was any support for RHIP in the communities and the district offices. A PPAG staff member with many years of experience in RHIP argued that certain aspects of the project could be sustained only if the DHA showed some interest (PPAG member 4, Accra 2008). According to the PPAG personnel, the most

common challenges of the RHIP project were (see also PPAG ratings in the Appendix DI – Table 10):

- Financing of the project by the DA and DHA
- Motivation of the CBS volunteers and communities to participate
- Clashes between the DHA, DA and PPAG after the phasing-out period, regarding responsibilities in RHIP.

The above challenges are very similar to the problems the CBS volunteers identified for the project, and they are linked to the lack of budget, personnel and incentives for the various stakeholders in the district and the related communities.

### **8.2.3 Perspectives at the national level**

#### **8.2.3.1 JICA and Ghana Health Service**

The few JICA members remaining in Ghana who had participated in the project were not well-informed about the progress of RHIP in the pilot communities and whether there was the commitment and potential for the continuation of the project, as their information relied on the most recent JICA evaluation of RHIP and the dissemination reports released in 2006. Despite this lack of information, they were still optimistic about the continuation of RHIP in the pilot districts.

JICA has not visited the communities since 2006 and was not planning to do so, as the project had ‘phased-out’ from their side and was supposed to be continued by the Ghanaian ‘partners’ from then on (JICA staff member 1, Accra 2008). According to JICA staff members, the volunteers continued to be motivated, and there was a good adaptation of the communities to the project (ibid.). Moreover, although JICA’s staff members recognised that there had been problems with the exit phase of JICA, in addition to the dispute between DHA and PPAG on the management of the logistics of the project and the project itself, they suggested that the project had good potential to

continue and expand (JICA staff member 2, Accra 2008). On the other hand, JICA and GHS identified a number of problems with the continuation of the project:

- Lack of financing for RHIP activities in the communities
- Lack of motivation and commitment by CBS volunteers and the district assembly
- RHIP too small to survive – not part of GoG and GHS policies

These problems are very similar to the challenges suggested by the volunteers and the district personnel in Birim North, and are also very similar to challenges which had appeared in the project preceding RHIP (Integrated Family Planning, IPII – see Chapter Four). When JICA members were asked about IPII, and whether the challenges from that project were taken into account for the RHIP, the answer was that in IPII the challenges had been ‘different’ (JICA staff member 1, Accra 2008). Nevertheless, a careful study of the reports on the IPII and RHIP projects (see Chapter Four) in comparison with the interview results from the national level suggests that the basic challenges that appeared in IPII, especially in terms of ‘sustainability’, were very similar to those of RHIP. However, no apparent measures appear to have been taken by JICA in order to tackle these challenges, despite the repeated commitment from JICA to learning from previous project lessons (see Chapter Three).

GHS has not been actively involved throughout RHIP, as JICA did not consult with staff members in GHS for the planning and implementation of the project (GHS staff member 1; GHS staff member 2 2008), despite the fact that one of the basic objectives of JICA was the replication of the project in other districts of Ghana. JICA did not consult with GHS and the district offices for the ‘phasing-out’ of the project (ibid.), resulting in GHS personnel feeling alienated from the project. Contrary to the claims of JICA, at the time of research GHS did not intend to support the project in the future. A senior staff member of GHS argued that:

‘RHIP is very small. We are not supportive for applying here and there projects, in some communities only and in some other not etc. Scaling-up is most preferable. Only new ideas for pilot projects are welcome, projects like this [RHIP]...are tested and applied in the past, like most of the ideas which are currently coming [...]. We don’t want to please our funding agencies [in order to expand the project] – some people may want to promote the ‘good’ they are doing in Ghana, but reality is different. RHIP will not be financed by GHS as such. The DA can finance it as such, not GHS, as we support larger projects all over the country, which are linked with our national framework [...].’  
(GHS member 2, Accra 2008)

According to this GHS staff member, JICA did not consult the GHS on the usefulness of the project and the prospects of its replication at the start of the project; instead, they only attempted to lobby at the end of the project for its replication in other districts in Ghana, using the budget of GHS (ibid.). GHS believed that there was no national framework or plan that could include RHIP as such in the future, and GHS staff members suggested that the project should be supported in terms of budget by the DA and DHA only<sup>85</sup> (see also the ratings of national INSET staff members in Appendix CI – Table 11, where the only optimistic ratings came from the JICA staff members). The lack of cooperation between JICA and the Ghanaian side at the national level (seen in Chapter Six) and the non-active involvement of GHS in the planning, implementation and ‘phase-out’ phases of JICA makes the ‘sustainability’ and replication of the project seem highly unlikely.

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<sup>85</sup>In terms of community health projects for has been many years in Ghana the CHPS project, which is a Ghanaian initiative, and has already been scaled-up to more than one hundred districts in Ghana (although the debate regarding its effectiveness is still ongoing among the various national and foreign agencies). In DHA and GHS it was suggested that, apart from the positive and negative factors of health and sanitation projects in Ghana, the principal focus of the Ministry of Health for community-based health projects was CHPS.

## 8.2.4 Concluding remarks

The interviews at all three levels of RHIP implementation revealed a rather problematic picture of the level of ‘sustainability’ of RHIP in terms of the continuing operation of the established project structure: the project faces problems at all levels of implementation (see Table 8.1 for a summary of the findings for this section). While according to the community members and project volunteers the project *is* partly addressing the priority needs of the pilot communities, the communities do not have any essential support from the district and/or the national level for campaigns and mobilisation, training and incentives for the CBS agents.

**Table 8.1: ‘Sustainability’- Summary of strengths and constraints in RHIP**

‘Sustainability’	<b>Rural Health Improvement Project</b> (findings from visits in seven pilot communities)
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Community members willing for their communities to participate in health projects</li> <li>• A number of CBS volunteers still operating in the communities</li> <li>• Clinic in Nkwateng popular</li> </ul>
	<ul style="list-style-type: none"> <li>• A number of district members favourable for the project to continue and expand under certain conditional</li> </ul>
	<ul style="list-style-type: none"> <li>• JICA senior member still contacting DA (PPAG) member to check on the project status</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Community members not involved in any regular health activity</li> <li>• Community members facing the same problems and use the same sources of information as before RHIP</li> <li>• Households prefer to have access to actual medical services than be part of a information campaign</li> <li>• Cease of campaigns, outreach clinics after the end of the project in 2006 due to lack of financing</li> <li>• IGAs not operative</li> </ul>
	<ul style="list-style-type: none"> <li>• Lack of resources in the district offices to continue with the project</li> <li>• Lack of support by the DA</li> <li>• No plans in DHA for dealing with the challenges-prefers to continue with CHPS</li> </ul>
	<ul style="list-style-type: none"> <li>• Attrition rate of JICA-RHIP members</li> <li>• No plan from GHS to continue with the project, unwilling to support it</li> <li>• The reports of JICA for phase-out and model dissemination short, optimistic and unrealistic</li> </ul>

Source: the author

At the time of the visits, there was only one PPAG staff member who was trying to cope with the health- and sanitation-related problems of 20 communities and coordinate the CBS volunteers. At the district level the local assembly did not allocate any additional budget for the project after 2006, despite including RHIP in its mid-term development



plan 2006-09. Additionally, the DHA has limitations in supporting RHIP activities more regularly with its limited budget and personnel. Thus, there is no plan on how to support the project in the near future. At the national level, JICA's staff members are poorly informed of the state of the project in Birim North, as they have not visited the pilot communities and the district offices since 2006. Most of the JICA staff members involved in the project left the country directly after the conclusion of the project implementation, and those remaining had very limited contact with the district in terms of future plans. Additionally, the rather brief and optimistic 'phase-out' and 'dissemination' reports by JICA were never followed up by an ex post report by the agency as was scheduled in the Terminal RHIP Evaluation of 2006. The findings of this thesis suggest that the project met very similar problems to its predecessor, the IPII. Finally, RHIP would not be included in the future community-based health plans of MoH and GHS, as it was suggested that RHIP was very small and the Ghanaian side were never really involved. GHS underlined the fact that the ministry would stick to strengthening its Community Health and Planning Service (CHPS) initiative (presented in Chapter Three), and that Birim North district should find the budget from the local DA to support the project and motivate volunteers.

### **8.3 'Sustainability' of the INSET project**

As in the case of RHIP, one of the core objectives of INSET is the adoption and institutionalisation of the project by the Government of Ghana (GoG), and its expansion beyond the initial ten pilot districts of 2005-08 (see for example the INSET Project Matrix in Appendix C – Table 2). Although at the time of the field research (near the end of the project) there was no publication of a 'phase-out' plan and/or a Dissemination Report for INSET, the efforts of JICA were geared towards the expansion of INSET to more Ghanaian districts (JICA member 1, Accra 2008).

Therefore, one of the main concerns of this study was to establish whether there was the potential for INSET to be sustained in terms of project outputs/outcomes (continuation of INSET activities in the schools); and in terms of the INSET structure (teachers,

volunteers, district staff members and national staff members continuing to operate after the exit of JICA).

### **8.3.1 Views at the school level**

#### **8.3.1.1 School teachers**

The views of the teachers in this part of the research were of particular importance as the teachers' support of the project is fundamental for INSET to continue. The basic idea of INSET (the implementation of the project in the classrooms) requires that teachers are satisfied to a certain level with the project, and that they consider it to be important.

Considering this, it is certainly problematic for the continuation of the project that in the visited schools there was a widespread pessimism amongst the majority of the teachers over the continuation of INSET in their schools. The large majority of the teachers found the incentives for participating in INSET seminars and implementing INSET elements in real classes as 'unsatisfactory' (see ratings in Appendix CII – Table 3), and felt unsupported by the District Education Offices (DEOs), who rarely visited the schools (see also Chapter Six). There were two significant elements related to the problems of the project at the school level in both districts:

- The harsh reality the primary schools were facing on a daily basis, with a lack of basic infrastructure, financing and staff members affecting their fundamental operations
- INSET does not address the primary needs and challenges the teachers are facing (as shown in Chapter Seven).

Most of the interviewees (especially in Wa Municipal) underlined the fact that INSET could be sustained (through the organisation of frequent workshops and the application of INSET in real classes) only under certain conditions closely related to tackling the challenges the teachers face. More analytically, the most common problems the teachers suggested that the project was facing in the schools were:

- Financing INSET activities and the continuation of INSET in the schools
- Lack of incentives for the teachers to participate
- Poor monitoring and lack of interest by the DEO, which has failed to organise and attend INSET activities in the schools in both districts
- Lack of TLMs and textbooks for applying INSET
- The fact that INSET is time consuming and the training takes place outside of normal teaching hours (mostly Wa Municipal, less in Adansi North).

As the INSET training and demonstrations take place after normal school hours, many teachers complained that they were obliged to stay for hours at school without even any refreshments provided by the DEO. Moreover, many were asked to travel to different schools for CBIs with no transport costs covered by the project. Teachers also had problems buying or constructing TLMs as they were not provided with any funding for that. Many teachers claimed that after JICA's exit, the financing of the project was coming from the capitation grant,<sup>86</sup> which is meant to be for general school expenses and not for financing projects such as INSET (Teacher, Agogooso, Adansi North 2008). A young teacher who had participated in the project from the beginning, commenting on the financing of the INSET activities in her school, argued that:

‘We know that [INSET] is voluntary but that does not mean we should use our own money for transport, often without even a refreshment after INSET. The authorities must respect the teachers of primary schools, the same as they respect the teachers of the high schools.’

(Teacher Nyankomasu, Adansi North 2008)

Likewise, another teacher in a rural primary school, commenting on the difficulties of the HT to financially maintain the project in the school, suggested that:

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<sup>86</sup>The only available financial source of primary schools is the capitation grant, which cannot cover even the usual problems of the schools, and any idea of financing INSET by the grant (expressed mostly at the district level) is unrealistic, as this amount of funding from the DEO is supposed to exclusively cover the urgent needs of the schools (Teacher, St Aiden Primary, Wa Municipal 2008).

‘[During the last year, 2008], only five cedis have been given to the HT of our school to finance the project through preparation of TLMs, as well as teachers’ refreshments. More financing is needed for INSET.’

(Teacher Aboabo Primary, Wa Municipal 2008)

In the schools of both districts, the main bulk of the comments also related to the ‘indifference’ the GES and DEOs were showing towards the project in terms of monitoring and support after the exit of JICA. On that issue, a teacher in an on-road school in Wa Municipal commented:

‘The supervision and monitoring [of INSET activities] is getting worse and worse – the school is ten minutes’ drive from the GES office. At the beginning it was better, now teachers are starting losing interest because of lack of supervision. In addition we have other duties and no motivation to take more. INSET draws backwards our lesson duties and many teachers don’t like that. Planning INSET takes time from us without really helping the pupils.’

(Teacher Kambali Primary, Wa Municipal 2008)

The most common factors that teachers in both districts suggested would assist them to continue more actively with the project were:

- Funding for both the project and the support of teachers
- Systematic support and provision for TLMs
- INSET activities and training in normal school hours
- More systematic training, support and monitoring of INSET in the school

Most of the interviewed teachers in both districts were disappointed by the inactivity of the DEO office and the scarce visits of GES and JICA to their schools. Personal observation and interviews with the other staff members of the schools suggested that the schools were mostly left alone to deal with the project (training, financing and

implementation), and that even during INSET implementation the school stakeholders had only random support. Teachers need more and better support and incentives to engage with the project, especially in the more remote schools of the districts.

In terms of future INSET financing, the large majority of the teachers in both districts suggested that GES and the district offices should financially and logistically support any future activities. A small number of teachers in both districts also suggested that the funding could come from:

- NGOs and foreign governments
- The existing capitation grant for primary schools
- Contributions from parents, teachers and HTs

Nevertheless, several teachers in both districts expressed doubts that financing could be found easily and without the assistance of a foreign agency and, as in the case of RHIP, suggested that they would prefer a foreign agency to supervise the project rather than a Ghanaian ministry. While the teachers felt that INSET could potentially be useful in real classes (although they did not think it addressed their professional priorities – see Chapter Seven), considerable problems in financing, motivation and monitoring prevent them from participating more actively in the project.

### **8.3.1.2 Curriculum Leaders and Head Teachers**

Curriculum Leaders' overall views of the future of INSET in the schools were slightly more optimistic but still subject to the conditions the teachers suggested. As mentioned in the previous chapters, the volunteers understood INSET as a potentially useful initiative, with positive results in terms of teachers' skills and capacities and pupils' performance. However, they did not think that the project structure could survive if INSET continued as it was. In Adansi North, most of the CLs stated the project faced a number of serious challenges. The volunteers in Wa Municipal agreed with their

colleagues in Adansi North, but they were slightly more optimistic. More analytically, the problems identified were:

- Lack of financing for INSET activities (all nine CLs both districts)
- Monitoring and supervising of INSET in the schools (three CLs, Adansi North)
- The attrition rate of trained teachers and CLs with no provision for replacing them in the schools (two CLs in Wa Municipal).

Despite their slight optimism regarding the project, the INSET volunteers in both districts were disappointed about the lack of finance and support from the district and the motivators for them to participate (training, status in the school, professional development), suggesting that the overall incentive regime of INSET is poor (see CLs' ratings in Appendix II – Table 3). The CLs in both districts argued that they had had problems meeting district staff members even at the time of INSET's implementation, and understood the 'phasing-out' of JICA as potentially 'problematic' (CL, Dompouse Primary, Adansi North 2008; CL, Tendambe Primary, Wa Municipal 2008). In line with the suggestions of the teachers, virtually all the nine volunteers argued that to establish better participation in INSET in the schools three main factors were necessary:

- Financing of the project itself (equipment, textbooks, more CBIs)
- Frequent monitoring, training and materials
- Small tokens for the participants, at least in terms of transport costs and some refreshments.

The INSET volunteers in both pilot districts are motivated and most of them are well-trained to deliver INSET, but as in the case of the volunteers in the RHIP project, they lack the support of the district offices, as JICA did not engage seriously with the phase-out problems that appeared at the end of the project.

Similarly, the views of the HTs revealed the problems they were facing with continuing INSET at the school level without any incentive system or support from the other

stakeholders of the project (see ratings in Appendix CII – Table 3). As in the case of the school volunteers, the HTs showed a willingness to continue with the project in the rating (*ibid.*), but in their qualitative comments suggested that it had become increasingly difficult. The relative pessimism of the HTs was more obvious in the more rural schools of Adansi North (such as Atatam) and Wa Municipal (Busa, Nako and Chansu) where access is more difficult and the schools are more isolated from the DEO services. The main problems the HTs in both districts identified with the future of the project in the schools were:

- Financing of INSET activities in the school
- Monitoring and training by the DEO
- Incentives for teachers and HTs to participate.

In accordance with the teachers and CLs, the heads of the schools underlined the fact that they lack support from the education offices in terms of financing SBIs and CBIs and creating incentives for helping them to better raise teachers' awareness. A head of a rural, off-road primary school in Adansi North with several years of experience commented:

‘The main challenges in the school and for INSET are financial. GES is not supporting us [...] they [JICA] never visited our school during INSET [...] teachers need financial support when attending INSET and for TLMs. Also INSET after normal school hours is a problem for them [...] the financial problem of the school is important. We have to use the capitation grant – which is for the general expenses of the school – for INSET too. The capitation grant is coming quarterly, is small and it comes with six to eight months of delay.’

(HT Atatam Primary, Adansi North 2008)

According to some HTs it is very often the case that, apart from financing, scheduled meetings with DEO staff members are cancelled, and the staff in the district offices appear disinterested (HT Bobriase Primary, Adansi North 2008). The heads of schools

suggested that they were more concerned about the daily difficulties their schools faced in terms of infrastructure and lack of personnel than with the project as such. Accordingly, for some HTs, INSET appeared to be a ‘good’ but ‘irrelevant’ project, compared to primary schools’ fundamental needs (HT Nako Primary Wa Municipal 2008).

The realities of the primary schools in the visited districts of Wa Municipal and Adansi North, and the principal problems those schools face represent a context in which the systematic implementation of INSET activities can be a very challenging issue.

### **8.3.2 Views at the district level**

#### **8.3.1.1 District Education Offices**

In parallel to the primary schools, in the district offices there is a prevalent scepticism about the potential of the continuation and expansion of INSET. The DEOs admit that they have problems supporting the schools (see also Chapter Seven), and confirm most of the conditions the school participants suggested. According to the members of both offices in Adansi North and Wa Municipal, the funding from the assemblies and GES is non-existent, and the incentive system for the district officers is poor. The most common challenges the DEO staff members found for the ‘sustainability’ of the project were:

- The lack of funding from GES and the District Assemblies for INSET activities such as training, workshops, materials and logistics
- The lack of an incentive system for the teachers and DEO staff members to participate in the project
- The monitoring and supervision of the project, which is related to staff availability and financing (fuel for motorbikes, logistics and materials for INSET)



Furthermore, despite the fact that the district assemblies had vowed to cover the budget for the project, the DEOs in both districts had not received any support from the DAs,<sup>87</sup> especially after the exit of JICA in 2008, making the organisation and monitoring<sup>88</sup> of INSET activities very problematic (DEO member 1, Wa Municipal 2008; DEO member 2, Wa Municipal 2008). An experienced, senior DEO staff member in the Wa office, mainly responsible for training and supervision, said:

‘Survival [of INSET] is really problematic. Financing is a major issue – we are supposed to train other districts and expand the project, but we don’t have money. Only if there are available funds INSET can survive. You can’t do work without funding.’

(DEO member 5, Wa Municipal 2008)

Commenting on the same issue, another DEO staff member in Wa with principal responsibility for organising and monitoring INSET in the district said:

‘For the ‘sustainability’ of INSET, it depends [...] financing is important, and awards for people who have done well. Regular monitoring and supervision is needed, for TLMs, CBIs and SBIs. For example refreshments and working lunch for teachers [...].’

(DEO member 2, Wa Municipal 2008)

Most of the DEO personnel were not aware of the detailed ‘phase-out’ plan of JICA, and whether there was any plan at the national level (GES and MoESS), as they lacked information about any discussions between JICA and GES on the ‘sustainability’ of INSET (see rating in Appendix CII – Table 4). JICA had an original ‘pattern’ plan to withdraw from the project after a two-year period of project implementation, as is its usual policy in TC projects. The participation of DEO staff member at the national

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<sup>87</sup>While in the Mid-Term Development Plan 2006-09 of Wa Municipal there is a provision of 10,000 cedis for teaching science and mathematics in the district schools, the DEO in Wa suggested that very small or no amounts had disbursed between 2006 and 2008 for the purposes of INSET project.

<sup>88</sup>The current monitoring and supervising of the DEO for INSET activities in the school takes place only after previous communication with the school, something that the DEO staff in Wa and Fomena characterise as ‘biased’, as they cannot really assess if INSET is applied in real classes (DEO-CS member 1, Adansi North 2008).

level for the ‘phasing-out’ of JICA was minimal (only the DEO Directors were invited) and informative, in terms of briefing the district representatives on the project and signing the ‘minutes of understanding’ of the transfer of INSET (see for example the INSET documents at the beginning of the project such as INSET Baseline and Inception Reports 2006). No previous systematic discussions appear to have taken place over the careful transfer of the project to the national and district ‘partners’ of INSET. When a JICA staff member was asked about any documents showing wider discussions with the ‘partners’ at the district and school levels for JICA’s ‘phasing-out’, it was stated that the published documents (INSET Modules Sourcebook and Minutes) were the ‘only ones’ (conversation with JICA staff member 2, Accra 2008). JICA’s exit from the project in 2008 was quick and did not follow extensive consultation with the stakeholders in the field. A senior DEO staff member of the Fomena office, who was in favour of the project and was coordinating the INSET activities in Adansi argued that:

‘Still, there is no clear strategy, only short-term things for the project [...] JICA should have extended their support, two years is not a long time for a project [...] they should have used the same money, for example, for a five-year period, as their coming and going was very sudden.’

(DEO member 1, Adansi North 2008)

During the interviews it was often the case that despite district staff members considering INSET as ‘useful’ they commented on JICA and GES as distant agencies based in Accra and relying on second-hand information (DEO-CS 1, Adansi North 2008). The interviews revealed that several DEO members believed that, while the INSET project could be useful for the primary schools of their district, the plan of JICA and GES to implement the project within two years, with scattered visits and training, not only brought more work to the DEO staff members, but also left them alone to face the problems with a ‘pledge’ that the GES and DAs would assist them. The district staff members revealed that the district offices in both districts did not have a plan on how to deal with the challenges of the project and did not think that the staff members

and the schools were ready to continue with the project without external support (see ratings in Appendix CII – Table 4).

The direct outcome of the above is that the project districts and schools feel ‘distant’ from the wider planning and implementation of INSET mainly due to their non-participation in the planning and implementation of INSET, but also because of the lack of financing and incentives for the project despite the promises of the district assemblies at the beginning of INSET.

### **8.3.3 Perspectives at the national level**

#### **8.3.3.1 JICA and Ghana Education Service**

At the national level of project implementation the JICA staff members and nearly half of the GES personnel were optimistic about the continuation and expansion of INSET over the coming years. JICA underlined that there was support from the Ghanaian side for the project to continue and be institutionalised in the Ghanaian education system (JICA member 1, Accra 2008; JICA member 3, Accra 2008). On the other hand, GES members were more careful in their views.

JICA members viewed INSET as low budget and ‘cost-effective’, suggesting that it could easily be sustained and replicated in other schools (JICA member 1, Accra 2008). Additionally, despite the fact that they admitted that many teachers might not implement what they learned in the class (*ibid.*), they highlighted the fact that there was strong commitment in the district offices and in GES for further support of the project in the future by introducing it to the teachers’ curriculum in the training colleges. Moreover, JICA suggested that the agency had a clear exit plan from INSET and considered ‘sustainability’ as an important factor of its project design and implementation (see ratings in Appendix D – Table 5, where the positive ratings are predominantly from JICA staff members). Furthermore, contrary to the views of the district offices and schools, JICA suggested that in the phase-out plans there was indeed participation of the various project stakeholders (*ibid.*).

According to GES staff members, the main issue of INSET is motivation at the school level and monitoring by the district offices, together with the attrition rate of the trained personnel (GES member 2, Accra 2008). Contrary to the views at the school and district levels, a senior member of GES suggested that while at the beginning GES was more reserved about the prospects of the project to be sustainable (in financial and logistical terms) they now see that MoESS is more ‘engaged’ in the project (ibid.). Nevertheless, when the staff members were asked what exact measures MoESS had taken for the institutionalisation of the project, it was argued that no specific provisions had been taken yet and that despite the termination of the project the schools and districts were not ready to cope with INSET without significant support<sup>89</sup> (in 2008) (see rating Appendix CII – Table 5).

Both JICA and GES staff members agreed that there were a number of challenges for the project, mainly related to the limited capacity of the districts to monitor the schools, the attrition rate of volunteers and teachers and the lack of a national INSET policy. A JICA staff member based in GES, commenting on the institutionalisation of INSET in Ghana, suggested:

‘It is not clear yet. The concept of INSET is not incorporated as such. It is not mentioned in the education laws that were passed lately [...]. We, as JICA, are trying to pass INSET as compulsory on the teachers’ training [...] there is lack of funds for primary schools. The main idea is to link it with teachers’ promotion. It is not yet implemented though – it is for MoESS to do it.’

(JICA member 2, Accra 2008)

Certainly, at the national level, Ghana’s Education Strategic Plan of 2003-15 does not include any specific section on the introduction of INSET into the curriculum and/or the training of primary school teachers, and only ‘prioritises’ the importance of quality

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<sup>89</sup>Identical is the view of JICA members who, despite their optimism, believe that the pilot districts are not ready to continue the project after the exit of JICA without support.

education in science and mathematics for students in post-basic institutions, not in primary schools (MoESS 2003a, 18-32). Furthermore, despite JICA’s optimism about the institutionalisation of INSET in Ghana over the course of time, the findings from interviews with GES and MoESS staff members suggest that while INSET is considered useful and important, it is not a priority compared to the main objectives of the ESP plan of 2003-15 for quality education in Ghana.

### 8.3.4 Concluding remarks

The ‘sustainability’ of INSET at all three levels of project implementation is low and problematic, both in terms of the achieved project outputs and project structures. While the majority of teachers and project volunteers (CLs) suggested that INSET could be potentially useful for their teaching needs, it was also perceived as not relevant to their priority professional needs (teachers) with no incentives (teachers and CLs) to actively participate in the workshops and apply the project in real classrooms.

**Table 8.2: ‘Sustainability’- Summary of strengths and constraints in INSET**

‘Sustainability’	<p style="text-align: center;"><b>In-Service Training</b> (findings from visits in pilot schools-both districts)</p>
<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Teachers, HTs and volunteers willing to continue with INSET under certain conditions</li> <li>• CLs still operating in the school level</li> </ul>
	<ul style="list-style-type: none"> <li>• INSET agents (DIU, DTST, CS) operating in the district level</li> <li>• JICA Coordinators active in both districts</li> <li>• Available equipment for monitoring</li> </ul>
	<ul style="list-style-type: none"> <li>• INSET Modules published and distributed to pilot schools</li> <li>• INSET agents in the ministries operative</li> <li>• JICA regular lobbying for INSET official introduction in Ghana’s education system</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>• Teachers find INSET useful but irrelevant and extra work</li> <li>• Lack of incentive system for teachers and CLs</li> <li>• Lack of financing and support for the volunteers from the district offices</li> </ul>
	<ul style="list-style-type: none"> <li>• Lack of financing and personnel in the DEOs</li> <li>• INSET seen as extra work</li> <li>• There are no clear plans in the district level on how to deal with the project challenges</li> </ul>
	<ul style="list-style-type: none"> <li>• Lack of plans in GES for future of INSET (2008)</li> <li>• Lack of legislation for introducing INSET to Ghana</li> </ul>

Source: the author

Thus, while teachers, CLs and HTs do their best when there is an official visit to present a certain level of adoption of INSET (as seen in JICA's visit at Dodowa), in reality many of them find it irrelevant and difficult to apply. The lack of support from the district level and GES has left the teachers and volunteers without regular funding, training and monitoring (especially in the more remote schools in Adansi North and Wa Municipal). The project volunteers (CLs) and HTs, despite being satisfied with their initial training for the project, feel isolated as their first introduction to the project was not followed by any regular contact or support from the district level; moreover, JICA did not visit the project sites again after the termination of INSET. Accordingly, the CLs and HTs find it increasingly difficult to continue sensitising the teachers about the project without any incentive mechanism and the visible presence of district administrators. There are no significant differences between the two districts but mainly within the districts, between on-road schools and more remote schools where the teachers and volunteers are more isolated and the schools are usually (but not always) poorer.

In parallel, in the district offices of both visited districts, INSET is seen as a 'useful' project in terms of training school and district staff members in science and mathematics, but also as 'extra work' with no engagement of the district staff members with JICA in the planning of the project and no incentives and support for participating in monitoring and training of the teachers, CLs and HTs.

At the national level, despite the fact that JICA staff members lacked essential information regarding the status of the project in the schools, there was optimism regarding the continuation of INSET and its introduction into the Ghanaian education system. On the other hand, in GES and MoESS there was more scepticism about the continuation of INSET as such, as there was no specific plan from the ministry for the introduction of the project into the teacher training curriculum of the Training Colleges, or a specific budget for the project. The views of GES and MoESS are more realistic than the views of JICA, as they see INSET as sustainable only under certain conditions.

Nevertheless, the low level of participation and interest at the school level, together with the organisational limitations of the district offices significantly challenges JICA's claims that INSET would be replicated.

#### **8.4 Conclusion**

This chapter has demonstrated that the level of 'sustainability' of both JICA projects is low, in terms of both project outputs and structure. Despite the claims of the agency for RHIP and INSET being highly replicable and adopted by the relevant Ghanaian agencies, the projects' components appear to be stalled (INSET) or vanishing (RHIP) at the actual project sites.

Echoing the classic hazards of TC for CD as described in Chapter Two (Lopes 2002; Kremer and Miguel 2008), JICA's projects have two fundamental characteristics in common with each other in terms of 'sustainability': lack of financing as soon as the foreign agency (JICA) phased out; and lack of continuous support of the community/school levels in terms of training, monitoring and advising. These are combined with low ownership and an absence of active participation of the project stakeholders in the field as JICA's project plans are mainly designed at the national and district office levels.

In the case of RHIP, the project is considered relevant by the local stakeholders who would like to see it continuing in their communities. However, the communities, the district assembly and DHA office lack the essential resources (funds, personnel) to support such activities following the exit of JICA and the withdrawal of PPAG members from the area. Additionally, the project volunteers, despite their relatively strong motivation, are not part of an incentive system and do not undergo systematic training and monitoring of project activities. Other aspects of the project also appeared problematic. At the time of the visits the health and sanitation information the community members mostly relied on came from the same sources as before RHIP, i.e. the radio, friends etc and not from any established mechanism of JICA's project.

Moreover, a number of established aspects of RHIP (LSCs and IGAs) stopped operating, shortly after the end of the project. In parallel the related district offices viewed JICA's exit as abrupt and without consultation and detailed plan. While the district offices demonstrated their interest for the project they do not have the support of the local assembly, despite its initial pledges. Furthermore, the poor planning by JICA over to which agency to hand over certain RHIP 'hardware' equipment (a car, computers etc.) resulted for the DHA director not being willing to support the project. At the national level, there is a lack of first hand information over the continuation of the project. The optimism of JICA members relies on a singular phone contact with the remaining PAAG member in the district and on past project reports. Finally, the GHS office was never engaged systematically in RHIP and the Ghanaian staff members suggest that RHIP would not be financed by the ministry which considers CHPS a priority for community health.

The above points confirm a number of studies carried out in the past about the problems of project initiatives rural districts when the external funding ceases (Saueborn et al. 1989; Baum and Kahssay 1999; Oakley 1999). The communities face serious problems of community mobilisation once the project stops due to lack of resources, and more often than not the project disappears due to the limited economic and political leverage of the local communities to the district offices (see also Bossert 1990; Shediak-Rizkallah and Bone 1998). RHIP actually met very similar challenges to those that had already been experienced in its preceding project (IPII), without JICA having undertaken any particular plan in order to avoid the repetition of the same pitfalls.

In parallel, the potential of continuity of INSET in both districts is low, especially in the more remote areas. The teachers find the project 'useful' for them and the pupils but not relevant to their priority professional needs and the school context for implementing it in real classes. There is no evidence that the school members were called to participate for the 'phase-out' period of JICA from the project in their district. The teachers and the volunteers face harsh daily realities in the schools and a lack of support from the district authorities to cope alone with INSET as they have very limited support from the DEOs.



The district offices of both visited districts see INSET ‘sustainability’ as ‘conditional’ on financial and personnel support from the DAs or another foreign agency. Despite JICA’s argument that INSET is a ‘low-cost’ project, the DEOs find financing of INSET fundamental for its continuation. The district staff members in both district offices also suggested that JICA did not consult the DEOs regarding its ‘exit’ from the project, which is seen as having been quick and ill-prepared. Many district staff members of INSET feel unmotivated and they often see the project as ‘extra work’.

Finally, at the national level INSET continuation is also doubtful, mainly because of the lack of communication between JICA and GES staff members after 2007 regarding the planning and monitoring of INSET activities in the pilot districts, and the absence of any comprehensive legal framework which would include INSET in future policies and secure a budget for the expansion of INSET in Ghana and its inclusion in Pre-Service Teacher Training (PRESET) in the training colleges. INSET appears to be only one of the priorities for MoESS which has significant limitations in its budget expenditure.

The above points correspond with a number of INSET studies which underline the lack of ‘follow-up’ INSET initiatives and support after the termination of the project in the schools as one of the principal reasons for teachers not adopting the methods and skills of the INSET workshops (see for example Greenland 1983 cited in Sullivan 2001; Lamb 1993; Sullivan 2001). The findings also correspond to the difficulties the DEOs had in the past for sustaining other education projects in Ghana<sup>90</sup> (see Casely-Hayford and Palmer 2007, 19-21). More interestingly, JICA itself highlighted the importance of resources and follow-up for INSET in its STM project’s Terminal Evaluation Report (2005), but also in one of its INSET ‘project purposes’ for the institutionalisation of the project in Ghana (see INSET Project Matrix in Appendix C – Table 2). Nonetheless, INSET does not appear to have escaped the problems outlined above.

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<sup>90</sup>Such as the Quality Improvements in Primary Schools (QUIPS) initiated by the USAID.

## **CHAPTER 9: CONCLUSION: JICA's LIMITATIONS IN TECHNICAL COOPERATION PROJECT AID**

### **9.1 Introduction**

In this chapter the main findings of the thesis are brought together in order to draw conclusions about the presence and limitations of JICA's TC project aid in Ghana. The second part of the chapter will then interpret the results with reference to the wider discourse and practice of the current development agenda(s). First, the main questions of chapter one are answered and then the gaps between JICA's discourse and development practice are identified. Finally, a wider picture of development aid is drawn based on the findings of this study and a number of recommendations are put forward.

Since its independence in 1957, Ghana has been the site of numerous aid initiatives in the 'hard' (infrastructure) and 'soft' (health, education) sectors of its economy, initiated by a large number of predominantly western donors. Technical Assistance, grant and loan aid schemes, budget and sector-wide approaches have all been planned and implemented over several decades. These initiatives have mobilised a vast amount of Ghanaian resources, in terms of financing, personnel, logistics and legislation. Overall, this large channelling of foreign and local resources to aid schemes, has raised a number of mainstream debates over the 'effectiveness' of the various aid initiatives from the richest countries of the North to the poorest countries of the South. An aid scheme which has been the object of debate over its potential to create meaningful 'partnerships' and deliver relevant and sustainable results has been Technical Cooperation (TC) for Capacity Development (CD).

As shown in Chapter Three, despite the severe criticism TC has received over the past decades, JICA still dedicates a large proportion of its aid budget to this kind of aid, supported by a growing rhetoric which increasingly echoes the pledges made by other large western donors for 'needs-based' and 'bottom-up' project approaches. This rhetoric was gradually introduced to JICA through an 'additive' process, under which

old Japanese understandings of aid ('self-help') were blended with such new terms as 'human security', 'ownership' and 'sustainability'. However, the research findings suggest that despite JICA's 'new' rhetoric, the agency's initiatives in Ghana better resemble the 'parachute' schemes for which the development industry has been criticised in the past than any significant breakthrough in a change of mode in project implementation. Indeed, while JICA's initiatives appear to achieve their direct objectives (for example people trained and project bodies established) they largely fail to reach more qualitative and challenging objectives (such as participation, relevance and institutionalisation). Thus, the various gaps between JICA's discourse and practice are apparent at all levels of its TC initiatives, where the embedded interests of the Japanese agency in terms of quick and 'successful' project 'performance' collide with the urgent need for a paradigm shift of aid practices, in order to meet their rhetorical commitments.

## **9.2 Challenges and limitations in JICA's Technical Cooperation: cooperation and 'partnerships'**

During the last fifteen years the development aid discourse has been characterised by the emergence of a set of research documents and policy papers which underline the importance of better inclusiveness in aid initiatives, by engaging with, and encouraging ownership among local stakeholders, which in turn increases the likelihood of better relevance and 'sustainability'. This approach has been stressed in a number of academic research papers (for example Fowler 1997; Hulme and Edwards 1997; Fowler 2002; Bebbington 2005) and increasingly adapted by aid agencies and their related studies (for example JICA-Human Security Approach 2010 and the World Development Reports of the last fifteen years).

In relation to the above, the first question asked in Chapter One (section 1.3) was: *does JICA's project planning and implementation in Ghana suggest that the Japanese agency follows (in line with its rhetoric) a more 'people-centred', equitable approach, by systematically engaging the local stakeholders in its TC project aid schemes?* As shown

in Chapters Two and Three, TC projects for CD have been heavily criticised over the past decades for their inability to include in their planning and implementation the views and meaningful participation of local stakeholders, implementing blueprint plans and opting for more distant relations with their local ‘partners’. According to the findings of this research, very little evidence suggests that the Japanese project approach escapes from this criticism.

### **Community/school levels**

At the community/school levels, a number of volunteers were called upon to participate in initial ad hoc training at the district level or in the communities/schools. Moreover, a number of activities took place in order to sensitise the pilot communities (RHIP) and school teachers (INSET) to the participation of the volunteers, district and JICA staff members and in one case an NGO (PPAG). Additionally, ‘agents’ were established (Local Steering Committees and Head Teachers) in order to monitor and support the project volunteers, community members (RHIP) and teachers (INSET). In both cases the project volunteers and support bodies were supposed to systematically coordinate the project activities with the regular support of the relevant offices in the pilot districts (see Chapters Four to Six).

However, in both JICA projects few elements suggest that the community and school project stakeholders were actively ‘heard’ or participated in the design, planning or implementation of project activities, *before* and *during* the project timeline or were involved in its ex post evaluation. The large majority of the interviewees (household members and teachers) had rarely (or never) had any encounters with JICA (volunteers, visiting experts, staff from Accra) or PPAG (for RHIP) staff members, and when they had they suggested that the visits were short and informative. In both cases the community members/teachers would be called to the Chief’s palace (RHIP) or to the school (INSET) to be informed of a new initiative (project) in which their community and school would participate. These findings are also confirmed by analysis of the (rather limited) project documents, in which there is no evidence of any active

local/school participation apart from a small number of district representatives attending the initial JICA project meetings in Accra (see for example JICA-GHS, RHIP Baseline Report 2003f; INSET Inception Report 2006d).

During the period of the research (2008) the local stakeholders of JICA's projects had very limited contact amongst themselves. In the case of RHIP, community members could identify the project volunteers (CBS) but they still used other sources of information on health and sanitation issues (radio, family, friends, traditional healers and the clinic, if they live close enough), as many volunteers were perceived as 'non-active', or not present only when they were needed. Furthermore, the community members had no contact with the LSC members as after the termination of the project in 2006 LSCs have ceased operating, together with the established Women's Clubs. Similarly, in the case of INSET the teachers had good but limited relations with the volunteers (CLs) and the HTs for INSET activities. The teachers were not consulted by JICA and/or district staff members on the project activities in their schools and other crucial aspects, such as the time schedule of INSET activities and transport costs for attending INSET. This was particularly apparent in the more remote schools of the districts, where information and contact with other project stakeholders (JICA, district staff members) was even more scarce and difficult.

The limited contact and participation of the local stakeholders were also confirmed by the project volunteers. After their initial training and briefing at the beginning of the projects, the volunteers were largely left by themselves to pursue activities in the communities and schools without any regular follow-up training or support from JICA and the district offices. JICA's project structure ignores the serious difficulties and limited resources of the local stakeholders. Thus, while arguing that cooperation and consultation need to be close between the local stakeholders, JICA did not attempt to engage the local (community/school) 'partners' at any point, and did not provide any realistic suggestions about how to realise the aspiration for closer relations (JICA 2006i; GES and JICA 2007a-2007e).

## **District level**

At the district level the related project offices had limited consultations with JICA over the planning and application of the projects in the pilot areas. In the case of RHIP, the pilot district was selected after consultation with PPAG over the ‘willingness’ of Birim North District to commit to the project and the poor health status of the area (see Chapter Four). The pilot communities were also selected by JICA, PPAG and DHA (without the consultation of the District Assembly) based on the same criteria. In INSET, the pilot districts were selected after discussions of JICA with GES at the national level. In both cases only a small number of district directors of the District Health Administration (RHIP) and the District Education Office (INSET) were consulted by JICA and PPAG over the planning and application of the projects in the pilot districts. The district offices appear to function more as logistical support for JICA’s project planning rather than meaningful participants of the projects.

In the case of RHIP, JICA had systematic contact with PPAG and has employed the DHA office and the assembly mainly for their support and knowledge of the pilot areas, in this way which entailed as a consequence, some degree of alienation of the local offices. Similarly, in the case of INSET the district offices had little or no contact with JICA (with the exception of the directors and, to a lesser extent, the JICA Coordinators). In both cases the initial briefing and training was not followed by more systematic support from JICA and the ministries in Accra. Their motivation for the initial contact was quickly replaced by a culture of report writing from the district staff members (PPAG included) to JICA. Furthermore, the appointment of the District Assemblies (DA) by JICA, GES and GHS as the main source of financial and logistical support of the district offices did not produce lasting results. Near (or after) the end of both projects there was a high attrition rate in the district levels. Despite the claims of JICA that after its exit the assemblies would support the projects in reality the assemblies withdrew. As a consequence, monitoring and campaigning/training from the district offices to the communities and schools has been severely constrained by the lack of funding.

## **National level**

At the national level the limitations of JICA and the related Ghanaian agencies in closely cooperating with the district and local ‘partners’ of the projects are underlined by the fact that the information JICA, GHS and GES have on the projects comes mainly through the reporting of activities and not ‘physical’ presence at the sites. In the case of RHIP the JICA and Ghanaian members have not visited the project area since the end of the project (2006). Another four JICA staff who had been involved in the project in the past had left Ghana. GHS has no contact with district staff members as their members were not regularly involved in the project. Similarly, in the case of INSET JICA relied mainly on the periodical information sent via reports by the DEOs of the pilot districts, and their presence in the district offices and schools was minimal. Meanwhile, the relations of GES staff with the appointed JICA staff at GES have seriously deteriorated, as JICA changed its staff in the middle (2007) of the project and replaced them with ‘contracted’ JICA staff from a Japanese consultancy which cooperate the GES office for their networking and contacts in the actual pilot districts.

The findings in terms of cooperation in both JICA projects suggest that horizontal relations and physical contact amongst project stakeholders was rather sporadic, with local participants (households, teachers, volunteers) only included in the project processes when a campaign or seminar was held in the district and national levels. This pattern of social communication and activity created a poor basis for local ownership and initiative and subsequently the ‘sustainability’ of the projects.

### **9.3 ‘Capacities and skills’ in JICA’s Technical Cooperation projects**

In order to assess JICA’s TC project aid in Ghana, the second question this thesis, explored in Chapter Seven, was (section 1.3, p.27): *are JICA’s projects in Ghana characterised by an approach which promotes a systematic transfer of relevant capacities and skills and the creation of project systems that are sensitive and related to the local contexts and priorities, or do they instead correspond to the flaws of the*

*traditional 'expert-counterpart', instructive model which has been heavily criticised over recent years?*

According to JICA, Capacity Development is a useful and essential means for achieving development objectives and TC represents a major instrument for supporting the CD projects (JICA 2008g, 1). In the cases of the two selected TC projects of JICA in Ghana, the 'project purposes' were the increased awareness of the project stakeholders to be 'responsive to the health needs of the district [Birim North]' (RHIP); and, in the case of INSET, the development of a structured and replicable INSET model for primary schools in districts of Ghana (INSET) (see Chapter Four and Appendix C-Table 5).

The findings in Chapter Seven show little evidence of any significant outcome of both projects at the community/school, district and national levels in terms of achieving what was described in Chapter Two as individual and organisational Capacity Development. At the community/school levels some quick targets were achieved such as 'increase the number of people vaccinated' (RHIP), 'construction of clinic' (RHIP), 'increase the number of campaigns and people trained' (RHIP, INSET) and 'carry out a number of INSET workshops' (INSET). Despite the fact that these had a positive direct impact on the local participants (mainly in the case of RHIP) the findings suggest that both JICA's projects are challenged by the hazards customarily encountered in past TC project aid schemes (see Chapter Two).

Therefore, on what is described by Fukuda-Parr (2002,9) as the 'individual level' of CD, both projects were characterised by an initial campaigning/training period at the community and school levels without any substantial follow-up process. In the case of RHIP the majority of the community members have a good knowledge of two of the main components of the project (knowledge of HIV/AIDS and parasite control), but they often face problems in applying this to their daily practice or/and behaviour due to a lack of information and the socio-economic context the community members live in. RHIP had a principally short-term, informative design which managed to achieve some of its objectives (vaccinations, number of volunteers) and left the local stakeholders



satisfied, but failed to create an apparent community system which engages its residents in the communities for health purposes. The latter is also confirmed by the problematic state of the RHIP volunteers (CBS) who are willing to continue supporting RHIP but are left without any substantial follow-up support and incentive mechanism resulting to a high attrition rate of the volunteers. The interviews, documentation and personal observation showed that community members and volunteers were generally receptive towards RHIP-related information but there was no significant sign of RHIP contributing to a self-managed, community-based health system, after its termination (see Oakley 1991,251 for relevant study).

Therefore, INSET had an instructive, short-term approach without the teachers and volunteers (CLs) being engaged in any systematic development of an INSET monitoring and support mechanism for the creation of a school-related INSET system. Despite teachers, CLs and HTs being well-informed about the project, their initial training in the districts faded over time (especially during the phase-out period of JICA in 2008). The large majority of the teachers suggested that they have participated in some sort of INSET workshop but in reality they did not apply the activities in real classes because of lack of support and significant daily problems in the context of primary schools (low wages, poor housing and training, overcrowded classes). Therefore while JICA is stating that it achieved a number of objectives and indicators through its activities the project did not establish stable INSET school structure with continuous training, supervision and application of project activities in the class. This research did not find evidence of significant differences between Adansi North and Wa Municipal, or between urban and rural schools in terms of teachers and volunteers' 'capacities and skills', but instead found evidence of the difficulties the teachers were facing within the districts themselves in terms of problems found within schools (more so in remote than urban schools).

In the district levels of JICA's projects, the agency together with the Ghanaian 'partners' (GHS and GES) managed to establish a number of project 'institutions' (more in INSET and less in RHIP) who were satisfied with the initiation of the projects in their districts

but they had no essential support. In both cases a number of district personnel had been trained either by JICA and/or Ghanaian staff but as the contact between the national and the district levels was limited in both projects the operations of the project staff had been subsequently stopped (RHIP) or significantly constrained (INSET in both pilot districts). Thus, in both projects the capacity of the district offices to operate is limited due to lack of resources and support from the DAs and the national level (see also section 9.4).

At the national level, JICA members of both projects invariably suggested that RHIP and INSET have reached their targets, mainly referring to the ‘quantitative’, more ‘measurable’ parts of the projects found in JICA reports and suggesting that the projects have been (or will soon be) introduced into the Ghanaian national systems. The increased subjectivity and optimism of the donor side over project achievements is common in the literature about evaluations of aid initiatives, where development agencies create a certain image for themselves in order to effectively intervene and solve a ‘challenging’ development problem (Mosley 1992; Power 2003 cited in Kothari 2005, 433) and in evaluation reports of bilateral and multilateral agencies where the majority of interventions are rated as ‘successful’, recognising only certain ‘challenges’ (see for example DFID Ghana Country Synthesis Report 2000-2005; EC-EuropeAid Country Strategy for Ghana 2005). JICA does not escape this approach, ignoring the numerous problematic aspects of the projects. On the other hand, the Ghanaian staff members at the national level also rely on selective JICA reports and do not have regular first hand information. They are generally optimistic on whether the projects have contributed to improved individual ‘capacities’ and sceptical over the projects’ contribution to organisational changes in the districts and the national level.

#### **9.4 ‘Sustainability’ in JICA’s Technical Cooperation projects**

One of the fundamental challenges of TC project aid for CD is the low level of ‘sustainability’ of project outputs and structures, mainly attributed to a low level of ownership of aid initiatives and lack of adequate local resources in order to sustain the project (or aspects of it) after the exit of a foreign donor. The issue of ‘sustainability’ of

JICA's selected projects in Ghana was addressed in chapter Eight. The corresponding question asked in chapter one was: *what is the level of 'sustainability' in JICA's selected projects in Ghana? Does JICA's rhetoric on giving priority to 'sustainability' of TC project aid for CD match project reality? What are the challenges JICA's projects are facing in terms of sustainable outputs and project structures?*

This thesis has found that both JICA's projects experience serious problems in terms of the level of community/school and district 'sustainability' of the project outputs and structures. The findings suggest that while a number of the planned project services (training, campaigns, vaccinations, clinics) have been delivered, community members and teachers are facing difficulties using the information/training they have received and the project bodies implemented by JICA have considerable problems operating. This thesis highlights a number of reasons for the low 'sustainability' of project outputs and structures.

*-Funding and other resources:* Financing TC projects for CD is one of the core issues of project aid, as historically the vast majority of TC projects have disappeared from the development map after the donor exited the project site. The planning, implementation and phasing-out of JICA's projects in Ghana did not escape this challenge. In both JICA projects the lack of funding and adequate personnel to deal with the project are two of the principal challenges the projects were facing. At all three levels of project implementation budget support had not been secured, despite the pledges of the assemblies and ministries to the contrary. The district offices have constrained budgets and they could not support these projects with the current funds they have despite the claim of JICA that both RHIP and INSET are enabled for an accessible low cost. District staff members were already overloaded with the usual agendas of the district and they often see the projects as extra work. As a result the attrition rate of trained personnel was high. Additionally, JICA initiatives such as the Income Generated Activities (IGAs), for supporting the project (RHIP) financially, have ceased to exist and there were no plans for their regeneration. The district offices and GHS/GES had no plans on how to secure any separate budgets for RHIP and INSET, relying on the DAs

to do so. In the case of INSET the MoESS has not passed any law that provides a separate budget for INSET activities the potential means to institutionalise the project is still in doubt, and a matter of negotiation. In both cases financing and adequate personnel have not been secured.

*-Monitoring and support:* Another serious challenge that JICA's project systems underwent was the lack of monitoring of the projects' status at the community/school and district levels of RHIP and INSET. In both projects the main related agencies (JICA, PPAG,GHS, GES) have trained a number of local and district staff to implement and monitor the development of the projects in the pilot communities and districts (see Chapter Four). In both cases monitoring suffered from a lack of available personnel and support to operate the supervising activities, a problem which appeared even when JICA was still active in the project. At the school and community levels, the volunteers are left alone to deal with the projects, with scarce (if any) visits from the district offices. In the district offices the administrators have neither the funding nor the time to regularly supervise and visit the project sites (especially the off-road ones) for training, campaigns, workshops etc.

*-Incentives and participation:* In both JICA's TC projects there was a lack of incentives for the stakeholders at the community/school and district levels to participate and engage more actively. While in both RHIP and INSET the local participants are empathetic with the project initiatives of JICA, there was lack of an established incentive mechanism to motivate a significant number of community/school and district staff. Participation and motivation in both JICA projects is low, especially since the exit of the donor agency. Despite the optimistic assessment of RHIP Terminal Evaluation (2006) on achieving certain project objectives, the social context of the pilot communities with long working hours and problematic transport systems highlights the challenges the project is facing. Additionally there were problems in successfully motivating volunteers and in raising awareness of health and sanitation issues in the communities. In both cases many of the participants (volunteers, district members)

understood the project as ‘extra work’ which does not include an incentive mechanism which could support their activities.

*-Institutionalisation of projects:* For both projects, there are no plans and information concerning the future of the two projects in terms of activities, sustaining their structures and dealing with the challenges the participants are facing. In both cases JICA had prepared a number of short and unrealistic documents on how the local participants could deal with the continuation of the projects (Chapter Four). In the case of RHIP the district office (DHA) is not willing to continue with the project after its conflict with JICA and PPAG (see Chapter Seven). The director of the DHA suggested that the district would continue with the CHPS scheme (Chapter Four). Furthermore, GHS in Accra underlined that they could not support financially small projects like RHIP; suggesting that it is for the District Assembly in New Abirem to decide if the project would be supported locally or not. Similarly, in INSET there was no information or plan in the districts for the future of the project and how to deal with the problems at the district and school levels. Despite the references in GPRS II, the Education Strategic Plan (ESP) 2003-15 and the new teachers’ curriculum to the importance of quality education and the promotion of science and mathematics courses in the schools, there was no specific legal framework in Ghana for the institutionalisation of the project mainly because of budget constraints and multiple education priorities.

## **9.5 ‘Lessons learned’? Institutional memory and JICA’s experience in Technical Cooperation projects**

The final question addressed at the beginning of this study was: *Does JICA effectively avoid repeated hazards in TC project planning and implementation by ‘learning’ from past projects, or does it face similar challenges repeatedly?* As shown in Chapter Three, the aspect of ‘lessons learned’ has become a major element in JICA’s project evaluation system, which assumes that feedback from past project schemes is used for future project initiatives, in accordance with the trends in other large aid agencies (see for example USAID Approaches to Civic Education: Lessons Learned 2002; GTZ CD for

the Clean Development Mechanism 2006). Thus, JICA informs us that ‘lessons learned’ are a useful reference for JICA staff when they plan to implement similar projects (JICA 2010a,1). However, this aspect has often proven problematic for JICA to follow in its actual development practice.

As seen in Chapter Four, both JICA projects were preceded by ‘background’ projects in Ghana (Integrated Family Planning Project– IPII; and the Science, Technology and Mathematics Project– STM), which were implemented shortly before the application of RHIP and INSET. The terminal evaluations of both IPII and STM highlighted the overall success of the projects in terms of reaching their quantitative objectives and the active participation of the local stakeholders, and underlined a small number of ‘challenges’, principally related to the incentives and financing of the projects but suggesting that the commitment of the local stakeholders was adequate for the project structures to be sustained and the project outputs to develop in the future. JICA did not have any follow-up contact with the project stakeholders of IPII and STM after their termination in 2003 and 2005. Accordingly, the Terminal Evaluation of RHIP (2006) and INSET Progress Reports (2006; 2007) and interviews suggested that the projects were successfully implemented with some challenges in the ‘sustainability’ of the projects in terms of financing and personnel, but underlining the ‘commitment’ of local stakeholders and especially the District Assemblies to continue with the projects. Similar to their background projects, in both RHIP and INSET the JICA staff did not have a clear picture of the status of the projects after (RHIP) or near (INSET) their termination.

However, contrary to the views of JICA, this study has shown that both JICA projects are facing significant problems in terms of cooperation and participation, relevant skills, and sustainable project structures, which are highly unlikely to continue operating as they are. Therefore this thesis questions the repetitive rhetoric of JICA in terms of the validity of ‘lessons learned’ aspect, as for the two case studies of JICA in Ghana there is evidence that JICA keeps repeating the same rhetoric in terms of challenges in project aid without *in practice* having a complete picture of the project realities, especially

following their termination and the exit of JICA. Whether this is selective amnesia related to individuals personal interests, or whether it is an ineptitude derivative of the operational procedures of JICA, and in that sense unintentional, remains a contested question.

## **9.6 JICA's Technical Cooperation: gaps between discourse and practice**

This study has identified a number of 'gaps' or areas of divergence, between JICA's aid rhetoric and its actual development practice in the areas of project cooperation and 'partnership', development of 'capacities and skills' and project 'sustainability'. While the Japanese ODA discourse has promoted its own 'distinctiveness' from the regular aid practices of the Western donors for some considerable time, it has been shown that during the last two decades it has increasingly introduced the aid discourse of the DAC donors. Nevertheless, JICA's discourse regarding aid initiatives that have broken ties with past exercises falls short of its current development practice. Indeed, JICA's project practices for CD in Ghana have more similarities with the casual project/program approaches which the bulk of the DAC donors followed in the past (and for which they have been criticised) than the mainstream rhetoric of 'partnerships', 'needs-based initiatives' and 'sustainable projects'. Whether other DAC donors also have this divergence between discourse and practice is beyond the scope of this thesis, but would be an interesting question for further research.

**Cooperation and 'partnership' in TC:** It has been shown (Chapter Three) how the Japanese aid establishment has partly shifted its rhetoric to a more 'participatory', 'needs-based' aid understanding, with the introduction of 'bottom-up' project and programme approaches, under the umbrella concept of 'human security' incorporated into Japan's revised ODA Charter. JICA has adopted this approach in its TC project aid for CD, underlining in several studies the importance of participatory development and the empowerment of individuals in order to be 'self-reliant' and to address their own priorities and needs (JICA 2004c; JICA 2008b).

However, the above argument, much-promoted in JICA's reports and project briefs, is not verified by the case studies of this thesis. Both researched projects of JICA did not have characteristics that suggested any kind of systematic participation of the local stakeholders (community members, teachers, volunteers) in the planning, implementation and phase-out plans of JICA in the pilot districts. The interviews with the local participants suggested that, apart from an initial 'active' period of project implementation, where the large majority of the people involved were invited to participate in a number of vaccinations and sanitation campaigns and training, the campaigns faded over time, especially near or after the exit of JICA. Similar was the situation at the district and national levels, where only a small number of Ghanaian staff were partly engaged in JICA's processes (district directors, directors of health and education divisions), who also suggested that they did not have regular contact with the agency after the initiation period of the TC projects, and that their main means of communication with JICA was when they filed project progress and budget reports.

**'Capacities and skills' in TC:** JICA has repeatedly argued for the importance of implementing a TC model for CD which would prioritise relevant local needs in terms of 'capacities and skills' and avoid past project practices of 'gap-filling', 'expert-counterpart' models, where external knowledge and skills are 'transferred' to the local stakeholders (JICA 2004c; A Study of the Effectiveness and Problems of JICA's CD 2006a). JICA has aligned with the UNDP approach to CD and promotes in its policy documents a project approach which systematically takes into account 'local capacities' and contexts and aims towards CD transformation at the individual and organisational levels (ibid.).

The case studies of JICA's projects suggested that community members, school teachers and volunteers showed an initial acceptance and willingness to participate in the projects, which rapidly took on an overall 'informative' character of campaigns and seminars. Moreover, the campaign/seminar nature of the projects was not followed by any regular follow-up activities and in one case (INSET) was not relevant to the professional priorities of the stakeholders (teachers). Moreover, both projects at the



district level were seen as ‘extra work’ on top of the regular tasks the administrators had to perform. Finally, at the national level JICA was extensively occupied by achieving its log-frame objectives and activities, without having adequate coordination with its ‘partners’ in the Ghanaian ministries and district offices.

**‘Sustainability’:** In line with DAC’s evaluation criteria, JICA underlines the importance of sustainable project results and project structures in its TC initiatives. Accordingly, JICA invariably includes in its project and programme schemes the aspect of ‘sustainability’, in order for its project outputs and project institutions to be sustained (and potentially developed and replicated) after the exit of the agency from the field.

Nevertheless, the case studies showed that there is low ownership of JICA’s projects and the ‘sustainability’ of project outputs and structures is problematic. Despite the fact that JICA has achieved several of its direct objectives, this thesis has shown that the local stakeholders do not have the support needed at the district and the national levels in order to maintain most of the projects’ aspects, especially in the more rural schools (INSET– both districts) and communities away from larger on-road villages (RHIP). The latter is confirmed by the district offices which underline the tight budgets and the non-support of the District Assemblies to secure separate project budgets. In both projects it was suggested that JICA’s exit was abrupt and quick, without consultation with the local participants (see Chapter Eight). On the other hand, JICA has dedicated a very small part of its reports to ways to sustain projects’ achievements and organisation, and has relied extensively on the DAs and the relevant offices for future project support, without significantly considering the Ghanaian context.

## **9.7 Suggestions on the main research findings**

This research has shown the limitations and challenges associated with TC project aid for CD in JICA’s initiatives in the health and education sectors in three pilot districts of Ghana. By examining JICA’s aid and TC discourse and the development practice of the Japanese agency through three different approaches (cooperation and ‘partnership’,

‘capacities and skills’, ‘sustainability’) this study has demonstrated the problems JICA’s TC projects are facing in terms of building strong and close relations with the local participants and facilitating their participation; implementing relevant projects which provide ‘capacities and skills’ that would facilitate the recipients to overcome a number of the daily problems related with their community lives (RHIP) and professional environment (INSET), *not* merely quick, informational seminars; and establishing sustainable results and project structures. Furthermore, this research has demonstrated the lack of institutional memory on the part of JICA, and its lack of capacity for learning from past ‘lessons’ in project initiatives. The Japanese agency faced in the two case studies several of the problems the agency itself had underlined in similar past projects and which were also encountered in classic aid approaches of the past, so often criticised for their inability to reach lasting and relevant results. This study will now put forward some suggestions drawn from the findings of JICA’s projects in Ghana, and then will briefly illustrate the links between JICA and the wider donor agendas (section 9.6).

At the local level a number of issues need to be addressed *before* and *during* the planning and implementation of the projects in the communities and school areas:

-Relevance: one of the two projects (INSET) faces a fundamental challenge in terms of the relevance of the project to the priority professional needs of the teachers. On the other hand, the interviews with the community members and volunteers for RHIP suggested that health- (principally) and sanitation-related issues are among their top community needs. In order to ensure a certain degree of ownership at the local and district levels, JICA needs first to conduct an in-depth assessment on whether its project is in accordance with the priority needs of the people who are supposed to participate in it and then conduct further discussions with the ministries in the capital. While GES and GHS might view JICA’s initiatives as ‘relevant’, views on the ground can be very different (as in the case of INSET)

-Participation: JICA could usefully ensure that the largest possible number of community members/teachers is actively and regularly taking part before and during the

project, particularly in the decision making for the planning of the project and the project activities. Instead of employing the term for its ‘cosmetic’ value (Chambers 1995 cited in Morgan 2001,222) the idea of engaging more people on a relevant activity needs to be meaningful in the sense that people are not treated as a ‘survey sample’ but are instead carefully heard and invited to present their own views and act accordingly. While this study is aware of the various debates over the overuse of terms such as ‘participation’ and recognises that the above suggestions are more easily said than done it also underlines the fact that JICA did not appear to make any systematic effort to involve in a regular way community members and teachers in the planning and implementation of the projects.

-Cooperation: It is imperative for the stakeholders who are residing away from the project sites (usually donors, NGOs and district offices) to conduct constant and regular visits to the project areas, especially to the more remote communities, as this is probably the sole way for the stakeholders to build a coordinating environment where the views, actions and problems of the local stakeholders are prioritised. In both projects JICA’s visits from Accra to the project sites were rare, and communication on the progress of the projects was mainly through reports and a small number of young Japanese volunteers. JICA and its national ‘partners’ need to give special attention to ‘physical’ contact during the project and ensure that (if the project it is to be sustained with the potential of replication) there is an efficient district mechanism which guarantees that communities and schools are constantly visited, especially in the more isolated areas. JICA should consider extending its three-year period of projects for at least another three years, dividing its budget allocation for longer periods and dispatching more local staff with experience (and maybe fewer Japanese volunteers) in the sector as permanent residents in the actual project sites for the period of the project duration (see interview with DEO member 1, Adansi North 2008).

-Motivation and incentives: It is necessary for JICA and local stakeholders (ministries and district offices) to provide a strong and sustainable incentive mechanism for the community/school volunteers for RHIP and INSET, at least in terms of regularly

updating their equipment and covering their transport costs, as well as providing some transport allowance to community members and teachers who travel to campaign (RHIP) and training (INSET) sites. In both projects the volunteers and participants (in the case of INSET) are disappointed not only due to the lack of contact and training support by the district offices and JICA but also due to the lack of incentives to continue operating and covering some of their costs. Particular support should be given to teachers residing near off-road schools and household members who live away from larger settlements, as these are the groups more difficult to reach in both JICA's projects.

At the district level both projects are considerably challenged by the lack of financial resources and personnel. In two cases (RHIP and INSET in Wa Municipal), the district assemblies included the JICA projects in their Mid-Term Development Budget Plans, but they never disbursed the necessary financing the district offices demanded. Moreover, there is a high attrition rate and lack of motivation among the current project staff. There are two ways of generating financing for the continuation of the projects at the district and local levels: to generate income from the community/school levels; and to generate income from the national level. JICA needs to ensure, *before* the implementation of its TC projects, that there are realistic prospects of generating income at the community/school levels and/or at the district level, and that the assemblies are aware of the expenses and are willing to support the implemented project for a five- to ten-year period. Another solution would be for JICA to increase its project budgets and implement the project for longer periods (five to seven years). Financing of TC projects for CD is one of the most serious problems in project aid as the lack of local and external resources can potentially challenge even relevant and 'successful' initiatives. Financing is also connected with the availability of district members for monitoring and training activities. For the district offices to have close and constant cooperation with the communities/schools (in terms of training, activities, visits and supervision) they need adequate and trained qualified personnel. In both JICA projects a number of district staff members were informed and underwent an ad hoc orientation training for supervising the projects and visiting the pilot schools and communities, without any systematic

engagement of most of the district staff in the planning and implementation of the projects.

At the national level, if future budgets are to be secured for supporting TC projects for CD, JICA should engage the national stakeholders in a more systematic and equitable way. In both project cases many Ghanaian staff felt that they were simple ‘observers’ of the project planning and activities and used by JICA only when the agency wanted to gain access to district information. JICA should take more seriously its pledges for increased district and local participation in its projects and find ways to communicate and cooperate systematically, together with the Ghanaian personnel, with the local stakeholders of the projects. JICA should undertake project initiatives only when there is a strong commitment at the national level for the support (in terms of finances and personnel) and institutionalisation (in terms of legislation) of the project. Moreover, in terms of bias JICA needs to strengthen its evaluation process by allowing more independent evaluations to take place instead of recruiting in its multiple schemes from a small list of Japanese consultants. Finally, the JICA needs to focus more on what the agency calls ‘lessons learned’ from past initiatives in order to avoid the interesting fact of identical problems in similar projects.

However, the view of this thesis is that the above are only ‘technical’, ‘micro’ suggestions which without any ‘shifts’ in the ‘macro’, policy level, they would prove a little more than palliative to the chronic problems of the aid industry. Significant reforms are urgently needed in the current dominant aid and development paradigm.

## **9.8 Policy implications and the development industry**

Development aid in general, and project aid in particular, have been strongly criticised over the past decades for their ineffectiveness in achieving relevant, financially and socially sustainable results in the poorest countries because of inappropriate aid policies which promote ‘supply-driven’ and unsustainable programme and project initiatives. With the rhetoric of the major DAC members shifting over the past decades to a more

‘people-centred’, ‘participatory’ development paradigm, the donor community has systematically promoted a move towards achieving the MDGs of 2015. Nevertheless, this ‘new’ development agenda has been criticised for introducing too much new terminology (ownership, participation, alignment, relevance, accountability) but implementing too little in terms of a real paradigm shift in development practice.

This study confirms the above argument by underlining the gaps between Japanese and JICA’s aid discourse and reality in Ghana in health and education TC project initiatives. While TC for CD can be a potential valuable tool for engaging local stakeholders to challenge particular skills gaps in such sensitive sectors as health and education, few features of JICA’s approach suggest that the Japanese agency follows in practice a distinctive TC method that distances the agency from the critique of past TC methods. On the contrary, the findings confirm parts of the critique in the literature on TC aid for CD. A number of brief, general suggestions were put forward in the previous section in order to address the challenges met in the field for JICA’s projects. However, those suggestions are of a ‘technical’ nature and do not address the broader development framework within which the Japanese aid system works.

Although this large theoretical view is largely beyond the scope of this work, it can nonetheless be deduced that these projects retain critical similarities to those studies in such seminal works as Ferguson’s *Anti-Politics Machine* (1995). The author underlines the fact that by uncompromisingly framing poverty issues as technical problems the development apparatus of the present is not questioned or challenged and is left instead to reproduce itself as a system which has an ‘intelligibility’ of its own (Ferguson 1995,256). This apparatus, which is largely dominated by the big donor countries and is part of their larger political deployment, allows for project and program initiatives to fail again and again because the interests that are being met by failure are sufficient to renew development practise as it is. In other words, the actual ‘success’ of the project, in a positivist frame of reference, is of secondary concern to its effect in reproducing certain patterns of wealth, power and a minimalist system of conservative politics. This happens because, as development aid becomes a main instrument of a growing development

industry, a large number of its top and middle participants enjoys the potential to benefit from it (ibid.; see also Bracking 2009 and the close links among governments, development agencies and private contractors).

In Ferguson's analysis the development apparatus operates by implementing project blueprints from one country to the next and follows highly standardised procedures of planning log-frames, project implementation and evaluations, all conducted by a relatively small pool of development personnel. Thus, an aid initiative becomes the result of a certain development 'package', including a routinised bureaucratic mechanism to implement and evaluate it through a standard process (Williams 1986,12 cited in Ferguson 1995,259). Therefore, through the previous processes of the dominant aid agendas, the participants at the end of the aid chain do not enjoy any 'empowerment', but instead become even more dependent on the government agencies which have exclusively planned and implemented the initiative according to the foreign agency blueprint.

Clearly, this analysis corresponds to many of the findings of this study, and underlines the urgent need for wider political change and transformation in the policy level. It is the view of this thesis that for the development industry to change, it is necessary to focus on the dynamism of forces *within* the various political structures of donors, partner countries and multilateral organisations (Hickey 2009). According to this understanding it is necessary to move beyond the 'idealised' notions of civil society involvement and re-engage more closely with the polity processes (Houtzager, 2003 cited in Hickey 2009,28). Nevertheless, history has shown that aside from political processes, for the powerful development agents to move towards essential changes and transformation of the current development paradigm, the continuous active participation and pressure of civil society groups is also imperative. Without a parallel paradigm shift at the policy level any 'technical' solutions to aid initiatives will be short-lived as they will invariably be challenged by the flaws of the current aid system.

## 9.9 Future research directions

This study has not covered a number of issues related to the particular projects and the wider development agendas of the donor community. Time, budget and space (in terms of words) constraints did not allow for the analysis to cover a number of potentially important areas.

For example, future research could usefully take a stronger interpretative stance and analyse the perceptions of the participants of terms related to JICA's projects ('health', 'sanitation', 'teaching science') and assess whether these perceptions are relevant to JICA's project objectives and activities. Another potential research direction could be to carry out a more thorough, categorised analysis of the projects within households and schools. For example, themes which could be usefully addressed include the gender aspects in JICA's projects; the role of the younger community members and teachers in the projects; the views of older individuals of JICA's initiatives; gender comparisons and perceptions of JICA's projects; or an exclusive focus on the project performance in isolated communities and schools in the pilot areas. Moreover, a comparative analysis could be conducted of communities and schools covered by JICA's projects with areas covered by other donors and districts which do not participate in aid schemes.

Additionally, an important area for further research would be an advanced analysis of how JICA's project and programme aid in Ghana is related to the wider politico-economic aspirations of Japan in the region, in relation to variables such as the Japanese aid establishment, Japanese consultancy companies, Japan's Foreign Direct Investments and its development aid programme as this fits within the political economy of Japan and its geostrategic and international relations. The results found in this study raise important questions not only regarding the ineffectiveness of JICA at the project level but regarding the complex incentives under which Japan and the wider donor community operate their bilateral and multilateral regional ODA agendas.



## 9.10 Final remarks

If the donor community aspires to creating a significant improvement in the living conditions in the poorest countries, honouring its rhetoric and its various financial and political commitments of late, it needs to overcome the current mainstream debates over more or less financial aid, and decisively implement at a faster pace what has been long promised in terms of equitable and sustainable partnerships, and recipients' increased ownership of and participation in the development processes. In parallel, the focus of these initiatives, from both donors and the related national agencies (ministries, services, large local NGOs) should invariably be on the level of participation of the poorest in the development processes, as only their active involvement and ownership of a project or programme can ensure a potentially sustainable positive impact for the locals. JICA has long advocated its unique ODA approach, based on a combination of the Japanese understandings of 'self-help' and 'self-reliance' and DAC's mainstream rhetoric of needs-based, bottom-up and sustainable initiatives. However, along with the other big donors, it is important for the Japanese agency to realise that 'partnership', 'capacity development' and 'sustainability' need to go beyond the repetitive ODA reports and realistically be implemented in the field.

Technical Cooperation aid for Capacity Development can play a significant role in improving wellbeing, particularly in sensitive sectors such as health and education. For this to happen, the planning and implementation of TC projects need to overcome their classic 'expert-counterpart', 'seminar-like' nature, characterised by short-term, unsustainable project objectives, and adopt what has been praised in TC discourse as long-term, realistic and relevant project aims, demand-driven activities and shared knowledge between donor and recipient. Accordingly, it is necessary for TC projects to secure resources if the project outcomes are to be maintained. Engaging and cooperating closer with the local stakeholders of the TC projects, supporting them with financial and logistical resources, and encouraging them to develop their own initiatives for needs they prioritise, can enable donors and local ministries to transform TC from the old-

fashioned tool it is today to a useful means of improved living conditions. It is development practice that matters.

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**APPENDIX A: SECONDARY DATA SOURCES FOR GHANA AND JAPAN'S ODA TO GHANA**

**Table 1: Progress MDGs in Ghana (selected targets)**

<b>Human Development Indicators-MDGs in Ghana</b>	1990	1995	2000	2007	2007,sub-Saharan Africa
<b>Goal 1: Eradicate Extreme Poverty and Hunger</b>					
Malnutrition\ prevalence (%of children under 5)	24,1	25,1	20,3	n/a	26,5
<b>Goal 2: Achieve universal primary education</b>					
Literacy rate, youth female (%of females ages 15-24)	n/a	n/a	65	76	67
Literacy rate, youth male (% of males ages 15-24)	n/a	n/a	76	80	77
Primary completion rate, total (% of relevant age group)	n/a	n/a	63	71	63
Total enrolment, primary (%net)	n/a	n/a	61	72	74
<b>Goal 3: Promote gender equality and empower women</b>					
Ratio of female to male enrolments in tertiary education	n/a	n/a	34	54	67
Ratio of female to male primary enrolment	84	90	93	99	90
<b>Goal 4: Reduce child mortality</b>					
Mortality Rate, infant (per 1000 live births)	76	71	71	73	89
Mortality Rate, under-5 (per 1000)	120	111	112	115	146
<b>Goal 5: Improve maternal health</b>					
Births attended by skilled health staff (%of total)	40	44	44	50	45
Contraceptive prevalence (% of women, ages 15-49)	13	20	22	17	22
Pregnant women receiving prenatal care (%)	82	86	88	92	72
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>					
Children with fever receiving anti-malaria drugs (% of children under age 5 with fever)	n/a	n/a	61	61	35
Incidence of tuberculosis (per 100,000 people)	223	217	211	203	369
Prevalence of HIV, total (% of population ages 15-49)	0.1	1.8	2.4	1.9	5.0
<b>Goal 7: Ensure environmental sustainability</b>					
Forest Area (% of land area)	33	30	27	24	26
Improved sanitation facilities (%of the population with access)	6	7	9	10	31
Improved water source (% of the population with access)	56	64	72	80	58
<b>Goal 8: Develop a global 'partnership' for development</b>					
Aid per capita (current US\$)	37	38	31	50	44

Source: World Bank, World Development Indicators Database

Note: in some cases the data are for earlier or later years than those stated

**Table 2: Japan's ODA and JICA's Activities 2005 and 2006**

Type	Year	2005	2006
ODA		13,283	11,795
TC Expenses % ODA		2,749 (20,7%)	2,800 (23,7%)
JICA's TC % total TC		1,325 (48,2%)	1,352 (48,3%)
<b>Breakdown of JICA TC expenses</b>			
Technical Training Participants		207	202
Experts		323	248
Study Teams		281	268
JOCVs		142	132
Provision of Equipment		71	51
Other volunteers		59	44
Others		241	408

Source: JICA Annual Report Series 2007

Notes: Including disbursements for Eastern Europe and graduate countries (US\$ millions)

**Table 3: Japan's and JICA's ODA and TC to Ghana, 2000-2007 (US\$ million)**

	Japan's total ODA to Ghana	Japan's Grant Aid	Japan's total TC	JICA's total TC expenses
2000	102.91	28.19	21.51	25.90
2001	34.63	10.81	19.79	22.21
2002	23.55	12.21	12.71	18.32
2003	29.75	15.54	14.35	15.81
2005	44.22	28.03	16.19	20.02
2006	43.66	23.05	19.78	24.62
2007	46.48	27.13	19.36	21.77

Source: DAC-OECD Statistics, JICA Annual Reports Series, 2001-2008 (current prices). JICA's TC total expenses include: training participants, experts, study team members, JOCV, other volunteers, provision of equipment and development studies.

**Table 4: JICA's Grant Aid and TC in Ghana in Health and Education (selected projects), 1973- 1987**

Japanese Financial Year (JFY)- Launching Year	TC and Grant Aid Projects, 1973-1987	
	Health Sector	Education Sector
1977	Project for Construction of Basic Medical Sciences Research Institute at the Univ.of Ghana	...
1980	...	Educational Equipment for Ministry of Education
1981	...	Supply of Educational Equipment to Ministry of Education and Higher Education Commission
1982	Rural Medical Care Improvement Project	
1985	Maternal and Child Nutrition Improvement Program	
1986	The Noguchi Memorial Institute Project I	
1987	Project for Improvement of Regional Medical Situation Mother and Child Nutrition Improvement Project	
1991	The Noguchi Memorial Institute Project II	...
1995	...	Project for Supply of Equipment for Science Education for the University of Cape Coast
1997	The Project for the Improvement of the Maternal and Child Health In-service Training System and Program in Ghana (HIST)	...
1999	The Infectious Diseases Project at the Noguchi Memorial Institute for Medical Research (IPII)	...
2000	Project for Improving Primary Health Care	Improvement of Educational Achievement in Science, Technology, and Mathematics (STM) in Basic Education
2003	Rural Health Improvement Project (RHIP)	...
2004	The West African Centre for International Parasite Control Project (WACIPAC)	...
2006	Project for HIV/AIDS Prevention through Education (HAPE) at Eastern and Ashanti Regions	Project to Support the Operationalisation of the INSET Policy
2007	...	Technical and Vocational Education and Training Support Project (TVET)
2008	...	Capacity Development in Education Planning Project (planned)

(Adapted by Japan Cooperation Program for Ghana 2008,13)

**Table 5: Visited communities in Birim North for RHIP**

Nkwateng	Mamanso	Prasokuma	Adadekrom
Teimuni	Bepotuntum	Akrofunso	...

**Table 6: Visited schools in Adansi North**

Bobriase	Bodwesago	Tewobabi	Mosikrom	Aboabo
Agogooso	Atatam	Akwansrem A	Asirifrikom	...
Dompoase	Nyankomaso	Akwansrem B	Fumso A	...

**Table 7: Visited schools in Wa Municipal**

St. Aiden	Biibe	Chansu	St Cecilia
Tendaba	Nako	Fongo	...
Busa	Nakori	Kambali	...

## APPENDIX B: Lists of Questions in Semi-Structured Interviews<sup>91</sup>

To be read *before* the beginning of the interviews:

*'This interview does not ask any sensitive questions. The answers won't be given to any other person, organisation and/or institution. The answers will be used for research purposes only, and the identity of the interviewee will not be disclosed in publications and/or reports. The interviewee can stop the interview at any time'*

### I. Rural Health Improvement Project (RHIP)

#### 1. Community Members (number of interviews)

##### Introductory questions

- How many years you live in the community?
- What is the size of your direct family?
- Were you involved in the past in some kind of community voluntary work? Please elaborate
- What do you think of information and campaigns on health and sanitation issues in your community? Please comment.
- Are you aware that in the last five years there is a campaign/project in your community on health and sanitation? Please comment.

##### Cooperation

- Do you know any members (volunteers/CBS) in your community who are involved in health and sanitation advice? Do you know their role?
- Do you have any systematic contact with members outside of your community for health and sanitation issues? Please comment.
- Were you involved in any kind of discussions during the last years on health issues? If yes when, where and how often?

*Please rate from a scale 1-5 (where 1=strongly disagree, 2=disagree, 3=neither agree or disagree, 4=agree, 5=strongly agree) the following:*

- As a mother/community member I feel sufficiently informed for sexually transmitted diseases (STDs), and family planning/On parasite control (malaria)/On sanitation issues (please comment on your rating).
- As a mother/community member I discuss with voluntary health workers of the community (CBS agents) questions I have on health and sanitation issues (please comment on your rating).
- As a mother/community member I discuss with other mothers/community members questions I have on STDs, and other health issues (please comment on your rating).
- When it was the last time you has some kind of information on health and sanitation issues by community or other volunteers/experts? On which issues?

##### RHIP in terms of Capacities and Skills developed

- Are you aware of sexual transmitted diseases, for example HIV/AIDS? Please comment (symptoms, prevention, behaviour to other people etc.)
- Are you aware of parasite diseases (malaria)? Please comment (same as previously)
- Do you visit the local clinic in Nkwateng? If yes, for what issues?
- How do you cope with sanitation issues in your household? How do you cope in your community?
- Are you aware that in the schools there were/are courses on health issues? Do you agree for pupils to follow courses on health and sanitation issues?
- Are you aware what is Women or Mothers' club in the community? Please comment
- Would you say that you income was improved during the last five years?
- What are the main challenges you face as a community member in the village?
- What is your main source of information currently for health and sanitation issues? Why is that?

##### Sustainability

- Do you feel you are sufficiently informed on health and sanitation issues?
- For what issues would you want to know and participate more in the future? Why?
- *Do you have anything else to add/comment? Any question(s) that I did not ask and you think important?*

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<sup>91</sup>Not all the questions were asked in that order and not all the questions were discussed during the interviews with all the interviewees.



## **2. Community-Based Agents (CBS)**

### **Introductory questions**

- How many years you work as a CBS and what is your role?
- Do you have another occupation? (if yes please explain)
- When and why you joined the RHIP project as a CBS member?
- Did you participate in the past in other similar projects-if yes which ones?
- What is your opinion of the RHIP project?
- Were you involved in the past in some other kind of community work? (if yes please explain briefly)

### **Cooperation and Partnership**

- Are you aware of the other partners involved in the RHIP project? Please comment
- Are you aware that the RHIP project was funded by a foreign bilateral agency? Please comment
- During the planning and implementation of INSET were you or community members called by the Chief, PPAG, JICA or district staff to express your opinions? If yes can you please explain?
- Can you please comment on your training? Was it sufficient or not? Did you have follow-up training or not?
- Can you comment on the factors positive and negative during your cooperation with the LSC? With PPAG and JICA? With district staff? With the community members? Other?

### **RHIP in terms of Capacities and Skills developed**

*Please rate from a scale 1-5 (where 1=strongly disagree, 2=disagree,3=neither agree or disagree, 4=agree, 5=strongly agree) the following:*

- The RHIP project is successful for my community.
- The RHIP project has significantly improved the quality of health services and conditions in my community.
- I have observed a significant improvement on the interest of the community members on health issues such as HIV/AIDS and other sexual transmitted diseases.
- If disagree/strongly disagree please explain briefly why do you think it did not.  
If agree/strongly agree please explain briefly how the quality of health services was improved.
- I have observed a significant improvement on the interest of the community members on parasite control related issues (malaria).
- If disagree/strongly disagree please explain briefly why do you think it did not.  
If agree/strongly agree please explain briefly how the quality of health services was improved.

### **Sustainability**

- According to you the RHIP project has the potential to be a sustainable project for your community? If yes/no please elaborate on your answer
- Which are the attributes, from your point of view that challenge the sustainability of the RHIP project?

*To what extent do you agree with the following statements, from 1 to 5, where: 1=strongly disagree; 2=disagree; 3=neither agree nor disagree; 4=agree; 5=strongly agree*

- The incentives for the CBS agents to participate on the RHIP project are sufficient (60% of the sales of contraceptives, social status and self-esteem of the agents). If disagree/strongly disagree can you state some motives for CBS agents to promote better the RHIP project?
- As a CBS agent I do not feel sufficiently trained for continuing RHIP activities in my community
- *Do you have anything else to add/comment?*

## **3. District members**

### **Introductory questions**

- What is your role in the health sector in the district level?
- During the last 10 years have technical cooperation projects of bilateral agencies on health being part of your activities in the district level?
- What do you think technical cooperation for capacity development is? What is RHIP according to you?

### **Cooperation and 'partnership'**

- In the last 5-10 years were there implemented any other projects funded by bilateral agencies in your district in health (if yes which ones)? Do you consider the RHIP as one of the significant projects in your district or not?
- How many of your activities in the last 5-10 years approximately were 'partnership's with other donors?
- Do you know how funding was organized in the RHIP project?
- Why did you cooperate with JICA and which are the major stakeholders in the RHIP project?
- Can you please state the positive factors and challenges/problems you had during your cooperation with CBS agents? Community members? LSC? PPAG? DA? District offices? JICA? GHS? Other?
- Have you met any challenges/difficulties by the actions or/and inactions of a particular counterpart or institution? If yes which one?
- Did the overall management of RHIP presented any difficulties? If yes which ones?

**INSET in terms of 'capacities and skills' developed**

*Please rate from a scale 1-5 (where 1=strongly disagree, 2=disagree, 3=neither agree or disagree, 4=agree, 5=strongly agree) the following:*

- The RHIP project has considerably improved behavioural change of the communities towards HIV/AIDS, malaria and other parasitic diseases
- The RHIP project was executed successfully and as planned
- The RHIP project has significantly improved the health services and conditions of local communities (If agree/strongly agree please explain briefly why-If disagree/strongly disagree please explain briefly why)
- Members of the local communities were sufficiently trained to carry on with the project without any additional input from the bilateral agency

**Sustainability**

- What measures/policies have been taken from the DGHS for the sustainability of the project?
- According to you the RHIP project has the potential to be a sustainable project for the local communities? If yes/no please elaborate on your answer
- Which are the attributes from your point of view that challenge the sustainability of the RHIP project?

*Please rate from a scale 1-5 (where 1=strongly disagree, 2=disagree, 3=neither agree or disagree, 4=agree, 5=strongly agree) the following:*

- National and District policies will include in their design for future educational/health policies the further implementation of RHIP project (If agree/ strongly agree can you briefly describe what you know about these policies?)
- The District/PPAG office has/had a plan on how to deal with the prospective challenges (If agree strongly agree can you explain briefly these plan/policies?)
- The various partners involved in the RHIP project participated in the consultations for the transfer of the project and their views were considerably taken into account
- The local community is ready to take over on the successful continuation of the project

*Do you have anything else to add or comment? Any issue not covered during the interview?*

**4. National level (JICA and GHS staff) (number of interviews:4)**

**Introductory questions**

- What is your role in your agency/institution/organization?
- Can you briefly explain the institution's major activities?
- During the last 10 years have technical cooperation projects on health being an important part of your activities?
- The RHIP project was implemented under the technical cooperation scheme of JICA.
- According to you what is 'technical cooperation'?

**Cooperation and 'partnership' in RHIP**

- According to you which have been in the last 10 years the most important projects to support the health sector in Ghana? Was the RHIP project one of them?
- How did the RHIP project start?
- How many of your activities in health related projects were 'partnership's with other agencies?
- Can you briefly explain how funding was organized in the RHIP project?
- Which are the major stakeholders in the RHIP project? Please explain their roles accordingly
- Can you please state the positive factors and challenges/problems you had during your Cooperation with RHIP partners in the National, District and Community levels?
- Have you met any challenges/difficulties by the actions or/and inactions of a particular counterpart or institution? If yes which one?
- Are you aware of the decision making process of the RHIP project? If yes, can you briefly describe it?

### **RHIP in terms of 'capacities and skills' developed**

*Please rate from a scale 1-5 (where 1=strongly disagree, 2=disagree,3=neither agree or disagree, 4=agree, 5=strongly agree) the following:*

- The RHIP project was executed successfully and as planned
- The RHIP project has significantly improved the health services and conditions of local communities (if strongly agree/disagree please explain)
- Members of the local communities were sufficiently trained to carry on with the project without any additional input from the bilateral agency

### **Sustainability**

*Please rate from a scale 1-5 (where 1=strongly disagree, 2=disagree,3=neither agree or disagree, 4=agree, 5=strongly agree) the following:*

- National policies will include in their design for future educational/health policies the further implementation of RHIP project (If agree/ strongly agree can you briefly describe what you know about these policies?)
- According to you the RHIP project has the potential to be a sustainable project for the local communities? If yes/no please elaborate on your answer
- What measures/policies have been taken from your institution for the sustainability of the project?
- Which are the attributes, from your point of view, that challenge the sustainability of the RHIP project?

*To what extent do you agree with the following statements, from 1 to 5, where: 1=strongly disagree; 2=disagree; 3=neither agree nor disagree; 4=agree; 5=strongly agree*

- Sustainability was/is considered an important factor during the design and planning of the RHIP project
- The various partners involved in the RHIP project participated in the consultations for the transfer of the project and their views were considerably taken into account
- The district/local community is ready to take over on the successful continuation of the project
- The RHIP project had a phase-out plan and a clear exit strategy which was/is/will be implemented with success
- *Do you have anything else to add or comment? Any issue not covered during the interview?*

## **II. In-Service Training Project (INSET)**

### **1. Teachers**

#### **Introductory questions**

- How many years you work as a teacher?
- What is your level of education?
- When did you participate in the INSET project for the first time?
- What is according to you INSET? Please elaborate
- Did you participate in the past in a Science and Mathematics project? If so when-please comment

#### **Cooperation and 'partnership'**

- Are you aware that INSET was funded by a foreign bilateral agency? Please comment.
- Are you aware if any project partners were involved in the project? Can you name and comment on some?
- Do you know the Curriculum Leader/trainer (CL) of your school for INSET? Please comment
- Can you comment on your cooperation during INSET with the Head Teacher of your school?
- Can you comment on your cooperation with the district or any other members of INSET?

#### **INSET in terms of 'capacities and skills' developed**

- Do you apply INSET methods in the class? Is it useful for the pupils and teacher? Please comment.
- Can you state some examples of INSET?
- Did INSET improved collegiality among teachers in your school? Please elaborate on your answer accordingly
- Can you please state your priority needs/challenges you are facing as a school teacher? Does INSET addresses these priorities?

#### **Sustainability**

- According to you INSET has the potential to be a sustainable project for the school? Can it continue in the future?
- What are the challenges (if any) INSET is facing in the school level?
- As a teacher do you think you need more training to implement INSET in the class?

Please rate from a scale 1-5 (where 1=strongly disagree, 2=disagree,3=neither agree or disagree, 4=agree, 5=strongly agree) the following:

- The incentives for the teachers to participate in INSET are sufficient (If disagree/strongly disagree, please explain elaborate).
- Do you have anything else to add/comment? Any question(s) that I did not ask and you think as important to comment on?

## **2. Curriculum Leaders and Head Teachers**

### **Introductory questions**

- How many years do you work as a CL/HT and what is your role?
- Did you participate in the past in other similar projects in education?
- Why do you think you were chosen as a CL?
- Were you involved in the past in some other kind of community work
- What is your opinion of INSET and why? What INSET is for you and the school?

### **Cooperation and ‘partnership’**

- Are you aware that the INSET project was funded by a bilateral agency? If yes please comment.
- Are you aware of any other partners involved in INSET? If yes which ones?
- Before, during and after INSET implementation were you called in the school, district and national level to discuss for the project? Please comment
- Are you aware whether before, during and after INSET implementation any school teachers were called at the district to discuss for the project?
- Can you comment on your cooperation during INSET with the Head Teacher/CL of your school? (positive and challenging factors). Can you comment the teachers of your school? District members? JICA? (if any)

### **INSET in terms of ‘capacities and skills’ developed**

- Is INSET successful in the school (please comment).
- Did INSET improved the quality of teaching in my school? (please comment).
- Did INSET sufficiently trained me to use TLMs and new teaching methods in Science and Mathematics? (please comment).
- Did you observe an improvement on the performance of pupils in Science and Mathematics after the implementation of INSET (please comment).
- Did you have observed a significant improvement on the collegiality amongst the teachers

### **Sustainability**

- According to you INSET has the potential to be a sustainable project for the school? Can it continue in the future?
- What are the challenges (if any) INSET is facing in the school level?
- Is there any plan in the school to continue with INSET despite the challenges?
- When was the last time you had any kind of training as a CL?
- How the main challenges of INSET can be addressed?

Please rate from a scale 1-5 (where 1=strongly disagree, 2=disagree,3=neither agree or disagree, 4=agree, 5=strongly agree) the following:

- The incentives for the CLs to continue participating in INSET are sufficient (comment)
- As a CL I do not feel sufficiently trained for INSET
- Do you have anything else to add/comment? Any question(s) that I did not ask and you think as important to comment on?

## **3. District members**

### **Introductory questions**

- What is your role in the education sector in the DEO?
- What is your role in INSET?
- According to you what is INSET?

- Did you participate in the past in other educational projects financed by a bilateral or/and national agency? If yes which ones?
- Are you aware that INSET is related to a past project (STM)? Were you briefed on similar to INSET projects?

#### **Cooperation and ‘partnership’**

- In the last 5-10 years were there implemented any other projects in the district in the education sector funded by a foreign agency? Do you consider INSET as one of the significant ones? If yes, why? Please comment.
- Do you know how funding was organized in the INSET project?
- Why did you set up ‘partnership’ with JICA and which are the major counterparts in the INSET project?
- How many of your activities in the education in the last 5-10 years approximately were ‘partnerships’ with other agencies?
- Do you know how decision making was organized in the INSET project?
- Can you comment on your cooperation during INSET with the Head Teacher/CL of the school? (positive and challenging factors); PPAG? DA? JICA? with GES/MoESS? Other?
- According to you did the views/opinions of the district offices been taken considerably into account during the planning and implementation of the INSET project?
- Management of ‘partnership’ in INSET project presented difficulties (If agree/strongly agree, which have been the main problems?)

#### **INSET in terms of ‘capacities and skills’ developed**

*Please rate from a scale 1-5 (where 1=strongly disagree, 2=disagree,3=neither agree or disagree, 4=agree, 5=strongly agree) the following:*

- The INSET project was executed successfully and as planned
- The INSET project has significantly improved the educational services and conditions of local communities (If agree/strongly agree/disagree please explain)
- Members of the communities were sufficiently trained to carry on with the project without any additional input from the bilateral agency

#### **Sustainability**

- Is there any plan in the District or/and National level on how to face INSET problems?
- According to you INSET project has the potential to be a sustainable project for the local communities? If yes/no please elaborate on your answer
- Which are the attributes, from your point of view that challenge the sustainability of the INSET project?
- *Do you have anything else to add/comment? Any question(s) that I did not ask and you think important?*

### **4. JICA, Ghana Education Service and Ministry of Education Science and Sports**

#### **Introductory questions**

- What is your role in your agency/institution/organisation?
- Can you briefly explain the institution’s major activities?
- During the last 10 years have technical cooperation projects in education being an important part of your activities?
- The INSET project was implemented under the technical cooperation scheme of JICA. According to you what is INSET? What is ‘technical cooperation’?

#### **Cooperation and ‘partnership’**

- How did the INSET project start?
- Can you explain how funding was organised in the INSET?
- Are you aware of the decision making process of the INSET project? If yes, can you briefly describe it? (decisions on funding, planning, implementation, monitoring, evaluation)
- Can you comment on your cooperation during INSET with the JICA/GES of the school? (positive and challenging factors).With MOESS? With the District offices? With the schools? (teachers, CLs, HTs)

#### **Capacities and skills in INSET**

*To what extent do you agree with the following statements, from 1 to 5, where: 1=strongly disagree; 2=disagree; 3= neither agree nor disagree; 4=agree; 5=strongly agree*

- The INSET project was executed successfully and as planned (please comment on your rating).

- The INSET project has significantly improved the quality of teaching in the primary schools in Science and Mathematics (If agree/strongly/disagree please explain briefly why)
- The INSET project was relevant with the needs of the local communities (please comment).
- Members of the local schools are sufficiently trained to carry on with the project without any additional input from the bilateral agency.

#### **Sustainability**

- Is there any plan in the District or/and National level on how to face INSET problems?
- According to you the INSET project has the potential to be a sustainable project for the local communities? If yes/no please elaborate on your answer
- Which are the attributes, from your point of view that challenge the sustainability of the INSET project?

*To what extent do you agree with the following statements, from 1 to 5, where: 1=strongly disagree; 2=disagree; 3=neither agree nor disagree; 4=agree; 5=strongly agree*

- Sustainability was/is considered an important factor during the design and planning of the RHIP project.
- The INSET project had a phase-out plan and a clear exit strategy which was/is/will be implemented with success.
- The district/local community is ready to take over on the successful continuation of the project.
- The various partners involved in the INSET project participated in the consultations for the transfer of the project and their views were considerably taken into account.
- Do you consider that the 'lessons' from the implementation of STM project were avoided in INSET? *Do you have anything else to add/comment? Any question(s) that I did not ask and you think important?*

### III. Data of Interviewees

#### 1. Rural Health Improvement Project

##### Interviews community members of Nkwateng

Community	Sex	Age	Occupation	Education	Years in the Community
1	Female	20	Housewife	Primary	4
2	Male	65	Farmer	Secondary	30
3	Female	43	Farmer/barkeeper	Secondary	43
4	Female	48	Farmer	Secondary	40
5	Female	45	Street seller	Secondary	45
6	Male	60	Farmer	No education	60
7	Female	26	Farmer	Primary	26
8	Female	23	Street seller	Junior Secondary	5
9	Female	65	Farmer	No education	65
10	Male	65	Farmer	Secondary	65
11	Female	49	Seller	Secondary	6
12	Male	26	Builder	Secondary	20
13	Male	43	Administrator	Secondary	16
14	Male	37	Teacher/seller	Secondary	35
15	Male	30	Mechanic	Secondary	20
16	Male	42	Farmer	Secondary	16
17	Male	50	Teacher	College	20
18	Female	22	Farmer	No education	8
19	Female	29	Farmer	Secondary	15
20	Female	48	Farmer	No education	3
21	Male	25	Taylor	Secondary	8

##### Interviews community members of Teimuni

Community	Sex	Age	Occupation	Education	Years in the Community
1	Female	75	Farmer/Seller	No education	75
2	Female	20	Farmer	Secondary	20
3	Male	52	Farmer	Primary	9
4	Female	65	Farmer	Primary	50
5	Male	58	Farmer	University	21
6	Male	43	Farmer	Secondary	20
7	Female	35	Farmer	No education	25
8	Male	55	Farmer	College	20

**Interviews community of Mamanso**

**Interviews community of Bepotuntum**

Community	Sex	Age	Occupation	Education	Years in the Community		Community	Sex	Age	Occupation	Education	Years in the Community
1	Female	50	Farmer	No education	20		1	Female	30	Farmer	No education	30
2	Female	19	Farmer	No education	19		2	Female	18	Student	Secondary	16
3	Male	23	Farmer	Secondary	10		3	Male	70	Farmer	No education	60
4	Male	40	Driver	Secondary	32		4	Female	63	Farmer	No education	55
5	Female	30	Seller	No education	10		5	Male	32	Farmer	Secondary	17
6	Male	25	Bicycle mechanic	No education	5		6	Female	36	Farmer	No education	36
7	Female	46	Farmer	Secondary	46		7	Male	38	Farmer	Secondary	38
8	Male	36	Painter	Secondary	8		8	Female	76	Farmer	Secondary	76
9	Female	23	Unemployed	Primary	20		9	Female	36	Farmer	No education	33
10	Female	33	Housewife	Secondary	7		10	Male	41	Farmer	Primary	41
11	Male	18	Student	Secondary	18		11	Female	41	Farmer	Secondary	41
12	Female	23	Unemployed	Secondary	23		12	Male	76	Farmer	No education	70
13	Male	38	Farmer	Secondary	5		13	Female	49	Farmer/trader	Secondary	26
14	Male	18	Student	Secondary	5		14	Male	38	Farmer	Secondary	20
15	Male	30	Farmer	Secondary	5		15	Female	31	Farmer	Secondary	20
16	Male	27	Farmer	No education	7		16	Male	24	Carpenter/farmer	Secondary	15
17	Male	43	Mason	Secondary	26		17	Male	33	Farmer	Secondary	15



**Interviews community of Prasokuma**

**Interviews community of Akrofunso**

Community members	Sex	Age	Occupation	Education	Years in the Community		Community	Sex	Age	Occupation	Education	Years in the Community
1	Female	25	Trader	Secondary	10		1	Female	46	Farmer	Secondary	30
2	Male	22	Farmer	Secondary	20		2	Female	41	Farmer/oil producer	No Education	41
3	Male	74	Farmer	Primary	74		3	Female	20	Unemployed	No education	20
4	Male	24	Mason	Secondary	18		4	Male	36	Carpenter	Secondary	3
5	Female	28	Dressmaker	Secondary	28		5	Female	35	Street seller	Secondary	10
6	Female	32	Unemployed	Secondary	32		6	Male	37	Tailoring/farming	Primary	10
7	Female	18	Student	Secondary	4		7	Male	64	Farmer	Secondary	37
8	Male	47	Farmer	Secondary	6		8	Male	26	Farmer	Primary	26
9	Female	21	Hairdresser	Secondary	21		9	Female	23	Unemployed	Secondary	2
10	Female	22	Dressmaker	Secondary	20		10	Male	44	Farmer	Secondary	30
11	Female	30	Seller	Secondary	30		11	Female	21	Hairdresser	Primary	18
12	Female	18	Seller	Secondary	3		12	Female	22	Labourer	Primary	10
13	Female	19	Farmer	Secondary	5		13	Male	49	Farmer	Secondary	3
14	Male	54	Farmer	Secondary	54		14	Female	30	Trader	Secondary	5
15	Male	42	Farmer	Secondary	20		15	Female	32	Trader	Secondary	6
16	Female	34	Farmer	Secondary	20		16	Male	24	Farmer	Primary	10
17	Male	28	Driver	Secondary	20		17	Male	29	Farmer	Secondary	10
18	Female	37	Farmer	No education	25		18	Female	26	Seller	Secondary	3
							19	Male	20	Carpenter	Secondary	15

**Interviews community of Adadekrom**

Community	Sex	Age	Occupation	Education	Years in the Community
1	Female	37	Farmer	Primary	37
2	Female	22	Hairdresser	Secondary	5
3	Female	38	Farmer	No education	5
4	Female	25	Hairdresser	Secondary	25
5	Male	22	Driver	Secondary	22
6	Female	24	Unemployed	Secondary	10
7	Female	26	Farmer	Secondary	15
8	Male	50	Farmer	Secondary	20
9	Male	64	Farmer	No education	24
10	Male	52	Farmer	Secondary	11
11	Female	28	Unemployed	Primary	3
12	Female	28	Oil Producer	No education	18
13	Male	56	Oil Producer	Secondary	10
14	Female	21	Farmer	Secondary	10
15	Male	20	Miner	Secondary	3
16	Male	46	Farmer	Secondary	30
17	Male	19	Student	Secondary	11
18	Female	48	Farmer	Secondary	30
19	Female	52	Farmer/seller	No education	7
20	Female	50	Farmer	No education	5

**Interviews with CBS volunteers, District members, PPAG staff and National project personnel**

<b>Interviews</b>	<b>Place</b>	<b>Occupation</b>	<b>Sex</b>	<b>Age</b>	<b>Education</b>
1	Nkwateng	CBS	Male	49	Tertiary
2	Nkwateng	CBS	Female	26	Secondary
3	Teimuni	CBS	Male	52	Secondary
4	Mamanso	CBS	Male	50	Tertiary
5	Mamanso	CBS	Female	54	Secondary
6	Bepotuntum	CBS	Female	35	Tertiary
7	Akrofunso	CBS	Female	46	Tertiary
8	New Abirem, DA/PPAG	DA member	Female	57	Secondary
9	New Abirem-MoFA	District member	Male	55	Tertiary
10	New Abirem-DHA	District member	Female	51	Tertiary
11	New Abirem-DEHSU	District member	Male	53	Tertiary
12	New Abirem-DHA	District member	Male	40	Tertiary
13	New Abirem-DEO	District member	Male	55	Tertiary
14	New Abirem-DHA	District member	Male	52	Tertiary
15	New Abirem-DHA	District member	Male	48	Secondary
16	New Abirem-DHA	District member	Female	46	Tertiary
17	Nkwateng-Clinic	Senior Nurse	Female	52	Tertiary
18	PPAG-Kumasi	Staff member	Female	53	Tertiary
19	PPAG-Kumasi	Staff member	Female	58	Tertiary
20	PPAG-Kumasi	Staff member	Male	50	Tertiary
20	PPAG Accra	Staff member	Male	n/a	Tertiary
21	JICA-Accra	Staff member	Female	41	Tertiary
22	JICA-Accra	Staff member	Female	26	Tertiary
23	GHS-Accra	Staff member	Female	54	Tertiary
24	GHS-Accra	Staff member	Male	58	Tertiary

## 2. In-Service Training (INSET)

### Interviews in the schools-Adansi North

### Interviews in the school level-Wa Municipal

School	Interviews	Teacher (Sex)	Age	Education	Years of experience	Years in INSET	School	Interviews	Teacher (Sex)	Age	Education	Years of experience	Years in INSET	
Agogooso	1	Male	34	Senior high	6	1	St Aiden	1	Female	40	Tertiary	15	2	
	2	Male	21	Senior high	3	1		2	Female	46	Tertiary	16	2	
	3	Male	23	Tertiary	1	1		3	Male	28	Senior high	1	1	
Dompouse	1	Male	24	Senior high	4	1	Tendabe	4	Female	24	Tertiary	1	1	
	2	Female	26	Tertiary	7	1		5	Male	35	Senior high	3	2	
	3	Male	33	Tertiary	40	1		6	Male	25	Senior high	2	1	
	4	Male	74	Tertiary	1	1		1	Female	48	Senior high	23	2	
	5	Male	23	Tertiary	23	2		2	Female	42	Tertiary	17	1	
Bodwesango	6	Female	54	Tertiary	3	1	Busa	3	Female	40	Tertiary	15	2	
	1	Male	28	Tertiary	1	1		4	Female	35	Tertiary	5	1	
	2	Male	25	Tertiary	7	2		5	Female	42	Tertiary	17	2	
	3	Female	21	Senior high	3	1		6	Female	52	Tertiary	30	1	
Atatam	4	Female	57	Senior high	29	1	Biihe	7	Female	43	Tertiary	21	Dn	
	5	Male	29	Senior high	5	2		1	Female	32	Tertiary	1	1	
	1	Male	46	Senior high	5	1		2	Male	26	Senior high	1	1	
	Babriase	1	Female	23	Tertiary	2		1	3	Male	29	Tertiary	7	2
		2	Male	52	Tertiary	18		2	4	Male	30	Senior high	2	1
3		Female	45	Senior high	23	1	1	Male	28	Senior high	2	1		
Nyankomasu	4	Female	22	Tertiary	3	1	Nakori	2	Male	33	Senior high	1	1	
	1	Male	29	Senior high	3	1		1	Female	24	Senior high	2	1	
	2	Male	23	Senior high	2	1		1	Male	27	Senior high	2	1	
	3	Male	25	Senior high	4	1		2	Male	47	Tertiary	6	2	
	4	Female	42	Tertiary	3	3		3	Female	29	Senior high	5	1	
	5	Female	31	Tertiary	4	1		4	Male	23	Senior high	2	1	
Tewobabi	6	Female	34	Tertiary	7	2	Chansu	5	Male	36	Senior high	15	1	
	1	Female	45	Tertiary	10	Dn		1	Female	26	Tertiary	3	1	
	2	Male	28	Tertiary	4	1		2	Male	32	Tertiary	1	1	
	3	Male	24	Tertiary	1	1		1	Male	56	Tertiary	34	2	
	4	Male	33	Senior high	8	2		2	Female	46	Tertiary	23	1	
Akwansem A	5	Male	23	Senior high	2	1	Fongo	3	Male	43	Senior high	13	2	
	1	Male	32	Senior high	2	1		4	Female	44	Tertiary	15	1	
	2	Male	24	Senior high	3	1		5	Female	45	Tertiary	22	2	
	3	Female	26	Tertiary	1	1		6	Female	56	Tertiary	17	2	
	4	Female	48	Tertiary	28	1		7	Female	34	Tertiary	4	2	
Akwansem B	5	Male	26	Tertiary	2	1	Kambali	8	Female	38	Tertiary	19	2	
	1	Male	23	Senior high	3	1		9	Male	48	Tertiary	16	1	
	2	Female	32	Tertiary	8	1		10	Female	41	Tertiary	20	2	
	3	Male	46	Tertiary	17	1		11	Female	29	Tertiary	7	1	
Mosikrom	4	Female	52	Tertiary	22	2	St Cecilia	12	Male	25	Tertiary	3	2	
	1	Male	19	Senior high	1	1		13	Female	22	Senior high	1	1	
Asirifrikom	2	Female	24	Senior high	3	1	Kambali	1	Female	46	Senior high	20	1	
	1	Male	21	Senior high	2	1		2	Female	27	Tertiary	5	1	
	2	Male	46	Senior high	8	1		3	Female	47	Tertiary	18	2	
Fumso	3	Female	24	Senior high	1	1	St Cecilia	4	Female	50	Tertiary	26	2	
	1	Male	28	Senior high	6	1		5	Female	43	Tertiary	21	1	
	2	Male	33	Tertiary	4	1		6	Male	35	Tertiary	2	2	
Aboabo	3	Female	27	Tertiary	4	1	St Cecilia	1	Male	25	Senior high	2	1	
	1	Male	29	Senior high	6	1		2	Male	42	Tertiary	16	1	
	2	Female	24	Senior high	3	1		3	Female	36	Tertiary	13	2	
	3	Male	41	Senior high	11	1		4	Female	42	Tertiary	2	1	

Interviews with CL, HTs, District members-Adansi North and Wa Municipal

Interviews	Place	Occupation	Sex	Age	Education
1	Bobriase (Adansi)	Curriculum Leader	Male	26	Tertiary
		Head Teacher	Female	45	Tertiary
2	Dompouse (Adansi)	Curriculum Leader	Female	25	Tertiary
		Head Teacher	Male	52	Tertiary
3	Bodwesago (Adansi)	Curriculum Leader	Male	56	Tertiary
		Head Teacher	Female	59	Tertiary
4	Tewobabi (Adansi)	Curriculum Leader	Male	27	Tertiary
		Head Teacher	Female	45	Tertiary
5	Mosikrom (Adansi)	Curriculum Leader	Male	27	Secondary
6	Atatam (Adansi)	Head Teacher	Male	50	Tertiary
1	Tendabe (Wa Municipal)	Curriculum Leader	Male	48	Tertiary
2	Busa (Wa Municipal)	Curriculum Leader	Male	27	Tertiary
		Head Teacher	Female	54	Tertiary
3	Biihe (Wa Municipal)	Curriculum Leader	Male	49	Tertiary
4	Nako (Wa Municipal)	Head Teacher	Male	48	Tertiary
5	Nakori (Wa Municipal)	Head Teacher-CL	Female	48	Tertiary
6	Chansu (Wa Municipal)	Head Teacher	Male	51	Tertiary
1	Fomena (DHA office)	DHA member	Male	28	Tertiary
2	Fomena (DHA office)	DHA member	Male	44	Tertiary
3	Fomena (DHA office)	DHA member	Male	35	Tertiary
4	Fomena-CS	Curriculum Supervisor	Male	47	Tertiary
5	Fomena-CS	Curriculum Supervisor	Male	45	Tertiary
6	Fomena-CS	Curriculum Supervisor	Male	40	Tertiary
7	Fomena-CS	Curriculum Supervisor	Male	43	Tertiary
8	Fomena-CS	Curriculum Supervisor	Male	36	Tertiary
1	Wa (DHA office)	DHA member	Male	51	Tertiary
2	Wa (DHA office)	DHA member	Male	57	Tertiary
3	Wa (DHA office)	DHA member	Female	57	Tertiary
4	Wa (DHA office)	DHA member	Male	54	Tertiary
5	Wa-CS	Curriculum Supervisor	Male	54	Tertiary
6	Wa-CS	Curriculum Supervisor	Male	56	Tertiary

Interviews with JICA and GES

Interviews	Place	Occupation	Sex	Age	Education
1	Teacher Education Division-Accra	JICA member	Male	36	Tertiary
2	Teacher Education Division-Accra	GES member	Male	57	Tertiary
3	Teacher Education Division-Accra	GES member	Male	n/a	Tertiary
4	Basic Education Division-Accra	GES member	Male	n/a	Tertiary
5	JICA office-Accra	JICA member	Female	n/a	Tertiary
4	email	JICA member	Female	31	Tertiary

## APPENDIX C: RHIP and INSET project applications

**Table 1: RHIP Project Design Matrix and Project Activities**

Narrative Summary	Indicators	Means of Verification	Important Assumptions
<p><b>Overall Goal:</b> To improve the health of the people in the Birim North District by improving contribution and cooperation of stakeholders of the project.</p> <p>To replicate model project in other districts in Ghana.</p>	<ol style="list-style-type: none"> <li>1. Health of people improved.</li> <li>2. Number of communities in the model project is replicated.</li> </ol>	<ol style="list-style-type: none"> <li>1. Hospital and clinic records.</li> <li>2. Records at DA and other stakeholders.</li> </ol>	<ol style="list-style-type: none"> <li>1. Current decentralisation policy continues.</li> <li>2. Current health development plan including CHPS strategy continues.</li> </ol>
<p><b>Project Purpose:</b> To empower stakeholders to be responsive to the health needs of the district.</p>	<ol style="list-style-type: none"> <li>1. Stakeholders integrate the project components into their annual plans and implement them before the Project finish.</li> <li>2. A model of community health improvement is established through monitoring and evaluation.</li> </ol>	<ol style="list-style-type: none"> <li>1. Records at DA and other stakeholders.</li> </ol>	<ol style="list-style-type: none"> <li>1. Experiences of the model project are widely shared among health institutions.</li> <li>2. Regional health Administration and DA are willing to expand the model project.</li> </ol>
<p><b>Outputs:</b></p> <ol style="list-style-type: none"> <li>1. Stakeholders cooperate effectively to improve community health.</li> </ol>	<ol style="list-style-type: none"> <li>1a. Increase the knowledge of people especially the youth, in sexual and reproductive health issues with emphasis on STDs/HIV/AIDS and gender in 15 communities.</li> <li>1b. Increase the number of SRH services users including family planning acceptors recruited under the project (from 4,169 in 2001 to 5,500 by the end of the project).</li> <li>1c. Reduce the incidence of malnutrition among children under 5 years in 15 communities.</li> <li>1d. Reduce the prevalence of intestinal parasites including soil transmitted</li> </ol>	<ol style="list-style-type: none"> <li>1a Pre-post test results of school health.</li> <li>1b. Clinic service statistics.</li> <li>1c. Clinic service statistics.</li> <li>1d. Stool analysis reports.</li> <li>1e. VCT centre records.</li> <li>1f. Phase-out plan document Evaluation report Baseline survey report.</li> </ol>	

	<p>helminthes among children 0-14 years in the 15 communities (from 23% in 2001 to 15% by the end of the project).</p> <p>1e. Integrate the utilisation of HIV/AIDS related services by members of the community and increase the number of people who go for HIV voluntary testing</p> <p>1f Status of progress of community-based BCC process as a model for replication.</p> <p>2a. Increase the number of stakeholders including district level staff trained (all key stakeholders trained by the end of the project).</p> <p>2b. Number of components of project implemented by stakeholders.</p> <p>3a. Increase the number of community volunteers trained (all volunteers trained or had refreshment training in the first year of the project).</p> <p>3b. Increase the number of community volunteers working consistently on the project (30 volunteers working consistently at the end of the project).</p> <p>3c. Increase the number of health related activities organised by communities.</p> <p>4a. Number of health proposal developed by DA office, GHS, GES etc.</p> <p>4b. Increase level of income of community members particularly members of mothers' clubs.</p> <p>5a Increase level of income of community members particularly members of</p>	<p>2a. Training reports.</p> <p>2b. Records at DA and other stakeholders.</p> <p>3a. Training reports.</p> <p>3b. Project monthly reports.</p> <p>3c. Project monthly reports.</p> <p>4a. Proposal document</p> <p>4b. Budgets of district agencies and communities.</p> <p>5a. Financial records of mothers' clubs</p> <p>5b. Records of main micro-finance institutions.</p>	
<p>2. Management capacity of stakeholder enhanced to implement health programs.</p>			
<p>3. Communities empowered to address their health needs.</p>			
<p>4. Stakeholders provide adequate resources for health programs.</p>			



<p>5. Income levels of communities improved.</p>	<p>mothers' clubs 5b Increase funds of micro finance.</p>		
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<p><b>Activities:</b>  1-1 BCC in health issues (particularly in STDs/HIV/AIDS.  1-1.1 Conduct pre-post implementation SRH including STDs /HIV/AIDS.  1-1.2 Organise HIV/AIDS training workshop for collaborating agencies.  1-1-1 Organise reproductive health including STDs/HIV/AIDS and BCC activities.  1-1-2 Provide HIV voluntary testing services through static and outreach clinics.  1-1-3 Form adolescent Reproductive Health Clubs among the youth.  1-1-4 Distributive reproductive health advocacy materials.  1-1-5 Distributive contraceptives and essential drugs  1-1-6 Organise Maternal and Child activities including immunisation, growth monitoring and nutrition talks.  1-1-7 Identify and support people living with HIV/AIDS.   1-2 Environmental Sanitation.  1-2-1 Conduct environmental assessment exercises.  1-2-2 Conduct clean-up campaign.  1-2 Parasite control.  1-2-1 Collect stool samples.  1-2-2 Analyse stool samples.  1-2-3 Conduct de-worming exercises.   1-3 Community clinic development.  1-3-1 Construct outreach clinic centres.  1-3-2 Support construction of Nurse quarters initiated by Nkwateng community.  1-3-3 Renovate community clinics.  1-3-4 Furnish community clinics.   2-1 Organise pre-implementation meetings in district level.  2-2 Organise local and district steering committee meetings.</p>	<p><b>Inputs:</b>  <b>(Japanese side)</b>  -Cost of BCC activities including BCCC material training, fuel for transportation and recruiting staff.  -Cost of seminars, workshops and meetings.  -Transportation cost of JICA staff for supervising.  -Cost of clinic construction/modification and equipment.  -Dispatch of supporting experts.   <b>Inputs:</b>  <b>(Ghanaian side-Birim North District)</b>  -Establishment of operating unit.  -Provision of project office.  -Transportation.</p>	<p><b>Preconditions:</b>  Inhabitants of the target community are willing to accept and cooperate with the project activities/</p>
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<p>2-3 Organise seminar for collaborating agencies (Das, GHS etc).  2-4 Organise orientation for district/local steering committee members.  2-5 Organise project management training for stakeholders.  2-6 Establish effective management information system.  2-7 Monitoring and supervisory visits by PPAG staff and other stakeholders.  2-8 Conduct mid-term evaluation.  2-8 Conduct final project evaluation.  2-10 Write project reports.</p> <p>3-1 Organise pre-implementation meetings in target communities.  3-2 Conduct head count exercises in project communities.  3-3 Organise CBS and Peer educators meetings.  3-4 Organise refresher course for CBS Agents and Peer Educators and Traditional Birth Attendants.  3-5 Organise supervisory training for community members.  3-6 Organise CBS Agents into Community Based Organisation.  Establish Best Community Award System.</p> <p>4-1 Organise advocacy training for staff and stakeholders.  4-2 Organise training on project proposal formulation for staff and stakeholders.  4-3 Prepare a documentary on the project.  4-4 Document best practices and success stories.  4-5 Organise publicity activities including meeting, workshop and joint site tour.</p> <p>5-1 Assist Mothers' Clubs to establish IGAs.  5-2 Link Mothers' Clubs to Microfinance facilities.  5-3 Organise orientation in entrepreneurship skills for Mothers' Clubs.</p>		
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(Adapted by JICA Inception 2006g)

**Table 2: INSET Project Matrix and Activities**

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>Goal:</p> <p>Long-Term</p> <p>The capacity of primary school teachers for teaching delivery is improved through continuous INSET</p>	<ol style="list-style-type: none"> <li>Teachers' skills measured by the performance standards and improved comparing to the results of the base-line survey</li> </ol>	<ol style="list-style-type: none"> <li>Base-line survey report.</li> <li>Monitoring reports.</li> </ol>	<ul style="list-style-type: none"> <li>Continuous teacher development policy remains.</li> <li>Necessary resources are available at national, district and school events.</li> </ul>
<p>Short-term</p> <ol style="list-style-type: none"> <li>Capacity of GES INSET Unit, DTSTs, HTs, CSs and CLs in supporting SBI/CBI is improved in the pilot districts.</li> <li>The INSET model is conducted nationwide.</li> </ol>	<ol style="list-style-type: none"> <li>Capacity of GES INSET Unit, DTSTs, HTs, CSs and CLs in supporting SBI/CBI, measured by the performance standards to be developed in the project, is improved comparing to the results of the base-line survey.</li> <li>At least twice/term of SBI/CBI are organised in the pilot districts.</li> </ol>	<ol style="list-style-type: none"> <li>Updated source book every five years</li> <li>Reports by GES INSET Unit.</li> <li>Reports by District INSET Units.</li> <li>Reports by HTs/CSs.</li> <li>Base-line survey report.</li> </ol>	<ul style="list-style-type: none"> <li>Adequate resources to support the operationalisation of the INSET structure are provided after the end of the project.</li> </ul>
<p>Purpose: A structured and replicable INSET model of science and mathematics for primary school is in operation in pilot districts.</p>	<ol style="list-style-type: none"> <li>All the pilot districts developed an Action Plan for the INSET programme are revised it annually.</li> <li>District-based training/orientation for HTs, CSs and CLs implemented 100%.</li> <li>80% of primary schools in the pilot districts organised two SBI/CBI in science and mathematics per term.</li> <li>Implementation guidelines for the effective institutionalisation of INSET policy are developed.</li> </ol>	<ol style="list-style-type: none"> <li>Reports by district INSET Units.</li> <li>Reports by HT/CS.</li> <li>Project report.</li> </ol>	<ul style="list-style-type: none"> <li>MOESS/GES take full responsibility for operationalising INSET while managing donor involvement.</li> <li>Adequate resources to support the operationalisation of the INSET structure are provided.</li> </ul>
<p>Outputs:</p> <ol style="list-style-type: none"> <li>INSET implementation structure is established in ten pilot districts.</li> <li>Needs-based INSET modules and guidelines for the use of the source book are developed.</li> </ol>	<ol style="list-style-type: none"> <li>District guidelines developed.</li> <li>District INSET Unit established and the members of DTST identified in the pilot districts.</li> </ol> <ol style="list-style-type: none"> <li>100% of science and mathematics related modules developed.</li> </ol>	<ol style="list-style-type: none"> <li>Project report.</li> </ol> <ol style="list-style-type: none"> <li>Project report.</li> </ol>	<p>(Applicable to all outputs)</p> <ul style="list-style-type: none"> <li>GES continues to support the INSET policy.</li> <li>Commitment of DEO and D. Assembly remains high.</li> <li>Adequate resources available.</li> </ul>

<p>3. Capacity of the key actors to support the delivery of INSET is developed.</p> <p>4. Monitoring and evaluation systems for the district INSET model are developed and implemented.</p> <p>5. Awareness and commitment to participate in and support the INSET are improved and the INSET policy is amended for the smooth implementation.</p>	<p>2. Guidelines for the use of sourcebook developed.</p> <p>1. 100% orientation to the district INSET Units and DTST conducted.</p> <p>2. Action Plan revised annually.</p> <p>3. 100% CLs and HTs received INSET.</p> <p>1. Performance standards developed.</p> <p>2. Tracking system of CLs operationalised.</p> <p>3. 70% of schools use the monitoring formal to report on the termly performance.</p> <p>1. Awareness of the stakeholders in the district level, including TTCs, District Assembly, NGOs and SMCs/PTAs in supporting the implementation of the INSET programme increased.</p> <p>2. Newsletter on INSET issues quarterly.</p> <p>3. Fora to disseminate outcome of the project conducted.</p>	<p>1. Project report.</p> <p>2. District monitoring report.</p> <p>1. Project report.</p> <p>2. Monitoring reports by HTs/CSs.</p> <p>3. District monitoring report.</p> <p>1. Project report.</p> <p>2. Interviews.</p> <p>3. Newsletters.</p>	<ul style="list-style-type: none"> <li>• SBI/CBI remain attractive to teachers.</li> <li>• Decentralisation process in the education sector will enhance capacity of the district officials.</li> </ul>
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<p><b>Activities</b></p> <p>Output 1: INSET implementation is established in ten pilot districts</p> <p>1.1 Develop guidelines for the selection of pilot districts.</p> <p>1.2 Select ten pilot districts.</p> <p>1.3 Develop guidelines (national level).</p> <p>1.4 Develop guidelines (district level).</p> <p>1.5 Establish or strengthen district INSET Unit in the pilot</p>	<p><b>Inputs</b></p> <p><b>Japanese Side:</b></p> <p>1. Long-Term Experts</p> <p>-Chief Advisor/Management of Teachers Training.</p> <p>-Project Coordinator/Monitoring.</p> <p>2. Short-Term Expert:</p> <p>Short-term experts will be dispatched when necessity arises.</p> <p>3. Provision of equipment</p> <p>-Equipment for the field of Mathematics.</p> <p>-Equipment for the field of Science.</p>	
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<p>districts.</p> <p>1.6 Support the district INSET Units to identify the members DTST.</p> <p>Output 2: Needs-based INSET modules and guidelines for the use of the sourcebook developed.</p> <p>2.1 Appoint resource persons.</p> <p>2.2 Review the existing INSET documents.</p> <p>2.3 Develop the modules of source book in science and mathematics.</p> <p>2.4 Develop the modules of the sourcebook in English as a tool for supporting understanding of science and mathematics.</p> <p>2.5 Develop guidelines for the use of sourcebook.</p> <p>2.8 Print and distribute the source books to the pilot districts.</p> <p>Output 3: Capacity of the key actors to support the delivery of INSET is developed.</p> <p>3.1 Conduct a base-line survey by applying the performance standards to be developed in 4.1.</p> <p>3.2 Identify the national trainers and provide them with orientation.</p> <p>3.3 Provide orientation to DEOs, the district, INSET Units, DTST , HTs and CSs on the guidelines as identified in 1.4.</p> <p>3.4 Support the district INSET Units to develop the INSET programme and the Action Plan.</p> <p>3.5 Support the district INSET Units and DTST to identify CLs in collaboration with HTs and CSs.</p> <p>3.6 Support DTST to conduct the following INSET to</p>	<p>-Equipment for common general use. 4. Counterpart training in JICA.</p> <p><b>Ghanaian side</b></p> <p><b>1. Counterpart personnel</b></p> <p><b>(1) Ghana Education Service</b></p> <p>a. Director General</p> <p>b. Director TED</p> <p>c. Full-time counterpart personnel in each of the following fields:</p> <p>-Programme coordinator. -Mathematics. -Science.</p> <p><b>(2) Ten Pilot Districts</b></p> <p>a. District Director of Education. b. District INSET Unit. c. DTST.</p> <p><b>2. Administrative Personnel</b></p> <p>-Secretary -Driver -Other staff necessary for the implementation of the project.</p> <p><b>3. Facilities</b></p> <p>-Land, buildings and facilities necessary for the project. -Room and space necessary for installation and storage of equipments. -Office space and necessary facilities for the Japanese experts. Other facilities, mutually agreed upon necessary</p> <p><b>4. Local costs</b></p>	
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<p>CLs</p> <p>3.7 Support HTs/CLs to conduct SBI/CBI.</p> <p>3.8 Support DTST in programming the annual INSET for CLs.</p> <p>3.9 Support the district INSET Units to revise the Action Plan (annually), taking the district monitoring report into account.</p>		
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Source: JICA-GES INSET Inception Report 2006

## APPENDIX D: RHIP AND INSET RATINGS' RESULTS

### I. RHIP ratings in all levels of implementation

Table 1: Ratings – Cooperation and 'partnership' in RHIP (Community level-Household members)

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know/not sure
<b>Household members N=120</b>	'Community opinions were taken into account for the application of RHIP/PPAG health project'.	10	33	16	9	11	41
	'As a mother/ community member, I discuss with the CBS-health volunteer, questions I have on family planning, sanitation and sexually transmitted diseases'.	14	13	12	15	49	17
	'As a mother/ community member, I discuss with other mothers/community members questions I have on sexually transmitted diseases, family planning and sanitation'.	19	51	17	13	18	2
	'As a mother/community member I feel sufficiently informed, in the last years I live in the community, for transmitted diseases and family planning'.	5	31	38	26	19	1
	'When it was the last time you had some kind of information on health issues and sanitation by community officials and/or volunteers or another mean of information?' (in months).	<b>0-5 (months)</b>	<b>6-11</b>	<b>12-17</b>	<b>More than 18 months</b>	<b>Never</b>	<b>Dn/can't remember</b>
		44	12	18	9	19	17

Source: Community members interviews-total, Birim North 2008

**Table 2: Ratings Cooperation and 'partnership' in RHIP (Community level-CBS Agents)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know/not sure
<b>CBS Agents N=9</b>	'CBS's opinions were significantly taken into account for the planning and implementation of the RHIP project'.	2	6	...	...	1	...
	'As a CBS agent I was fully informed by the LSC on what the RHIP was about'.	1	6	...	1	1	...
	'As a CBS I took sufficient training for the implementation of the project in the communities'.	2	2	3	3	1	1

Source: CBS interviews-total, Birim North 2008

**Table 3: Ratings Cooperation and 'partnership' in RHIP (District and National level)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>District members N=8</b>	'The management of RHIP presented difficulties'	...	2	1	4	1	...
<b>PPAG members N=5</b>	'The management of RHIP presented difficulties'.	...	2	1	1	...	1
<b>JICA and GHS N=4</b>	'The management of RHIP presented difficulties'.	...	3	1	...	...	...

Source: District, PPAG and JICA interviews

**Table 4: Ratings of 'capacities and skills' acquired through RHIP (Community level -Household members)**

	Statement	Knowledge of STDs improved or not in the last years.	Knowledge of Malaria issues improved or not in the last years.	Sanitation status of the Community in the last years	Knowledge of Family Planning	Income levels during the last five years-Improved or not	Statement	Knowledge of 'PPAG' visits in the Community in the last 2-3 years.	Statement
	Rating (0,1,2)						Rating (0,1)		Rating (0,1,2)
<b>Household members N=120</b>	<b>0</b>	...	...	3	...	64	<b>0</b>	38	<b>1</b>
	<b>1</b>	54	56	17	73	21	<b>1</b>	82	<b>2</b>
	<b>2</b>	66	64	99	43	22	...	...	<b>dn</b>
	<b>dn</b>	...	...	1	3	12			

(0=worse, 1=same, 2=better), (0=no, 1=yes)

Source: Household members interviews-total, Birim North2008



**Table 5: Ratings of 'capacities and skills' acquired through RHIP (Community level –CBS Agents)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>CBS Agents N=9</b>	'The RHIP project is successful for my community'	3	4	2	...	...	...
	'The RHIP project has significantly improved the behavioural change of the communities towards STDs, malaria and sanitation'	1	2	5	...	...	...
	'The RHIP project was relevant with the needs of the local communities in our district'.	1	6	1	...	...	1

Source: CBS interviews-total, Birim North 2008

**Table 6: Ratings of 'capacities and skills' acquired through RHIP (District members)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>District members N=8</b>	'The RHIP project has significantly improved the behavioural change and information of the communities on STDs sanitation and malaria'.	3	5	...	...	...	...
	'Members of the communities are sufficiently informed to carry on with RHIP activities without further input from a national or foreign agency'.	...	...	...	2	6	...

Source: District members, Birim North 2008

**Table 7: Ratings of 'capacities and skills' acquired through RHIP (PPAG members)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>PPAG members N=5</b>	'The RHIP project was executed successfully and as planned'.	2	2	...	...	...	1
	'The RHIP project has sufficiently improved the health (STDs, Malaria, Family Planning) and sanitation conditions and knowledge in the pilot communities'.	3	...	1	...	...	1
	'Members of the communities are sufficiently informed to carry on with RHIP activities with input from a national or foreign agency'.	...	2	1	1	...	1
	'The RHIP project was relevant with the needs of the local communities'.	2	2	...	...	...	1

Source: PPAG members, Birim North 2008

**Table 8: Ratings of 'capacities and skills' acquired through RHIP (JICA and GHS members)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>JICA and GHS members N=4</b>	'The RHIP project was executed successfully and as planned'	2	2	...	...	...	...
	'The RHIP project has sufficiently improved the health and sanitation conditions in the pilot communities'.	1	3	...	...	...	...
	'The RHIP project was relevant with the needs of the local communities in the district'.	3	1	...	...	...	...
	'Members of the communities are sufficiently informed to carry on with RHIP activities with input from a national or foreign agency'.	...	...	2	2	...	...

Source: PPAG members, Birim North 2008

**Table 9: 'Sustainability' in RHIP (Community level-Community members and CBS Agents)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know/not sure
<b>Household members N=120</b>	'As a mother/community member I am ready to participate in future seminars/information on health and sanitation issues'.	70	40	7	1	2	...
	'As a mother/community member, I feel that I need to know more on health and sanitation issues'.	50	64	6	...	...	...
	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know/not sure
<b>CBS Agents N=9</b>	'The incentives for the CBS agents to participate on the RHIP project are sufficient'.	...	...	1	2	6	...
	'As a CBS agent I am ready to continue applying RHIP activities in my community'.	2	6	...	...	1	...
	'As a CBS agent I do not feel sufficiently trained for RHIP activities in my community'.	2	2	3	2	...	...

Source: Community members and CBS Agents' interviews-total, Accra 2008

**Table 10: 'Sustainability' in RHIP (District members and PPAG)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know/not sure
<b>District members N=8</b>	'National policies will include/replicate in their future plans the RHIP project'.	1	2	1	1	...	3
	'The DEO has a plan on how to deal with the challenges of RHIP in the communities and sustain it'.	1	1	1	2	3	...
	'The communities are ready to take over the successful continuation of RHIP without significant input from other national or/and international agencies'.	1	2	3	...	...	2
	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know/not sure
<b>PPAG members N=5</b>	'National policies will include/replicate in their future plans the RHIP project'.	...	1	1	...	...	3
	'The communities are ready to take over the successful continuation of RHIP significant input from other national or/and international agencies'.	...	...	2	1	1	1

Source: Community members and CBS Agents' interviews-total, Accra 2008

Table 11: Ratings on 'sustainability' in RHIP (National level-JICA and GHS)

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know/not sure
<b>JICA and GHS members</b> N=4	'National policies will include/replicate in their future plans the RHIP project'.	1	...	...	1	...	2
	'Sustainability of the project was considered an important factor during the design and planning of the RHIP project'.	2	...	1	...	...	1
	'JICA had a clear 'phase-out' plan and exit strategy from the project, which was implemented with success'.	2	...	1	...	...	1
	'The various partners of RHIP were consulted for the transfer of the project and the exit of JICA'.	2	...	1	...	...	1
	'The communities are ready to take over the successful continuation of RHIP'.	...	...	3	...	...	1

Source: JICA and GHS interviews-total, Accra 2008

## II. INSET Ratings in all levels of implementation

Table 1: Ratings of 'capacities and skills' acquired through INSET (District level)

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>DEO members (DTST,DIU)</b> N=7	'The INSET project was executed successfully and as planned'.	2	3	2	...	...	...
	'The INSET project has significantly improved the teaching of S&M in the schools of the district'.	3	2	2	...	...	...
	'The INSET project is successful in the schools'.	3	1	3	...	...	...
	'The INSET project has significantly improved the quality of teaching in the district'.	2	2	3	...	...	...
	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>DEO members (CS)</b> N=7	'The INSET project is successful in the schools'.	3	1	3	...	...	...
	'The INSET project has significantly improved the quality of teaching in the district'.	2	2	3	...	...	...
	'The INSET project sufficiently trained the teachers to use material and new teaching methods in S&M'.	4	2	1	...	...	...
	'I have observed a significant improvement in the performance of pupils in S&M after the implementation of the INSET project'.	2	2	2	...	...	1

Source: DEO interviews (DTST ,DIU and CS)-total, Adansi North and Wa Municipal 2008

**Table 2: Ratings of 'capacities and skills' acquired through INSET (National level)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>JICA and GES (TED and BED) N=7</b>	'The INSET project was executed successfully and as planned'.	2	2	3	...	...	...
	'The INSET project has significantly improved the quality of teaching in S&M in the primary schools of the pilot districts'.	3	3	1	...	...	...
	'The staff of the primary schools in the pilot districts are sufficiently trained to carry on with the INSET project without significant inputs from a foreign agency or/and a national body'.	...	...	3	4	...	...
	'The INSET project was relevant with the priority needs of the primary schools'.	1	2	4	...	...	...

Source JICA, GES interviews-total, Accra 2008

**Table 3: Ratings of 'sustainability' of INSET (School level)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>Teachers N=100</b>	'The incentives for the Teachers to participate on the INSET project are sufficient'.	1	4	15	33	45	2
<b>Curriculum Leaders (CLs) N=8</b>	'The incentives for the CLs to participate on the INSET project are sufficient'.	1	...	3	2	2	...
	'As a CL i am ready to continue applying INSET activities in my school'.	5	1	1	...	1	...
	'As a CL I feel that I need more training for INSET activities in my school'.	1	1	3	2	1	...
<b>Head Teachers (HTs) N=9</b>	'The incentives for the HTs to participate in the INSET project are sufficient'.	...	...	2	3	3	1
	'As a HT I intend to continue supporting INSET activities in my school'	6	2	...	...	...	1
	'As a HT I feel that I need more training for the implementation of INSET in my school'	3	1	1	3	...	3

Source: Teaches, CLs and HTs-total Adansi North and Wa Municipal

**Table 4: Ratings of 'sustainability' of INSET (District level)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>DEO members (CS included) N=14</b>	'The incentives to participate in INSET are sufficient'.	...	...	...	8	6	...
<b>DEO members (DTST, DIU) N=7</b>	'The DEO staff participated in consultations with JICA for the transfer of the project and their views were taken into account'.	...	3	4	...	...	...
	'The district office has a plan on how to deal with the prospective challenges of continuing the INSET project'.	1	1	2	1	...	2
	'The district office and the primary schools are generally ready to take over successfully the continuation of the project'.	...	3	2	2	...	...
	'The staff in the school level has sufficient capacity and skills to carry on with the project without external assistance from a foreign or national body'.	1	2	4	...	...	...

Source: DEO interviews total, Adansi North and Wa Municipal 2008

**Table 5: Ratings of 'sustainability' of INSET (National level)**

	Statement	Strongly Agree-5	Agree-4	Neither agree or Disagree-3	Disagree-2	Strongly Disagree-1	Don't know
<b>JICA and GES (TED and BED) N=7</b>	'Sustainability was considered an important factor during the planning and implementation of the INSET project'.	2	4	1	...	...	...
	'JICA had clear a phase-out plan and a clear exit strategy from the INSET project, which was implemented with success'.	2	1	3	...	...	1
	'The various partners involved in the INSET project have participated in the consultations with JICA for the transfer of the project and their views taken into account'.	2	2	3	...	...	...
	'The district offices and the primary schools are ready to take over on the successful continuation of the project'.	...	2	...	3	2	...
	'The further implementation of the INSET project will be included in the design of future education national policies'.	1	1	5	...	...	...

Source: JICA and GES interviews total, Accra 2008