

PN 112-772

UN-56316

CONSULTATION  
TO THE  
GHANA MINISTRY OF HEALTH

DEVELOPMENT OF A PROGRAM DOCUMENT  
FOR TRAINING

APRIL 4-29, 1988

JUN 13 1988

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## ACKNOWLEDGEMENTS

We would like to express our sincere appreciation to the many individuals and organizations that worked closely with us throughout the one month consultation. They gave willingly, generously, and patiently of their time and ideas, providing both guidance and encouragement to our efforts.

In particular, we would like to acknowledge the contributions made by the following individuals: Dr. James R. Kirkland, USAID; Drs. M. Adibo, J. Adamafio, J.D. Otoo, and C. Gardiner of the GMOH; and Mr. S. A. Amoa and Mr. J.E. Hagan of GIMPA.

## A. OBJECTIVES OF THE CONSULTATION

Background: On two previous occasions the Family Planning Management Training Project (FPMT) has provided technical assistance and support to the Ghanaian Ministry of Health. In May, 1986 FPMT consultant Ms. Nancy Piet-Pelon attended the second of two management training workshops for Regional Primary Health Care Teams conducted by GMOH national level staff and resource persons from the Ghana Institute of Management and Public Administration. The purpose of the consultation was to evaluate the effectiveness of the manual developed for management training; identify additional management training needs and the courses and materials to address them, and; to help plan for the further development of the management training program.

Following the May workshop, the Regional PHC teams organized and carried out management training for the District Health Management Teams (DHMTs). Ms. Piet-Pelon returned to Ghana in November, 1986 to attend a review workshop for the Regional teams. The workshop was designed to help evaluate the impact and effectiveness of the DHMT training carried out by the Regional teams. Ms. Piet-Pelon worked with the GMOH to conduct this evaluation, to participate in the revision of training materials, help plan for ongoing management training, and to study the proposed structure and strategy for primary health care training.

Current Consultation: Progress has been made with the management and technical training for primary health care even though there have been many problems. Support for the process has not been constant or uniform across the Regions or within the GMOH. Training in some of the PHC areas, such as MCH/FP, has been more thorough and has progressed further than in other areas such as malaria control and EPI. According to the findings of a recent Management Audit of the PHC training program, the GMOH does not have a coherent policy or strategy for PHC training, nor does it currently have the manpower at the central level to plan and implement its programs. Donor agencies, including USAID, UNICEF, UNFPA, and WHO, have funds available to support short-term training in support of PHC. The ability to program training funds has long been hindered by the lack of a GMOH training plan for PHC and other health programs.

In the absence of a plan, donors receive requests for support in an ad hoc fashion, often at the last minute, leaving them to wonder how the request relates and will contribute to specific plans or programs, and whether the person proposed for training is appropriate and will receive the support necessary upon his/her return to apply and share the skills acquired during training.

At USAID request, FPMT agreed to fund Ms. Piet-Pelon's return to Ghana in order to develop and gain approval for a training plan with an emphasis on primary health care. She was joined for the final two weeks of the one month consultation by Mr. Ken Heise, FPMT Deputy Director. It was hoped that his participation would enhance FPMT's ability to provide ongoing, effective support to GMOH management needs in PHC, particularly in family planning.

The objectives of the consultation were to:

1. Assess training needs across the Divisions of the GMOH with a focus on the primary health care program (which cuts across Divisions).
2. Assist the GMOH to prioritize its training needs and to identify training resources and programs (in-country and out) capable of addressing those needs.
3. Develop/finalize a training plan for use as a programming tool by the GMOH and donor community.
4. Propose procedures for regularly assessing training needs and opportunities.

## B. DESCRIPTION OF ACTIVITIES

The activities carried out during the consultation may be divided for discussion purposes into three phases: initial briefings and orientation; assessment of GMOH training needs, and; the development of a program document for training priorities.

Initial Briefings and Orientation: In meetings with Dr. Ray Kirkland of USAID and Drs. Adibo, Adamafio, and Otoo of the GMOH the consultants were briefed on the expected outputs from the consultation and the approach to be taken. These sessions also served to update the consultants on progress made in PHC training since the last visit in December, 1986.

Assessment of GMOH Training Needs: The GMOH Director for Medical Services, Dr. M. Adibo, proposed that the assessment of needs be carried out by interviewing the GMOH Division Heads separately, compiling the information, then working together as a group to agree on priority training needs. It was recognized that this approach would initially yield a broad range of training needs that might prove difficult to pare down.

The interview process logically began with Dr. J.D. Otoo, head of the Manpower and Training Division, and continued with the heads of MCH/FP, Nutrition, Epidemiology, Environmental Health, Nursing Services, Health Statistics, Health Education, and Planning. Throughout this process, Drs. Adibo, Adamafio (Deputy Director of Medical Services for PHC), and Otoo were consulted and given feedback on the assessment process and results.

By the end of two weeks, the training needs as outlined by the Division Heads had been summarized and compiled in a lengthy document (Discussion Draft) which is attached as an annex to this report. With inputs from Mr. Heise, the report was revised and circulated to all Division Heads, the DDMS, DMS, and USAID. In each instance the consultants discussed the draft with the recipient and encouraged his/her comments and criticisms.

Development of a Program Document for Training: Dr. Adibo convoked a meeting of all Division Heads and the consultants at the beginning of the fourth and final week of the consultation. The purpose of the meeting was to prioritize the training needs and to develop a schedule for implementation, using the Discussion Draft as a guide. With the exception of the Division of Epidemiology, all Division Heads were present at the three hour meeting.

From the meeting a consensus emerged on PHC training as the priority area. Management Training for top-level GMOH staff was also noted. Interestingly, the group identified drug supply management and commodity logistics as a key area for training, though this had not come out of the earlier interview and assessment process.

Following the meeting the consultants drew up the program document for training according to the GMOH priorities. This document was presented to and discussed with each Division Head and the DMS and DDMS, and their feedback incorporated into the final version left behind upon departure. In addition, the document was shared with members of the World Bank Manpower Core group. The consultants had participated in this group's weekly meetings throughout their stay.

The consultants were also asked to develop procedures for systematically identifying training needs across Divisions and for scheduling appropriate training. A simple form for this purpose has been designed for GMOH consideration.

The team had its final debriefing with Dr. Adibo on April 28 and with USAID on April 29.

Comments: The consultants were generally able to conduct their activities in the manner and time frame proposed. However, efforts were hindered somewhat by several unforeseen events: computer malfunction; unavailability of key personnel at various times; inconsistent information pertaining to training targets and objectives; absence of policies with respect to PHC training and training institutions, and other factors. Nonetheless, it is hoped that the training program document will be a useful tool for the GMOH and donor institutions alike and will help ensure a more effective and efficient use of training resources.

### C. PROGRAM DOCUMENT FOR TRAINING

The document that follows is a summary of the GMOH training needs. It was developed over a period of weeks through discussions and meetings with GMOH Division heads, as well as individuals involved in the PHC training and the World Bank Manpower study. The document is meant to be used in conjunction with the Discussion Draft entitled "Report to the Ministry of Health: Training Needs and Plan" which is attached as an annex.

The purpose of this program document is to assist the GMOH and donor community in their efforts to implement training in priority areas in a planned and timely fashion. The program document is organized around priority training needs. Whenever possible dates for training have been suggested. However, experience has shown that slippage is common, especially with respect to in-country training. For this reason, greater emphasis has been placed on the sequence of events than on their exact timing.

There are several recommendations for short-term, overseas training in the program document. Of those that take place in the U.S., most will occur between June and September and are offered annually. If the GMOH plans to take advantage of these courses this year, candidates must be immediately identified and funding secured. We have tried to match courses available with needs expressed. However, there are undoubtedly course offerings of which we are not aware. Further overseas training opportunities can be identified by donors or through the Manpower and Training Division. The course offerings we list are often followed by a page number in brackets. This refers to the "Compendium of Short and Long Term Management Training Opportunities for Family Planning Program Managers from Developing Countries" developed by the Family Planning Management Training Project of MSH. There are copies of this compendium in the Manpower and Training Division office, the DMS' office and at USAID.

The next step is for the DMS and his staff to review this program document for accuracy and then call a donor meeting to secure funding for the planned programs.

## PRIORITY TRAINING AREAS FOR THE G.M.O.H

### PRIMARY HEALTH CARE

#### I. DHMT Management Training

Timing: These are ongoing in Brong Ahafo and Volta. Others will begin in September and can be implemented simultaneously in the regions.

Place: Regions: Ashanti, Brong Ahafo, Northern, Volta, Greater Accra

Duration of training: 2 weeks

Personnel to be trained: DHMTs (8 to 12 teams) which have not yet had the management training.

Trainers: PHC Secretariat staff/coordinators of PHC training program.

Must be preceded by: Assurance of funding/reproduction of management training manuals

Funding source: not yet determined

Comments: Most of the DHMTs have completed their management training. However, there are between 8 and 12 teams which have not been trained. The G.M.O.H has decided to prioritize the completion of this training this year.

#### II. Technical Training for DHMTs

Timing: Technical training for DHMTs to be implemented from September, 1988 - 1989

Place: In regions

Duration of training: 3 weeks

Personnel to be trained: DHMTs

Trainers: PHC secretariat members

Must be preceded by: Review of the regional action plans to develop schedule for completion of training/determination of priority DHMTs/ funding of training/reproduction of manuals in the four priority PHC areas

Funding source: To be determined

Comments: In 1986, a policy decision was taken to initially train only half the DHMTs in the technical areas. At present, 39 DHMTs have received technical training. These DHMTs will, in turn, train their Level B stations. The purpose of this policy was to reach Level B as quickly as possible. However, after reviewing this in the meeting on 25 April, 1988, the consensus was to revise the policy. In other words, the GMOH agreed to begin the Level B training, as planned (see III below) and simultaneously continue the technical trainings of DHMTs until all are trained.

### III. IEC/Family Planning Technical Training

Timing: First course -- June, 1988  
Second course -- September, 1988  
Subsequent courses to be scheduled at quarterly intervals

Place: regions

Duration: Total of 4 weeks:

1st week -- TOT for DHMT members and representatives from sentinel sites (17 participants in each TOT)

2nd week -- technical training in IEC with family planning as example area for Level B staff

3rd and 4th week -- technical training for same Level B staff in 3 other PHC priority areas (MCH/Nutrition (ORT)/ CDD)

Personnel to be trained: 1st week -- DHMT members and representatives from sentinel sites. If places remain, PHC secretariat members.

2nd - 4th weeks -- Level B staff

Trainers: 1st week -- Health education staff from Central GMOH with consultant from Johns Hopkins

2nd - 4th weeks -- participants in the TOT of the first week, with assistance from Health education staff and the consultant

Must be preceded by: Final selection of participants

Funding source: 1st and 2nd week -- USAID  
3rd and 4th weeks -- not yet determined/request forwarded to World Bank

Comments: The first two weeks of this course are set and should proceed on schedule even if the planned second two weeks cannot be funded in time for June.

IV. Short term/out of country courses in PHC priority areas

A. Training Need: For one of the PHC national coordinators to develop skills in evaluation and monitoring of training programs

Personnel to be trained: one of the PHC national coordinators

Funding source: to be determined

Course options:

1. "Systematic Design and Management of Training" (page 2.69)  
University of Connecticut, Institute of Public Service International,  
10 weeks beginning June, 1988

2. "Management and Training for Family Planning and PHC in Africa",  
Columbia University, Center for Population and Family Health, 4 weeks to  
be held in unspecified African country/date to be announced. (Page 2.30)

3. "Skills for Managing Effective Training Organizations" maybe  
offered by the School for International Training, Brattleboro, Vermont.  
If so, it would probably begin in June.

4. "Planning and Management of Training Programmes", DTCP, Bangkok,  
for 3 weeks beginning 5 September, 1988.

B. Training Need: One task of the national PHC coordinators  
is materials development for PHC. Though they work with technical experts  
in each of the PHC priority areas on technical content, it is their  
responsibility to design, develop and oversee the production of training  
materials.

Personnel: PHC coordinator responsible for training materials development

Funding source: to be determined

Course options: None at present. Suggest contacting Academy for  
Educational Development (HEALTHCOM), Johns Hopkins Population  
Communication Services Project, or other donors.

Comment: The workday of the PHC coordinators makes it unwise to send  
them all out of the country at the same time. Courses should be chosen  
which do not have dates which conflict with one another. Also, the  
scheduled events in country must be taken into consideration.

C. Training Need: The Health Education Division has one training need based on their support of the training component of the PHC program. Their identified training need is to develop training skills for the Health Education Training Coordinator as she has at present no specialized training experience. Other Health Education training needs are discussed later below.  
(Section X)

Personnel: Marion Amissah/Training Program Coordinator/Division of Health Education

Funding source: to be determined

Course options:

1. "Training Methods," DCTP, Bangkok for 3 weeks beginning 7 November, 1988.

2. Other options -- see above under training needs for PHC coordinators

Comment: The GMOH could consider training the PHC national coordinator together with the Health Education training coordinator to enhance their teamwork.

D. Training Need: The GMOH is in the process of developing a policy on breastfeeding. At the same time, they are working on policies for their approach to and program with TBAs. Training which examines the various approaches in these two areas, and places them in the context of improved maternal and child health, would be useful to the GMOH.

Personnel: Policy makers from GINAN or implementors of the TBA project

Funding source: to be determined

Course options:

1. "Safe Motherhood and Neonatal Health: A Management Approach", MSH, Boston, 3 1/2 weeks beginning 6 June, 1988.

E. Training Need: Training is needed to develop the capacity for nutrition surveillance and data collection. Community level data collection forms the basis for program planning for PHC in the nutrition priority area.

Personnel: Regional Nutrition Officers responsible for community level data collection

Funding Source: to be determined

Course options:

1. Cornell University course in nutrition (no details)

2. "Food, Nutrition and PHC: Management, Administration and Education", 6 weeks in The Netherlands, (details with Division of Nutrition - Mrs. Rosanna Agble)

F. Training Need: For Regional and Central office personnel of the Epidemiology Division, training is required in CDD and EPI management and technical skills for PHC.

Personnel: Regional and Central Office personnel responsible for PHC program training and supervision

Funding Source: to be determined

Comment: Several people have been sent to the course listed below in previous years.

Course option:

1. "Epidemiologic Intelligence Service Course, International Track," Centers for Disease Control, Atlanta, 4 weeks beginning 20 June, 1988. (page 2.27)

#### V. Executive Management Training for Central MOH Management Team

Timing: Mid-June, 1988

Place: First 2-3 day workshop in country but outside of Accra

Personnel to be trained: DMS, DDMS and all Divisional heads

Trainers: Facilitators from GIMPA (Mr. Amoa and Mr. Hagan) and, if required, a facilitator from MDPI

Must be preceded by: Commitment of funding/facilitator meeting with each participant involved prior to the workshop to discuss management issues of concern.

Funding source: to be determined

Comments: This training is the first in a series. The need is based on the GMOH's management and communication problems pointed out in the Discussion Draft. The training will begin with the 2 or 3 day workshop described in the Discussion Draft. It will be followed by five meetings (two or three hours each) at two week intervals, with a facilitator. The issues or management topics to be discussed at those meetings will be identified during the first workshop.

## VI. Executive Management Training for Regional Health Management Teams

Timing: After the PHC review meeting which is tentatively scheduled for August.

Place: In the regions

Duration: 5 days

Personnel to be trained: All members of the Regional Health Management teams (7 per team)

Trainers: A combined team composed of the facilitators from the Central MOH Executive Management program and a member of the Central GMOH management team.

Must be preceded by: The PHC review meeting/the Central GMOH executive management training/identification of funding

Funding source: to be determined

Comments: This is an expressed high priority of Regional teams, as explained in the Discussion Draft. One or more sessions at the PHC review meeting can be structured to allow the RHMTs to identify their most pressing management concerns. These concerns will form the basis of the course content for RHMT training.

## VII. Drug Supply Management and Commodity Logistics

Training Need: The GMOH is determined to improve the ordering, warehousing, distribution and use of drugs and supplies. They would like to accomplish this through in-country training. However, this should wait until they have built a core group of personnel conversant in the issues and strategies in improving drug supply management.

The preferred strategy to meet this need is to begin by training a core group outside the country (one person will attend the May 1988 MSH course on managing drug supply). Second, the Ministry would like to work with a consulting group to assess the drug supply system and its management problems and to propose improvements. Third, the core group of trained individuals would work with consultants to train personnel in drug supply and management in-country, as well as to set the new system in place. This program is one of GMOH's highest priorities.

### Training options:

1. "Managing Drug Supply for PHC," at MSH in Boston, 4 weeks with an optional 5th week on computers beginning 2 May, 1988. Mr. Sabblah, Senior Pharmacist will be attending this course.

Comment: The scope of this Drug Supply issue goes beyond the mere identification of training needs and thus beyond the scope of this consultation. However, it is clear that the next step for the GMOH is to develop a coherent plan which includes: individuals to be trained out of the country; source of technical assistance (MSH, or other); training plan for in-country participants.

The Ministry has studied, or had consultants study, various aspects of their drug supply and logistics systems. Some regions (Greater Accra, for example) have had training for pharmacists on drug supply management. These initiatives should be built upon. Therefore, before a coherent plan can be developed, the GMOH should identify personnel previously trained both in-country and out-side, as well as gather the data available from past consultant visits. It appears that many donors are interested in this area. This only makes it more critical that the GMOH assess their needs carefully and have the data available on what has been done thus far.

#### VIII. Training in Management Information Systems

Training need: The current system of data collection at both regional and district levels needs to be more systematic, accurate and timely. The GMOH is concerned about these problems. However, they have not decided what is most appropriate for their situation, particularly when their very limited access to modern technology (i.e. computers) is considered. Because they are not sure how simple or sophisticated a system they require, their needs for training are not yet clearly defined. They would like to begin to learn about their options for MIS. Much of what they are concerned about is beyond the scope of this consultation.

There are courses in MIS. The GMOH has two clear options. They could first send personnel to an MIS course to learn the range of options open to them. Or, the GMOH could begin by having a consulting group do a needs assessment with them which would include recommendations for training.

#### Training Options:

1. "Microcomputer-based Management Information Systems for Health and Family Planning", MSH in Boston, for 4 weeks beginning 15 August, 1988. (page 2.46)

Other training might be available through:

Tulane School of Public Health and Tropical Medicine  
Social Development Center, Chicago (page 2.56)  
GIMPA (at a later date)

IX.

Program Monitoring, Supervision and Evaluation  
for District and Regional Level Managers

Training Need: Managers at district and regional levels are responsible for program monitoring, supervision and evaluation but have had little opportunity for training. Again, the GMDH would like to conduct this training in-country so that more personnel can participate. However, like other subject areas, this one requires a core group of people trained outside who can run trainings here, with consultant assistance. Like the MIS problem, this one has the same two options. Personnel can first be trained outside the country and then be involved in an assessment of needs and development of a program. Or, a consulting group can do a needs assessment first and develop a list of training requirements as part of that exercise.

If the option to send people out first is selected, course options include:

1. "Supervision and Evaluation", CEDPA in Washington, 5 weeks beginning July, 1988. (page 2.28)
2. "Field- and Middle-Level Management and Supervision," DCTP Bangkok for four weeks beginning 4 July, 1988.

X. Health Education Training Needs

Training needs: The Health Education Division has several training needs in specific IEC areas. These include message design, campaign planning, IEC evaluation and monitoring, and production techniques.

Personnel: Central staff members

Funding Source: For production course in May, USAID. For other courses, funding to be determined

Comments: Courses have not been identified in all areas of need. Message design is a particularly difficult one to find. The Division also needs to be careful not to choose courses which will cause too many staff members to be out of country at the same time. This is important in the coming months especially as they are busy with the implementation of the Level B training.

Course options:

1. For one graphic artist: "Production Techniques for Instructional Audio-Visual Aids," DCTP for four weeks in May. (already programmed)
2. For the second graphic artist, the follow-on course: "Production Techniques for Extension Audio-Visual Aids", DCTP for four weeks in October.

3. For IEC training: "IEC for Health and Family Planning Programs," International Health Programs, Institute for Health Policy Studies, University of California at Santa Cruz, four weeks beginning April, 1989. (page 2.61)

4. For IEC training: "Communication Planning and Strategy," Department of Communications, Cornell University, four weeks beginning June, 1988. (page 2.32)

5. For IEC monitoring and evaluation (2 staff members): "Monitoring and Evaluation of Projects and Programmes," DCTP, 4 weeks beginning 1 August, 1988.

6. For staff involved in campaign planning: "Communication Campaign Planning," DCTP for 3 weeks beginning 6 June, 1988.

#### XI. The Division of Nursing Services

A. Training Need: There is a need to improve administrative skills in clinical institutions as well as nursing schools. Training in administration is required for this.

Personnel: 6 tutors from nursing schools and 1 Public Health Nurse from Accra (Ushertown Clinic)

Funding source: to be determined

Comments: The Division has identified a course, one which many of them have attended before, as mentioned below. Trainers from that course have also conducted workshops in-country.

Course option:

1. INSA course at Georgia State University, 3 months beginning in June.

B. Training Need: Cancer screening for family planning program backup

Personnel: PHNs at Level B and C

Funding source: to be determined

Comments: This need was also mentioned by MCH/FP. A course has not been identified but it is suggested that trainers be brought to Ghana to conduct a training on site.

C. Training Need: Occupational safety for PHNs

Personnel: 2 or 3 PHNs in urban settings serving a clientele facing occupational hazards.

Funding Source: to be determined

Comments: This is not a PHC area nor does it fit neatly into other components of nursing service. However, no PHN has training in this area and the Division feels it should have some expertise as cities industrialize. No course has been identified yet.

D. Training Need: Six clinical nursing areas have been identified which require training or refresher programs. These areas are: pediatrics, theatre, ICU, ophthalmology, ENT, and orthopaedics.

Three month refresher/attachment courses are required.

Personnel: Nursing specialists in these clinical fields who have been trained before and require refresher training only.

Funding Source: to be determined

Comments: This training is an attempt to do two things: to upgrade skills for clinical nurses who have not had that opportunity for 10 years or more and to enable them to return and teach their specialties in Ghana. The second rationale is very important as it contributes to the GMOH goal of developing as much self-sufficiency in training as possible. No courses have been identified but previously training was done in Britain with help from the British Council.

XII. Training to Strengthen the Operations Research Component of GMOH — short term course

Training Need: The operations research staff has a computer but is not able to use it fully without further training.

Personnel: Dr. Sam Adjei who is conducting operations research projects which are under the GMOH.

Funding Source: to be determined

Comments: The office already has the hardware and software required to do operations research. The additional training will make the staff more efficient in data entry and analysis, word processing, and producing reports. In addition, training will expose the participant to other applications of micro-computer technology to the management of health programs (spread sheets, data bases, etc.).

Course option:

1. "Microcomputer-Based Management Information Systems for Health and Family Planning," MSH in Boston for four weeks beginning 15 August.
2. Other computer courses as discussed in VIII above.

OTHER TOPICS IDENTIFIED DURING THE MEETING  
OF 25 APRIL, 1988 FOR FURTHER GMOH DISCUSSION  
AND RESOLUTION IN COMING SIX MONTHS

1. Development of management capabilities of district hospital managers. These managers would include the doctor-in-charge, the hospital secretary, and the matron. The hospital engineering staff requires training in equipment maintenance and repair.

Next step: Central GMOH should discuss amongst themselves and with district and regional hospital authorities what type of training is needed for each group of trainees identified. Needs should be prioritized and resources (funding, trainers) identified. A decision on how to proceed should be reached by the end of October, 1988.

2. Masters level training in Health Services Administration and Planning, also for district hospital managers. This idea needs much more thought. For example, how many persons would need to be trained? Does equivalent non-Masters training already exist in Ghana or the West Africa region? Could training of this type be an option in an MPH program developed at a later date in Ghana, as discussed in the Discussion Draft?

Next step: Central GMOH should discuss further and assess practicality of long term training in this field.

3. Management training for heads of health institutions (i.e. nursing schools, etc.). Although all present agreed that this was important, there was not time to discuss what it would involve. There was a general consensus that such training should be done in country whenever possible with the use of local resources (i.e. GIMPA).

Next step: Before any further plans are made, the GMOH must assess the needs of the institutional managers for management training, prioritize them and then develop a strategy to meet those needs.

4. TOT for PHC secretariats: This issue has been unresolved for some time. It was thought that many of them would be trained as part of the IEC technical training. But, the DHMT and sentinel site staff will receive priority for that training.

Next step: Another way will have to be found to give TOT to PHC secretariats. This is important because the GMOH wants self-sufficiency in training and that cannot be gained if the PHC secretariats themselves are not able to conduct training.

5. The Environmental Health Division is not involved in PHC directly. Yet its apparent exclusion from PHC priorities is somewhat artificial, and training needs in environmental health should be the subject of serious discussion at the GMDH. Urban sanitation, waste disposal and treatment, and food inspection are areas mentioned by the Division where training is needed.

Next step: The Environmental Health Division should develop for discussion a list of priority areas for training, both related to and separate from PHC. After review, they should be submitted to appropriate agencies for funding consideration.

6. MCH/FP: This division has an active, on-going program for clinical training and skills development. Donor assistance for these efforts has been large and is expected to continue. Much of the training relates directly to PHC and has been discussed therefore under the PHC rubric. However, the staff category of medical assistants has not benefitted from sufficient training and may therefore be unable to contribute fully to the PHC effort. A second concern centers around the need to develop laboratory support at Level B centers for PHC and family planning programs. This has been discussed above (XI) under training needs for PHNs (cancer screening).

7. Two priority PHC areas for technical training are lagging behind -- Malaria and EPI. This means that DHMTs which already had technical training will not be trained in these two important PHC areas unless new training is scheduled. This is necessary but it is difficult to figure out a time when it can be done with the training schedule so tight for the next few months. There is also a problem with the manuals. The malaria one is being done with assistance from WHO and is still some months from completion. The EPI one is based on WHO manuals but the completion date is unspecified.

Next step: Finish the manuals. Slot the training in as soon as possible for trained DHMTs and immediately add it to the technical training of untrained DHMTs. New funding will have to be obtained for the training of DHMTs who have already had technical training.

8. There are several issues which can be placed under the general heading of "Institution Building". These are discussed in detail in the Discussion Draft. Those attending the 25 April meeting agreed that they were very concerned about their institutions -- particularly in the areas of improving curricula, retraining tutors and developing management training for administrators. However, the decision was taken to wait until the Manpower and Policy Core groups have produced their findings before taking any concrete steps for institutional improvements.

9. The Health Education Division would like diploma courses in health education for their regional staff who have not had this course. This was not discussed at the meeting but the details are in the Discussion Draft. There are four staff members involved. They could be trained in Ibadan which is a nine month course. The GMDH should decide if this is a priority and then approach donors for funding.

10. One recommendation of the Management Audit of the PHC Management and Technical Training Program was to hold a PHC Review meeting. This recommendation was accepted and plans are being made for this review to be convened within the next few months. However, before this review several things should be completed. First, the second phase of the Management Audit which should be ready by mid-May. Second, the first workshop of the Executive Management training should have been conducted since one of the issues of that workshop will be the agenda and issues of the review meeting. Third, the Level B technical training scheduled for June should be completed so that the results of that training can be part of the review. Fourth, the World Bank core group reports should be completed and fully discussed.

Given the above, August seems to be the earliest that the PHC review could occur.

11. The evaluation of the PHC training which is mentioned in the Discussion Draft was not discussed at the meeting on 25 April. However, discussions with individual Division heads show a general agreement that an evaluation is required. As described in the Discussion Draft, the evaluation would look at the impact of management and technical training on service delivery. The evaluation's initial focus should be on DHMTs but would also serve to gather base-line data at Level B. Following technical training at Level B, the impact of that training would be assessed. This evaluation should begin as soon as possible after the PHC review.

ANNEX 1

LIST OF PERSONS CONTACTED

USAID

DR. JAMES R. KIRKLAND, POPULATION DEVELOPMENT OFFICER  
MS. JOANNA LARYEA, ASSISTANT POPULATION OFFICER  
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MINISTRY OF HEALTH

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ANNEX II: DISCUSSION DRAFT

REPORT TO THE MINISTRY OF HEALTH  
TRAINING NEEDS AND PLAN

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## I. INTRODUCTION

The GMOH has several priorities as it faces the future. Foremost among these is PHC and its delivery to each community in Ghana. While systems appear to be working more effectively than in previous years, the GMOH concedes that it is falling short of its goals. Thus, they continue to actively seek ways to insure an effective PHC program. This is their most immediate concern and priority.

At the same time, there are several other concerns which are also seeking a position on the priority list. These include long term goals of improving the health-related institutions of higher learning both through administrative/management training in the better use of existing facilities and supplies; systematic review of all curricula to insure its technical appropriateness; its measure of being up-to-date; the necessity of improving the teaching itself; and, most important, its strengths in training personnel to meet the GMOH priorities.

The list also includes building Divisional strengths at both Central and Regional levels. Some Divisions have had adequate opportunities for training -- particularly in family planning and other aspects of PHC. Other Divisions have not been so favored and are in need of training in a variety of areas to bring them up-to-date.

Finally, the long-term needs of the health services present a variety of training needs. These include: training of doctor and nursing specialists in a range of fields both in-country and through the use of resident medical consultants/teachers recruited from abroad and short and long term out-of country training. There is also the possibility of developing an MPH program which could include specialities in environmental health; health statistics; management of public health programs and the PHC service delivery.

Taken together these training needs present a formidable amount of work for the GMOH. Though there are specific needs in each Division (which will be discussed in turn in this report), there are needs which cut across the entire GMOH and should be the concern of all. For this reason we turn first to PHC and the management and technical training. This is an on-going priority program and involves GMOH personnel of all Divisions.

## II. PHC MANAGEMENT AND TECHNICAL TRAINING

This on-going program began after the 1984 PHC review jointly conducted by GMOH and WHO. While its concerns and conclusions were many, the most salient single need to be addressed was poor management at all levels. In a country like Ghana where resources of all types are scarce any mismanagement of those resources is a waste the country cannot risk. At the same time, the supervision at all levels was very weak due to both a lack of facilities for supervision (transportation, etc;) and a lack of stress from the Central office on the importance of supervision.

Thus the GMOH decided by 1986 that to meet their goals of better management of PHC, a core of new people would be appointed and charged with the responsibility of organizing and managing training for DHMTs and Level B and also supervising those trained at both levels.

The accomplishments of that program to date are impressive:

- All PHCRS teams have been trained in both management and four of the six priority PHC areas -- family planning, MCH, CDD (including ORT) and EPI.
- The management training manuals have been completed though sufficient copies have not been printed.
- Technical manuals have been completed for family planning, MCH, CDD. Those for EPI, malaria and nutrition are at various stages of development.
- The PHCRS teams remain intact for the most part. There have been four individuals who have left the teams for further training or personal reasons. All have been replaced with the exception of one in the Central region.
- Of the 68 DHMTs, 56 have received the management training.
- Technical training for the Level B staff will begin in June with assistance from Johns Hopkins and an emphasis on IEC and family planning.
- Prior to the June training a TOT will be conducted with assistance from Johns Hopkins. The TOT will be for DHMT members including those from the 25 sentinel sites identified for intensive monitoring and evaluation. This TOT will concentrate on family planning management as the example area.

## RECOMMENDATIONS

1. This training effort should continue until it reaches the planned conclusion of having management and technical training completed through Level B.
2. At the same time, an evaluation should be planned and conducted. There are anecdotal data which indicate that the training is having the desired effect. For example, plans of action are being developed by DHMTs where they were not done before. It is necessary to quantify the effect of the training in the field as well as check whether there has been the desired improvement in service delivery at Level B.
3. The present staff for managing these trainings consists of three coordinators. One is completely new to the program, but has TOT background. One is involved in development of training materials only. One has been engaged in the program since its inception and has had the benefit of some training at MSH. However, as the task is an enormous one, there is a need to upgrade this staff with more TOT, as well as training in the supervision and monitoring of training programs. The three coordinators should play a major role in TOT scheduled to take place with assistance from Johns Hopkins.
4. Plans should be made for each member of the PHCRS to have TOT. This is required because eventually they will have to do more training themselves and not rely on outside resource people as is the current custom. They also need training in monitoring of trainees and supervision.

### III. MINISTRY OF HEALTH DIVISIONS

There are three support offices of the GMOH whose training needs have been examined. These include the Manpower and Training Division itself; the Planning Division and the Health Education Division. Each is unique but is required to fill a similar role is being able to support the rest of the Ministry in its particular function. Both Manpower and Training and Planning are very short-staffed (Planning has only one professional and one consultant). Health Education, on the other hand, has built a good staff over the past year and is now able to function in a true supporting role. With some additional training for staff, that Division could quickly be made more effective. We turn to them first, to look at their present involvement in training for the GMOH and their training needs for their staff.

#### A. DIVISION - HEALTH EDUCATION

##### Current training involvement:

The Health Education Division has been involved with training for PHC in IEC. They have conducted trainings both for the PHCRS and for 68 people who represented DHMTs. They have completed a manual for IEC training which uses MCH/family planning as its focus. This manual has been tested will be ready for use in June, 1988.

In June, Level B technical training will begin with a 3 week program. This will include one week for IEC with family planning as the example area. Two weeks will be for the other 3 priority PHC areas for which manuals are prepared. The week prior to Level B training will be a TOT for those DHMT personnel identified to train the Level B. The TOT and IEC/family planning are funded by USAID and will have a consultant from Johns Hopkins present. The second two weeks are the responsibility of the GMOH for funding and facilitating. The World Bank has been approached for the funding. However, if the funding is not ready, Health Education will go ahead with the first two weeks as planned. The people trained in TOT in June will be the trainers for Level B. The Health Education Division plans to train 1800 staff at Level B, although these trainings have not been scheduled.

Comment: This should be seen as a priority program and all efforts should be made to support it. The unique contribution that they provide is the TOT, which has been missing. Since, as part of this IEC project, there are 25 "sentinel sites", as DHMT member from there will be given TOT first. After that the Division is willing to include PHC secretariat staff in planned TOTs. It is essential that each one of these RS staff receive TOT in order to strengthen their performance and cut down the reliance on outside people to work in training programs. The use of outside people, while good in some ways, is a cost which the GMOH should try to eliminate through upgrading their own PHCRS staff. Since Health Education and Johns Hopkins can provide an effective TOT program, full advantage must be taken of it.

### Central Staff Training Needs

The Health Education Division has been able to build staff strength recently. There are 10 core staff and 2 graphic designers/artists. The Divisional head and her deputy are both trained in health education. They have developed a clear idea of what they need for staff training in order to more ably respond to Ministry needs.

A priority need is a TOT for the staff member who has been charged with the responsibility of coordinating the training programs in the Division (Marion Amissah). There is an appropriate course on training at DCTP in Bangkok where the Division has already sent people with favorable results.

DCTP is where they look for further training for some of their other staff as well. However, since some of their staff requires another kind of input than is offered at DCTP, other courses will be sought out.

To meet their need to upgrade their staff in IEC specifically, they need to train four who have not had IEC training previously. (These staff members are Alberta, Gorde, Wisdom and Ibrahim). It would be most appropriate if some did a course in message design and others concentrated on more general IEC.

One staff member (Felix) is being groomed for a regional position. He has a diploma in Health education but needs a course which will make him more effective in the region as he has never run a program before. The suggestion is that he be posted to the Eastern Region for some time, say 6 months, and get an idea of the specific skills he will need to do his job. He should then be sent for a short course, most likely in program planning with an IEC emphasis. He would then return to the Eastern region.

It is planned that two staff members (J.K. Ofori and Kwame Edusei) should be focussing on evaluation and research for the Health Education Division. There is a course at DCTP for monitoring and evaluation of IEC programs which is appropriate for them.

The two artists need more training in production. DCTP offers two courses in production techniques. It is planned that one artist will attend the May course in "Production Techniques for Instructional A-V Aids". The second artist should attend the follow on course which is scheduled for October.

The Deputy of the Division (Mary) has an MPH in health education but has had no management training. It is appropriate to consider such a course as she is responsible for running the Division when the Director is out. Also, the work of the Division is increasing rapidly and the need to manage their resources properly is the responsibility of both the Director and her Deputy.

The Director herself is very experienced and well trained. Consequently, her further training is not as high a priority as for members of her staff. However, she has not had training in the specific management of IEC programs. If such a course were available, she would like to be considered for it.

### Regional Staff Training Needs

There are health education staff who have diplomas in six of the ten regions. A staff member has applied to Ibadan through WHO for a diploma course. If possible, the Division would like to have three others trained in the Ibadan health education diploma course in order to have a health educator in every region. This should be a priority program.

Some focus group discussion training has been conducted. The Division would like to continue this until its staff at both Central and Regional levels are all trained in this technique. It is considered a priority because the staff uses this method as a unique way of gathering information from Level B. This training can be done by local consultants.

Materials development training at the regional level is another priority. This course could either be done at the regional level or by conducting one course at the Central level which would draw health educators from the region. PIACT could be in a position to assist with this training.

### Conclusions

1. Systematically upgrade the Central staff with the courses mentioned above.
2. Secure funding for the health education diploma course in Ibadan for three more health educators.
3. Continue the focus group training.
4. Arrange for the materials development training.

## B. DIVISION — PLANNING

At present the Planning Division is a one-man office with a full-time consultant from UNDP. If the GMOH intends to use this Division as a real support unit to the Ministry, the staff will need to be built up again. There is understandable reluctance about doing this. In the mid-70s there was a considerable investment made by the GMOH to train planners. Most of those people are no longer involved in this function and only the Division head himself remains in Planning.

The GMOH needs to make a decision about the future functioning of this Division. If it again is going to have a primary responsibility to plan for the GMOH, investment in staff build up is required. However, if the GMOH is going to have planning done by the individual Divisions, staff in those Divisions will have to be taught planning.

The decision is significant in its financial implications. If the GMOH decides it does want a functional planning unit, a major investment in staff training is necessary. Minimum staff requirements at the Central level are:

- 3 planners
- 1 or 2 statisticians
- 1 health economist
- 1 sociologist

At the Regional level, two planners are required: one for the Northern regions and one for the Southern ones.

Until this policy decision is made, no other decisions can be made on specific training for staff.

### Conclusions:

1. The GMOH should make a decision on the future function of the Planning Division. If the decision is made to make it a functioning unit, major investments in staff recruitment and training will be required. If the decision is made to disband the Planning Division then training for the planning function will have to be done for each Division. Prioritize this decision.
2. If the GMOH decides in favor of a functioning planning Division, the UNDP consultant should be available to assist the divisional head with a concrete plan of action for recruitment and staff training.

### C. DIVISION -- MANPOWER AND TRAINING

This is another Division which has a responsibility as a support unit for the rest of the Ministry. Its functions should include the planning, conducting and evaluating of training activities. I should develop a system for the rest of the Ministry to forward training request on an annual basis. It should function like a clearing house, receiving materials from training organizations and matching those preferred courses with the Ministry's needs. It should be reviewing curricula of all health institutions of higher learning (in concert with those institutions) and be suggesting curricula revisions in keeping with the priorities and standards of the GMOH. It should be preparing short and long term plans for both manpower adjustments and training requirements which meet the GMOH goals. It should coordinate all training for GMOH personnel and evaluate each program upon its completion.

At present because of lack of manpower, it cannot be the support office the GMOH needs. This has led directly to the present situation where each Division with a training or manpower need is often required to implement their requirements on their own. It has been pointed out to the GMOH in the past that it has not been able to produce a comprehensive training plan. Rather there are a variety of requests from Divisions, which appear to be "ad hoc" requests for training that filter through the system and are either finally funded and implemented or buried. It appears that the Divisions often operate quite independantly where training is concerned.

Usually, for a training to be implemented, a Division decides that they need it. They may check with the Manpower and Training Division, particularly if funding is required. They then plan the course in all of its details, from finding the training site and arranging for its use (often a formidable and always a time consuming task) to developing the curriculum, materials and finding the resource people. The course is often conducted with no input from the Manpower and Training Division. Finally, there is either a training or performance evaluation following the course, and this evaluation is designed and conducted by the Division who has run the course.

This pattern differs where the management training for PHC is concerned. There the input from the Manpower and Training Division has been constant and effective.

This situation has root in a common problem. The Division is manpower poor. It is currently staffed with one Director who has overall responsibilities. The professional staff is engaged in the PHC training. This staff consists of 3 coordinators: 1 responsible for materials development and 2 others with training and supervision responsibilities of the Northern and Southern sectors respectively. There is no professional staff involved in the myriad other training programs which form the GMOH's other priority areas.

As long as this staff problem exists, the Manpower and Training Division cannot coordinate training programs of the number and at the magnitude required by the Ministry.

The situation requires a policy decision by the GMOH on the future role of the Division. In a meeting on 13th April, the Manpower core group working on the issues of training brainstormed about the functions of Manpower and Training Division, which was truly supportive of GMOH needs should be. While this is not the final list of functions, it is illustrative of the kinds of things that must be considered. The list is used here to guide decision makers, as the policy for the future of the Division should be drawn up as soon as possible.

The functions could include, but are not limited to:

- definition of in-service training requirements;
- overseeing of implementation of in-service training;
- development of annual in-service training schedule;
- systematic collection of information from Divisions on training requirements;
- facilitate training;
- assist Divisions to apply GMOH program policy training priorities;
- identify training resources outside GMOH;
- coordinate with other agencies for training funds;
- evaluate training;
- work with professional councils to insure uniformity of training.

This list certainly covers a broad range of functions and serves to illustrate the importance and need for a policy decision being made. There has been no attempt to prioritize these functions but the Manpower Core group will turn its attention there in their next meetings. Their final input will be invaluable to policy makers and should be sought as this decision is made.

### Conclusions:

1. The GMOH needs to make policy decision about the future role of the Manpower and Training Division. This decision should be based on the needs of the GMOH to create a strong Division for fulfilling the training functions and the forthcoming recommendations of the Manpower Core group.
2. Following that policy decision, the Division's director should prepare a staffing requirement and any training needs of that staff should be prioritized. Particular emphasis should be placed on TOT and the evaluation functions.

### D. DIVISION — EPIDEMIOLOGY

This division has been involved in the PHC training since EPI is a priority area. CDD is also part of the responsibility of this Division. They are interested in having the technical skills of all fieldworkers upgraded in these two areas but feel it is within the Division's own capabilities to plan the training, develop the materials and then execute the training. For materials in these areas, the Division feels the WHO, EPI and CDD manuals are very appropriate. Training is planned in regions for next month (May).

At the same time, the Division is responsible for lab technician training for AIDS screening. This seems to adequately handled.

In-service training is the responsibility of the Division and they are comfortably handling that on their own and will continue to do it within the Division.

### Central Staff Training Needs

Previously, the Division sent staff to Atlanta to a short-term international course in Epidemiology. They would like to send staff again on a regular basis in order to meet the needs of both up-grading skills and developing more expertise in the Division in data collection and disease investigation. The course is offered in May and June every year and the Division would like to send 3 or 4 participants per year until all staff eligible at Central and Regional levels have been trained.

There is also a WHO course in Kenya for doctors in Epidemiology. The Division would like to send doctors to this course in order to strengthen the resources within the health service in this field.

### Conclusions:

1. The Division should continue its involvement in the technical training of workers in EPI and CDD.
2. It should identify priority staff for the Atlanta courses. It appears too late to send anyone this summer but, if another course is available later in the year, eligible staff should be nominated for it. Barring that, the Division should nominate candidates for 1989 and also plan out the subsequent years. A sponsor/donor should commit to sending staff to this program.
3. Candidates should be nominated for the Kenya course and sponsorship sought for it.

### E. DIVISION — NURSING SERVICES

This Division is constantly involved in training, particularly pre-service training. They have a strong sense of where their needs are. These involve both short and long term training needs, as well as pre- and in- service training. It is particularly complex to study this Division and prioritize where they should concentrate their attention. Thus it seems most appropriate to look at their pre-service situation first, then in-service needs as they mesh with GMOH priorities, their requirements for specializations in hospital nursing, and, finally their key role in the planning and implementation of the PHC program.

#### Pre-service

The Division has several nursing schools which produce all categories of nurses for the health service. At this moment, the schools have their own training needs. These include:

- Administrative/management training for the administrators of the institutions. The administrators have not had this sort of training and the prevailing concern in the Division is that the consequence is a less than optimally run institute. Training in this area could be done in-country by an institute like GIMPA.
- Many of the tutors at the schools have not been exposed to training in how to teach themselves. It is important to the Division to upgrade the teaching/training skills of their tutors. This could be done in-country starting with TOT (possibly at GIMPA). A second step in this upgrading process would be to expose the most effective tutors in training abroad in methodologies. The goal of this being that they would then have the skills to more effectively train themselves and to teach others these skills.

- The curricula of all schools requires a systematic review. This should be done to insure that the priority programs of the GMDH are being given adequate emphasis in pre-service training. PHC is an example area. Are the graduates of the nursing schools prepared to deliver PHC services in the six priority areas? It is essential to insure that they not only have a working knowledge of the theory behind PHC but also the technical/practical skills to implement PHC.

Due to manpower shortages in the health service, nurses are often thrust in positions of managing programs at the service delivery site. Rather than receiving orders, they find themselves having to plan programs, manage staff and other resources -- in other words, the management role is often thrust upon them. Pre-service training must include the management functions and curricula needs review to see how this can be added.

The nursing training institutions, as well as the hospitals where there are nursing administrators are numerous. By listing these, the magnitude of the situation described becomes more clear. There are:

- 8 regional hospitals
- 2 teaching hospitals, also regional
- 68 district hospitals or urban health centers
- 7 state registered nursing schools
- 7 midwifery training schools
- 4 community health nurse training schools
- 3 psychiatric nurse training schools
- 1 public health nurse training

#### In-service Training

Midwives are the only group in the nursing service who have a required in-service training. This is an every-five-year requirement and has been upheld. Unfortunately other in-service training, though planned for, is not done systematically. Korle-Bu does have a staffed unit for this training and implements it. Beyond that, the Division depends on the Regions to not only articulate their training needs but also conduct the training. In annual conferences of the nursing service, they outline the priorities of the Division and it is based on these priorities that the Regional DONS is to plan her in-service training. However, the Regions are also encouraged to assess their own needs and plan in-service training to meet those.

The Division has not been able to keep the systematic in-service training going, in spite of their efforts. In November, 1987, they sent a curriculum to all Regions asking for an assessment of training needs and plans for implementation of programs to meet those needs. There has been no response.

The Division needs guidelines in order to get their in-service training back on track. They are getting the most input in training for family planning, and other aspects of MCH to a slightly lesser degree, because funding has been available from MCH/FP Division. These on-going programs should continue while a review is made of other areas where regular in-service training has lapsed.

More effort should be made to get training needs identified from the Regions and the ways and means sought to meet those needs if possible, at the regional level. Finally, the GMOH must provide priority guidelines for in-service training for all categories of nurses.

### Hospital Nursing Training

There are several nurses who have been trained in speciality areas (pediatrics, ICU, theatre, ophthalmology, ENT, orthopaedics). This training took place outside the country as much as 10 years ago. The Division has a goal, to be able to do this type of training in-country.

In order to meet that goal, they need to send the previously trained nurses out for attachment courses (about 20 nurses for 3 months each). This could be done in Britain, where these nurses were previously trained or elsewhere, if a more appropriate course is found.

There are several speciality areas of concern to the Division. GMOH should establish priority speciality areas, through needs assessment in hospitals, then plan for the training.

### PHC Training

The nurses have been involved in this either as part of PACRS or DHMIS or as nurses who have been selected for family planning training. It is important to review all of these identify gaps.

One gap already identified by the Division is on the periphery of PHC, occupational health nursing for PHN. The Division would like to send 2-4 PHN for this kind of training and appropriate courses could be identified.

Another part of PHC, though also on the periphery, is cancer screening for women. There is a need to train PHNs in this technical area.

A systematic training for PHNS in PHC management, with emphasis on family planning, is another need identified by the Division. When a PHN is not on the PHCRS or a DHMT, she is not exposed to management training. These PHNS should be identified and in-country programs planned for them.

A nursing task force is organized and is studying all of these issues. It is important for the GMOH to make policy inputs to this task force to guide their decisions on training.

#### Specific Short-term Course

Georgia State University offers a 3 month course in administration, INSA, (June to August). An active PHN (Mrs. Elinor Adyare-Aboagye/Ussher town clinic) has been identified as a candidate for this course because of her responsibilities in the clinic. Six other applicants have been identified. This is not an ad hoc request but a continuation of an on-going relationship. The University conducted 2 courses in Ghana, one in June, 1986 on evaluation and one in October, 1987 on administration.

If the GMOH see this as a priority for the Division, the application should be put forward for funding.

#### F. DIVISION -- NUTRITION

The Nutrition Division is involved in the PHC training and is one of the four technical areas for which a training manual has been produced. The Division has two categories of staff; graduate nutrition officers, (20 staff strength, plan 25 by end of 1988) and TO for nutrition (200 staff strength).

The Division sees several training needs which are based on current functions which they must perform. One function is nutrition data collection at the community level. This data is required to meet their second function of planning nutrition interventions at the community level. The long-term goal of the Division is to have an operating system in the community which can routinely collect nutrition data for program planning.

Many of the NTOs have been, or will be, involved in DHMT training. However, care must be taken to insure that all NTO's learn the required skills to meet the goal.

#### Regional Staff Training Needs

The Division has identified management training as a priority. If the regional NO's have not been trained, this should be planned for. [They could be included in GMOH plan for management training for regional teams discussed elsewhere in this document.]

### Pre-service Training

The Nutrition Technical School is a 3 year program. In order to improve the pre-service training, the Division needs to implement the following:

- review of curricula to insure it meets GMOH priority program requirements; includes the community based data collection function; and, includes management courses.
- review teacher competency levels, especially in new courses, and provide TOT and other skills training.
- plan to bring educational materials up-to-date.

### Long-term Training

A masters in Nutrition is not available in Ghana. The Division feels some senior staff should have this level of education. The GMOH needs to decide whether this is a priority and how the staff with this level of training would be used.

### Short-term Course

The Netherlands offers a course of 6 weeks entitled, "Food, Nutrition and PHC: Management, Administration and Education". Cornell University offers a similar course. The Division would like to send each Region's nutrition officers to a course of this type.

The GMOH will have to decide if this is a priority. If it is, candidates should be identified based on program requirements and funding sought.

### G. DIVISION — ENVIRONMENTAL HEALTH

At the Central level this is a small division. However, under their guidance are a variety of workers which include:

- T.O. Public Health Inspectors
- Sub T.O./Health Inspection Assistants

The Division needs two categories of staff which cannot be trained in Ghana. Those are:

- sanitary engineers having civil engineers background
- sanitary science having science background

### Pre-service

At present there is a diploma course in Environmental Technology at the University of Science and Technology. Nine Staff have finished the course, another 10 will finish in September, 1988.

There needs to be an assessment of pre-service training needs which will meet GMOH priorities for this Division. The main question appears to be, what is this Division's role vis-a-vis the PHC program, as well as other GMOH programs? Only then can decisions be made regarding the current adequacy and future priorities for pre-service education.

The tutors of the schools which train for this Division need upgrading. At present, the Division gets, on average, one fellowship per year for this sort of training. They feel that 2 or 3 per year is closer to their requirement.

### In-service Training

The Division identified a need for training on hospital sanitation. They conducted a course on this in December, after great difficulty, and feel the outcome was a successful one. However, until there is more guidance and coordination from the GMOH, a Division of this size finds it very difficult to plan and implement training programs.

The GMOH must review their priorities with this Division and assist them in the planning and implementation of required in-service training.

### Short-term Training

One need which the Division has identified is a two-week attachment course for food inspection. Another is a course on urban sanitation, which they feel is a priority problem in their technical area. [A course of the type which they require is available in France each year].

The GMOH needs to assist the Division in prioritizing its short-term training requirement in line with Ministry programs.

### H. DIVISION — MCH/FP

Of all the Divisions MCH/FP has had the most consistent involvement in training, both in-service and opportunities to send service delivery staff outside Ghana. This is true for two reasons: MCH/FP has a priority role in the PHC strategy and family planning has been able to garner funds for practical staff upgrading (loop insertion, minilap and vasectomy training). The Division has been involved in the following training and implementation activities:

- development of technical manuals for family planning for PHCRs, DHMTs and Level B.

- with JHPIEGO - reproductive health for nurse midwives. It has an overview of MCH activities with concentration on motivation, counselling and IUD insertion.
- as part of an effort to develop policy and programs on breast-feeding and to strengthen the GMOH program, four persons were sent to Monrovia for breast-feeding counseling. The Division is working with Ghana Infant Nutrition Action Network (GINAN) which is developing a KAP questionnaires and will field test materials. In May the KAP survey will be implemented.
- with Margaret Sanger developed protocols for family planning service delivery.
- for TBAs, the goal is to train them in antenatal care, detection of high risk births, family planning motivation, child care and environmental sanitation. A Training manual is in process, but policy decisions on the role of TBAs must be articulated by GMOH.
- as part of a PHC training, the Division assisted in development of a supervisors checklist. Many practical constraints have slowed this effort but it should be continued.
- most important, MCH/FP has been able to develop two important documents. The first is an outline of performance objectives for Level B. These performance objectives include ones for: management of programs, antenatal service, delivery care, postpartum care, child health care, nutrition, growth monitoring, immunization, family planning care. These are well-articulated, complete performance objectives which can be used to measure program performance at Level B.
- the second document is their training needs assessment for 1988 which includes their policy statement and service delivery goals. It then lists their training plans and expected outcomes for each training. The training includes IEC, contraceptive technology, service delivery, and evaluation and research. The details are spelled out in that document and, therefore, serve as background to this report. The matrix in the report covers training activities from 1986-1990.

The division has set out an ambitious, but needed, program which does not deviate from the policies of the GMOH. Therefore, it is important for GMOH to support this Division in their planned trainings, particularly where funding requirements have not been met.

There are two areas of unmet need in MCH/FP. The first is training for medical assistants. The Division has not yet thought out an approach to this and could benefit from GMOH guidance. MAs could be leaders in the PCH area but their role needs definition and policy backup before trainings can be planned.

The Division, like the Division of Nursing, is concerned about laboratory support for its family planning program. Their concern centers on Level B staff where pap smear technique is needed. It is essential to assess the need for this first because some Regions have done this training. Once needs are assessed, a plan for training can be developed.

### Conclusion

This Division has done an excellent job both of supporting PHC training and of planning and implementing their own training programs. In spite of staff constraints, they have juggled an enormous workload and benefited the service delivery personnel.

The GMOH should assist the Division to continue as they have and provide as much support as possible to their on-going programs.

## I. DIVISION — HEALTH STATISTICS

This Division is responsible for collecting data from all health service delivery institutions (including 35 mission-run ones). From this data they ascertain work load, attendance figures, mortality and morbidity, (in-patient/out-patient) by disease category, and health manpower data. They have an 80% return rate on forms with 500-600 health institutions reporting.

The Division does not have a full staff. They should have the following:

Medical Officer - Director	
Medical Officer - Deputy Director	
Senior Statistician	
Statisticians	- 2
Asst. Statisticians	- 2

In addition, they should have:

Chief biostat officer	- 1
Asst. chief biostat officers	- 9
Principle biostat officers	- 15
Biostat officers	- 46

In Junior positions, they should have:

T.O. grades 1 and 2	- 140
Biostat assistants	- 180
Medical records assistants	- 450

What they actually have is:

Chief Biostat officer	- 1
Biostat officer	- 1
T.O. grades 1 and 2	- 5
Biostat assistants	- 8
Medical records assistants	- 9
Coders	- 9
Typists	- 2
Assistant chief T.O.	- 1
T.O. grade 1	- 1

The first priority for GMOH is to decide on the future functioning of this Division. If it is to do its job more effectively, additional staff are required.

### Pre-service Training

There is no special school to train for this profession. People accepted into the service are trained as economists and must learn the specific functions on-the-job. The School of Allied Health Professionals proposed in 1985 could address the problem of training staff for their particular functions. No decisions have been reached on the establishment of this school and no other plans have been made by the division to meet pre-service training requirements.

This problem will require GMOH intervention to establish first the future functions and then staffing and training of this Division.

### In-service Training

Each region is supposed to conduct one in-service training a year. There has been no uniform syllabus but one is on the verge of adoption. (Funding may be required to meet the syllabus printing costs). In order to make in-service training effective, the Division needs officers in the Region to have TOT, as well as management and technical skills training.

Biostatistics training, especially for new officers, is also an in-service training need.

### Short Courses

This Division has had little opportunity for training outside the country since the mid-60s. This does not mean it should be done. However, courses which would make the health statistics system in Ghana more effective, rather than teach a "high-tech" skill which has no relevance, could be considered. Perhaps MIS courses or ones in use of computers (if the Division is to be computerized) would be useful training areas.

#### IV. PRE-SERVICE TRAINING AND INSTITUTION BUILDING

This section is written in spite of the recent development that indicate all educational institutions will be placed under the Ministry of Education. Should that occur, the points made here could still be useful as the management changeover occurs.

Elsewhere in the report, the concerns for curricula review and teacher training and management improvement for all institutions that train health care providers have been mentioned. Beyond those, there are three other schools which the GMOH has considered developing. These include: An MPH program or non-physicians; the school of Allied Health Professionals; and the further development particularly in clinical specializations of the teaching hospitals, Korle-BU and Okomfo Anokye.

Before serious consideration can be given to any of these proposals, the manpower needs assessment needs to be completed. It may be that there is a compelling need to develop each of these schools. However, it should be cautioned that "compelling" is the operative work here. To develop these schools is a time-consuming and expensive process. If the GMOH decides to go ahead with any or all of these, the commitment to the need for these institutions must be absolute.

#### Conclusion

The GMOH should wait for the Manpower Core group assessment of manpower needs for the future before moving forward with these proposals.

\*Note: A copy of an outline of these institutions entitled "Projected Manpower Needs of the Health System" is available in the Division of Manpower and Training.

## V. ALLIED MEDICAL PERSONNEL, TRAINING

Several Divisions have personnel who are in allied medical fields. For some of these, there is no training available in Ghana. Section IV mentions the proposed school for Allied Health Professionals which could be a long-term solution to the problem. In the meantime, short-term solutions could be considered.

In order to see the problem, the training situation of one group, the physio-therapists, is used as an example. This group was chosen because they had data on manpower strengths and requirements available and they have given considerable thought to their training requirements.

At present there are 20 physio-therapists in the country, 11 in Korle-Bu. The estimated minimum requirement for staff (positions now available) is around 100. The history of the training for physio-therapists is as follows:

### In Britain

- 1960 - 1st group
- 1965 - 2nd group returned (2-3 individuals)
- 1967 - 1 trained person returned

### In Romania

- 1978 - 9 trained/returned
- 1979 - 21 trained/returned

There has been no one trained in this field outside Ghana since 1979 and there is no facility for training in the country. The physio-therapists have had the same problem with attrition as other health service manpower categories.

In the British system, prior to qualifying to enter physio-therapy training, A levels with science subjects are required. Then the course itself is a 3 1/4 year course.

Obviously, the GMOH has an important decision here. The manpower shortage is clear. Five regions have no physio-therapists at all (Volta, Upper East, Upper West, Brong Ahafo, Eastern). Northern has none now, but one has been appointed. But, what is the best way to meet this need? Either training physio-therapists outside or developing a school here is a major, long-term investment.

### Short-term Courses

The physio-therapists charter society recommends refresher courses or specialization courses in the following areas:

- manipulation - a 1 year course being attended by the senior therapist;
- pediatrics (cerebral palsy)
- chest conditions (medical and surgical)
- orthopedics
- ob-gyn
- skin conditions
- intensive care
- management of paraplegia and hemoplegia

These courses are only available outside the country. GMOH could identify staff needs and begin sending them out systematically for training.

### Physio-therapy Assistants

To fill the manpower gap, a two year course, one at Korle-Bu and one in Kumasi for Assistant Physio-therapists was implemented. The first course was in 1978-80 and the second in 1980-82. These courses produced 22 workers now at post. There are 40 established posts. The Department conducted this training independently and produced a syllabus which is still available.

The Department would like to start this course again.

### Conclusion

1. The needs of this profession are not unique to it, nor are the solutions. The GMOH must develop policy guidelines for filling the education gap to produce enough manpower for this, and other health sections.
2. Meanwhile, the GMOH should assist the Department to identify priority areas for short-term courses and seek financing to train staff on a systematic basis.

VI. EXECUTIVE MANAGEMENT TRAINING FOR  
GMOH CENTRAL AND REGIONAL STAFF

The GMOH has been so successful in its work on improving management training for DHMTS and level B, that an unexpected effect has occurred. Regional Health teams are now eager for management training themselves. As for the Central Office, there is a growing realization that, while management training per se may not be necessary, more effective management is. There is good reason for this. The GMOH staff are all overloaded. Between on-going programs, new initiatives, responding to consultants and outside evaluators, and translating government policies into program realities, the senior management rarely meets together to communicate the issues/concerns of their respective Divisions. While it would be easy to suggest a weekly staff meeting as one answer, it is not enough.

Instead it is recommended that the senior management spend 2 or 3 days together discussing the current and pending issues of the Ministry. With the World Bank here making long-term proposals for the GMOH, it is imperative that the management be able to respond with their own ideas rather than simply react. Unless the management takes some time for itself to assert and articulate its policies, the reaction stance is the mostly likely outcome.

Another consideration is the daily management of GMOH. Staff clearly sees the benefit of improved management. The proposed meeting is an opportunity to raise management problems and arrive at consensus solutions.

Management should begin by choosing facilitators, conversant with GMOH, a quiet site, and a fixed, but fluid agenda. One outcome should be the development of a plan, to which all are committed, of regular staff meeting and communication.

A meeting like this is only a beginning. It should be used to identify management concerns. It should then be followed by regular meetings (possibly every 2 weeks) where one management issue is discussed per session. These issues could include, but are not limited to; time management, situational leadership, task analysis and conflict management. At the same time, these meetings could be used to discuss specific events or programs. For example, one could be devoted to planning the PHC review meeting. Another could be planned to develop job descriptions for staff positions which have no description now.

## Regional

Plans should be made for management training in the Regions. The Central GMOH feels supervision is an area which needs immediate attention. This is probably true. However, it would be most effective to allow the regional teams to assess their own management training needs and tailor programs to meet those needs.

Additionally, this process of looking at training needs for GMOH has been limited to discussions with Central office staff. Since the Regions are expected to do much of their own training (the self-reliance in training strategy), their input is essential. A session of this management course should be on establishing training priorities, and defining what will be needed to meet these priorities, including manpower, training materials and financial resources. However, a session like this will be useful only if the Central GMOH has prepared its own policy/manpower requirements for background information to the session.

## Conclusions

1. Plan the meeting for senior management as soon as possible. It should be done prior to the PHC review (tentatively planned for August). The agenda should be set to allow ample time for discussion of policy and problems in each Division. In-country facilitators should be selected who are conversant with the issues facing the GMOH (S.A. Amoa seems the logical choice though the GIMPA site may still be too close to town to preclude interruptions.)
2. The Regional team management training could be planned during the PHC review meeting when training needs for regions are discussed. Kumasi Region has done a 5 day training of this type with Mr. Amoa as facilitator and Kumasi as the site. This implemented program could be used as a guide for the other Regions. This program should be planned at the Regions and implemented there to insure meeting their priorities.

Again an in-country facilitator should be used. Plans for these trainings should be completed immediately and trainings implemented in June - August, 1988.

## VII. LEADERSHIP TRAINING FOR DHMT'S LEADERS

The leader of the DHMT was supposed to be the District Medical Officer (DMO). Unfortunately, some Districts do not have a DMO. The effect on the DHMT is that it is leaderless and, often, no one has been designated to take over as the leader. Without a named leader, the effectiveness of the team is reduced.

It has been suggested that the DHMTs be encouraged to choose a leader, with guidance from PHRS, the regional Health team, or even the Central GMOH. After the leader is selected, they should receive leadership training.

Both the selection of leaders and their training is a useful idea as it will increase the effectiveness of DHMT's. However, the way to manage the process, has to be determined.

Another decision concerns the priority of this program. Is this training something which should be done now?

Since the GMOH is already planning a PHC review meeting, the decisions about both choosing DHMT leaders and planning their training should be put on the agenda of that meeting.

## VIII. Evaluation of the PHC Training

There has been a management audit of the PHC training which was divided into two stages. The findings of the first stage were reported on 14 April to the GMOH by S.A. Amoa in a report entitled "Policy Framework for the PHC Management Training in Ghana." The recommendations are positive, clearly in favor of continuing the program. At the same time, several issues have been raised which will be addressed in a PHC Review Meeting planned for June. The second stage of the management audit is an in-depth look at 2 districts.

The audit thus far, is not only well done but is a useful tool for the continuing of PHC training. However, it is still important to evaluate the DHMT management performance and the impact of training on service delivery.

It is recommended that the GMOH, with donor assistance, prioritize and plan this evaluation. It should include, but not be limited to:

- baseline examination of service and management at Level B;

- impact on knowledge of technical performance of management function of DHMTs;
- examination of effectiveness of PHCRs in management training and supervision.

#### CONCLUSIONS

1. The GMDH should identify a team of evaluators.
2. Evaluation design should be submitted.  
Guidelines could be proposed, in part, at the planned PHC Review meeting.
3. Baseline data from Level B should be collected.
4. Suggestions for change should be incorporated into future trainings.

ANNEX III

LIST OF DOCUMENTS RECEIVED

1. Consultation to Ministry of Health, Ghana for AID, April 5-24, 1985: MSH/INTRAH.
2. Report on Technical Assistance Visit to Ghana, May 14-31, 1986: Nancy Piet-Pelon for FPMT.
3. Report on Technical Assistance to Ghana, November 22 - December 8, 1986: Nancy Piet-Pelon for FPMT.
4. Compendium of Short and Long Term Management Training Opportunities for Family Planning Program Managers from Developing Countries, October 1987: MSH/FPMT.
5. Trip Report: Ghana, May 17-31, 1986: Gilberte Vansintejan for the Enterprise Program.
6. Trip Report: Ghana, October 28 - November 11, 1987: Eve Epstein, Enterprise Program.
7. Trip Report: Ghana, January 22-27, 1988: Eve Epstein, Enterprise Program.
8. Ghana PHC Training Program, Program Report, October 1987: GMOH.
9. MOH Performance Objectives: Level B.
10. Ministry of Health: Family Planning Training Needs Assessment 1988: (MCH/FP Division, GMOH).
11. Projected Manpower Needs of the Health System: (GMOH Division of Manpower and Training).
12. Training Plan for Primary Health Care 1988: (GMOH Division of Manpower and Training).
13. Terms of Reference, Health Policy Study, World Bank: (OIC/FTT).
14. Policy Framework for PHC Management Training in Ghana, March 1988: Mr. S.A. Amoa, GIMPA.
15. Primary Health Care: Improving Communications: GMOH.

ANNEX IV: FORM 1: TRAINING ACCOMPLISHED

TO: \_\_\_\_\_ DIVISION \_\_\_\_\_

RETURN TO: DIVISION OF MANPOWER AND TRAINING

DATE: \_\_\_\_\_

TRAINING COMPLETED IN SIX MONTH PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

	TYPE	DATE	DURATION	CONTENT	TRAINEE TYPE OR NAME	NO. TRAINED	TRAINERS/ INSTITUTIONS	EST. BUDGET	COMMENT
IN-COUNTRY:									
1.									
2.									
3.									
4.									
OVERSEAS:									
1.									
2.									
3.									
4.									

TRAINING PLANNED IN SIX MONTH PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

IN-COUNTRY:									
1.									
2.									
3.									
4.									
OVERSEAS:									
1.									
2.									
3.									
4.									

ANNEX 1: THE FOURTH TRAINING NEEDS

FOR EACH PLANNED TRAINING NEEDS INDICATE WHAT TYPE OF ASSISTANCE WILL BE REQUIRED OF THE MANPOWER AND TRAINING DIVISION

	MATERIALS	FACILITATORS	FUNDING	CURRICULUM DESIGN	IDENTIFY OVERSEAS COURSES	OTHER (SPECIFY)
<b>IN COUNTRY</b>						
1.						
2.						
3.						
4.						
<b>OVERSEAS</b>						
1.						
2.						
3.						
4.						