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Trip Report

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Travelers: Mrs. Emily Lewis, IHPS

Country Visited: GHANA

Date of Trip: September 16-27, 1985

Purpose: To provide training/technical assistance in development of management training materials for PHC in-service training for MOH workers

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA

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I. EXECUTIVE SUMMARY

This trip was conducted by IHP staff member Mrs. Emily Lewis and INTRAH consultant Dr. Roy Jacobstein, in collaboration with Management Sciences for Health representative Ms. Joyce Lyons, for the purpose of assisting selected Ministry of Health (MOH) personnel in Ghana to design and prepare materials for future management workshops. No workshops were conducted during this visit. In-service management training is seen as one way to achieve the primary objective identified by the MOH during the April 1985 needs assessment visit, which was to strengthen the management capabilities of the Ghana Ministry of Health's integrated primary health care delivery system at all levels.

II. SCHEDULE DURING VISIT

Friday, September 13, 1985 - 8 PM

Arrival in Accra

Monday, September 16

Materials preparation started and continued through
Friday, September 27.

Friday, September 27 - 8 PM

Departure

I. PURPOSE OF TRIP

To assist the Government of Ghana's Ministry of Health (GMOH) in the preparation of materials to be used in management training at several levels of service delivery in Primary Health Care, Maternal and Child Health and Family Planning.

II. ACCOMPLISHMENTS

Materials were prepared using the experience of the participants. Case studies involving primary health care service delivery were designed. The participants analyzed the managerial and training problems uncovered in their case studies. They were then asked to prepare and present lesson plans to be used in future management training workshops.

III. BACKGROUND

The activity was undertaken in direct response to a letter from Mr. William Lefes, USAID Mission Director. This letter transmitted a request from the Ghana Ministry of Health's Director of Medical Service, Dr. Joseph D. Otoo, for a consultant "to prepare management training material for the MOH Primary Health Care Program." During a needs assessment visit in April 1985, Ms. Carol Brancich, representing INTRAH, in collaboration with two representatives from Management Sciences for Health, Boston, together with Dr. Otoo and his Deputy Directors of Public Health and Planning, Drs. Joseph Adamafia and Moses Adibo, had devised an implementation plan for in-service training.

To quote from this plan, "for convenience and clarity, the plan is presented in phases...activities in one phase preparatory and therefore prerequisite to those in the next." The first two phases were:

Phase I - Developing Support Systems - to include:

- (a) establishing posts for in-service training personnel and filling the posts;
- (b) clarifying management and service tasks required at each level of the primary health care delivery system. Levels are central, regional, district

- health centres (also known as level B), and community health workers (also known as health brigades or level A workers);
- (c) clarifying the standards of practice for PHC providers;
 - (d) specifying the information needs at each PHC level and establishing a system for collecting and analyzing data;
 - (e) orienting central and regional staff to the goals and strategies of the in-service training program; and,
 - (f) clarifying the budgeting process, specifying budgetary responsibilities and identifying training staff to prepare the budget at each level; i.e. central, regional and district.

Phase II, to include:

- (a) preparation of central and regional training teams for their in-service training responsibilities; and
- (b) preparation of course curriculum and training materials for in-service training.

The consultants requested by Dr. Otoo were thus to be given the task of assisting the central training team to carry out Phase II (b).

A document attached to Mr. Lefes' letter indicated that some of the activities to have been completed in Phase I had been undertaken and partially implemented:

- (a) Criteria for the selection of training teams were stated. (See Composition of the PHC Secretariat in Appendix F.)
- (b) Functions of the training teams at the regional and district levels were outlined.
- (c) Functions of the A and B staff levels were described.

It was unclear whether activities involving (c), (d), (e) and (f) (Phase I) had been carried out to any degree. Phase II (a) had been addressed as follows:

Two persons from the MOH, Mrs. Alma Adzraku and Ms. Florence Quarcoopome, were sponsored by INTRAH to management training at Management Sciences for Health/Boston in June 1985. These two Senior Public Health Nurses had been identified as Central Training Officer candidates. They, together with Dr. Joseph Adamafio, were presumably to be the central training team. Dr. Adamafio, who is a capable trainer, has been proposed as the Central Training Officer. The two nurses have had experience as tutors, but not in training of trainers. They have skills in organizing the logistics for training, but need practice in "stand-up" training, objective writing, planning and

evaluation of training. Ms. Florence Quarcoopome did state that she had oriented some of the northern regional directors to the in-service training program, and that some regional directors had been prepared to designate personnel for the training teams and to send such personnel to training workshops.

IV. DESCRIPTION OF ACTIVITIES

As stated, the intended activity was to prepare training materials for the proposed management training workshops scheduled to begin in October 1985 (probably to be postponed until 1986). The group selected to assist in this preparation was not representative of all the regions, but did represent the various disciplines encountered at the regional and district levels (see Appendix B for list of participants).

The materials prepared were case studies involving difficult service delivery problems encountered by the participants. These case studies were analyzed for managerial content. The participants were then asked to construct lesson plans which might be used at the district level for training in improved service delivery through increased knowledge and skills in the application of managerial techniques and strategies to field problems.

The materials preparation activity took place in the School of Hygiene at Korle Bu, part of the University of Ghana medical complex. One outside speaker, Professor Ashitey, Head of the Department of Community Health at the University of Ghana Medical School at Korle Bu, discussed the present system of data collection at the regional and district

levels. The Department of Community Health uses this information for health problems analysis.

The principal activities of the group gathered for materials preparation were:

1. Designing case studies (Days 1 to 4).
2. Checking the verisimilitude of their case studies in the field by consultation with a counterpart at a local health facility (Day 5).
3. Adapting case study design as indicated by experience in item #2 (above) and analyzing management content (Day 6).
4. Designing lesson plans on a specified management problem illustrated by the case study and using the case study as the primary training tool (Days 7 & 8).
5. Presenting their lesson plans for critical evaluation and suggestions from the group (Day 9).
6. Two members of the group worked with Dr. Roy Jacobstein to design a survey questionnaire on the six (6) problem areas selected by the MOH to form a "problem-based" strategy for providing primary health care. The rest of the group assisted in a preliminary testing of this survey instrument--first, by role playing the interviewee and the interviewer to establish an "average" time an interview would take and to uncover problems of interpretation; and secondly, by reviewing

the survey coding to reveal problems in that area. The six problem areas defined for problem-based strategy are: diarrheal diseases, malaria, lack of immunization, malnutrition, maternal and perinatal mortality, and number and timing of pregnancies.

7. During the two weeks, materials that might be useful for future training were collected and displayed by the co-trainers. Chief among these for family planning were manuals prepared some years ago "for health workers and service personnel and for basic and auxiliary nursing schools" by the MCH/FP Division of the MOH and the DANFA (Department of Community Health Ghana Medical School) comprehensive Rural Health and Family Planning Project, Department of Community Health, University of Ghana Medical School.

"Manual A" is an introduction to a comprehensive overview of family planning rationale, motivation, methods, clinic management and programme evaluation. The other manuals are concerned with details of contraceptive methodology.

(See Appendix E for list of other materials reviewed.)

V. FINDINGS

Materials Preparation

A course outline for the first week had been prepared by Mrs. Alma Adzraku (Appendix D). This basic outline was expanded to cover the two weeks as detailed in the "Description of Activities" section of this report. Some subjects such as communication, manpower development, and management of resources were discussed peripherally in connection with the case studies, but not in detail theoretically. Marketing per se was not discussed, but all other subjects in her outline were reviewed in the following ways:

During the two-week activity, some materials based on the experience of the participants in the form of case studies and lesson plans were prepared and presented to the group.

A survey instrument to be used to evaluate the extent and importance (to the public) of the problems identified by the MOH as the targets of problem-based strategies was designed and given a preliminary evaluation by the group.

The participants completed reaction forms as a means of evaluating the activity (see Appendix C).

Collaboration Among Consultants

Coming as they did from different organizations and with different styles of training, the consultants could have benefited from a period of preparation. The two Ghanaian co-trainers made themselves available during the weekend prior to the start of the activity, but the MSH representative whose role was key did not arrive until the night prior to the start of the consultancy. As the three members of the central training team had previously attended a MSH management training course, they naturally looked to the MSH representative for guidance and approval. The INTRAH trainers did not wish to create confusion by introducing an alternative training style. Inevitably, some confusion was created anyway as it was difficult without pre-planning and shared information not to be in the position of seeming to contradict one another. This was particularly true when the participants consulted each of the consultants during the design phases on their case studies and lesson plans.

How to use the case study in the design of management lesson plans seemed a fairly complicated and sophisticated construct. Some of the participants were able to elaborate lesson plans bringing out the management concepts. Some found that it was possibly more relevant to identify the lack of technical knowledge and skills revealed by the case study and concentrate on lesson plans to teach skills--for example, how to teach health workers to use the oral

rehydration sachets or prepare and administer the ORT solution although it was stated at the outset and reiterated by the Ghanaian trainers that they felt there was not a need for technical training.

Participation of MOH

Dr. J. D. Otoo, the Director of Medical Services, MOH, whose request for INTRAH consultants was transmitted by the Lefes letter, was not in Accra during the first week of the training. Dr. Adamafio and Dr. Adibo were very helpful and competent but neither they nor the consultants felt confident that Dr. Otoo's objectives as to "materials preparation" were clearly being met by the activities undertaken during the first week.

During the second week, much of Dr. Otoo's and Dr. Adamafio's time was spent with the MSH consultant revising the objectives, strategies and time tables for the in-service primary health care service delivery management training while the INTRAH trainers continued working with the participants on the case study lesson plans and the survey instrument.

Other Needs Identified

As noted in the Brancich report (trip report) on the April needs assessment trip, the teaching of family planning particularly has been recently reduced in the Ghanaian

schools of nursing and midwifery. Exploring this with participant Mrs. Beatrice Amoah, Principal Tutor of the Korle Bu Midwifery School, the following facts were ascertained:

The midwifery tutors would like to teach more family planning, including providing a clinical experience.

Korle Bu Midwifery School has a good supply of training materials for its didactic and theoretical course, and some training models (Ginny and Lindi).

The midwifery tutors are presently not teaching more than two (2) hours of theory because none of them feels she has had adequate training in family planning--either didactic or practical. The two (2) hours provided consist of an observational visit to the local Planned Parenthood Association of Ghana. They have heard that JHPIEGO will sponsor scholarships for training in Ibadan but they fear that in-service personnel will be the first selected for this experience, and they know that in any case no experience will be available until later in 1986--and then only for twenty (20) persons.

There are thirty-one (31) midwifery tutors in Ghana, all of whom would like to have family planning training.

The possibility of using a clinic facility, such as a hospital out-patient clinic or health center for practical experience once one or two of the tutors were trained, might not be difficult to arrange. If needed, special equipment such as IUD insertion kits could be available from FPIA.

Other Findings

Documents are available from the Ministry of Health to assist in understanding the Primary Health Care Strategy for Ghana, its goals and strategies and to measure its progress from inception in 1978 to date.

Chief among these are:

1. a document detailing the strategy (Appendix G);
2. an outline of a course given several times between 1979 and 1984 for the training of District Health Management Teams (Appendix H); and,
3. an evaluation of the first five years of the Primary Health Programme in one district, Ashanti-Akim. One of the significant findings of this evaluation is that no family planning educational or motivational activities were being undertaken at either the village level (A) or the health centre level (B) (Appendix I).

VI. CONCLUSIONS

The objective of preparing materials for future management training was achieved to some extent, but it is difficult to judge exactly how these materials will be used as the regional trainers themselves were not involved in their preparation and may find other materials more appropriate. Most of the case studies were written around ORT and nutrition--only two were written on family planning (see Sample Case Study, Appendix J).

The survey instrument preparation and evaluation were undoubtedly an interesting learning activity and may be useful as an IEC tool as well. However, it is not clear whether or not the instrument will be used given the expense and difficulty of administering such a survey, selecting and training the surveyors and the cost of transport, paper, coding, collating, and disseminating the information.

Collaboration

The difficulties of collaborating with another training organization with a somewhat different training style and philosophy might have been obviated with a longer preparation time to establish goals, objectives and to discuss how the outline prepared by the Ghanaian trainers would be converted into daily training designs and activities.

Other Needs

The needs for family planning training identified by the Principal Nursing Officer in the School of Midwifery may not be met by present plans to use the Ibadan training site for clinical practicum.

The fact that no family planning activities are being conducted at the village or health centre levels in the one district that has been evaluated (see Appendix I) would indicate the need for educational and motivational training/re-training in family planning at levels A and B and probably at the district level.

VII. RECOMMENDATIONS

The goals and objectives of the consultancy would have been more related to the objective of the MOH "to strengthen the management capabilities of the primary health care services" if the two objectives of Phase II had been combined or if Phase II (a) had preceded Phase II (b). In that case, the participants would have already been designated as future regional trainers and either would have already had a training of trainers workshop or could have had a combined TOT and curriculum/materials preparation workshop.

The combined MSH/INTRAH team would then have had a clear task related to future training. They would still have required more preparation time together to agree on training methodology and terminology. All of the consultants could then have assisted the MOH, through its central training team and members of its Regional PHC Secretariats, in a group exercise to clarify the goals, objectives and techniques to be used in its "problem-based" strategy.

The need for pre-service training in all the problem areas identified by the MOH should be explored with the Principal Tutors of the Nursing and Midwifery Schools, to minimize future needs for extensive in-service technical training. In particular, the need for increasing both the non-clinical and clinical training in family planning should be addressed

if this service is to be fully integrated into primary health care service delivery and given the importance it deserves in view of its impact upon all of the problem areas.

At the same time, an intensive effort to re-train all levels of Ghanaian health personnel in the advantages of family planning and appropriate contraceptive methodology should be given priority.

Pregnancy spacing will have a direct effect on the six target problems identified as priorities in Ghana. According to studies undertaken by WHO, family planning:

1. reduces maternal and perinatal mortality;
2. reduces malnutrition and diarrhea deaths due to early weaning; and,
3. frees mothers to devote time to preventive health and sanitation measures, thus reducing mortality and morbidity due to lack of immunization and to malaria.

APPENDIX A

Persons Contacted

Appendix A

Persons Contacted

USAID

Dr. Ray Kirkland
USAID Population Officer, Ghana

Mr. Jeremiah Parsons
USAID Logistical Officer

International

Mr. Denis Caillaux
Field Office Representative, UNICEF

Management Sciences for Health

Dr. Joyce V. Lyons

MOH

Dr. J. D. Otoo
Acting Director of Medical Services

Dr. Joseph Adamafio
Deputy Director Medical Services, Public Health

Dr. Moses Adibo
Deputy Director, Planning Division

Mrs. Alma Adzraku
Senior Public Health Nurse, Southern Region Trainer

Mrs. Florence Quarcoopome
Senior Public Health Nurse, Northern Region Trainer

Dr. Sam Adgei
Public Health Physician, Accra Region

Dr. Ward-Brew
Deputy Director Medical Services, International

Amasaman Health Centre
Greater Accra

Mr. J. H. Mensah
Medical Assistant

Mr. Abraham Kotey
Technical Officer for Nutrition

MCH

Mrs. Vivian Oku
Principal Nursing Officer (Public Health)

Ms. Mary Otoo
Senior Community Health Nurse/Midwife

Ms. Ophelia Quartey
Senior Community Health Nurse/Midwife

Ms. Rose Abbetey
Senior Community Health Nurse/Midwife

Ms. Virginia Tamakloe
Regional Principal Nursing Officer,
Greater Accra Region

Midwifery Training School
Korle Bu, Accra

Mrs. Beatrice F. Amoah
Principal Nursing Officer, Education

Mrs. Florence Awuah
Principal Nursing Officer, Education

Mrs. Agnes Bulley
Senior Nursing Officer, FP Tutor

Mrs. Gladys Kankam
Senior Nursing Officer, Education

Ms. Wilhelmina Wulff
Senior Nursing Officer, Education

Mrs. Bertha Mensah-Karilcari
Senior Nursing Officer, Education

Mrs. Fauslina Oware-Gyekye
Senior Nursing Officer, Education

Mrs. Adelaide Serwah Prempeh
Senior Nursing Officer, Education

Ms. Susana Arthur
Senior Nursing Officer, Education

APPENDIX B

List of Participants

Appendix B

List of Participants

- Dr. Benedicta ABABIO
Regional Medical Officer, Greater Accra Region
- Ms. Florence ADDO
MOH Nutrition Division
- Miss Grace AGYEPONG
Senior Nursing Officer, Public Health
- Mr. Kwame AGYEPONG
Principal, School of Hygiene, University of Ghana,
Korle Bu, Accra
- Mr. Sampson AKYEH
Principal Health Inspector, Winneba
- Mrs. Beatrice AMOAH
Principal Nursing Officer, Midwifery Training School,
University of Ghana, Korle Bu, Ghana
- Miss Victoria ASSAN
Senior Nursing Officer, National FP Coordinator
- Mrs. Emma BANGA
Lecturer, Community Health Nursing, University of
Ghana, Legon
- Mr. Mustapha SEIDU
Tutor in Public Health, Health Inspector, Tamale,
Northern Region, Ghana
- Ms. Stella NYINAH
Nursing Officer, Public Health, Out-patient MCH Clinic,
Agogo Hospital, Ashanti Akim
- Mrs. Martha OSEI
Senior Health Educator, Health Education Division,
MOH, Accra, Ghana

APPENDIX C

Summary of Participant Reaction Forms

Appendix C

Summary of Participant Reaction Forms

1. The workshop objectives were either "somewhat" or "not very" clear.
2. The workshop objectives seemed to be "mostly" or "somewhat" achieved.
3. With regard to material (exercises) all (2), most (5), or some (3) were useful.
4. Workshop material presented was clear and easy to follow:

more than half the time or about half the time.
5. The amount of material covered was "somewhat", "too much" or "just about right"
6. The amount of time devoted was "just about right" to "somewhat too little".
7. The workshop was useful for my work: very (5), mostly (3), and somewhat (2).
8. Possible solutions to real work problems were dealt with all the time (2), more than half the time (4), about half the time (3).
9. &
10. In the workshop, some to many important and useful concepts and skills were learned or practiced.
11. Workshop facilities were evaluated as acceptable or barely acceptable. (The classrooms at the School of Hygiene were bright and airy, the meals and tea breaks good. Dormitory accommodations may not have been great, but many participants went home at night).
12. The trainers were either somewhat (6) or very (3) effective.

13. &

14. The trainers sometimes to always encouraged the trainees to give their opinions of the course - one (1) person said "Never!" Feedback about progress in training was evaluated from not very effective (1) through somewhat to very effective (2).

In filling out the participant reaction form, eight persons checked a number of areas in which they would like more training in family planning but only three of those signed the form.

APPENDIX D

Course Outline for the First Week

Appendix D

Course Outline for the First Week

September 16 - 28, 1985
Training Materials for PHC/Family Planning
Programme

Day 1 - September 16

- 9 AM - 10 AM Formal Opening
- 10:00 - 10:30 General introduction to the workshop
Introduction of participants, resource
persons, consultants
- 10:45 - 1 PM Course overview and discussion of work-
ing groups and functions of various
levels of Primary Health Care
- 2:30 - 5:30 Discussion of objective of workshops and
other PHC materials

Day 2 - September 17

- 8:30 - 10 AM Discussion of Ministry of Health struc-
ture and other PHC strategy
- 10:00 - 11:00 Discussion of management functions
- 11:15 - 1 PM Formation of groups and group assign-
ments
- 2:30 - 4:00 Group Work
- 4:15 - 5:30 Group Work

Day 3 - September 18

- 8:30 - 10 AM Discussion of management functions
(continued)
Manpower Development
- 10:00 - 11:00 Management of resources, stores and sup-
plies, procurement, etc.
- 11:15 - 1 PM Group Work
- 2:30 - 4:00 Group Work
- 4:15 - 5:30 Group Work

Day 4 - September 19

- 8:30 - 10 AM Discussion of Health Information Systems
- 10:00 - 11:00 Group Work
- 11:15 - 1 PM Discussion on Marketing Communications
- 2:30 - 4:00 Discussion - Marketing Communication Skills
- 4:15 - 5:30 Group Work

Day 5 - September 20

- 8:30 - 10 AM Problem solving, decision-making - discussion
- 10:15 - 1 PM Data Collection - Data Analysis
- 2:30 - 4:00 Group Work
- 4:15 - 5:30 Group Work

APPENDIX E

List of Materials Reviewed

Appendix E

List of Materials Reviewed

Family Planning: Its Impact on the Health of Women
and Children

Deborah Maine, MPH
Center for Population and Family Health
Columbia University - 1982

WHO: "Health and Population"
Division of Family Health -
Guide for Analyzing Family Health and
Population Aspects of Health Development - 1984

Bogue "Counselling Clients for Family Planning"
(10-page pamphlet)
Social Development Center, Chicago

WHO: Fictitia - a type of case study - 1981

DANFAT Department of Community Health
Ghana Medical School

Manual A - Policy and Management, Training for
Family Planning (for Health Workers)

Manual B - for M.D.s and Midwives
Counselling, Exam and Methods -
Gynecological Problems

GNFPP Books 1 - (Introduction to Methods)
 2 & 3 - IUD and Pills
 4 - Summary

WHO Regional Training Center, Lome
Training Course for Village Health Workers
Maternal Health
Session Plans
No Index or Table of Contents
(see introduction)

WHO Immunization in Practice
8 Volumes for Health Workers - Offset

Training Course for National CDD
Programme Managers - 1981

Expanded Programme for Immunization

The Place of Epidemiology in Local Health Work

APPENDIX F

Composition of the PHC Secretariat

Letter from Mr. Lefes

and

Composition and Functions of the PHC Secretariat

Appendix F

UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
MISSION TO GHANA



USAID/Accra
Agency for International Development
Washington, D.C. 20520

July 17, 1985

Dr. James W. Lea
University of North Carolina
at Chapel Hill
School of Medicine
208 North Columbia Street (344A)
Chapel Hill, N.C. 27514

RECEIVED JUL 22 1985

Dear Dr. Lea,

Enclosed herewith is a copy of a paper submitted to the Mission by Dr. Joseph D. Otoo for onward transmission to your organization. He has requested the Mission to contact INTRAH for the services of one Consultant to prepare Management Training material for the MOH PHC Program. This paper will provide guidelines to the Consultant in planning the required training material and also aid INTRAH in choosing the right Consultant for the job.

Preferably the Consultant should be available to travel to Ghana in August for a period of 2 weeks.

Mission understands INTRAH has funds to support its own Consultant. It would be appreciated if you could coordinate travel plans with MSH and inform us through Ms. Marilyn Schmidt, S&T/POP/IT in AID/Washington.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. S. Lefes', is written over the typed name below.

William S. Lefes
Director

mV

FUNCTIONS OF DISTRICT HEALTH MANAGEMENT TEAM:

1. Assist Regional PHC Secretariat with the organisation of in-service training at the district level.
2. Plan with health centre staff PHC Programmes and implementation activities at the health centre and community levels.
3. Process Management data from health centre.
4. Process Health data.
5. Allocate Resources to Health Centres.
6. Prepare programme Budget for the District.
7. Supervise PHC Programmes Implementation activities at the Health Centre and Community level.

FUNCTIONS OF HEALTH CENTRE STAFF (LEVEL B)

1. Identify and prioritise Health problems of the community.
2. Organise community based PHC activities involving personnel from other sectors, e.g. community development officer, teachers etc., in communities of sizes from 500 and above in a radius of 5 miles (8Km) from Health Station.
3. Conduct PHC activities and provide guidance and support to level A workers (Health Brigades) in communities of size 500 and above in a radius of 5 miles (8Km) from health station.
5. Prepare Programme Budget for the health centre.
6. Monitor community health status and PHC Service delivery in the community.

A. FUNCTIONS OF COMMUNITY HEALTH WORKERS (HEALTH BRIGADES) - TBA

1. Provide ante-natal, delivery and post natal care in the community including dispensing of materials and iron preparations during pre-natal visits.
2. Discuss family Planning during visits and dispense contraceptives to Family Planning acceptors.
3. Refer serious cases to the appropriate level.
4. Inform new mothers about child health services and refer new borns to child health Clinics.

5. Register births and deaths and provide basic statistical information to level B supervisor.
6. Assist Health Centre staff to deliver PHC Programmes in the community.
7. Carry out health education programmes at the community level.

B. C.C.A. (COMMUNITY CLINIC ATTENDANT)

1. Coordinate and participate in the provision of PHC Services by organising and mobilising the community for scheduled visits by Health Centre personnel.
2. Provide assistance to the community regarding uncomplicated health issues i.e. rehydration in diarrhoea, anti-malarial drugs for fever without cough, aspirin for headaches without fever, distribution of contraceptives for child spacing, health education and sanitation.
3. Refer complications or serious cases within 3 days to the appropriate level of service.
4. Provide health information to the community during home visiting through official community and channels.
5. Collect Management data of the community's PHC activities.
6. Collect health data on the community and transmit to level B.

PROGRAMME PLANNING FOR PHC

1. The basic unit for PHC activities is the health centre/post Hereafter to be known as health station.
2. The health station in the rural setting will serve a population within 5 miles radius of the health station. The size of population will depend on population density of the area. The expected population sizes are 5,000, 10,000, 15,000 or 20,000 depends on population density.
3. Within the 5 mile radius of health station all communities of size 500 population and above will form the service delivery base. Where the population density is low communities of size 200 and above will be used.
4. PHC programmes will be developed for each of such communities which will be visited regularly every six weeks.
5. A survey of health problems will be carried out in each community and depending on the health problems, identified programmes will be developed accordingly using the identified target population and applying management principles to develop the programmes.
6. The principles of Programme Budgeting will be used to prepare the Budget.
7. The Health Station will keep a master chart and map of the communities within 5 mile radius and keep records of all its activities and timetable of scheduled visits to the communities.
8. Referral of patients will be from the community to the health station.
9. The mode of referral will be a written note from the community health worker giving:
 - i. Vital data on the patient
 - ii. His/her complaint
 - iii. How long the patient has been sick
 - iv. What treatment has been given &
 - v. Why the patient is being referred.

10. The health station will be the only source for referring patients to the secondary level of health care i.e. the District Hospital.

The mode of referral will be:

- i. Written case history
- ii. How long the patient has been sick
- iii. What treatment has been given
- iv. The community he comes from
- v. Vital data on the patient
- vi. His/her occupation
- vii. Reasons for referring.

11. After treating the referred patient the District Hospital or Health station will provide a feedback to the referee in the form of a report on the patient's condition, and what follow-up activity should be carried out.

ALLOCATION OF BUDGET AT THE REGIONAL LEVEL:

The allocation of financial resources to the Region will be a block allocation for Primary Health Care.

The Regional Director will then allocate to the Districts Block allocation for PHC according to the size of programmes to be carried out in the district. Further allocation to the health centres will be on the same basis. To qualify for budgetary allocation each health station should use principles of programme budgeting to prepare its budget.

APPENDIX J

Sample Case Study

Appendix J

Sample Case Study on a Family Planning Problem

(Victoria Assan's Case Study)

Victoria presented the following problem:

A Family Planning Clinic operating in a Ministry of Health Health Center has been out of contraceptive supplies for three to four months. No contraceptives are available from the MOH for anyone for several of a number of reasons:

- Director of Center doesn't approve of family planning and doesn't forward supply requests.
- Lack of transport
- Lack of communication - no reports or supply requests are getting through the information system or being acted upon.
- Supplies not being unloaded or released from warehouse for lack of funds.

The nurse in charge of the health center has established rapport with a local Planned Parenthood of Ghana Association Clinic which has been supplying her with condoms and pills, on the understanding that either this is all right with PPAG or that supplies will be returned when, and if, they ever become available.

The cooperative person at the local PPAG has just been replaced by someone who refuses to continue this informal arrangement.

The problem posed is how can the nurse continue to have access to contraceptive supplies. There are mechanisms for appealing to her Regional Director to make formal application to PPAG's Director for supplies, but these are time-consuming and depend on too many variables beyond her control. Can she by-pass her regional chain of command and go directly to PPAG Director herself? If not, she is sure she will be without supplies so long that the entire family planning program will dissolve.