

PD-AAS-067

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# intraH

## Trip Report

#0-237

**Travelers:** Dr. Roy Jacobstein,  
INTRAH Consultant

**Country Visited:** Ghana

**Date of Trip:** September 11-29, 1985

**Purpose:** To participate in a Ghana Ministry of Health workshop on development of problem-based management training materials for PHC in-service training.

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## EXECUTIVE SUMMARY

From September 13 to September 29, 1985, Dr. Roy A. Jacobstein, INTRAH consultant, participated as part of a combined INTRAH/MSH team in a Ghana Ministry of Health workshop on development of problem-based management training materials for in-service training in primary health care. The workshop was held in Accra and consisted of 16 Ghanaian participants and a three-person consultant team. Numerous planning meetings with the Director of Medical Services for the GMOH, Dr. Otoo, his two Deputy Directors, Dr. Adamafio and Dr. Adibo, and the two Coordinators of Management Training, Mrs. Adzraku and Mrs. Quarcoopome, also took place.

Key findings and conclusions are:

1. Management training is seen by the GMOH as important, both as an end in itself, and as a means of energizing the GMOH system and reorienting its focus toward a greater emphasis on PHC. If this complex plan is to be successfully implemented, the top levels of the GMOH must be in charge and directly involved on a daily basis.
2. Severe constraints - of manpower, funding, communication, logistics - have interfered with various PHC activities in the past, and still exist. In particular, the high rates of turnover in the system, and the very low percentage of workers currently available at the lowest levels suggest that such a comprehensive, team-oriented training design may prove to be too ambitious and/or premature.
3. Strengthening pre-service and in-service technical training in family planning is necessary and desired, and would make a meaningful contribution to the integration of skills of individual health workers.

It is recommended that INTRAH remain receptive to further involvement in this overall training design, and keep abreast of developments in Ghana as this process

continues. Additionally, the opportunity for INTRAH to contribute to complementary programs of pre-service and in-service technical training in family planning may well arise. The willingness and capability of INTRAH to so contribute should be communicated to USAID/Ghana and to the GMOH.

## SCHEDULE DURING VISIT

- 13 September 1985: Arrival Accra, Ghana, 18:40, KLM 587.  
(Friday)  
Meeting with USAID Population Officer  
at Hotel.
- 14 September 1985: Planning meeting with key GMOH  
(Saturday) participants at Hotel.
- 15 September 1985: Meeting with USAID Population Officer  
(Sunday) at Hotel.  
Planning meeting with key GMOH  
participants at Hotel.
- 16 September 1985: Workshop: School of Hygiene, Korle Bu  
(Monday) (Accra).  
Meeting with USAID Population Officer  
at USAID Office.  
Planning meeting with key GMOH  
participants at Hotel.
- 17 September 1985: Workshop: School of Hygiene, Korle Bu  
(Tuesday) (Accra).
- 18 September 1985: Workshop: School of Hygiene, Korle Bu  
(Wednesday) (Accra).  
Planning meeting with key GMOH  
participants at Hotel.
- 19 September 1985: Workshop: School of Hygiene, Korle Bu  
(Thursday) (Accra).
- 20 September 1985: Workshop: School of Hygiene, Korle Bu  
(Friday) (Accra).
- 21 September 1985: Planning meeting with key GMOH  
(Saturday) participants at Hotel.
- 22 September 1985: Meeting with USAID Population Officer  
(Sunday) at Hotel.  
Planning meeting with key GMOH  
participants at Hotel.

- 23 September 1985: Workshop: School of Hygiene, Korle Bu  
(Monday) (Accra).  
  
Meeting with USAID Population Officer  
at USAID Office/Hotel.  
  
Planning meeting with key GMOH  
participants at Hotel.
- 24 September 1985: Workshop: School of Hygiene, Korle Bu  
(Tuesday) (Accra).  
  
Meeting with USAID Population Officer  
at USAID Office.
- 25 September 1985: Workshop: School of Hygiene, Korle Bu  
(Wednesday) (Accra).
- 26 September 1985: Workshop: School of Hygiene, Korle Bu  
(Thursday) (Accra).  
  
Meeting with USAID Population Officer  
at USAID Office.
- 27 September 1985: Workshop: School of Hygiene, Korle Bu  
(Friday) (Accra).
- 29 September 1985: Departure Accra, Ghana, 7:55,  
(Sunday) Swiss Air 257.

## I. PURPOSE OF TRIP

- A. To participate in a GMOH workshop on development of problem-based management training materials for in-service training in PHC;
- B. To assist with detailed planning for the ongoing process subsequent to the workshop;
- C. To assess the role INTRAH might play within this overall training design and/or in other FP training endeavors in Ghana; and
- D. To assess the feasibility of implementing this comprehensive training within the GMOH system.

## II. ACCOMPLISHMENTS

- A. The workshop was conducted with a three-person INTRAH/MSH consultant team and 16 - 18 GMOH participants. Problem-based management training materials were developed for two of the six previously designated priority problem areas (diarrhoeal diseases and too many and/or too closely spaced births). A Community Health Status Questionnaire was also developed (Appendix E).
- B. Assistance with detailed planning for the ongoing process subsequent to the workshop was provided.
- C. An understanding of the opportunities for INTRAH's involvement in FP training activities in Ghana was developed.
- D. A sense of the constraints facing the GMOH and potentially impinging on the implementation of this comprehensive training plan was developed.

### III. BACKGROUND

This joint INTRAH/MSH consultancy was seen by both the GMOH and USAID/Ghana as a direct follow-on to the April 1985 INTRAH/MSH consultancy which reviewed the PHC structure within the FMOH and made recommendations for increasing management effectiveness. The consultant team consisted of Dr. Joyce Lyons of MSH (who had also been a member of the April consultant team) and Ms. Emily Lewis and Dr. Roy Jacobstein, the INTRAH representatives (who had not been members of the previous consultant team).

It was envisioned, according to the April report, that Phase I of the implementation plan would have taken place preparatory to Phase II. In turn, the activities of this workshop would be a major part of Phase II and ultimately lead to Phase III: the training of the three-person Regional PHC Secretariat from each of the ten regions, followed by training at the regional and district levels (to be conducted by the Regional PHC Secretariat) and at the community level (to be conducted by the District Health Management Team).

### IV. DESCRIPTION OF ACTIVITIES

On 14 and 15 September, prior to the workshop, meetings were held between the INTRAH consultants and the two coordinators responsible for the workshop to try to clarify the structure and objectives of the workshop. At that point, the identification of participants, as well as the venue, was not yet certain. Furthermore, it became clear the bulk of the Phase I activities had not yet been carried out, nor was the objective of having a completed training manual for all six priority problem areas by the close of the workshop realistic.

The workshop was held 16 - 20 and 23 - 27 September at the School of Hygiene, Korle Bu (Accra), University of Ghana. An average of 12 - 14 Ghanaians participated at any one time (Appendix B).

The first two days were devoted to clarifying the tasks and functions of the Regional PHC Secretariat (e.g., defining/refining their relationship to the RMOH) and of the District Health Management Team. The next three days were devoted to the writing of case studies meant to illustrate management problems in the delivery of PHC services. Diarrhoeal disease and too many and/or too closely spaced births were the priority problems addressed; the remaining four priority problem areas were to be addressed subsequent to the workshop in analogous case studies. A structure for assessing what these case studies were supposed to accomplish as a training tool was presented. The case studies were discussed, refined, and then "field-tested" (for verisimilitude, clarity, value in stimulating discussion, etc.).

During the second week of the workshop (23 - 27 September), the process of generating and refining the case studies, and placing them within the context of an MSH framework for teaching management training skills continued. In addition, Drs. Ababio, Gardner and Adjei, and this consultant worked on a Community Health Status Questionnaire (Appendix E) at the request of Dr. Otoo. It focuses on KAP in the six priority problem areas. The questionnaire was devised, as well as instructions for its use by level A personnel, and an instructional data collection sheet associated with it. The purpose, usage, and further development and refinement of it as part of the ongoing process was also discussed in preliminary fashion.

Additionally, Dr. Lyons worked with Drs. Otoo and Adamafio on the "plan" for the future leading to the next course at which the Regional PHC Secretariat will be trained. Details of this plan were not available to the INTRAH consultants at the close of the workshop due to time constraints, but in general terms it addressed the need to form a working group responsible for planning the training, continuing the development of training materials, setting a timetable and attending to the various administrative, financial and technical tasks needed in implementing this training design.

In addition to the workshop itself, evening and weekend planning meetings were held with the two coordinators of management training and other key participants (Dr. Otoo, the Director of Medical Services; Drs. Adamafio and Adibo, his two Deputy Directors; and Dr. Ababio, the Regional Director of Medical Services, Greater Accra Region). A number of meetings to obtain the input of the USAID/Ghana Population Officer, Dr. Kirkland, and to keep him apprised of the workshop's progress, also took place.

#### V. FINDINGS

In discussions with key participants, as well as observation by this consultant, a number of findings emerged:

- A. There is a sincere commitment on the part of the leadership of the FMOH to PHC, and to service integration.
- B. Management training is seen as a key strategy, both as an end in itself, and as a means to energize and direct personnel at levels A, B and C toward more effective work in PHC.

- C. The GMOH leadership is very familiar with and strongly committed to the format, structure and orientation of management training along MSH lines.
- D. There is a history in Ghana of ambitious, logical, well-written plans which never progress beyond the planning stage because of inattention to implementation and severe system constraints.
- E. The constraints which prevented implementation in the past - inadequate funding, staffing, transportation and communication - still exist.
- F. There is a history of various service delivery teams either being incomplete at the outset or falling apart soon after their having been trained. At the current high rates of turnover within the system, a team would have an entirely new composition every three or four years.
- G. Estimates made by reliable senior GMOH staff of the percentage of level A workers actually in place were between 1% and 10%. Level B and C staffing is also apparently incomplete.
- H. In specific regard to family planning:
  - 1. Management aspects of FP service delivery will be addressed as one of six priority problem areas, and as such should get 10 - 20% of the overall attention in this training process.
  - 2. The level of pre-service FP training appears to be strikingly out of balance with both the need and the expressed interest of the midwifery students (reportedly only two hours out of a nine-month curriculum are devoted to FP).
  - 3. In-service KAP in FP also needs strengthening. (For example, "varicose veins" was mentioned by a number of participants as an absolute contraindication to oral contraceptives.)

VI. CONCLUSIONS

- A. Management training in PHC will continue to be emphasized by the GMOH. It will be conducted according to an MSH framework, and thus other organizations such as INTRAH, which might be requested to participate in the management training process, would have to fit into this framework. This implies the need for effective coordination in the U.S. prior to any further work in Ghana.
- B. Given the shortage of level A and B workers, the severe economic constraints in Ghana, and the high rate of manpower turnover, it may not be realistic to be advancing such an ambitious plan at this time.
- C. There is a real need for, and receptivity to, the upgrading of pre-service and in-service technical skills and capabilities in family planning at all levels. The "biggest bang for our FP buck" may well be obtained in these sorts of training activities, management training notwithstanding. Such strengthening of FP KAP would represent a meaningful contribution to integration of skills of health care providers.
- D. The complexity of the ongoing process of devising training materials, and teaching management skills at all levels is such that the top levels of the GMOH must be involved in the day-to-day activities of this process, directing the activities of the two coordinators of management training and delegating appropriate tasks to them.

VII. RECOMMENDATIONS

- A. INTRAH should remain receptive to further involvement in this overall training design, with the proviso that the incorporation of any FP training activities within this framework be well understood and planned out well in advance of any activities in Ghana. This implies that:
- B. INTRAH should keep abreast of developments in Ghana to monitor the progress of ongoing activities. For example, was a working group of key participants formed? Has it met regularly? Have training materials in the other priority problem areas been developed? Is there adequate funding available for this process? Have the teams to constitute the Regional PHC Secretariat for the various regions been selected? Is a senior GMOH official in effective command of the process?
- C. INTRAH should communicate to USAID/Ghana and to the GMOH its willingness and capability to provide pre-service as well as in-service technical training in FP should those activities be instituted. Such complementary programs of pre-service and in-service technical training in FP are strongly recommended. The willingness and capability of INTRAH to assist in any needs assessment and/or operationalizing of these activities within the system should also be conveyed.
- D. The sense of reservation felt by the INTRAH consultant team about the feasibility of instituting in-service management training for PHC on a comprehensive basis nationwide, given the

magnitude of constraints in Ghana, should be communicated to the GMOH and USAID/Ghana. At a minimum, this design ought to be introduced in only one district per region and then evaluated.

APPENDIX A

WORKSHOP PARTICIPANTS

## APPENDIX A

### WORKSHOP PARTICIPANTS

#### MINISTRY OF HEALTH:

- Dr. Joseph Otoo, Director of Medical Services, GMOH
- Dr. Moses Adibo, Deputy Director, Medical Services (Planning), GMOH
- Dr. Joseph Adamafio, GMOH Deputy Director, Medical Services (Public Health)
- Dr. Benedicta Ababio, Regional Director of Medical Services, Greater Accra Region
- Dr. Sam Adjei, Public Health Physician/Epidemiologist, Greater Accra
- Dr. Charlotte Gardiner, District Medical Officer, Greater Accra
- Miss Victoria Assan, Senior Nursing Officer, GMOH, National Family Planning Coordinator
- Miss Grace Agyepong, Senior Nursing Officer (Public Health), Greater Accra
- Mrs. Alma Adzraku, Coordinator of Management Training, Southern Sector
- Mrs. Florence Quarcoopome, Coordinator of Management Training, Northern Sector
- Mrs. Florence Addo, Senior Nursing Officer, GMOH Nutrition Division
- Mr. Seidu Mustapha, Tutor in Public Health, School of Public Health, Tamale
- Mr. S.A.K. Akyeh, Principal Health Inspector, Winneba District
- Miss Stella Myinah, Nursing Officer (Public Health), Greater Accra
- Mrs. Beatrice Amoah, Principal Nursing Officer (Midwifery Education), Midwifery Training School, Korle Bu (Accra)
- Mrs. Martha Osei, Health Education Division, GMOH

UNIVERSITY OF GHANA:

Mr. Kwame Agyepong, Principal, School of Hygiene, University of Ghana

Mrs. Emma Banga, Lecturer in Public Health (Community Health Nursing), University of Ghana (Legon)

USAID:

Dr. Ray Kirkland, Population Officer, USAID/Ghana

APPENDIX B

DATA COLLECTION SHEET FOR  
COMMUNITY HEALTH ASSESSMENT QUESTIONNAIRE

APPENDIX B

DATA COLLECTION SHEET FOR  
COMMUNITY HEALTH ASSESSMENT QUESTIONNAIRE

PRIORITY PROBLEM (Tick Area) TOTAL

I. DIARRHOEAL DISEASE

1. Child had diarrhoea?

Yes \_\_\_\_\_

No \_\_\_\_\_

2a. Appropriate treatment given?

Yes \_\_\_\_\_

No \_\_\_\_\_

2b. Knew appropriate treatment?

Yes \_\_\_\_\_

No \_\_\_\_\_

3. Causes of diarrhoea known?

Yes \_\_\_\_\_

No \_\_\_\_\_

4. Prevention of diarrhoea known?

Yes \_\_\_\_\_

No \_\_\_\_\_

5. Fed child during diarrhoea?

Yes \_\_\_\_\_

No \_\_\_\_\_

6. ORS Sachet seen?

Yes \_\_\_\_\_

No \_\_\_\_\_

II. MALARIA

1. Child had malaria?

Yes \_\_\_\_\_

No \_\_\_\_\_

2a. Appropriate treatment given?

Yes \_\_\_\_\_

No \_\_\_\_\_

2b. Knew appropriate treatment?

Yes \_\_\_\_\_

No \_\_\_\_\_

3. Cause of malaria known?

Yes \_\_\_\_\_

No \_\_\_\_\_

4. Prevention of malaria known?

Yes \_\_\_\_\_

No \_\_\_\_\_

III. IMMUNIZATION

1a. Showed growth chart?

Yes \_\_\_\_\_

No \_\_\_\_\_

1b. Reasons growth chart not shown?

User problem \_\_\_\_\_

System problem \_\_\_\_\_

2. Measles vaccination recorded on chart?

Yes \_\_\_\_\_

No \_\_\_\_\_

3. Reasons measles vaccination NOT given?

User problem \_\_\_\_\_

System problem \_\_\_\_\_

IV. MALNUTRITION

1. Age breastfeeding stopped?

Before 6 months \_\_\_\_\_

6 - 12 months \_\_\_\_\_

After 1 year \_\_\_\_\_

2. Age other foods introduced?

Before 3 months \_\_\_\_\_

3 - 6 months \_\_\_\_\_

After 6 months \_\_\_\_\_

3. Kind of foods?

Appropriate \_\_\_\_\_

Inappropriate \_\_\_\_\_

4. Mother interprets growth chart correctly?

Yes \_\_\_\_\_

No \_\_\_\_\_

V. MATERNAL AND PERINATAL MORTALITY

1. Attended Antenatal clinic during last pregnancy?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Received Tetanol vaccination?

Yes \_\_\_\_\_

No \_\_\_\_\_

3. Received weekly Chloroquine Prophylaxis?

Yes \_\_\_\_\_

No \_\_\_\_\_

4. Reasons for NOT attending Antenatal clinic?

User problem \_\_\_\_\_

System problem \_\_\_\_\_

5. Who delivered last child?

TBA \_\_\_\_\_

Midwife \_\_\_\_\_

Doctor \_\_\_\_\_

Other \_\_\_\_\_

VI. TOO MANY AND/OR TOO CLOSELY SPACED BIRTHS

1. Number of children given birth to?

0 \_\_\_\_\_

1 - 3 \_\_\_\_\_

4 - 6 \_\_\_\_\_

7 or more \_\_\_\_\_

2. How many are living now?

0 \_\_\_\_\_

1 - 3 \_\_\_\_\_

4 - 6 \_\_\_\_\_

7 or more \_\_\_\_\_

3. How many times has mother been pregnant?

0 \_\_\_\_\_

1 - 3 \_\_\_\_\_

4 - 6 \_\_\_\_\_

7 or more \_\_\_\_\_

4. Is mother pregnant now?

Yes \_\_\_\_\_

No \_\_\_\_\_

5. Number of children desired?

0 \_\_\_\_\_

1 - 3 \_\_\_\_\_

4 - 6 \_\_\_\_\_

7 or more \_\_\_\_\_

6. Has heard of or knows method?

Yes \_\_\_\_\_

No \_\_\_\_\_

7. Which methods heard of or known of?

Pill \_\_\_\_\_

IUD \_\_\_\_\_

Condom \_\_\_\_\_

Foam \_\_\_\_\_

Tablet \_\_\_\_\_

Traditional Method \_\_\_\_\_

Other \_\_\_\_\_

8. Knows where to get contraceptive?

Yes \_\_\_\_\_

No \_\_\_\_\_

9. Respondent and/or husband using a method now?

Yes \_\_\_\_\_

No \_\_\_\_\_

10. Which method being used?

Pill \_\_\_\_\_

IUD \_\_\_\_\_

Condom \_\_\_\_\_

Foam \_\_\_\_\_

Tablet \_\_\_\_\_

Traditional Method \_\_\_\_\_

Other \_\_\_\_\_

11. Reason for NOT using contraception?

NOT interested \_\_\_\_\_

IS interested, user problem \_\_\_\_\_

IS interested, system problem \_\_\_\_\_

12. Age of youngest child?

<6 months \_\_\_\_\_

6 - 12 months \_\_\_\_\_

1 - 2 years \_\_\_\_\_

2 - 4 years \_\_\_\_\_

>4 years \_\_\_\_\_

13. Age of previous child?

6 - 12 months \_\_\_\_\_

1 - 2 years \_\_\_\_\_

2 - 4 years \_\_\_\_\_

>4 years \_\_\_\_\_