


ガーナ共和国
母子保健医療サービス向上プロジェクト
事前調査団報告書

平成8年5月

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国際協力事業団
医療協力部

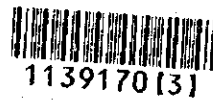
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1139170(3)

序 文

ガーナ共和国の1992年現在の人口は1,555万人と推定されています。また、人口増加率は約3.1%と推定されており、このままの増加率が継続すれば、23年後の人口は現在の2倍に達すると予想されています。こうした状況の中で、ガーナ共和国政府は母子の疾病罹患や死亡を減少させるべく母子保健・家族計画サービスの強化を図ることを保健医療行政の基本方針として掲げています。

かかる背景のもと、平成7年3月に基礎調査団が派遣され、母子保健・家族計画サービスの強化を押し進めるとともに、既存の保健医療システムの改善、活性化を図るため、地域保健にかかわる医療従事者の養成、訓練を中心としたプロジェクトの必要性が高いとの報告がなされました。また、ガーナ共和国政府より、人材養成計画の見直し、保健医療従事者の再訓練計画の強化等に対して、我が国にプロジェクト方式技術協力を要請越しました。

このため、本件の要請背景、内容について詳細に把握するとともに、プロジェクトの実施可能性を検討し、今後の協力基本計画を作成の上、双方で確認することを目的として、平成8年3月に東京大学医学部教授梅内拓生氏を団長とする事前調査団を派遣しました。本報告書は、同調査団の調査結果を取りまとめたものです。

ここに、本調査にご協力を賜りました関係各位に対しまして、深甚なる謝意を表しますとともに、今後のプロジェクトの実施に向けて、一層のご協力をお願い申し上げます。

平成8年5月

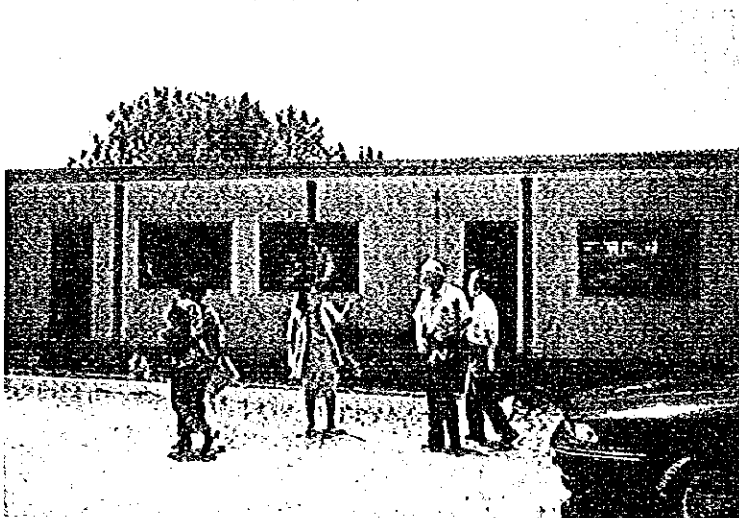
国際協力事業団
理事 小澤 大二



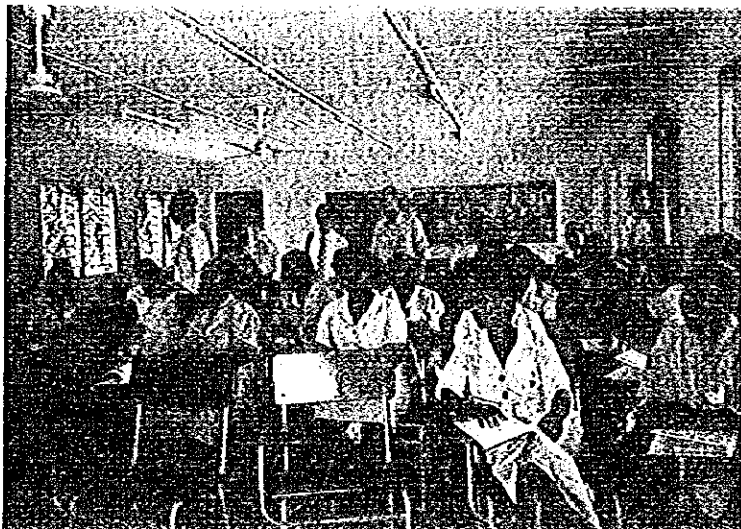
ミニッツ署名（梅内団長、
ガーナ共和国大蔵省局長、
保健省局長）



同上



アクラ州研修センター視察

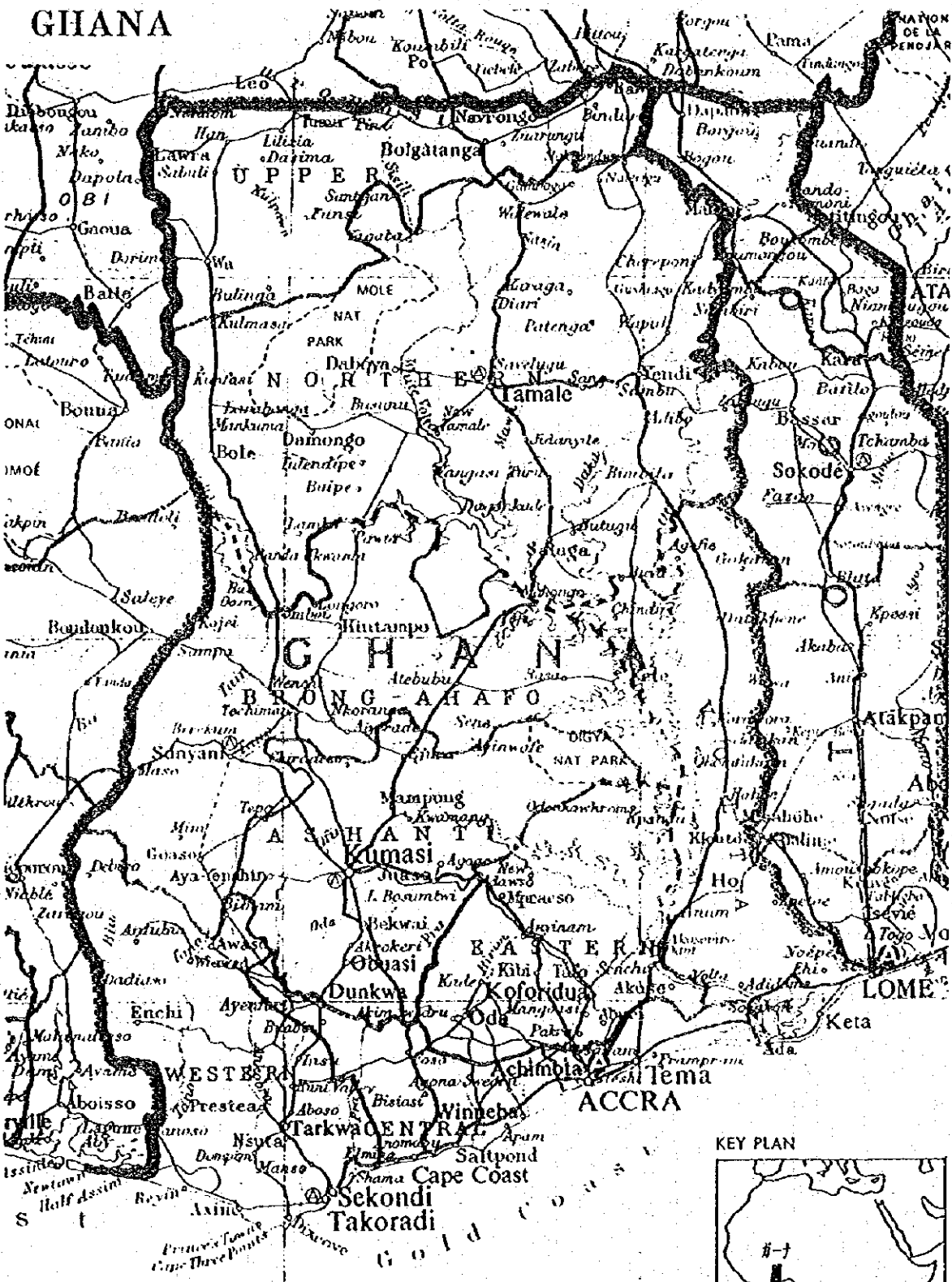


アクラ州研修センター視察

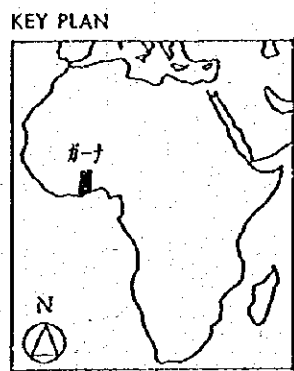


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1. 事前調査団の派遣

1-1 調査団派遣の経緯と目的

ガーナ共和国（以下、「ガーナ」と略す）では、一貫した高い出生率と死亡率の低下により、近年では毎年3%前後の高い人口増加率で推移してきており、人口増加が問題となっている。こうした状況の中で、ガーナ政府は、人口増大が将来危機的な問題になることを予測し、その対策として1993年には国家人口審議会を設置し、家族計画の普及に取り組むとともに国民の健康改善を目的として、母子の疾病罹患や死亡を減少させるべく母子保健・家族計画サービスの強化を図ることを保健医療行政の基本方針として掲げている。

ガーナはG I I（人口・エイズに関する地球規模問題イニシアティブ）の協力重点対象国ともなっていることから、人口家族計画分野の情報収集、将来の我が国プロジェクト方式技術協力実施の可能性、望ましい協力のあり方等に関する調査のため、平成7年3月に基礎調査団が派遣された。本調査の結果、ガーナ政府の医療サービス向上中期計画に沿い、既存の保健医療システムの改善、活性化をはかるため、地域保健にかかわる医療従事者の養成、訓練を中心としたプロジェクトの必要性が高いとの報告がなされた。また、ガーナ政府は、人材養成計画の見直し、保健医療従事者の再訓練計画の強化等に対して、我が国にプロジェクト方式技術協力を要請越した。

このため、本件の要請背景、内容について詳細を把握するとともに、プロジェクト方式技術協力の実施可能性を検討し、今後の協力計画を作成し双方で確認することを目的として、事前調査団を派遣することとなった。

1-2 調査団の構成

担 当		氏 名	所 属
団長	総 括	梅内 拓生	東京大学医学部国際保健計画学教授
団員	小児保健	榊原 洋一	東京大学医学部小児科講師
団員	公衆衛生	荻原 理江	足尾双愛病院内科病棟医長
団員	地域保健	菊田 久弓	宮城県保健福祉部医療整備課
団員	母子保健	伊藤 京子	山形県環境保健部保健予防課
団員	協力計画	加藤 誠治	国際協力事業団医療協力部医療協力第二課

1-3 調査日程

日 順	月 日	曜日	移 動 及 び 業 務
第1日	3月16日	土	移動 成田→ロンドン (NH 201)
第2日	3月17日	日	移動 ロンドン→アクラ (BA 077)
第3日	3月18日	月	JICA事務所にて打合せ 日本大使館表敬訪問 保健省表敬訪問、同省人材養成局・医療サービス局と打合せ
第4日	3月19日	火	保健省人材養成局と協議 大蔵省国際協力担当部と意見交換
第5日	3月20日	水	保健省人材養成局と協議 アクラ州研修センター訪問 DANIDAガーナ事務所との意見交換
第6日	3月21日	木	ミニッツ協議 アクラ州アダブラカ・ポリテクニク訪問
第7日	3月22日	金	ミニッツ署名 (於：大蔵省) 英国ODAガーナ事務所訪問 日本大使館報告 JICA事務所報告 移動 アクラ→
第8日	3月23日	土	移動 →ロンドン (BA 076)
第9日	3月24日	日	移動 ロンドン→
第10日	3月25日	月	移動 →成田 (NH 202)

1-4 主要面談者

1) 保健省

Mrs. Margaret Ckarke-Kwesie	Deputy Minister of Health
Dr. Adamafio	Director of Medical Service
Dr. D. Dovlo	Director of Human Resource
Mrs. May Osae-Addae	Officer in-charge of In-service Training

2) アクラ州アダブラカ・ポリクリニック

Mrs. Juliana Lamptey	Senior Public Health Nurse
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3) 大蔵省

Dr. W. A. Adote	Director of International Economic Division
Mrs. Agnes Basta	Head, Bilateral Unit
Mr. E. K. Mkansah	Desk Officer of Japan, Bilateral Unit

4) 英国ODAガーナ事務所

Dr. Anne Bamisaiye	Health and Population Field Manager
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5) デンマークDANIDAガーナ事務所

Dr. Jens Hasfeldt	Chief Health Advisor
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6) 日本大使館

田中 明久	特命全権大使
岡田 裕二	公使
本田 俊一郎	専門調査員

7) JICAガーナ事務所

八林 明生	所長
阿部 記実夫	所員
Mrs. Rabi	ローカルスタッフ

2. 総括報告

ガーナ政府より人材養成計画の見直し、特に保健医療従事者の再訓練計画（インサービストレーニング）の強化等に対しての我が国プロジェクト方式技術協力の要請があった。本調査団はこのプロジェクト方式技術協力の実施可能性を検討し、かつ今後の協力計画を作成し、双方で確認を行うことを目的としてガーナを訪問した。ガーナでは保健省とアクラ州研修センター、ヘルスセンターを訪問し、情報の収集を行うとともに、英国ODA、デンマークDANIDAガーナ事務所等援助機関とも意見交換を行った。さらに、これに基づきプロジェクト方式技術協力計画案の骨子（ミニッツ）を作成し、保健省、大蔵省との間でこのミニッツを確認し、合意した。

合意の基本事項は、母子保健／家族計画（MCH／FP）を中心にプライマリ・ヘルスケア（PHC）全般を視野に入れた人材養成のためのインサービストレーニングを目指すこと、特に県（District）及び郡（Sub-District）レベルの人材養成の強化を狙うこと、このため3つの州を中心として訓練センターの改修と機材・教材の供与を行うこと等である。さらに、平成8年11月頃を目途に討議議事録（R/D）の署名を目指し、その間に長期調査員の派遣を行い、プロジェクト実施のための戦略計画を作成するとともに、関連詳細情報の収集をすることにも合意した。

3. 要請の背景

3-1 保健省開発政策における人材養成事業の位置付け

現在の保健省の基本政策は、以下のとおりである。

- (1) 妊産婦死亡率・乳児死亡率を最大限引き下げるために、母子保健政策及び家族計画を強化する。
- (2) 社会的・経済的な影響を与える感染症に関する調査・予防策を効率化する。
- (3) 栄養状態改善のために、他の協力機関と連携し適切なプログラムを実行する。
- (4) 医療サービス（歯科、精神科を含む）の質を充実させる。
- (5) 安全な飲料水確保や適切な排出物処理等の衛生環境を整備する。
- (6) 伝統的医療の発展を促進させる。
- (7) 生活習慣を改善する。
- (8) 保健要員を育成する。
- (9) 全ての国民が保健サービスを受けられるように、保健行政の地方分権化を進める。
- (10) 保健資源、医薬品を安定的に供給できる体制をつくる。
- (11) 輸送機関及び保健機材等の維持体制を確立し、効率的に運用する。
- (12) 医学的研究を促進させる。
- (13) 保健に関する法令の見直しをする。

保健医療分野の人材育成は、中でも保健医療サービスの向上とともに保健開発政策全般に関わる基本的な課題の一つとなっている。人材育成の個別課題、対策については、中期保健戦略の中で提示されている。

3-2 中期保健戦略について

ガーナ保健省は、中期保健戦略を策定し、2000年に向けて保健医療システムの改善を図り、いかにガーナ国民の健康に貢献すべきかを明確にしている。その中で、次に示す10項目を掲げている。

- (1) 医療サービスにおける優先事項として、プライマリ・ヘルスケアを確実に受けられるように、そのための予算確保を強化する。
- (2) ガーナの保健医療サービスの状況に即した地方分権と運営強化を図る。
- (3) 私立と公共の保健医療サービスの提供者の間の連携を強め、資金の有効活用を図る。
- (4) 保健サービスの拡大と質の向上を推進し、保健基盤の再建・発展を図る。
- (5) 人材育成計画の強化。質の高い医療サービスを行うために必要な人材の育成及びそのレベルを保持するための訓練、医療団の目的意識を高めるための業務管理を実施する。
- (6) 薬品、消耗品、医療機材、救急車等について、適正な供給・管理を行う。
- (7) 医療サービスにおけるモニタリング及び管理システムの強化を図る。
- (8) 各家庭と地域社会に、より一層健康のための責任を持たせる。
- (9) 政府、NGO、民間、外国援助による全ての有用な資金を、能率的、効果的な使途を確保することにより、保健医療財政を再建する。
- (10) 特に保健医療開発、食事、栄養、雇用、教育、水道及び公衆衛生等の分野の活動を促進する。

人材育成の課題としては、国民に対するきめの細かい保健医療サービスを行うために、訓練を受けた、高い目的意識を持った中堅スタッフの人数を満たすように人材育成をすることである。このため、次のような対策が必要とされる。

- ・地域社会の要望に敏感で、またチームの一員として能力を発揮できるスタッフの育成のための訓練内容を詳細に検討する。新しい保健医療サービスへの要望を反映するためのカリキュラムを再検討する。
- ・既存の保健医療要員を育成する学校の併合・閉鎖等、学習の機会と学習方法のグレードアップ及び改善をし、綿密な訓練の指針作りを行う。
- ・地方に現職者用の訓練センターを設立して、現在のスタッフの知識やスキルのグレードアップ及び最新化を図るための現職者用訓練及び生涯教育を行う。
- ・人材管理上の手続きを簡略化、明確化することにより、迅速で確実に手続きが行えて、公平なものにする。本人の希望勤務地域への配属を考慮する。
- ・保健医療サービス及び患者に関心をもつ新人スタッフの慎重な選抜とオリエンテーションを行う。
- ・保健医療サービスに対する要望と優先順位を関連づけ、基礎訓練終了後、海外での訓練を含む特別訓練計画の開発と管理業務の合理化を図る。
- ・保健医療サービスの各々のレベルにおける施設に必要な人数とスキルについての基準を確立する。
- ・保健医療人材開発計画作成のサポート、人材の育成及び配置のために、保健医療人材開発情報システムを確立する。

3-3 要請内容

ガーナ政府は、1996年3月に保健医療サービス向上研修強化プロジェクトの技術協力要請を行った。要請の内容は以下のとおりである。

(1) 要請背景

ガーナの保健医療政策は、出生時平均余命が独立時の45歳から現在までに55歳まで改善されるなど成果を上げてきたが、乳幼児死亡率の改善が遅々として進まない等解決すべき問題も多い。ガーナ保健省はこの現状を改善するには保健医療従事者の質の向上が肝要であるとの認識から、職員のインサービストレーニングを実施してきたが、体系的な政策やプログラムの下に実施されてこなかったために、設備機材の不備等から研修の効果が十分上がっていないのが現状である。

(2) 目的

本協力を通じ、研修に必要な基本的な機材・設備を整備すると同時に、整合性のある研修計画及びカリキュラムの策定、研修関連職員の能力向上を図り、各行政レベルの保健医療従事者が質の高いインサービストレーニングを受けられる環境を整備する。本協力を実施することで、保健医療従事者の能力・知識が大幅に向上し、当国民の適切な保健医療サービスへのアクセスが可能となることが期待される。

(3) 目標

中期保健戦略に沿って、体系的かつ整合性のある保健医療インサービストレーニングを実施することで、既存のインサービストレーニング制度の改善・向上を図る。

(4) 活動内容

- 1) 実施可能な訓練計画の策定
- 2) 訓練教材の確認及び開発
- 3) 以下を対象とするインサービストレーニングの開発
 - －保健医療管理者（県保健医療従事者を含む）
 - －病院管理者等
 - －看護婦
 - －巡回看護婦、医療技術者
 - －助産婦 他
- 4) 訓練活動の情報管理を確立することによる保健情報管理課の強化
- 5) 訓練管理・調査制度の確立
 - －基礎調査（基本情報、評価基礎情報の収集）
 - －体系的なインサービストレーニングのためのニーズ把握
 - －実施された訓練及びそれによる医療サービスの改善状況の評価

(5) 技術協力の内容

- 1) 専門家派遣
 - ・研修計画及びカリキュラムの策定・研修運営・情報管理 等
- 2) 研修員受入
 - 上記専門家派遣分野に関わる研修
- 3) 機材供与
 - 地方研修センター等の運営に必要な機材（視聴覚教材、コンピュータ等）、保健研修機材、四輪駆動車 他
 - （総額約 460 百万セディ＝約 32 万米ドル）
- 4) その他
 - 3州（ブロングアハフオ、ウエスタン、ボルタ）のインサービストレーニングセンターの建設・改修の要望あり。

4. ガーナ政府の実施体制

4-1 組織

保健省人材養成局 (HRDD : Human Resource Development Division) は、保健人材育成の役割を担っている。具体的には、人材養成局はインサービストレーニングの基本方針の決定を行っており、各州の保健サービス事務所の研修課が州レベルの研修コースの企画、訓練機材の管理、事務等を担当しており、州附属の研修センターが、県、郡レベルの保健医療管理者 (研修担当者、行政管理者、技術指導者) に対するインサービストレーニング (TOT : Training of Trainers) を担当している。10州に加え、2つの教育病院 (計12カ所) に保健人材訓練を目的とした研修センターを設置し、研修制度の確立を目指している。既に英国ODAの援助で、2州の研修センターの改修・機材整備が行われ、1996年末までに、さらに、2カ所の研修センターの改修・機材整備が行われる予定である。今回、日本政府に3カ所の研修センター設置 (建設、改修及び機材整備) に対する援助の要請があり、候補地として3州 (ブロンゴアハフォ、ウエスタン、ボルタ) のインサービストレーニングセンターが、ミニッツで確認された。

4-2 施設

現行の国家レベルでの中堅・上級保健医療従事者のインサービストレーニング施設として、以下の施設があげられる。

- (1) ナブロンゴ保健研究所 (Navrongo Health Research Station)
- (2) キンタンボ地方保健研究所 (Kintampo Rural Health Center and Research Station)
- (3) ガーナ大学看護学部 (Department of Nursing, University of Ghana)
- (4) 公務員行政管理研究所 (Ghana Institute of Management and Public Administration)
- (5) 運営開発生産性研究所 (Management Development and Productivity Institute)
- (6) 公衆衛生学校 (School of Public Health)
- (7) ケープコースト大学教育学科 (Faculty of Education, University of Cape Coast)
- (8) 地方インサービストレーニングセンター内の訓練学校

4-3 予算

ガーナの保健医療分野の項目別予算は次のとおりである。

(単位：100万円)

	事務費	環境衛生	疾病管理	母子保健	ヘルスセンター	病院	健康教育	合計
全国	164	159	95	214	329	507	20	1,488
ボルタ州	19.7	21.3	16.2	32.6	41.1	73.2	1.9	206
ウエスタン州	25.9	11.3	4.6	13.6	37.5	64.8	1.8	159.5
ブロンゴアハフォ州	13.7	14.8	7.8	17.5	27.1	38.7	1.7	121.3

(1994年実績：ガーナ保健省資料)

全保健予算に占める各州の予算額は、人口割合に比べて地域によって偏りが見られる。今回要請がなされている3州（ボルタ、ウエスタン、ブロングアハフォ）はそれぞれ全人口の約1割を占めているが、保健予算にはかなりの開きがあらわれている。特に環境衛生、疾病管理、母子保健ではその開きが顕著である。

4-4 人員

保健医療セクターで働く人々の数は、約3万4千人（1994年）であるが、その11%が事務管理部門、89%が技術部門である。1993年のデータでは、県及び郡レベルで働く人々の割合は、全体の62.1%、州レベルで働く人々の割合は18.2%、国家レベルでは18.3%である。保健医療セクターで働く人々を、拠点別に分類すると、州レベルでは3カ所（州研修センター、州保健サービス事務所、州病院）、県レベルでは2カ所（県保健サービス事務所、県病院）、郡レベルでは1カ所（保健センター）となっている。

5. 人材養成計画（インサーピストレーニング）の現状

ガーナにおける各レベルでの保健医療従事者の課題は次のとおりである。

(1) 保健省本部

保健省本部には、大臣、次官のほか、50名程度の専門職員がいるだけである。構造調整により、新たな人材の雇用は、保健省の支出につながるとして、人員は据え置かれたままとなっている。

(2) 州病院

大規模病院（2つの教育病院）に医療専門技術者が偏っており、その他8つの州病院は十分な医療専門技術者を擁していない。

(3) 県病院

県病院の多くは、能力のある看護婦、助産婦、薬剤師、検査技師を十分に抱えていない。医師は病院に1人ないし2人しかいない。とりわけ検査技師の不足は深刻である。また、県レベルの医療サービスを統括する責任者は、管理職としての研修をほとんど受けていない。

(4) 保健センター

多くの仕事は、地域保健看護婦、准看護婦、準医師（Medical Assistant）によって業務が実施されている。就職後、管理及び技術面での学習、再訓練の機会がなく、医療サービスの質の問題が問われている。

このような状況で、国内の定期的な保健医療関連の研修・訓練プログラムの主要なものとしては、以下のプログラムが実施されている。

研修・訓練プログラム

研修プログラム	研修・訓練機関・プログラム分野
専門分野研修	ガーナ経営・行政研究所の中の政策科学、公共政策、保健行政、女性学
専門分野研修	ガーナジャーナリズム大学とレゴンコミュニケーション大学での人口家族分野のIEC (Information, Education, Communication) プログラム
社会開発関連	ガーナ大学の関係学部や学科、また社会人教育院での共同体開発や社会福祉分野の研修プログラム。また社会福祉学部、共同体開発学部はガーナ全土で20以上のセンターを持っており、各種の研修機会を提供している。
NGOの研修	カトリック教会、ガーナキリスト教会等のNGOによる家族計画研修コース
実施機関自身の研修	保健省職員への保健行政・管理コースを年2回実施している。ガーナ正助産婦協会は助産婦に母子保健や家族計画関連の研修を実施。

（出所：ガーナ人口・家族計画母子保健基礎調査）

保健医療従事者に対する研修実施状況の具体例として、アクラ州研修センターの研修状況は次のとおりとなっている。

* アクラ州研修センターの研修状況について

(1) 研修センター名：アクラ州研修センター

Regional Training Unit in Greater Accra Region

(2) センター人員：監理員 1名 (公衆衛生計画専門家)

監理員補佐 2名 (公衆衛生看護婦指導者、栄養学指導者)

(3) 研修予算：

1996年には、9つの研修コースが計画されており、総経費は5900万セディ(約400万円)となっている。しかし、保健省から支給される予算は2000万セディ(約130万円)であり、予算不足のために実際に実施できるコースは、計画されたものの半分以下であり実施可能なコースも規模の縮小を余儀なくされている。調査時に実施中であった感染症監理研修コースについても、当初計画では140名の地方看護婦を対象としていたが、実施段階で約1/4の35名に縮小することとなった。

研修費用の内訳は、参加者の交通費、宿泊費、食費が大半を占めており、講師の講義料は1日あたり10,000セディス(約700円)とわずかな額となっている。研修経費については、既存の宿泊施設の利用、可能であればプロ技協を通じて研修センター内に宿泊施設を併設する等により経費の節減が可能と思われる。

(4) 研修コースの概要(1992年-1996年)

各年度の研修コースの概要は次のとおりである。

*1992年度 1) Prepromotion Workshop for Nursing Officer (General)

2) Sub-District Health Service (S.D.H.S) Start-up Workshop

3) Malaria Control for Doctors

4) Malaria Needs Assessment Training

5) Malaria Institutional Training

*1993年度 1) Malaria Management for Achimota Hospital and Ga District Nurses

2) S.D.H.S. - Start-up for Ga, Tema, Dangbe East and Dangbe West

3) S.D.H.S. - Review for Accra and Subdistrict Health Teams

4) S.D.H.S. - Review for 4 Districts

5) S.D.H.S. - Advanced, Integrated with Staff Performance Appraisal for Accra Metro Staff

6) Transport Management for District Transport Officers

7) Vehicle Management of Drivers in all the Districts in the Region

*1994年度 1) S.D.H.S. - Advanced Review for 4 Districts

2) Staff Performance Appraisal for Disease Surveillance Health System Research

- 3) Primary Eye Care for Nurses
- 4) Ophthalmology for Doctors
- 5) Partograph for Doctors
- 6) Partograph for Midwives
- 7) HIV/AIDS Infectious Control

- * 1995 年度
- 1) Control Systems for Internally Generated Review and Expenditure
 - 2) Budgeting for Directors of Health Training Center and Programme Heads
 - 3) Integrated Personnel and Payoroll Database(IPP) System for Accra Subdistrict Teams
 - 4) Leadership Training for Subdistrict Directors of Health Services
 - 5) Staff Performance Appraisal
 - 6) Partograph for Practising Midwives of Tema General Hospital

- * 1996 年度
- 1) Partograph for Practising Midwives of Ga, Dangbe East and Dangbe west Districts
 - 2) Partograph for Practising Midwives
 - 3) Management of 3 Endemic Diseases (Malaria, Diarrhoea, Acute Respiratory Infections) for Community Health Nurses in Accra Metropolis

6. 協力基本計画案

6-1 プロジェクトの目的

ガーナ国民の健康改善に資することを目的に、中期保健戦略に沿い、既存のインサービストレーニング制度の強化・向上を図る。

6-2 プロジェクトの成果・目標

- (1) 実施可能なインサービストレーニング制度が開発される。
- (2) インサービストレーニングにかかる計画、モニタリング、評価制度が確立される。
- (3) インサービストレーニングを通じて保健医療従事者の技能が強化される。

6-3 プロジェクトの協力活動

中央レベル

- (1) 既存のインサービストレーニング計画の見直し
- (2) 県、郡レベルでの保健医療従事者の研修ニーズの把握
- (3) 詳細戦略計画の策定
- (4) 家族計画・母子保健の基本カリキュラム及び研修基準の開発
- (5) 研修効果を最大にするための報告制度の強化
- (6) 各州コアトレーナーの研修

州レベル

- (1) トレーナーによる地域保健看護婦、助産婦の技術研修及び地元保健従事者に対する健康教育
- (2) 将来の県レベル・トレーナー候補者の育成

6-4 日本側投入

- (1) 専門家派遣
(長期専門家) チーフアドバイザー、調整員、公衆衛生、母子保健
(短期専門家) 保健行政、助産婦、情報管理、健康教育、看護婦
- (2) 研修員受入
必要に応じて検討
- (3) 機材供与
・研修用視聴覚資機材
・研修を受講した地域保健看護婦らに対する保健キット
・モニタリングシステム支援用パソコン等 OA 機器 他
- (4) ローカルコスト負担
・研修実施のための中堅技術者養成対策費 (拠点州での研修用)
・現地セミナー開催費 (中央でのトレーナーズトレーニング用)
・研修施設整備のためのプロジェクト基盤整備費 (拠点州の研修センター整備)

なお、協力にあたり、今後の詳細調査を踏まえて、

1 研修パッケージ普及型（専門家が中央に入り、各州に研修制度を普及させる形式）

2 協力拠点設定型（専門家が中央、州に入り、直接州、県に指導・助言する形式）

の協力形態のどちらとするかを検討する。

* ガーナ・保健医療サービス研修強化計画 活動計画案

活動概要	1年次(1997)	2年次(1998)	3年次(1999)	4年次(2000)	5年次(2001)
＜中央レベル＞ 現状把握、既存資料の収集、レビュー Basic Surveyの実施方法内容検討 Basic Surveyの実施及び分析 Basic Curricular内容検討、作成 モダリ・ベ・ティンガラムの策定 中央での研修施設の選定と整備 各州コアトレーナーの研修 州での研修評価	— — — — — — — —	— — — — — — — —	— — — — — — — —	— — — — — — — —	— — — — — — — —
＜州レベル＞ 各州研修センターの整備 トレーナーによるCN, Midwifeに対する研修 " TBA, CM, Chiefに対する研修	— — — —	— — — —	— — — —	— — — —	— — — —
＜県・郡レベル＞ サービス領域拡大の方法の検討、実施、評価 県コアトレーナーの養成	— — — —	— — — —	— — — —	— — — —	— — — —

7. 協力実施にあたっての留意事項

(1) 県・郡レベルでの予防医学と治療医学の統合

予防医学（たとえば妊産婦検診、ワクチン接種）と治療医学（たとえば創傷治療）の担当ヘルスワーカーの間に厳密なる役割分担がある。予防医学は、助産婦と巡回看護婦が担っており、治療医学は看護婦（正規看護婦、臨時看護婦）が担っているが、この役割分担は相当非効率的である。特に郡レベルでは非効率なので、両者の役割分担について再考する必要がある。

(2) 交通手段の充実

地域活動をするヘルスワーカーの管轄領域が広大であるため、よりきめ細かい活動を行えるようにオートバイの支給等の援助が望まれる。

(3) ソフト部門（教材、ニュースレター等）への援助の可能性

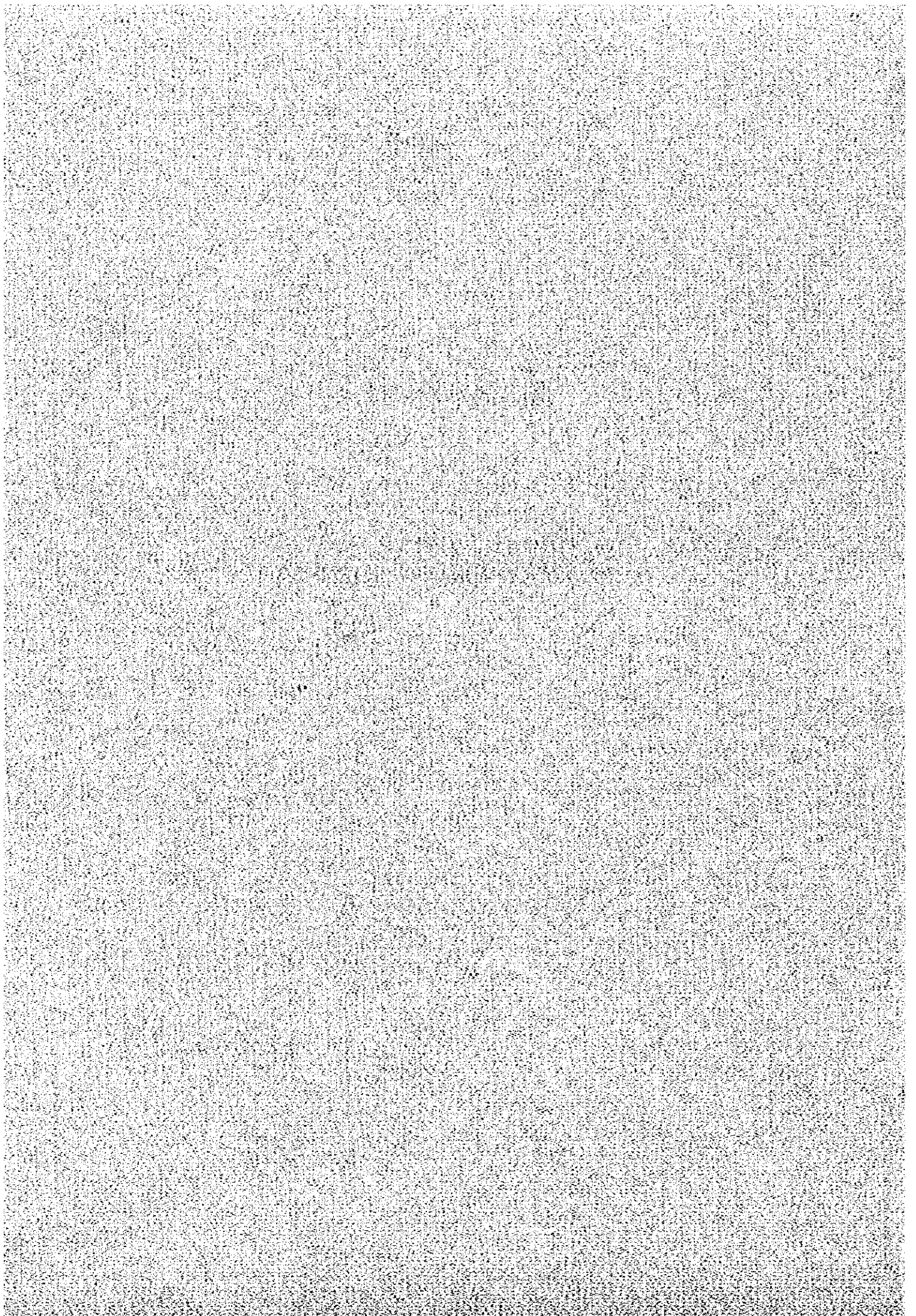
地方分権により、各地域訓練機関がそれぞれの訓練プログラムで指導を行っているが、お互いの情報交換の場がないので、ニュースレター等で情報交換の場を設けることが望ましい。

(4) 訓練コースへの援助の可能性

地方の各訓練機関では、予算が限られているために訓練コースの費用捻出に常に苦勞している。プロジェクトを通じて、コース運営経費への援助の可能性についても検討する必要がある。

附 属 資 料

- ① ミニッツ
- ② 要請書
- ③ 機材供与要望リスト
- ④ 'POLICY ON IN-SERVICE TRAINING'



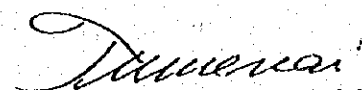
THE MINUTES OF DISCUSSIONS
BETWEEN
THE JAPANESE PRELIMINARY STUDY TEAM
AND THE AUTHORITY CONCERNED
OF THE GOVERNMENT OF THE REPUBLIC OF GHANA
ON THE TECHNICAL COOPERATION PROJECT
FOR IMPROVMENT OF HEALTH IN-SERVICE TRAINING PROGRAMMES IN GHANA

The Japanese Preliminary Study Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Takusei Umenai, visited the Republic of Ghana from March 17 to 23, 1996, for the purpose of conducting the study regarding the request of the Technical Cooperation Project for Improvement on Health and Medical Service Training Programmes (hereinafter referred to as "the Project") .

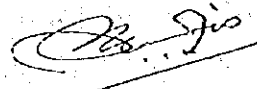
The Team and the authorities concerned of the Government of the Republic of Ghana had a series of discussions in respect of technical cooperation for the Project and came to the tentative understanding of the matters referred to as the document attached hereto.

Accra, Ghana

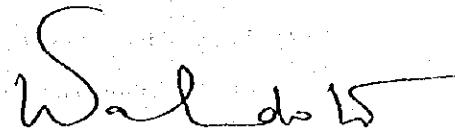
March 22, 1996

H. W. L.
A. 

Prof. Takusei Umenai
Leader,
Japanese Preliminary Study Team
Japan International Cooperation Agency



f Dr. Eunice Brookman-Amisshah
Minister of Health



Dr. W. A. Adote
Director of International Economic
Relation Division,
Ministry of Finance

THE ATTACHED DOCUMENT

I. Name of the Project

Project for the Improvement of Health In-Service Training Programmes in Ghana.



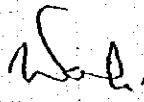
II. Objective of the Project

To upgrade and enhance the existing health in-service training system, in accordance with the Medium Term Strategy Objectives of Ghana.

III. Specific objectives

- (1) To develop feasible in-service training programmes in Ghana.
- (2) To establish planning, monitoring and evaluation system for in-service training programmes at all levels.
- (3) To strengthen capacity of health personnel through in-service training at all levels.

IV. Project Activities

- 
- 
- (1) Review of the in-service training plans at all levels.
 - (2) Assessment of the specific needs for in-service training among health personnel at all levels particularly in the District and Sub District.
 - (3) Preparation of the strategic plan to achieve the objectives.
 - (4) Development of basic curricular and training modules in PHC.
 - (5) Strengthening of the reporting system to maximize the efficacy of in-service training.
 - (6) Strengthening of training for the integrated service at District and Sub District level.
 - (7) Refurbishment of 3 Regional Training Centers.
 - (8) Provision of materials and equipment to 3 Regional Training Centers and 1 Teaching Hospital.
- 

V. Terms of Cooperation

To achieve the objectives mentioned above, the duration of Japanese technical cooperation will be five years from the date determined in Record of Discussion (R/D) which will be signed when the Project starts.

VI. Implementation sites

Brong Ahafo, Western and Volta Regions as candidate sites.

VII. Japanese Technical Cooperation

The technical cooperation of the Project will be implemented through

- (1) dispatch of Japanese experts.
- (2) acceptance of the personnel from Ghana for training in Japan.
- (3) provision of equipment and materials.
- (4) financing a portion of the local expenses concerning the following necessary for the training programmes,
 - a) travel by the trainees and instructors to and from the place of training.
 - b) preparation of teaching materials.
 - c) field trips by the trainees.
 - d) purchase of supplies and equipment necessary for training programmes.

Japanese funding for the above mentioned expenses will be reduced annually. The reduction of Japanese funding will be balanced by increasing Ghanaian funding.

VIII. Responsible organization of the Ghanaian side for the Project

Department of Human Resource Development of Ministry of Health shall have overall responsibility for the successful implementation of the Project taking measures as mentioned in IX. below.

IX. Measures to be taken by the Ghanaian side

- (1) Providing sufficient number of technical and administrative personnel
- (2) Providing necessary working facilities.
- (3) Allocating necessary budget.
- (4) Others mutually agreed upon as necessary.

X. Coordinating Committee

(1) Chairman

Director of Medical Service.

(2) Members

Ghanaian side

a. Director of Human Resource

b. Director of Public Health

c. Head of MCH/FP

e. Regional Health Directors related to the Project.

Japanese side

a. Leader

b. Coordinator

c. Experts

as observer, personnel of JICA Ghana Office and official of Japanese Embassy.

Handwritten initials/signature

② 要請書

In case of reply the
number and date of this
letter should be quoted.

Our Ref. No. JAP/G/00.1

Your Ref. No.

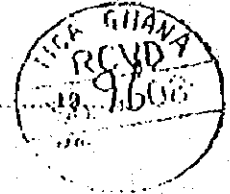
At. No.



REPUBLIC OF GHANA

MINISTRY OF FINANCE
P.O. BOX M 40
ACCRA

8-3



REQUEST FOR FUNDING
PROJECT FOR IMPROVEMENT OF HEALTH AND
MEDICAL SERVICE TRAINING PROGRAMME IN GHANA

Over the past decade, considerable effort has been made to improve social conditions and to ameliorate some of the social costs of economic adjustment. Much still remains to be done and the social conditions of the majority of Ghanaians are still characterized by a generally poor quality of life. Development indicators show that even though Ghana compares favourably with most other African countries, social conditions are worse than in developing countries as a whole.

Average life expectancy which is 55 years has improved considerably since independence when it was only 45 years. Ghana's average life expectancy is better than the African average of 51, however, it compares unfavourably with the average of 63 for all developing countries. Life expectancy at birth is heavily reduced by the high rate of infant and child mortality which are estimated at 87 and 143 per thousand respectively.

In line with the basic objective of the Government's medium and long term development agenda: poverty reduction, increase in employment opportunities and average incomes, etc. In order to improve the general welfare, health and maternal well being of all Ghanaians, adequate and comprehensive planning for health delivery personnel, particularly, maternal, child health and family planning have been identified as very important.

It is against this background that Government is appealing to the Government of Japan for assistance for the implementation of the above-mentioned project. The project background/description activities, etc. are attached for your further study. Please do not hesitate to contact the undersigned should you require additional information with regard to this project.

We look forward to a favourable response from your side.

AGNES M. BATSA (MRS)
HEAD, BILATERAL UNIT (IERD)
for MINISTER OF FINANCE

THE EMBASSY OF JAPAN
ACCRA

(ATTN: THE COUNSELLOR, MINISTER)

cc: ✓ The Resident Representative
J I C A

PROJECT PROPOSAL

PROJECT TITLE: **PROJECT FOR IMPROVEMENT OF HEALTH IN-SERVICE TRAINING PROGRAMMES IN GHANA**

PROJECT PURPOSE

To upgrade and enhance the existing health in-service Training System, in accordance with the Medium Term strategy objectives of Ghana. This includes setting up a structured and systematic In-service Training System.

CONTENT OF PROJECT

In order to achieve the above mentioned goal, a focus shall be placed on improving community health delivery as one of JAPAN's and GHANA's profound method of cooperation through the training of health related personnel.

In the programme, in-service training rather than pre-service training shall be emphasized in order to provide opportunities of updating health personnel's technical skills and enhancing their service delivery. In addition, a training program for instructors for such in-service training, shall also be implemented.

IMPLEMENTING AGENCY.

- Ministry of Health will be the counterpart agency in Ghana

Activities:

1. a. Planning of an attainable training programme
- b. Reviewing and development of training materials
- c. Establishing in-service training programmes targeted to:
 - Health Managers, including District Health Personnel
 - Hospital Administrators and Support staff

- Nurses
 - Community Health Nurse, Technical Officers
 - Midwives
 - TBA, CBD
- d. Strengthen Health Information Management Units to establish Information Systems for Training Activities.
2. Setting of Training Monitoring and Survey System.
- a. Conduct Base line surveys (collection of detail data, basis for evaluation)
 - b. Develop needs identification for structured in-service training programmes
 - c. Evaluation of implemented training programmes and its impact on service delivery.
3. Inputs expected from Japanese Side
- a. Dispatch of long and short term experts in the required fields.
 - b. Counterpart training in Japan in relation to Project needs.
 - c. Provision of local costs for implementing the training programmes.
 - d. Provision of necessary audio visual and other equipment.
 - e. Infrastructural support to enhance facilities for Training.

IN-SERVICE TRAINING PROPOSAL FOR JAPAN SUPPORT

I. BACKGROUND

The Medium Term Strategy of the Ministry of Health focuses on:

- I. Improving access to basic health services;
- ii. Equity in distribution of services;
- iii. Quality of care; and
- iv. Equity in the use of all resources, including human.

The Human Resources Development Division (HRDD) of the Ministry is responsible for:

- I. the provision of appropriate personnel for health care delivery in areas where services are mostly needed;
- ii. equitable distribution of staff in relation to workloads;
- iii. Training and updating of staff with requisite skills to provide quality Health Services;
- iv. Efficient management and administration of Human Resources including setting up systems and developing strategies for motivating staff.

The Ministry is concerned with ensuring that all Health Workers at all levels have the knowledge, skills, and competencies for the delivery of health services. In-Service training, to a large extent is decentralised to the Regional level. However, the current system of In-Service Training is ad hoc and mostly project related and hence, vertically directed.

The lack of appropriate Policy and Strategic direction on In-Service training have resulted in:

- inequitable distribution of training programmes among professional groups in the Health Sector;
- Absence of post training monitoring and support as part of the routine system in sustaining gains of training programmes in the regions and districts;
- poor organisation of training programmes and follow-ups of trainees at all levels of Health Service delivery namely, National, Regional and Districts;
- In-Service Training often not integrated and not related to comprehensive service delivery, but most often focused on specific subjects related to donor defined or disease-specific projects and not to service delivery priorities;
- inadequate funding for training to cover all staff that need it;

Training is often not linked to needs assessment, performance appraisal and staff progression.

- The staff of the training units at all levels lacking specified skills and functions.

The problems enumerated above call for a critical review of the present In-Service Training System.

2. PROPOSAL:

It is proposed that a Decentralised and Structured In-Service Training programme that will ensure equal access of Health Workers in all professional groups, irrespective of work locations be instituted and nurtured. In order to ensure the sustainability of such a programme, adequate preparation in terms of basic infrastructural development, provision of basic audio-visual and Training, as well as office support equipment and building of skills and capacities among Staff of the Training Centres need to be addressed.

The objectives of HRDD are to:

- Identify, refurbish or construct and equip structures for use as Regional In-Service Training Centres in three additional Regions.
- Develop a structured in-service training system of a standardised quality that covers all levels of service delivery staff, and links training to performance monitoring;
- Develop Training Programmes that are geared towards integrated coverage of priority health problems and services.
- Build capacity of Training Unit Staff at both National and Regional levels to develop, organise and manage training;
- Build Monitoring and Supervisory as well as Support Systems to sustain training input.

IMPLEMENTATION PLAN:

a. PROVISION OF IN-SERVICE TRAINING

Structured In-service training will be offered to all cadres of staff of the Ministry of Health who are involved in the delivery of some core services namely:

- Curative services
- Preventive/Promotive services
- Management, Administration, logistics and other supporting services.

The appropriate mix of these services are delivered by various cadres of staff at varying grades of their profession. They may be working at:

- Sub District, including Health Centre or Community level
- District including District Health Management Team(DHMT) or District Hospital Level
- Regional including Regional Health Administration(RHA) or Regional Hospital level

• National, including MOH-Headquarters, Teaching Hospital levels and Specialised Institutions.

The Structured In-Service Training will be offered at National, Regional, and District levels. Training at District and Sub District levels will be focused on Service Delivery Skills and its Support Systems.

Training support is thus needed for all these levels.

The National Level:

The decentralisation of structured In-Service Training implies that the National level will be mainly concerned with:

- a. Organisation of In-Service Training systems which will include,
 - * policy formulation and Strategy Development,
 - * development of relevant curricular and modules for In-Service Training,
 - * coordinating training programmes from the Regional Training Centres, Teaching Hospitals and other Training Institutions,
 - * developing and maintaining a system of accreditation for participation in In-Service Training Programmes;
- b. Identifying and arranging with National Resource Institutions for use of their Training facilities and resources(eg. Ghana Institute of Management and Public Administration, Management Development and Productivity Institute, School of Public Health), and also
 - * training of trainers from all levels and in variety of disciplines,

- * organising of In-Service Training for Senior Managers and Specialised Staff,
 - * Setting up and developing a data base for National Resource Persons;
- c. setting up systems for monitoring of training activities and support to the peripheries, including
- * setting up and maintaining an up to date data base on all In-Service Training Programmes.

A number of activities have already been initiated under the MOH/ODA Health sector Support Programme. Further support will be required to implement the following activities:

- i. development of Standard In-Service Training Curricular and Modules;
- ii. training of trainers for all levels; and
- iii. setting up monitoring and support systems.

ACTION. I. Development of Standard In-Service Training Curricular and Modules(July - December, 1996).

- Activities:
- i. Working Group meeting
 - ii. Request for Technical Assistance
 - iii. Consensus Building meetings

Expected Output: Standard In-Service Training Curricular and Modules reflecting In-Service Training needs of health staff developed.

Budget:

1.	Curricular Development	=c11,500,000.00
2.	Developing In-Service Training Modules	=c23,500,000.00
3.	Printing and distribution of Curricular and Modules.	=c40,000,000.00
	Total	= c75,000,000.00

ACTION II: Training of Trainers at all levels(External and Local).

- Activities:
- i. Identify National Resource Persons
 - ii. Organise training for Trainers
 - iii. Request for Technical Assistance.

Expected Output: Trainers at all levels trained in training design, coordination, information systems etc(external training for 12 core trainers from the National level Institutions, and Local training for 48 others, made up of 4 per Region)

Budget:

External: @ £10,000/person @ c2,500/£ x 12persons = c300,000,000.00

Local: c4,500,000/person x 48 = c216,000,000.00

Total: = c516,000,000.00

ACTION III. Setting up monitoring and support systems(February - April 97).

iiia. request for 1 vehicle: Nissan Patrol Cross Country vehicle with accessories and Spare parts back up.

Budget: = c75,000,000.00

(\$50,000.00).

iiib. Printing of Monitoring Forms = c4,500,000.00

Total = c79,500,000.00

(SPECIALISED CLINICAL CADRE TRAINING FOR NURSES).

The two teaching hospitals, Korle-Bu and Komfo Anokye have the highest concentration of Clinical and other Support Staff who provide tertiary Care. It is proposed that Structured In-Service Training Centres be set up in the 2 Hospitals to cater for the In-Service Training needs of the different categories of Staff. The Centres will also be used to provide Specialised Nursing and other Professional Courses eg family planning and HIV/AIDS for all other Health Staff in the country. Institutions are being reorganised to take these on.

Support will be required for construction of an In-Service Training/Resource Centre at Komfo Anokye Teaching Hospital where there is no existing facility for Structured In-Service Training. At the Korle Bu Teaching Hospital, an existing structure will be refurbished. These Centres will be equipped with Standard audio - visual aids, Health Learning Materials(HLM) and gadgets to facilitate the uptake and upkeep of up to date Health Information System.

ACTION IV. Construct and Equip Training and Resource Centres in the 2 Teaching Hospitals.

Activity I. Identify sites for construction of 2 Resource Centres

- ii. Assess cost of construction of Resource Centres
- iii. Construct Resource Centres for 2 Teaching Hospitals
- iv. Prepare equipment list for 2 Resource Centres
- v. Procure equipment and Health Learning Materials for the 2 Resource Centres.

Expected Output: a. In-Service Training and Resource Centres constructed and equipped at Komfo Anokye and Korle Bu Teaching Hospitals;

Budget: I. Construction of 2 Resource Centres C110,000,000 x 2 Centres =
C220,000,000.00

ii. Equipping of 2 Resource Centres at the Teaching Hospitals(see standard list attached);

Budget: @ c35,000,000/Centre x 2 **C70,000,000.00**

Total **C290,000,000.00**

TRAINING INSTITUTIONS

The Kintampo Rural Health Training Centre and Research Station, the Navrongo Health Research Station, the School of Public Health at Legon and the Ghana Institute Management and Public Administration(GIMPA) have been earmarked to provide specialise In-Service Training in Epidemiology, Health Systems Research and Management for Middle and Senior Level Health Managers.

These Institutions will require logistics and equipment for designing and provision of Structured In-Service Training. The logistics and equipment required include furnishings(as in the case of Kintampo for instance), computers, Health Learning Materials etc.

ACTION v. Identification and Provision of Logistics including Health Learning Materials(HLM) and Equipment required for Structured In-Service to Training Insitutions.

Activity. I. Prepare list of HLM for each of the 4 Institutions.

- ii. Prepare list of equipment for each of the 4 Institutions.

- iii. Procure equipment and HLM for the 4 Institutions.

Expected Output: to have provided basic equipment and logistics required for the take off of In-Service Training Programme to Training Institutions.

Budget: Logistics and HLM @ c30,000,000/Institution x 4 Institutions = c120,000,000.00

REGIONAL TRAINING CENTRES

In order to ensure easy access and equity in the provision of Structured In-Service Training to all Health Staff, it is proposed that In-Service Training and Resource Centres be established in each Region. These Centres shall provide both Structured and some ad hoc In-Service Training and support to District, Sub District and Institutional level Staff in the Regions.

With the support of ODA/UK two In-Service Training Centres have been refurbished and equipped in two Regions. Two additional Training Centres are also about to be refurbished and equipped before the end of 1996.

Further support will be required for the setting up and equipping of additional three(3) Training Centres in the Brong Ahafo, Western and Volta Regions.

ACTION VI. Refurbishment and Equipment of 3 Regional Training Centres.

Activity I. Refurbish Training Centres in 3 Regions

- ii. Provide standard equipment and Health Learning Materials to all 3 Training Centres

EXPECTED OUTPUT

- National training centres established in the 3 additional regions.
- Appropriate training equipment and logistics supplied to the training centres.
- Structured and sustainable In-Service Training System will be in place.

A system for management and monitoring of In-Service Training System established in all 3 Regions.

Budget:i.	Refurbishment of Training Centres @ c60,000,000/Centre x 3 Centres =	C180,000,000.00
Sub Total		C180,000,000.00
ii.	Provision of Standard equipment and HLM @ c30,000,000/Centre x 3 =	C90,000,000.00
Sub Total		C90,000,000.00
Total		C270,000,000.00

SUMMARY OF BUDGET

I.	Curricullar and Modules Development	C75,000,000.00
II.	Training of Trainers in Training Design, Coordination and Information Systems	C516,000,000.00
III.	Developing Monitoring and Support Systems	C79,500,000.00
IV.	Set up and Equip Resource Centres in 2 Teaching Hospitals	C220,000,000.00
V.	Provision of Equipment, HLM and other logistics to 4 Training Institutions	C120,000,000.00
VI.	Refurbish and Equip 3 Regional Resource Centres	C270,000,000.00
	Grand Total	C1,350,500,000.00
	US Dollar Equivalent	-US\$931,372.31
	(exchange rate c1,450.00/US\$).	

**MINISTRY OF HEALTH
PROPOSAL FOR IN-SERVICE TRAINING**

EXPECTED OUTPUT	ACTIVITY	JUSTIFICATION	COST
CURRICULAR AND MODULES FOR IN-SERVICE TRAINING DEVELOPED	a. WORKING GROUP MEETINGS TO DEVELOP CURRICULAR AND MODULES	CURRICULAR & MODULES ARE REQUIRED TO ENSURE STANDARDISED TRAINING	£ 11,650,000
	b. PRETESTING OF CURRICULAR AND MODULES IN 3 REGIONS		£ 22,500,000
	c. PRINTING & DISTRIBUTION OF CURRICULAR AND MODULES		£ 40,000,000
B TOTAL			£ 75,000,000
ALL TRAINERS TRAINED TRAINING DESIGN WORD. INFO. SYSTEMS	a. EXTERNAL TRAINING FOR 12 TRAINERS	TRAINERS NEED TO UPDATE THEIR KNOWLEDGE AND SKILLS	£ 300,000,000
	b. LOCAL TRAINING FOR 48 TRAINERS		£ 218,000,000
B TOTAL			£ 618,000,000
MONITORING AND SUPPORT SYSTEMS EST'D	a. REQUEST FOR 1 NISSAN PATROL CROSS COUNTRY VEHICLE WITH ACCESSORIES	REGULAR MONITORING AND SUPPORT IS NECESSARY FOR ENSURING MAINTENANCE OF STANDARDS IN TRAINING	£ 75,000,000
	b. PRINTING OF MONITORING FORMS		£ 4,500,000
B TOTAL			£ 79,500,000
RESOURCE CENTRES SET UP IN 2 TEACHING HOSP.	a. CONSTRUCT RESOURCE CENTRE AT KOMFO ANOKYE	THE 2 TEACHING HOSPITALS HAVE A LARGE WORKFORCE WHO WILL BENEFIT FROM IN-SERVICE TRG.	£ 160,000,000
	b. REFURBISH RESOURCE CENTRE AT KORLE BU		£ 60,000,000
B TOTAL			£ 220,000,000
1 RESOURCE CENTRES PROVIDED WITH STANDARD EQUIPMENT	PROCURE EQUIPMENT FOR 2 CENTRES		£ 70,000,000
B TOTAL			£ 70,000,000

**MINISTRY OF HEALTH
PROPOSAL FOR IN-SERVICE TRAINING**

EXPECTED OUTPUT	ACTIVITY	JUSTIFICATION	COST
VI. EQUIPMENT AND LOGISTICS PROVIDED FOR TRAINING INSTITUTIONS	PROCURE EQUIPMENT AND LOGISTICS FOR INSTITUTIONS	TRAINING INSTITUTIONS THAT ARE EARMARKED TO PROVIDE IN-SERVICE TRAINING IN SPECIFIED AREAS NEED TO BE WELL EQUIPPED	£ 120,000,000
SUB TOTAL			£ 120,000,000
VII. 3 REGIONAL RESOURCE CENTRES REFURBISHED AND EQUIPPED	REFURBISH 3 RESOURCE CENTRES	REGIONS REQUIRE RESOURCE CENTRES TO PROVIDE TRAINING AND SUPPORT TO HEALTH STAFF IN THE DISTRICTS AND SUB DISTRICTS.	£ 180,000,000
	b. PROCURE EQUIPMENT FOR 3 REG.RESOURCE CENTRES		£ 180,000,000
			£ 90,000,000
SUB TOTAL			£ 270,000,000
GRAND-TOTAL			£ 1,360,600,000
DOLLAR EQUIVALENT			USA\$ 931,378

③ 機材供与要望リスト

EQUIPMETN FOR 3 REGIONAL/2 TEACHING HOSPITAL TRAINING CENTRES

- * 5 Electric / Manual Typewriters
- * 5 Desktop Computer & Accessories
- * 5 Printer for Computers, Dot Matrix
- * 5 Duplicating Machines
- * 5 Photocopiers Portable
- * 5 Ring Document Binder
- * 5 Slide Projectors
- * 5 Projection screen
- * 5 Overhead Projectors
- * 5 25" TV (Multi System)
- * 5 Video Deck (Multi system)
- * 5 35mm Camera & Accesories
- * 5 Public address system, Amplifier, Microphone, Loud Speakers, Tape recorders/player.
- * 5 Air Conditioners
- * 5 Sets of Stapler, Punch
- * 5 Paper Guillotine
- * 5 Presentation Easels
- * 5 Video Cameras & Accesories

TEACHING AIDS/RESOURCE MATERIALS

- * 5 Teaching Slides (To be determined)
- * 5 Videos (To be determined)
- * 5 Educational Computer Software (to be determined)
- * 5 Resource Books (List to be prepared)

OFFICE FURNITURE

- * 5 Writing desks and chairs
- * 5 Steel cabinets
- * 5 Sets Book shelves

LIST OF EQUIPMENT

2. Training Institutions / 2 Research Centres

- * 30 Beds } Kintampo Training Schools
- * 30 Mattresses } Research Centre.

- * 4 Electric Manual Typewriters
- * 4 Desktop Computers & Accesories
- * 4 Printer for Computers, Dot Matris
- * Software wordperfect 6.2 for Windows
 - Quatro Pro 6
 - Lotus 1 2 3
 - Dbase 6

DRAFT NOT FOR CITATION

HUMAN RESOURCES DEVELOPMENT DIVISION
MINISTRY OF HEALTH

**POLICY ON
IN-SERVICE TRAINING**

21ST SEPTEMBER, 1965

INTRODUCTION

The mission statement of Government of Ghana is to improve on the health status of all people living in the country regardless of age, sex, origins, ethnic group, religion, political beliefs and affiliations or socio-economic standing. The Ministry of Health(MOH) being the Government Agency responsible for health care delivery and high quality of services has the responsibility of ensuring the attainment of this mission. In this regard, the goal of the Human Resources Development Division of the Ministry is to provide adequate numbers of Health Workers equipped with the appropriate skills to deliver good and quality services. Training is essential for sustaining the quality of Health Workforce.

Thus, the Ministry of Health is concerned with ensuring that all Health Workers at all levels have the relevant competencies for the delivery of health services. Efforts by the Ministry to provide the needed In-Service Training for its work force have not yielded optimum results due to the existing strategies. In-Service Training programmes carried out at National, Regional and district and even at Institutional Levels are on ad hoc basis and also along vertical programme lines. This approach does not foster integration, sustainability, cost effectiveness, equity and quality of training. Rural Health Institutions and Hospital Staff for instance have less opportunities to update and upgrade their knowledge and skills. The Human Resources Development Division(HRDD) of the Ministry considers this approach as inequitable and therefore inappropriate.

The Ministry has decided to evolve a new system that will ensure better coverage, improved access and equitable provision of knowledge and skills to Health Workers at all levels. Whilst the required training and development could be provided at pre-service and/or in-service levels, the emphasis of this policy is on In-Service Training. This emphasis is to promote rapid improvement in quality of services and also, a work environment that is able to nurture new entrants.

2. PURPOSE

The main purpose of this policy is to formalize and institutionalize an In-Service Training system, that is standardised, regular and linked to the roles and responsibilities at each level. It should also be derived from staff performance assessments and be related to career progression and motivation.

3. TARGET GROUP:

The In-Service Training and Continuing Education Programmes are to embrace all Staff of all professional backgrounds and grades at all levels in the Health Sector including the following:-

- i. - Sub District and Community level;
- ii. - The District level including DHMT, and District hospital;
- iii. - Regional level including Regional Health Administration(RHA) and the Regional Hospital etc;
- iv. - National level including Divisions and Teaching Hospitals as well as Training and Research Institutions;

Each level may have Training needs and Staff in the following areas:

- (a). Health Prevention and promotion Skills;
- (b). Curative/Clinical Skills
- (c). Management, Administrative, Logistics and other Support Skills.

4. **POLICY STATEMENT:**

The Broad objective shall be:-

To develop more formalized In-Service and Continuing Education systems that will be linked to the delivery of quality care, staff appraisals, promotions, and career progressions for all Health Workers.

The specific objectives shall be:

- (a) To enhance performance of all workers of all categories and at all levels in the health system;
- (b) To improve and update the knowledge, skills and attitudes of health workers on regular and sustained basis;
- o To create equal opportunity for, and access to In- Service Training for all health workers, regardless of category, grade or place of work;
- (d) To link In-Service Training to continuing education and to develop credit points towards promotion and Career progression; and
- (e) To decentralize Administration and Management of In-Service training.
- (f) To standardize quality and content of In-Service Training across the country inorder to ensure adequate skills and knowledge transfer and comparability of Training Centres.

5. BENEFITS OF THE IN - SERVICE TRAINING POLICY.

In-Service Training Policy shall:

- i. Enhance transparency in the mode of selection of training beneficiaries and help build a bridge of trust between the MOH and employees.
- ii. Ensure opportunity for equal access to training and promotion for all Staff.
- iii. Serve as causal elements in the attraction and retention of staff.
- iv. Ensure and Encourage Training of the "Health Team" together.
- v. Provide a platform for Staff Self-Development and Career Planning.
- vi. Keep MOH focused on its In-Service Training priorities with regard to adequate Planning and Prioritisation of Training needs.
- vii. Promote a decentralized training administration, involving autonomy in the management of training at Regional and District levels. decisive authority over In-Service Training.
- viii. Promotes National level monitoring and evaluation of Training.
- ix. Enhance Staff performances and help MOH realizes its goal of providing health care efficiently and effectively.
- x. Engender a sense of security of tenure since In-Service training programmes will prepare employees for immediate and future tasks of the Health sector.

6. PROVISION OF IN - SERVICE TRAINING:

In -Service Training shall be provided for all Cadres of Staff in all disciplines and at all operational levels in the Health Sector where and when necessary, and in accordance with schemes of service or Job Training recommendations for their class.

- i. Orientation Courses: For new Entrants into the Health Sector, it shall be mandatory for all Officers regardless of grade, status or professional affiliations to have orientation in their specific areas of practice including exposure to existing Schemes of Service, administrative procedures and practices, and code of conduct.

This training shall be offered to the Officers within the first three months of joining the service.

- ii. Functional Core Training in the Officers` Class and appropriate to post requirements:- This training shall be held for the Officer within the first Six(6) Months of joining the service.
- iii. Technical and Management Skills:- In this regard, every Health Staff, depending on grade and level of operation and job responsibilities shall have training in appropriate mix of Technical and Management Skills at least Once Every Three Years.

Training shall be organised or arranged for serving Officers as a means of updating and bridging gap in knowledge, skills and competencies for performing assigned jobs and responsibilities.

- iv. Reward and Motivational Courses:- In appreciation of outstanding performances and commitment to duty, especially in difficult and unpopular locations, training opportunities geared towards enhancement of the beneficiaries skills and competencies shall be arranged as a reward and motivation for Staff.
- v. Training For Promotion:- In - Service Training shall be provided for all Staff who will be promoted to take higher responsibilities if it is found out that the Staff needs extra skills for performance of assigned responsibilities. The training mix shall depend on the level of responsibility and competencies required for the job assigned.

Such a training shall be provided before or within the first six months of assumption of duty.

7. STRATEGIC OPTIONS:

As much as possible In - Service Training Programmes shall be provided locally for all Cadres and grades of Staff at all levels of the Health Care delivery system. Where adequate or appropriate facilities are not available for the training or attachment required, external training shall be provided for the Staff concerned.

There shall be two(2) levels of Training namely:

- Local Institution based ad hoc Training which will be based on training needs as identified through routine monitoring and supervision at the Workplace.
- Structured In-Service Training which shall be based on National

Curricular as well as results of Staff Appraisals and Job Descriptions.

a. **Locally Run Programmes:**

In-Service Local Training programmes shall be provided through a range of options. These are:

I. **Regional Training Centres.**

- ii. **Structured:- Courses in Higher Institutions:** Courses in specific disciplines shall be arranged and provided for various Cadres and levels of Staff at the existing local Institutions of Higher Learning like the Universities, Ghana Institute of Management and Public administration(GIMPA) and Management Development and Productivity Institute(MDPI) as well as existing Health Institutions, Health Research Stations, the Rural Health Training Centre etc.
- iii. **Adhoc "Responsive" Training:-** There shall also be ad hoc workshops aimed at very specific locally determined needs at the Region, District, Sub District and institutional levels.

In order to ensure uniformity in course content and in quality of training there shall be an in - built monitoring system to ensure comparability of knowledge, competencies and skills acquired at different Training Centres(mainly for Structured Training designed by HRDD).

- iii. **External and Internal Attachments and Study Tours:-** Where a great deal of practical input is required in the training, job rotation or attachments in areas other than the beneficiaries work schedule or place of work, as the case may be, shall be provided.

Study Tours shall be provided for officers whose training requirements include observing work performances of other Staff who are on related schedules but are at different geographic locations.

b. **External(Overseas) Structured Training Courses:**

Overseas Courses shall be complementary to internal training. The following are some of the areas where overseas training shall be considered:

- i. **Critical courses that are not available locally;**
- ii. **Upgrading courses in selected areas for Training of Trainers where facilities for doing so is not available locally;**

- iii. Highly Specialized Fields which do not require many people to be trained in and for which internal training facilities are not adequate or available; and
 - iv. Programme or project - specific courses where there is need for exposure to technologies, methodologies, and techniques that do not exist locally.
- c. Self Development: Serving Officers of good disciplinary and performance standing who on their own arrange and participate in courses which are relevant to the enhancement of their Career in the Health Sector, and of benefit to the Health Services, without any financial commitment to the Sector shall be granted Leave with Pay. Award of Credit Points for such Staff shall however be judged on individual merits. The most advantaged Staff might not necessarily gain Credit Points.

8. CLASSIFICATION OF IN-SERVICE TRAINING:

In-Service training of the Ministry of Health shall take various forms.

8.ii. Nature of In-Service Training:

a. Induction/Orientation Courses.

The Ministry of Health shall ensure that induction/orientation courses are instituted for:

- All new entrants into the service, whether trained in-country or abroad;
- Before any serving Officer takes up a new appointment which deviates from his/her basic profession or routine functions;
- Newly promoted serving Officers.

b. Technical Including Preventive, Promotive and Clinical Courses:

The bulk of the Staff of the Ministry of Health are Technical Personnel and need continuous In-Service training to improve on their skills and performance as well as to be abreast with modern trends.

The Ministry of Health shall therefore make In-Service Training available to all technical Personnel irrespective of their specialties, grades and geographical areas of operation.

c. Management And Administrative Course:

This shall be classified and conducted to suit position, need and requirement. All personnel whose duty postings need managerial skills shall go through Management courses required for the post and shall continuously be updated with current information crucial for discharging their duties more efficiently.

General Management:

All personnel working outside the hospital/health centre institutions shall be offered the opportunity to acquire management skills through attending General Management Courses.

Hospital Management:

Health Personnel in Management positions shall be offered these courses.

The Management courses to be offered include:

- Human Resources Management;
- General Administration;
- Management Information System;
- Financial Management;
- Equipment Management.
- Logistics/Supplies Management.
- Computer Use;
- Team Work;
- Quality of Care Management;
- Communication and Leadership Skills.

d. Specialized Attachment Courses:

This shall be provided either at Local or External Locations or Teaching Hospitals, as the case may be.

Personnel in the Ministry of Health whose work need highly specialized skills and whose training programmes are not available in-country may be sent to countries outside Ghana where such courses are available.

The full cost of the courses when approved may be funded by the Government of Ghana through the Ministry of Health or Donor Agencies who are interested in the programme concerned.

The Training shall be phased for all levels of service delivery in terms of seniority and recommendations from Superior Officers.

8.2. Funding:

In-Service training programmes may be funded with funds from Government of Ghana, Donor Agencies, hospital fees and other revenue sources. The Private Sector may participate in MOH In-Service Training Programme if so wished for an appropriate fee.

a. Government of Ghana(GOG) Funding:

In-Service training funds shall be decentralized at the National, Regional, District and Sub District Levels.

- At the National Level, all funds meant for In-Service Training in all divisions for Staff based at Headquarters shall be decentralised to the Divisions and be disbursed and accounted for through the Divisional Director.
- At the Regional level it shall be channeled through the Regional Director of Health Services(RDHS) and shall be disbursed and accounted for by the Regional Training Units(RTU) through the RDHS..
- At the District Level, funds will be channeled through the District Director of Health Services(DDHS), and disbursed and accounted for through the District Health Management Teams(DHMTs)'s Training Coordinators.

DONOR FUNDING:

Funds from Donors shall be coordinated by the External Aid Coordinator at the National level. Funds shall be channeled through the Director-HRDD to the Training Units at the National, Regional and District Levels. All funds released for training shall be disbursed and accounted for by the Training Units at all levels through the Divisional Director, Regional Director of Health Services(RDHS)/Chief Administrator or the District Director of Health services(DDHS).

As much as possible all external assistance for In-Service Training shall be used for the priority training needs of the Ministry of Health and channeled to the Structured In-Service Training System.

9. CONDITIONS OF THE IN-SERVICE TRAINING:

Accumulated Credit Points awarded for participation in the appropriate mix of In - Service Training Programmes shall be deemed prerequisites for progression and promotion and for assigning responsibilities within the Health Sector(see appendix i).

All Staff at all levels and at all locations shall be adequately informed about the schedules and availability of all appropriate courses on which they may be required to participate at appropriate time.

All serving officers shall be entitled to participate in course(s) they are eligible for that are conducted locally or externally, as the case may be, but must satisfy part or all of the under listed criteria and requirements for selection:-

- (a) Officer must satisfy the requirements for the In-Service Training as stipulated in the Provisions of In-Service Training(see pg. 3).
- (b) Officer must be duly nominated by his/her immediate superior Officer;
- (c) Nomination must be approved by the Regional Fellowship/Award Committee;
- (d) Candidates must possess the requisite qualification(s);
- (e) Course must be relevant and related to the job of the nominee;
- (f) Candidate must pass selection interview at the MOH, especially with regard to external courses;

With regard to local on-the-job courses, the selection shall only be endorsed by the immediate Superior Officer.

When deciding on the nomination and selection, consideration shall first be given to Officers whose job includes providing services that are directly related to the training being offered eg. Safe-Motherhood orientation-with Nurses and Midwives directly involved, Clinicians involved in the management of diarrhoea in small hospitals and health centres etc.

10. RESPONSIBILITIES FOR IN-SERVICE TRAINING:

National

The key responsibility of the National Level shall be:-

- formulation and updating of policy guidelines in consonance with National priorities;
- setting performance norms and standards for design, content, implementation and assessment of Structured In-Service Training Courses for each Cadre type at each level in the Health Services;
- arranging courses in specific disciplines in local and external Institutions of Higher Learning;
- providing training of trainers course(s) for the Ministry's accredited trainers;
- accreditation and selection for external in-Service training courses;
- monitoring and ensuring provision of adequate resources for In-Service Training in Regions and Institutions.
- certification of Staff who participate in relevant In-Service Training and setting up of the Credit Point System.
- accreditation of local short courses;
- establishing and maintaining up to date In-Service Information System at all levels to provide information on Courses, eligibility and other relevant information that shall be required for the efficient implementation, monitoring and periodic evaluation of the Programme.

The National level shall reserve the right to evoke the necessary sanctions against any Region or Institutions that will default, withhold or delay in submission of up to date and accurate information on In-

Service Training activities. In the same vein, Regions and Institutions that will excell in reporting on their training activities over a considerable period of time shall be provided appropriate reward.

Regional Level/ Teaching Hospital:

Regional Directors of Health Services(RDHS) or in the case of Teaching Hospitals, Chief Administrators shall be responsible for:

- I. planning;
- ii. organizing;
- iii. coordinating;
- iv. budgetting for training programmes.

Planning:

The RDHS(or Chief Administrator) in consultation with the Regional Health Management Team(RHMT)/ Hospital Management Team shall:

- set up and equip a Training/Resource Centre where Local Regional/Teaching Hospital In-Service Training shall be held;
- prepare In-Service Training Plan;
- determine the content of the Course, or in the case of Structured Training identify and ensure that prepared manuals are ready for use;
- select Candidates for both Locally run and external Courses;
- set up and maintain an up to date Training Information System; and
- set up a pool of Regional Resource Persons.

Organizing:

- look for Resource Persons, especially where external Support to a Region may be required;
- ensure that all necessary materials required for the training are available at the appropriate time and in the right quantities;
- Supervise/Monitor all Training programme organized at both Regional, Institutional and District Levels.

- provide needed support to institutions and Districts within the region in the organization of local In-Service Training.
- report quarterly on all Training activities conducted in the Region to HRDD through the the Centre For Health Information Management(CHIM);

Coordination:

- coordinate all In-Service Training programmes that shall be organized by the RHMT, DHMTs and Institutions in the Regions;
- link Resource Persons from the Regional Pool to Districts and Institution;
- provide information(including eligibility) on all Structured In-Service Training/and attachments that may be organized at the National Level to prospective Candidates at Regional, District and Institutional Levels.

Budgetting:

- Prepare estimates for Locally Run In-Service Training programmes at Regional Training Centres, attachments and for Structured Courses in Higher Institutions);
- release funds for In-Service Training at Regional Centres/ attachment and for payment of fees of Candidates that may be sponsored for Structured Courses in Higher Institutions from the Region;

THE DISTRICT LEVEL.

Responsibilities at this level shall be:

- I. planning;
- ii. organizing;
- iii. implementation of In-Service Training plans; and
- iv. budgetting for training programmes.

Planning:

In collaboration with the DHMT, the Training Coordinator shall find an

appropriate venue for the In-Service Training. Other responsibilities shall include:

- selecting the Candidates;
- determining the content of the course, or in the case of structured training identifying and making ready prepared manual for use.
- prepare budget and pass it through the appropriate process(s) for approval and release of funds for the training.

Organizing:

- Look for resource persons.
- schedule the programme and ensure the availability of all necessary items.
- ensure that the programme is implemented in an orderly manner.
- report on activities conducted.
- * ad hoc Training may however be organized in response to local needs.

General Rules:

The following general rules shall apply in all cases at Regional, Institutions and District Levels:

- i. Local Courses:-
 - candidates shall be nominated by the immediate Supervisor;
 - approval for participation shall be the prerogative of the Regional Director or the Head of the Institution in the case of Teaching Hospitals or their representatives.
 - where such a course is structured and candidates are to be selected from a particular occupational group, level of operation, position or class, or course geared towards upgrading or assumption of higher responsibility, the nomination shall be made by the immediate Supervisor of the Candidate. This shall be endorsed by the Head of Institution, or in the case of Districts, by the District Director of Health Services, and the final approval by the Regional Director, or in the Teaching Hospitals, by the Chief Administrator.

- Selection shall be made such that service delivery is not **excessively** affected.

ii. **External Courses:-**

- The same process as for local courses shall apply. In addition the National Fellowships Award Committee shall review applications for and available scheduled awards, as well as the list of individuals nominated and shall allocate awards accordingly.

APPENDIX:

STRUCTURED IN-SERVICE TRAINING. THE ACCUMULATED CREDIT POINTS SYSTEM.

Background/Rationale: The current attempt at developing and institutionalising Structured In-Service Training that will be linked to promotions and job assignments requires the development of a Point Unification System. In a sector with such diverse and multiple professional groupings such as Health, whilst some professional groupings have frequent access to In-Service Training, others can best be described as the "neglected species". The latter category include some staff who have not had any In-Service Training at all after their basic training some twenty years ago. Also, as with access to In-Service Training, some professional groupings have a better organised and a streamlined system of promotion, others however, remain on the same grade for a very long time without any opportunity for promotion.

This Credit Point System is aimed at ensuring that Staff from any of the professional groupings who participate in any Structured In-Service Training related to their job assignments and who:

- i. Satisfy the requirements for the In-Service Training as stipulated in the provisions of In-Service Training (see In-Service Training Policy Document pg 3);
- ii. Was duly nominated by their immediate Superior Officer to participate in the In-Service Training; and/or
- iii. Possess the requisite qualification(s) for the In-Service Training he/she participated in, shall be awarded the necessary Credit Points.

The Points thus accumulated from participation in the requisite number of Structured In-Service Training, within the bearest minimum period, and as shall be spelt out in the Scheme of Service shall be deemed qualified for promotion to the next grade.

Credit Points:

There shall be a stipulated minimum period between promotion from one Grade to the other for various Professional groups. During the stipulated period, Staff in various Professional groups shall be expected to participate in a number of In-Service Training Sessions. The requisite In-Service Training for each Professional group and for each level of service delivery shall be as stated in the In-Service Training Plan.

Points shall be credited to Staff who participate in In-Service Training sessions that are relevant for their job assignments and progression from one Grade to the Other. Credit Points may be devided over a number of modular training sessions of a minimum of thirty contact hrs per session. The following points shall be Credited for these number of training contact hours:

- | | |
|---|------------|
| 1. Thirty Training Contact Hours | 1.0 point |
| 2. Sixty Training Contact Hours | 2.0 points |
| 3. One Hundred and Twenty Contact Hours | 4.0 points |

and so on.

The appropriate mix of In-Service Training for each professional group, and the maximum Credit Point required for promotion from one Grade to the other shall be used to determine eligibility for credit and award of promotions.

Records Keeping In The Credit Point System:

The Credit Point System will require up to date and accurate Record Keeping at all levels.

i. All Training Centres and Institutions that will be organising In-Service Training shall be required to report on their Training activities, including the number of contact hours, list of participants and their backgrounds every quarter to the Director - Human Resources Development Division, Ministry of Health, Headquarters, Accra.

ii. There shall be maintained, up to date Data Base on Structured In-Service Training carried out in all Training Centres and accredited Institutions at the HRDD Headquarters. This Data Base shall include up to date and accurate information on various Training Programmes, names and background of participants.

iii. HRDD shall feedback Regional Health Administrations/Teaching Hospitals information on Points earned by Staff who participate in centrally organised courses. Regions/Teaching Hospital shall in turn add such Points earned on to the records of the Staff concerned.

iv. Where a training programme is arranged for a Staff externally by the RHA/Teaching hospital, Points earned from such training shall be communicated to HRDD Headquarters as soon as Candidate returns from training.

In addition, Training Centres shall be required to maintain up to date Data Base of all training activities. This shall, include points awarded to participants, and also, cumulative points of all Staff who shall participate in the various Structured In-Service Training activities in their respective Centres.

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