

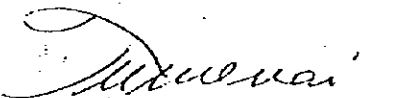
③ 暫定実施計画書 (T S I)

TENTATIVE SCHEDULE OF IMPLEMENTATION  
OF  
THE PROJECT FOR  
THE IMPROVEMENT OF THE MATERNAL AND CHILD HEALTH  
IN-SERVICE TRAINING SYSTEM AND PROGRAM  
IN THE REPUBLIC OF GHANA

The Japanese Implementation Study Team (hereinafter referred to as the "Team") and the Ghanaian authorities concerned have jointly formulated the Tentative Schedule of Implementation of the Project as annexed hereto.

This has been formulated in line with the Attached Document of the Record of Discussions signed between the Team and the Ghanaian authorities concerned for the Project for the Improvement of the Maternal and Child Health In-Service Training System and Program in the Republic of Ghana on condition that the necessary budget will be allocated for implementation of the Project, although it is subject to change within the framework of the Record of Discussions whenever the necessity arises in the course of implementation.

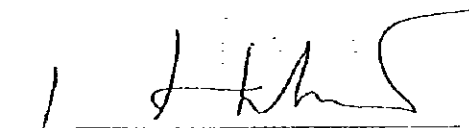
Accra, January 22nd, 1997



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



Dr. Eunice Brookman-Amisshah  
Minister of Health  
Republic of Ghana



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

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Tentative Schedule of Implementation  
for the Project for the Improvement of the Maternal and Child Health In-Service Training System and Program in the Republic of Ghana

	J.F.Y. 1997	J.F.Y. 1998	J.F.Y. 1999	J.F.Y. 2000	J.F.Y. 2001	J.F.Y. 2002
	6 7 8 9 10 11 12 1 2 3	4 5 6 7 8 9 10 11 12 1 2 3	4 5 6 7 8 9 10 11 12 1 2 3	4 5 6 7 8 9 10 11 12 1 2 3	4 5 6 7 8 9 10 11 12 1 2 3	4 5
<b>1. Project Activities</b>						
(1) To review and examine the present national in-service training program	.....	.....	.....	.....	.....	.....
(2) To research the training needs of health personnel in region, district and sub-district levels	.....	.....	.....	.....	.....	.....
(3) To design a detailed strategic plan of the in-service training program	.....	.....	.....	.....	.....	.....
(4) To develop and standardize the basic curriculum of the IST program (especially for MCH)	.....	.....	.....	.....	.....	.....
(5) To develop the skills of IST trainers in region, district and sub-district levels	.....	.....	.....	.....	.....	.....
(6) To develop and evaluate the in-service training activities	.....	.....	.....	.....	.....	.....
<b>2. Japanese Experts</b>						
Team leader						
Coordinator						
MCH / FP						
Public Health etc.						
	Long-term: 4 experts Short-term:	Long-term: 4 experts Short-term:	Long-term: 4 experts Short-term:	Long-term: 4 experts Short-term:	Long-term: 4 experts Short-term:	Long-term: 4 experts Short-term:
<b>3. Training C/P in Japan</b>						
MCH / FP	2-3 persons	2-3 persons	2-3 persons	2-3 persons	2-3 persons	
Public Health						
Technical/Engineering etc.						
<b>4. Equipment</b>						
MCH and Other						
Training Equipment for Medical and Health Services						
Computers						
Office Equipment						
Audio-Visual equipment						
<b>5. Missions from Japan</b>						
Consultation Team			Advisory Team		Evaluation Team	
<b>6. Local Cost Support</b>						
Facilities Refurbishing						
<b>7. Remarks</b>						

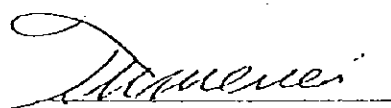
④ ミニッツ

Note for the Record between the Implementation Study  
Team of Japan International Cooperation Agency  
and the Ministry of Health  
of the Government of Republic of Ghana  
on the Project for the Improvement of the Maternal and  
Child Health In-Service Training System and Program  
in the Republic of Ghana

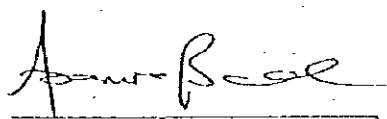
Japanese Implementation Study Team (hereinafter referred to as the "Team") organized by Japan International Cooperation Agency and headed by Professor Takusei Umenai, visited the Republic of Ghana from January 16th to January 22nd 1997, for the purpose of working out the details of the technical cooperation program concerning the Project for the improvement of Maternal and Child Health In-Service Training System and Program in the Republic of Ghana (hereinafter referred to as the "Project").

During its stay in the Republic of Ghana, discussions were made twice on 17th and 20th Jan 1997 with the attendance of Drs. Ken Sagoe, A. Asamoah Baah, Awudu Tinorgah, E.N. Mensah, H. Odoi Agyarko, Mr. J.A.Adu, and Drs. T. Umenai, Y. Sakakihara, Mr. A. Nishimoto, S. Tomonari, and the following points were agreed upon.

Accra Jan 22nd, 1997



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



Dr. A. Asamoah Baah  
Director  
Policy Planning, Monitoring and  
Evaluation Division  
Ministry of Health  
Republic of Ghana

### (1) Priority areas of the Project

The priority areas of the Project were agreed as the following:

- a. Management in general such as planning, implementation, monitoring and evaluation
- b. Preventive and clinical service particularly in reproductive health, MCH and public health
- c. Repair and preventive maintenance of equipment
- d. District and community financing including management of cash and carry system of essential drugs

### (2) Mechanism of decision-making in the Project

In order to facilitate the efficiency of the implementation of the Project in the Republic of Ghana, it has been agreed that decisions concerning the implementation of the Project will be made by consultation and agreement of both Team Leader of Japanese experts and Chief of the Project (Director of Human Resource Development Division of the Ministry of Health of Ghana).

### (3) Working space for Japanese experts

It has been agreed that working space will be provided in the Ministry of Health in accordance with the agreement on the Record of Discussions (II-4 "Special measures for the physical infrastructure"). However, in case that such provision would not be fulfilled by the time of dispatching Japanese experts, the government of Ghana should provide temporary working space within the Ministry of Health until the space will be available.

### (4) Composition of the Project team

Although the Ghanaian counterparts are not specified in the Record of Discussions, it has been agreed that Heads of Maternal and Health Care, Disease Control, and Training Units as well as the Deputy Director of Human Resource Development Division of the Ministry of Health shall be appointed as the Ghanaian counterparts along with the Director of Human Resource Development Division as the Chief of the Project.

Japanese counterparts are composed of Team Leader, coordinator, and experts in the field of MCH/FP and public health.

It has also been agreed that the specific experts from Japan will be placed in the appropriate sections in the Ministry of Health of Ghana.

### (5) Submission of Official Requests

- a) Official Request (A1 Form) of long-term experts in 1997 shall be submitted by the

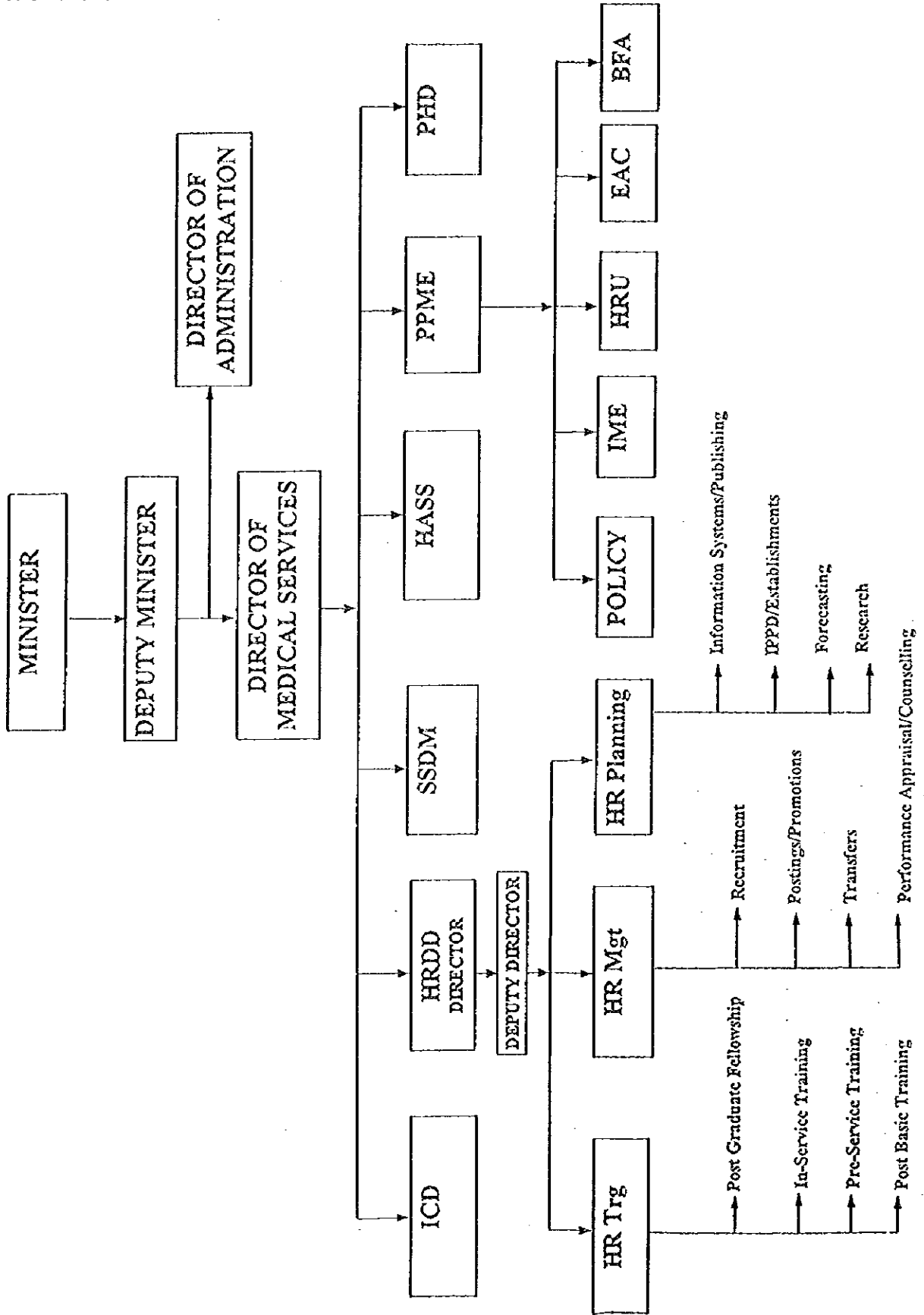
end of March, 1997.

b) Official Request (A2-3 Form) of counterpart training in 1997 shall be submitted at least two months prior to the beginning of training.

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ORGANOGRAM - MINISTRY OF HEALTH, GHANA

⑤ 保健省組織図



⑥ 保健省人材養成局スタッフリスト

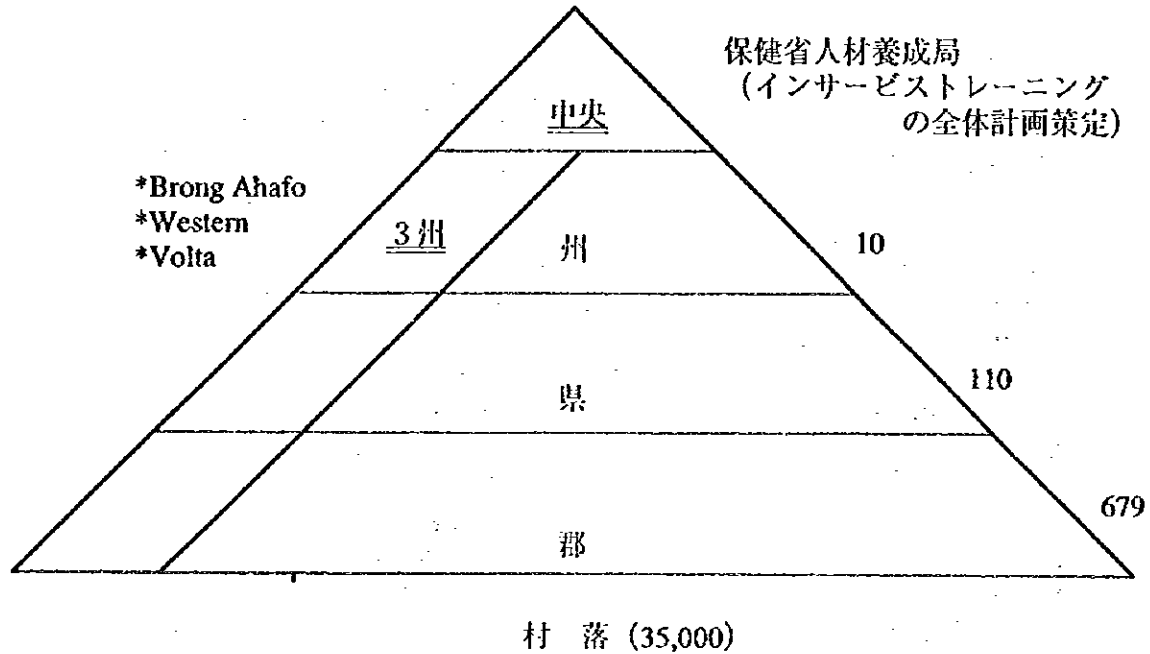
**MINISTRY OF HEALTH**  
**HUMAN RESOURCES DEVELOPMENT DIVISION**  
**STAFF LIST**

<b><u>NAME</u></b>	<b><u>FUNCTION</u></b>
1. DR. DELANYO DOVLO	DIRECTOR
2. DR. KEN SAGOE	DEPUTY DIRECTOR
3. POLLUX G. DZOKOTOE	SENIOR PERSONNEL OFFICER
4. MICHAEL LAMPTEY	SENIOR EXECUTIVE OFFICER
5. JULIANA BRIANDT	SENIOR TYPIST
6. CHRISTIANA OSAH	TYPIST GD II
7. MRS JULIANA OWUSU	HEAD HR PLANNING
8. CHARLES ACQUAH	HR PLANNING OFFICER
9. STEPHEN N. DARKO	HR INFORMATION OFFICER
10. EKUI DOVLO	HR INFORMATION OFFICER
11. VICTOR EKEY	HR INFORMATION OFFICER (STUDY LEAVE)
12. MATHIAS APEN	HEAD HR MANAGEMENT
13. EMMA AKWETTEH	HR MANAGER
14. SUSAN OPOKU	HR MANAGER
15. ERIC OWUSU	HR MANAGER (STUDY LEAVE)
16. SAID AL-HUSSEIN	HEAD TRAINING
17. SIMON KOKU	INSERVICE TRAINING CO-ORDINATOR
18. MRS. MAY OSAE-ADDAE	INSERVICE TRN. CO-ORDINATOR (STUDY LEAVE)
19. SETH ACQUAH	FELLOWSHIP/POSTGRADUATE TRAINING CO-ORDINATOR
20. MRS. BENNEDICTA ANTWI	RECRUITMENT OFFICER

⑦ プロジェクト概念図

プロジェクト概念図(1)

ガーナ母子保健医療サービス向上計画概念図



目標：  
適切な計画に基づく保健医療従事者の訓練範囲の拡大により、  
保健医療従事者にかかる再訓練制度（インサービストレーニング）  
の構築・強化（特に母子保健）を図る。

- 成果：
- 1)ガーナにおいて適切なインサービストレーニングが開発される
  - 2)すべてのレベルでインサービストレーニングの計画、実施、  
評価体制が確立される
  - 3)すべてのレベルでインサービストレーニングを通じて保健医  
療従事者の能力が強化される



# ガーナ母子保健医療サービス向上計画 インサートレニニング概念図

保健従事者	公衆衛生	臨床医学	母子保健	運営管理	その他
1. 村落レベル Community Level (* 町村-35,000)	対象者 : 町村衛生委員会 (公衆衛生担当者) 実施主体 : 郡保健局 場所 : 郡研修センター 評価主体 : 県保健局	対象者 : 医療補助者、薬草 療法師、村落看護婦 実施主体 : 郡保健局 場所 : 郡研修センター 評価主体 : 県保健局	対象者 : 伝統的産婆、村落 看護婦、保健要員 実施主体 : 郡保健局 場所 : 郡研修センター 評価主体 : 県保健局	対象者 : 町村衛生委員会 (保健指導者) 実施主体 : 郡保健局 場所 : 郡研修センター 評価主体 : 県保健局	
2. 郡レベル Sub-District Level (* 郡-679)	対象者 : 郡保健局 (公衆衛生看護婦、村落看 護婦、疾病予防・栄養担当 者) 実施主体 : 県保健局 場所 : 県研修センター 評価主体 : 州保健局	対象者 : 郡病院、診療所 (医療補助者、臨床看護婦) 実施主体 : 県保健局 場所 : 県研修センター 評価主体 : 州保健局	対象者 : 郡病院、診療所 (助産婦) 実施主体 : 県保健局 場所 : 県研修センター 評価主体 : 州保健局	対象者 : 郡保健局管理者 実施主体 : 県保健局 場所 : 県研修センター 評価主体 : 州保健局	
3. 県レベル District Level (* 県-110)	対象者 : 県保健局 (看護婦、疾病予防・栄養 担当者、公衆衛生専門家) 実施主体 : 州保健局 場所 : 州研修センター 評価主体 : 国家保健サービス	対象者 : 県病院、診療所 (医師、看護婦、検査技師、 薬剤師、栄養士) 実施主体 : 州保健局 場所 : 州研修センター 評価主体 : 国家保健サービス	対象者 : 県病院、診療所 (助産婦) 実施主体 : 州保健局 場所 : 州研修センター 評価主体 : 国家保健サービス	対象者 : 県保健局管理者 実施主体 : 州保健局 場所 : 州研修センター 評価主体 : 国家保健サービス	
4. 州レベル Regional Level (* 州-10)	対象者 : 州保健局 (看護婦、疾病予防・栄養 担当者、公衆衛生専門家) 実施主体 : 教育病院 場所 : 教育病院研修所 評価主体 : 国家保健サービス	対象者 : 州病院 医師、看護婦、検査技師、 薬剤師、栄養士 実施主体 : 教育病院 場所 : 教育病院研修所 評価主体 : 国家保健サービス	対象者 : 州病院 (助産婦) 実施主体 : 教育病院 場所 : 教育病院研修所 評価主体 : 国家保健サービス	対象者 : 州保健局管理者 実施主体 : 教育病院 場所 : 教育病院研修所 評価主体 : 国家保健サービス	
5. 国家レベル National Level	対象者 : 国家保健サービス (公衆衛生担当者) 実施主体 : 保健省 場所 : 保健省 評価主体 : 保健省	対象者 : 教育病院 (医師、看護婦、検査技師) 実施主体 : 教育病院 場所 : 教育病院研修所 評価主体 : 国家保健サービス	対象者 : 国家保健サービス (母子保健担当者) 実施主体 : 保健省 場所 : 保健省 評価主体 : 保健省	対象者 : 国家保健サービス (管理者) 実施主体 : 保健省 場所 : 保健省 評価主体 : 保健省	公衆衛生研究所 国立薬草研究所 野口記念医学研究所 その他研究機関等 における研修

**Ghana Health Service and Teaching Hospitals  
Act, 1996**

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Act 525

ARRANGEMENT OF SECTIONS

PART I—ESTABLISHMENT OF THE GHANA HEALTH SERVICE

SUB-PART I—THE SERVICE AT THE NATIONAL LEVEL

*Section*

1. Establishment of the Ghana Health Service
2. Membership of the Service
3. Objects and functions of the Service
4. Governing body of the Service
5. Functions of the Council
6. Tenure of office of members of the Council
7. Meetings of the Council
8. Allowances for members
9. Committee of the Council
10. Divisions of the Service at the national level
11. Director-General and his functions
12. Deputy Director-General
13. Directors of the Divisions
14. Appointment of other staff of the Service
15. Secretary to the Council
16. Delegation of power of appointment
17. Minister to give directives

SUB-PART II—THE SERVICE AT THE REGIONAL LEVEL

18. Regional Health Committees and members
19. Functions of a Regional Health Committee
20. Regional Director of Health Services
21. Functions of a Regional Director
22. Divisions at regional level

SUB-PART III—THE SERVICE AT THE DISTRICT LEVEL

23. District Health Committees
24. Functions of a District Health Committee
25. District Director of Health Services
26. Functions of a District Director
27. Divisions at the district level
28. Subdistricts

**SUB-PART IV—INTERNAL MANAGEMENT OF  
HOSPITALS IN THE SERVICE**

29. Medical Superintendent of hospitals in the Service
30. Hospital Administrators
31. Hospital House Management Committees
32. Health Station Management Committees

**PART II---TEACHING HOSPITALS**

33. Teaching Hospitals Boards continued in existence
34. Other Teaching Hospitals
35. Object and functions of a Teaching Hospital
36. Limitations on functions of a Teaching Hospital Board
37. Membership of a Teaching Hospital Board
38. Meeting of a Teaching Hospital Board
39. Chief Administrator of a Teaching Hospital
40. Secretary of a Teaching Hospital Board
41. Other staff of a Teaching Hospital Board
42. Committees of a Teaching Hospital Board
43. Functions of Finance Committee of a Teaching Hospital Board
44. Functions of a Technical and Planning Committee of a Teaching Hospital Board
45. Functions of a Staff Development and Disciplinary Committee of a Teaching Hospital Board.
46. Disciplinary Committee of a Teaching Hospital
47. House Committee of a Teaching Hospital
48. Functions of the House Committee of a Teaching Hospital

**PART III --FINANCIAL AND MISCELLANEOUS PROVISIONS**

49. Funds of the Service and a Teaching Hospital
50. Annual estimates
51. Accounts and audits
52. Internal auditors
53. Annual report and other reports
54. Regulations
55. Scope of the Service
56. Transfer of assets and liabilities
57. Interpretation
58. Repeal



THE FIVE HUNDRED AND TWENTY-FIFTH

**ACT**

OF THE PARLIAMENT OF THE REPUBLIC  
OF GHANA

ENTITLED

**THE GHANA HEALTH SERVICE AND TEACHING  
HOSPITALS ACT, 1996**

AN ACT to establish the Ghana Health Service, to provide for related matters including its functions and membership; to provide for the administration and management of institutions in the Health service including state-owned hospitals and health stations; to continue the existence and operation of Teaching Hospitals and to provide for matters related to the foregoing.

DATE OF ASSENT: *30th December, 1996*

BE IT ENACTED by Parliament as follows—

**PART I—ESTABLISHMENT OF THE GHANA HEALTH SERVICE**

*Sub-Part I—The Service at the National Level*

1. There is established by this Act the Ghana Health Service referred to in this Act as “the Service”.

Establishment of Ghana Health Service.

2. The Service shall comprise the following members—

Membership of the Service.

(a) the health personnel in the employment of the Ministry of Health immediately before the coming into force of this Act;

Objects and  
functions of  
the Service.

- (b) any public officer other than health personnel employed in the Ministry of Health immediately before the coming into force of this Act who may be seconded or transferred to the Service;
  - (c) any public officer who may be transferred to the Service; and
  - (d) any other person who may be employed for the Service.
3. (1) The objects of the Service are to --
- (a) implement approved national policies for health delivery in the country;
  - (b) increase access to improved health services; and
  - (c) manage prudently resources available for provision of health services.
- (2) For the purpose of achieving its objects, the Service shall perform the following functions--
- (a) ensure access to health services at the community, sub-district, district and regional levels by providing health services or contracting out service provision to other recognised health care providers;
  - (b) set technical guidelines to achieve policy standards set by the Ministry;
  - (c) plan, organise and administer comprehensive health services with special emphasis on primary health care;
  - (d) develop mechanisms for the equitable distribution of health facilities in rural and urban districts;
  - (e) manage and administer health institutions within the Service;
  - (f) contract with teaching hospitals for the treatment of referred patients;
  - (g) promote health, mode of healthy living and good health habits by people;
  - (h) establish effective mechanisms for disease surveillance, disease prevention and control;
  - (i) promote the efficiency and advancement of health workers through in-service and continuing education;
  - (j) manage the assets and properties of the Service to ensure the most effective use of them;
  - (k) determine, with the approval of the Minister charges for health services rendered by the Service;
  - (l) perform any other function that is relevant to the promotion, protection and restoration of health.

4. (1) The governing body of the Service shall be known as the Ghana Health Service Council referred to in this Act as “the Council”. Governing body of the Service.

(2) The Council shall consist of—

- (a) a chairman who shall be a person with considerable experience in management and administration but who shall not be a Minister or a Deputy Minister;
- (b) the Director-General of the Service appointed under section 11 of this Act;
- (c) a representative of the Ministry of Health;
- (d) a representative of the Ministry of Finance;
- (e) a representative of the Ministry of Education;
- (f) a representative of the Ministry of Local Government and Rural Development;
- (g) a representative of the Health Workers Union of the T.U.C.; and
- (h) five other persons who by their knowledge and experience can contribute to the work of the Council, at least two of whom shall be women.

(3) The Chairman and the other members of the Council shall be appointed by the President in consultation with the Council of State.

5. The Council shall have general control of the management of the Service and shall— Functions.

- (a) ensure the implementation of the functions of the Service;
- (b) submit to the Minister recommendations for health care delivery policies and programmes;
- (c) promote collaboration between the Ministry of Health, the Teaching Hospitals and the Service;
- (d) advise the Minister on the qualification for posts in the Service; and
- (e) advise the Minister on such other matters as the Minister may request.

6. (1) A member of the Council other than an *ex-officio* member shall hold office for four years and shall on the expiration of that period be eligible for re-appointment for one further term only. Tenure of office of members of the Council.

(2) Any member of the Council other than an *ex-officio* member may resign his office in writing addressed to the President through the Minister.

(3) A member may be removed by the President in consultation with the Council of State.

(4) Where the office of a member of the Council other than an *ex-officio* member becomes vacant before the expiration of his term of office or by his death, the Minister shall notify the President of the occurrence of the event and the President shall, acting in consultation with the Council of State appoint another person in his place to hold office for the unexpired period of his term of office.

(5) Where it appears to the President on the recommendations of the Minister that any member of the Council is incapacitated by absence from Ghana or illness or any other sufficient cause from performing the duties of his office the President shall appoint another person to hold office in his place until such time as the President is satisfied that the incapacity of that person has terminated or until the term of the member expires whichever first occurs.

(6) A member of the Council who is absent from three consecutive meetings of the Council without sufficient cause shall cease to be a member.

Meetings of  
the Council.

7. (1) The Council shall meet for the despatch of business at such times and at such places as the Chairman may determine but shall meet at least once every two months.

(2) The Chairman shall upon written request of not less than four members of the Council including at least two persons appointed under section 4 (2) (b) convene a special meeting of the Council.

(3) The quorum at a meeting of the Council shall consist of five members and shall include the Director-General or the person acting in that capacity.

(4) Every meeting of the Council shall be presided over by the Chairman and in his absence by a member of the Council elected by members present from among their number.

(5) Questions before the Council shall be decided by a simple majority of members present and voting and in the event of equality of votes the person presiding shall have a second or casting vote.

(6) The Council may co-opt any person to act as an adviser at its meeting but no co-opted person is entitled to vote at the meeting.

(7) The validity of the proceedings of the Council shall not be affected by a vacancy among its members or by a defect in the appointment or qualification of a member.

(8) Any member of the Council who has an interest in a contract or other transaction proposed to be entered into with the Service shall disclose in writing to the Council the nature of his interest and shall be disqualified from participating in any deliberations of the Council in respect of the contract or other transaction.

(9) A member who infringes subsection (8) of this section is liable to be removed from the Council.

(10) Except as otherwise provided for in this section, the Council shall regulate the procedure for its meetings.

8. The Chairman and other members of the Council shall be paid such allowances as shall be determined by the Minister in consultation with the Minister for Finance. Allowance for members.

9. (1) The Council may for the discharge of its functions appoint committees comprising members of the Council or non-members or both and may assign to these committees such functions of the Council as it may determine. Committees of the Council.

(2) Without prejudice to subsection (1) of this section, the Council shall appoint the following committees; the chairmen of which shall be members of the Council—

- (a) Appointments and Promotion Committee; and
- (b) Disciplinary Committee.

(3) Subject to this Act, the Council shall determine the membership and functions of a committee appointed under this section.

10. (1) The Council may with the approval of the Minister create such units or divisions within the Service at the national level as it may consider necessary for the efficient discharge of the functions of the Service and may with the approval of the Minister abolish or re-organise any unit or division. Divisions of the Service at the national level.

(2) Without prejudice to subsection (1) of this section, the Council shall establish the following divisions—

- (a) Public Health Division;
- (b) Institutional Care Division;
- (c) Policy, Planning, Monitoring and Evaluation Division;
- (d) Health Administration and Support Services Division;
- (e) Supplies, Stores and Drug Management Division;



- (f) Human Resource Development Division;
- (g) Finance division; and
- (h) such other divisions as the Council may determine.

(3) The Council shall determine the functions of the Divisions.

Director-  
General and  
his functions.

11. (1) There shall be appointed by the President in accordance with the advice of the Council given in consultation with the Public Services Commission, a Director-General of the Service who shall be the chief executive of the Service.

(2) The Director-General shall be a person in the health profession with considerable knowledge and experience in planning, organisation and management of the delivery of health services.

(3) The Director-General shall hold office on such terms and conditions as shall be specified in his letter of appointment.

(4) Subject to such general directives as the Council may give, the Director-General shall be responsible for the direction of the work of the Service and for the day-to-day administration of the Service and shall ensure the implementation of the decisions of the Council.

(5) Without prejudice to subsection (4) of this section, the Director-General shall provide to the Minister such technical advice as the Minister may require.

(6) The Director-General shall co-ordinate work programmes and provide administrative rules, guidelines and procedures to facilitate the achievement of targets set by the Ministry and establish systems for effective collaboration and co-operation to avoid duplication and to achieve harmonization of programmes within the Service.

(7) The Director-General may delegate such of his duties as he may determine to any officer of the Service but the Director-General shall not be relieved from ultimate responsibility for the discharge of any delegated function.

Deputy  
Director-  
General.

12. (1) There shall be appointed by the President in accordance with the advice of the Council given in consultation with the Public Services Commission a Deputy Director-General.

(2) The Deputy Director-General shall hold office on such terms and conditions as shall be specified in his letter of appointment.

(3) The Deputy Director-General shall be responsible to the Director-General in the performance of his functions under this Act.

(4) The Deputy Director-General shall, subject to the provisions of this Act—

- (a) assist the Director-General in the discharge of his functions and perform such other functions as the Director-General may delegate to him; and
- (b) be responsible for the direction of the Service when the Director-General is absent from Ghana or is otherwise unable to perform his functions.

13. (1) There shall be appointed for the Divisions created under section 10 of this Act Directors who shall be the heads of the Divisions and who shall in the performance of their functions be answerable to the Director-General.

Directors  
of the  
Divisions.

(2) A Director shall be appointed by the President in accordance with the advice of the Council given in consultation with the Public Services Commission.

14. (1) The President shall in accordance with the advice of the Council given in consultation with the Public Services Commission and on such terms and conditions as may be determined, appoint for the Service such other staff and employees as may be necessary for the proper and effective performance of the functions of the Service.

Appointment  
of other staff  
of the Service.

(2) The staff of the Service shall subject to this Act perform such functions as the Council or Director-General with the approval of the Council may assign to them.

(3) Public officers may be transferred or seconded to the Service or may otherwise give assistance to it.

(4) The Council may engage the services of such consultants and advisers as it may upon the recommendation of the Director-General, determine.

15. (1) The Minister shall, acting in consultation with the Director-General designate an officer of the Service as Secretary to the Council.

Secretary  
of the  
Council.

(2) The Secretary shall arrange the business for and cause to be recorded and kept the minutes of the meetings of the Council.

(3) The Secretary shall also perform such functions as the Council or the Director-General in consultation with the Council may assign to him and shall be assisted in the discharge of his functions by such of the staff of the Service as the Council may on the recommendation of the Director-General direct.

(4) The Secretary shall in the discharge of his functions under this section be answerable to the Director-General.

Delegation  
of power of  
appointment

16. The President may in accordance with article 195 (2) of the Constitution delegate his power of appointment under this Part.

Minister to  
give  
directives.

17. The Minister may issue directives in writing to the Council on matters of policy and the Council shall comply with the directives.

#### SUB-PART II—THE SERVICE AT THE REGIONAL LEVEL

Regional  
Health  
Committees  
and members.

18. (1) Without prejudice to the power of the Council to appoint committees for the purposes of this Act under section 9, there shall be appointed in each region a Regional Health Committee which shall be a committee of the Council.

(2) A Regional Health Committee shall comprise the following members—

- (a) a chairman;
- (b) the Regional Director of Health Service;
- (c) a representative of the Regional Co-ordinating Council;
- (d) a senior health professional in the Service in the region;
- (e) one representative each of the Christian and Muslim religious groups in the region;
- (f) a representative of the Regional House of Chiefs; and
- (g) two other persons resident in the region at least one of whom shall be a woman; being persons who by reason of their interest in health matters and experience are capable of contributing to the work of the Regional Health Committee.

(3) The members of a Regional Health Committee referred to in subsection 2 (a), (d) and (g) of this section shall be appointed by the Council in consultation with the Regional Minister.

(4) Members other than *ex-officio* members shall hold office for a term of three years and shall on the expiration of their term be eligible for re-appointment.

19. (1) A Regional Health Committee shall—
- (a) advise the Regional Director of Health Service in the performance of his functions and;
  - (b) perform such functions of the Council as the Council may assign to it in respect of the region.
- (2) A Regional Health Committee shall regulate the procedure for its meetings.
- (3) The quorum at a meeting of a Regional Health Committee shall be the majority of the total membership of the Committee.
- (4) A Regional Director shall designate an officer in the Service in the region as secretary to the Regional Health Committee.
- (5) The secretary shall perform such functions as the Regional Director shall determine.
20. (1) There shall be appointed for each region an officer to be known as the Regional Director of Health Service referred to in this Act as "a Regional Director".
- (2) A Regional Director shall be a person in the health profession with considerable knowledge and experience in planning, organisation and management of the delivery of health services.
- (3) Regional Directors shall be appointed by the President in accordance with the advice of the Council given in consultation with the Public Services Commission.
- (4) The President may in accordance with article 195 (2) of the Constitution delegate his power of appointment under this section.
21. (1) A Regional Director shall with the advice of the Regional Health Committee be responsible for the implementation of the policies and decisions of the Council in the region.
- (2) A Regional Director shall in the performance of his functions be answerable to the Director-General on matters of health and to the Regional Minister on matters relating to administration.
22. (1) For the purposes of effective implementation of the functions of the Service there shall be established by the Council in each region the following divisions of the Service—
- (a) Clinical Division;
  - (b) Public Health Division;
  - (c) Administration Division; and
  - (d) such other divisions as the Council may determine.

Functions of  
Regional  
Health  
Committee.

Regional  
Director of  
Health  
Service.

Functions of a  
Regional  
Director.

Divisions  
at regional  
level.

(2) The Divisions shall in the region perform such functions as the Council shall determine.

#### SUB-PART III—THE SERVICE AT THE DISTRICT LEVEL.

District  
Health  
Committees.

23. (1) There shall be appointed in each district a District Health Committee of the Service.

(2) A District Health Committee shall comprise the following members—

- (a) a chairman;
- (b) the District Director of Health Service;
- (c) two representatives of the District Assembly;
- (d) one representative each of the Christian and Muslim religious groups in the district;
- (e) two health care personnel in the district one of whom shall be from the private sector;
- (f) a representative of the Traditional Councils in the district; and
- (g) two other persons at least one of whom shall be a woman.

(3) Members referred to under subsection (2) (a), (e) and (g) shall be appointed by the Council on the advice of the District Chief Executive.

(4) Members other than *ex-officio* members shall hold office for a period of three years and shall on the expiration of their term be eligible for re-appointment.

Functions of  
a District  
Health  
Committee.

24. (1) A District Health Committee shall advise the District Director of Health Service in the performance of his functions in the district and shall perform such functions of the Council in the district as the Council may assign to it.

(2) A District Health Committee shall regulate the procedure for its meetings.

(3) The quorum at a meeting of a District Health Committee shall be the majority of the total membership.

(4) A District Director of Health Service shall designate an officer in the Service in the district as secretary to the District Health Committee who shall perform such secretarial services as the District Director may determine.

District  
Director of  
Health  
Service.

25. (1) There shall be appointed for each district a health professional to be known as the District Director of Health Service referred to in this Act as “a District Director”.

(2) A District Director shall be a person in the health profession who has qualification in public health.

(3) The President may in accordance with article 195(2) of the Constitution delegate his power of appointment under this section.

26. (1) A District Director shall be responsible for the implementation of the policies and decisions of the Council in the district.

Functions of a District Director

(2) A District Director shall in the performance of his functions be answerable to the Director-General through the Regional Director in respect of health matters and to the District Chief Executive on matters relating to administration.

27. (1) There shall be established by the Council in each district the following divisions of the Service—

Divisions at the district level

- (a) Clinical division;
- (b) Public Health division; and
- (c) such other divisions as the Council may determine.

(2) The functions of the divisions shall be determined by the Council.

28. For the purposes of effective health delivery, the Council may establish in each district such health areas as it considers necessary on the advice of the Regional Director given after consultation with the District Director and the District Chief Executive concerned.

Subdistricts

SUB-PART IV—INTERNAL MANAGEMENT OF HOSPITALS IN THE SERVICE

29. (1) There shall be appointed for each hospital within the Service, a Medical Superintendent who shall be the public officer in charge of the hospital with responsibility for ensuring the execution and implementation of the decisions of the Council in the hospital.

Medical Superintendent of hospitals in the Service.

(2) A Medical Superintendent shall hold office upon such terms and conditions as shall be specified in his letter of appointment.

(3) In the temporary absence of a Medical Superintendent, the Regional Director may authorise any senior health personnel at the hospital to perform the functions of the Medical Superintendent.

30. (1) There shall be appointed for each hospital within the Service, a Hospital Administrator.

Hospital Administrator.

(2) A Hospital Administrator shall be responsible for the day-to-day administration of the hospital and shall in the performance of his functions be answerable to the Medical Superintendent.

(3) A Hospital Administrator shall hold office upon such terms and conditions as shall be specified in his letter of appointment.

Hospital  
House  
Management  
Committees.

31. (1) There shall be appointed in each hospital within the Service a Hospital House Management Committee hereafter referred to as "a Hospital Management Committee".

(2) A Hospital Management Committee shall consist of the following members—

- (a) the Medical Superintendent in charge of the hospital who shall be the chairman;
- (b) the Hospital Administrator;
- (c) the heads of clinical units where applicable;
- (d) the head of nursing services;
- (e) head of pharmacy;
- (f) the head of finance; and
- (g) two representatives of the Health Workers Union who shall hold office for a period of three years subject to renewal.

(3) A Hospital Management Committee shall—

- (a) explain policies and directives of the Council to the employees of the hospital;
- (d) develop measures to promote the co-ordination of activities of the units, if any, of the hospital; and
- (c) assist with the administration and management of the hospital.

Health Station  
Management  
Committee.

32. (1) There shall be appointed in each health station within the Service a Health Station Management Committee composed of—

- (a) the head of the health station who shall be the chairman;
- (b) two other health personnel of the Service in the area of the health station;
- (c) another employee of the Service at the station who is not a health personnel; and
- (d) two representatives from the communities in the sub-district area in which the health station is situated nominated by the District Assembly of the area.

(2) A Health Station Management Committee shall—

- (a) explain the policies of the Council to the other employees of the station; and
- (b) assist the head of the Health Station in the effective performance of his functions.

PART II—TEACHING HOSPITALS

33. The Teaching Hospital Boards established under the Hospitals Administration Law, 1988 (P.N.D.C.L. 209) are hereby, subject to this Act, continued in existence as bodies corporate with perpetual succession, a common seal, power to sue and be sued in their corporate name and power to acquire, hold and dispose of property and to enter into any contract or other transaction.

Teaching  
Hospital  
Boards  
continued in  
existence.

34. (1) There shall be established for the purposes of the administration of each Teaching Hospital established in this country, a board to be known as the Teaching Hospital Board for the respective hospital.

Other  
Teaching  
Hospitals.

(2) A Teaching Hospital Board shall have perpetual succession and a common seal and may sue and be sued in its corporate name.

(3) A Teaching Hospital Board, shall, subject to the provisions of this Act, have power to acquire and hold any movable or immovable property, to dispose of the property and to enter into any contract or other transaction.

35. (1) The objects of a Teaching Hospital are—

- (a) to provide advanced clinical health services to support the health services provided by the Service;
- (b) to serve as a training ground for undergraduate and post graduate training in the medical profession; and
- (c) to undertake research into health issues for the purpose of improving the condition of health of people in the country.

Objects and  
functions of a  
Teaching  
Hospital.

(2) Without prejudice to subsection (1) of this section a Teaching Hospital Board shall have the following functions—

- (a) determine the policies of the Teaching Hospital which shall be within the general policies of government on health;
- (b) ensure sound financial management of the hospital's funds;
- (c) monitor and improve the quality of care at the hospital;
- (d) assess periodically the adequacy of the resources, including personnel, physical facilities and finances of the hospital;
- (e) ensure the implementation of the policies, plans and programmes by the appropriate units at the Teaching Hospital;



- (f) co-operate fully with the hospitals in the Service;
- (g) subject to the approval of the Minister determine the scale of fees to be paid by patients; and
- (h) appoint staff and determine their remuneration and benefits subject to the law and policies for the time being in force on social security and salaries.

Limitations  
on functions  
of a Teaching  
Hospital  
Board.

36. (1) The functions of a Teaching Hospital Board under this Act shall be exercised subject to such policy directives as the Minister may determine.

(2) A Teaching Hospital Board shall not enter into a contract in respect of any movable or immovable property or work or services for the hospital the total value of which exceeds in any one financial year such sum as the Minister may determine.

Membership  
of a Teaching  
Hospital  
Board.

37. (1) A Teaching Hospital Board shall consist of the following members—

- (a) a Chairman who shall not be an employee of the hospital;
- (b) the Chief Administrator of the hospital;
- (c) the Dean of the relevant Medical School;
- (d) the Medical Director of the hospital;
- (e) the Director of Administration of the hospital;
- (f) the Director of Nursing Services of the hospital;
- (g) the Director of Finance of the hospital;
- (h) the Director of Pharmacy of the hospital;
- (i) the Dean of the Dental School, where applicable; and
- (j) three other persons who by their qualification and experience can contribute to the work of the Board at least one of whom shall be a woman.

(2) The members shall be appointed by the President in consultation with the Council of State.

(3) A member of a Teaching Hospital Board other than an *ex-officio* member shall hold office for a period of four years and shall on the expiration of the term be eligible for re-appointment.

(4) A member of a Teaching Hospital Board may at any time resign his office by giving notice in writing addressed to the President through the Minister and the President may at any time remove a member of the Board from office in consultation with the Council of State.

(5) Where the office of a member other than *ex-officio* member of a Teaching Hospital Board becomes vacant, the Minister shall recommend another person to be appointed by the President to fill the vacancy.

(6) The members of a Teaching Hospital Board shall hold office on such terms and conditions, including the payment of such allowances as the Minister may on the recommendation of the Minister for Finance determine.

38. (1) A Teaching Hospital Board shall meet at such times and at such places as the chairman may determine, but shall meet at least once every month.

Meeting of a Teaching Hospital Board

(2) The chairman shall preside at meetings of a Teaching Hospital Board and in his absence a member of the Board elected by the members present shall preside.

(3) Questions before a Teaching Hospital Board shall be decided by a simple majority of the members present and voting and in the event of equality of votes the chairman or person presiding shall have a second or casting vote.

(4) The quorum at any meeting of a Teaching Hospital Board shall be six.

(5) A Teaching Hospital Board may at any time co-opt any person to act as an advisor at any of its meetings but no co-opted person is entitled to vote at the meeting on any matter for decision before the Board.

(6) The validity of the proceedings of the Board shall not be affected by a vacancy among its members or by any defect in the appointment or qualification of a member.

(7) Any member of the Board of a Teaching Hospital who has an interest, direct or indirect, in any company or undertaking which has financial concern in any matter that is a subject for the consideration of the Board shall disclose in writing to the Board the nature of his interest and shall not participate in any discussion or decision of the Board relating to the matter.

(8) Any member of a Teaching Hospital Board who fails to disclose his interest under subsection (7) of this section is liable to be removed from the Board.

(9) Subject to the provisions of this Act a Teaching Hospital Board shall regulate its own procedure.

39. (1) There shall be appointed by the Board of a Teaching Hospital a Chief Administrator of the Hospital who shall be the chief executive and who shall be responsible for the execution of the policies and decisions of the Board and for the day-to-day administration of the Teaching Hospital.

Chief Administrator of a Teaching Hospital.

(2) The Chief Administrator shall hold office upon such terms and conditions as shall be specified in his letter of appointment.

(3) Where the Chief Administrator is temporarily incapacitated from the performance of his functions under this Act the Board may authorise any senior employee of the Teaching Hospital to perform those functions for the duration of the incapacity.

(4) The Chief Administrator may, subject to the provisions of this Act, delegate to any senior employee of the Teaching Hospital any of his functions under this Act but he shall not be relieved of ultimate responsibility for the performance of the functions.

Secretary of a  
Teaching  
Hospital  
Board.

40. (1) A Teaching Hospital Board shall appoint an officer to be designated as the Secretary to the Board.

(2) The Secretary shall be the secretary to the Board and shall perform such other functions as may be assigned to him by the Board or the Chief Administrator.

Other staff of  
a Teaching  
Hospital  
Board.

41. (1) The Board of a Teaching Hospital may engage such employees as may be necessary for the proper and efficient conduct of the business and functions of the Board.

(2) The Board of a Teaching Hospital shall in consultation with the appropriate medical school, appoint the heads of such units of the Teaching Hospital as the Board may determine.

(3) A Teaching Hospital Board may engage the services of such consultants and advisers as may be necessary for the proper and efficient discharge of its functions on such terms and conditions as the Board of the Teaching Hospital may determine.

Committees of  
a Teaching  
Hospital  
Board.

42. (1) A Teaching Hospital Board may appoint such committees as it may determine to assist in the discharge of its functions and may delegate to the committee any of its functions as it may think fit.

(2) Without prejudice to subsection (1) of this section a Teaching Hospital Board shall for the discharge of its functions under this Part appoint the following committees—

(a) a Finance and Administration Committee;

(b) a Technical and Planning Committee;

(c) a Human Resource Management Committee; and

(d) a Disciplinary Committee.

(3) A Committee appointed under this section shall have a chairman who shall be a member of the Board of the Teaching Hospital.

43. The Finance and Administration Committee shall—
- (a) submit proposals for the hospital budget to the Board;
  - (b) advise the Board on fiscal matters and programmes for the Teaching Hospital;
  - (c) monitor hospital revenue and expenditure and make recommendations to the Board;
  - (d) propose to the Board the scale of hospital fees;
  - (e) advise the Board on investment opportunities and methods for improving the funds of the Teaching Hospital Board;
  - (f) submit quarterly and annual reports on the finance of the Teaching Hospital to the Board; and
  - (g) perform such other functions as the Board may determine.
- Functions of Finance Committee of a Teaching Hospital Board
44. The Technical and Planning Committee shall—
- (a) advise the Board on the quality of medical care and the standard of skill required of the technical staff of the Teaching Hospital;
  - (b) advise the Board on medical equipment and supplies requirements of the Teaching Hospital;
  - (c) propose manpower structures and research programmes to the Board; and
  - (d) advise the Board on any other technical matter.
- Functions of a Technical and Planning Committee of a Teaching Hospital Board.
45. The Human Resource and Management Committee shall—
- (a) advise the Board on measures to motivate staff and promote efficiency;
  - (b) propose manpower structures and requirements of the Board;
  - (c) propose plans and measures for staff development and training; and
  - (d) advise the Board on measures to create and maintain at the Teaching Hospital such conditions as are conducive to the attainment of a high level of discipline by the staff.
- Functions of Human Resource and Management Committee of a Teaching Hospital Board.
46. The Disciplinary Committee of a Teaching Hospital shall investigate and report to the Board such disciplinary matters as may be referred to it by the Board.
- Disciplinary Committee of a Teaching Hospital.
47. Without prejudice to section 42 there shall be established in each Teaching Hospital a House Committee composed of the following—
- (a) the Chief Administrator of the Teaching Hospital;
- House Committee of a Teaching Hospital.

- (b) the Director of Administration;
- (c) the Medical Director of the Teaching Hospital;
- (d) the Director of nursing services at the Teaching Hospital;
- (e) the Director of general services of the Teaching Hospital;
- (f) the Director of pharmacy;
- (g) four persons being representatives of the clinical staff of the Teaching Hospital; and
- (h) three representatives of the local Health Service Workers Union nominated by their members.

Fractions of the House Committee of a Teaching Hospital.

48. The House Committee of a Teaching Hospital shall—
- (a) explain policies and directives of the Board to members of staff of the hospital; and
  - (b) assist the Chief Administrator of the hospital in the performance of his functions.

#### PART III — FINANCIAL AND MISCELLANEOUS PROVISIONS

Funds of the Service and a Teaching Hospital.

49. The funds of the Service and a Teaching Hospital shall include—
- (a) such money as may be provided by Parliament from the Consolidated Fund for the Service or the Teaching Hospital;
  - (b) money derived from fees;
  - (c) gifts from any source; and
  - (d) money derived from investments.

Annual estimates

50. (1) The Council and a Teaching Hospital Board shall submit to the Minister detailed budget estimates for each financial year not later than three months before the end of the financial year.

(2) The Financial year of the Service and a Teaching Hospital shall be the same as the financial year of the government.

Accounts and audits.

51. (1) The Council and the Board of a Teaching Hospital shall keep books of account and proper records in relation to them and the account books and records of the Service and a Teaching Hospital shall be in a form approved by the Auditor-General.

(2) The accounts of the Service and a Teaching Hospital shall be audited by the Auditor-General within six months after the end of each financial year.

52. (1) There shall be appointed by the President in accordance with the advice of the Council an internal auditor for the Service who shall in the performance of his functions be answerable to the Director-General. Internal auditors.

(2) A Teaching Hospital Board shall appoint an internal auditor who shall be answerable to the Chief Administrator in the performance of his functions.

(3) An internal auditor appointed under this section shall at intervals of three months prepare a report on the audit carried out by him during the period of three months immediately preceding the preparation of the report and submit the report to the Director-General or the Chief Administrator as the case may be.

(4) The Director-General and the Chief Administrator shall as soon as practicable after receiving the report forward copies of it to the Chairman of the Council or the Chairman of the Board of the Teaching Hospital.

53. (1) The Council and a Teaching Hospital Board shall as soon as possible after the expiration of each financial year but within six months after the end of the year, submit to the Minister an annual report covering the activities and the operations of the Service or the Teaching Hospital for the year to which the report relates. Annual report and other reports.

(2) The annual report submitted under subsection (1) shall include the report of the Auditor-General.

(3) The Minister shall within two months after the receipt of the annual reports submit a report to Parliament with such statement as he considers necessary.

(4) The Council and a Teaching Hospital Board shall also submit to the Minister such other reports as the Minister may in writing require.

54. (1) The Minister, on the recommendations of the Council or a Teaching Hospital Board, may by legislative instrument make such regulations as he considers necessary for giving effect to the provisions of this Act. Regulations.

(2) Without limiting subsection (1) of this section regulations may as applicable provide for---

- (a) procedure for disciplinary action including offences and penalties;

- (b) further provision on the administration and management of specialised institutions;
- (c) matters relating to acting appointments;
- (d) posting, transfer, secondment and attachments;
- (e) matters relating to leaving the Service;
- (f) categories of persons or diseases exempted from health service charges;
- (g) establishment of health training units for training of doctors and other health personnel;
- (h) the role of other health regulatory bodies in relation to the Service;
- (i) matters relating to traditional or alternate medicine.

(3) Until provision is made for the Service under this section, the Civil Service Regulations, 1960 (L.I. 47) applicable to the members of the Civil Service shall apply to members of the Health Services subject to the provisions of this Act until replaced by regulations made under this Act.

Scope of Service.

55. For the avoidance of doubt the Service established under Part I of this Act shall not include persons employed by---

- (a) teaching hospitals;
- (b) hospitals, health stations, centres or clinics of---
  - (i) the Security Services;
  - (ii) religious bodies or other charitable institutions;
  - (iii) companies;
  - (iv) statutory corporations;
  - (v) private organisations or individuals or group of individuals.

Transfer of assets and liabilities.

56. (1) Subject to Part II of this Act the assets, rights and properties of state hospitals and health stations of the Ministry of Health in existence immediately before the coming into force of this Act are hereby transferred to the Service.

(2) Any obligation or liability subsisting between any state hospital or health station which constitutes a part of the Service and any person immediately before the coming into force of this Act shall subsist between the Service and the person.

57. In this Act unless the context otherwise requires—

Interpretation.

“Board” means a Teaching Hospital Board continued in existence or established under Part II of this Act;

“Christian and Muslim religious groups” mean the Christian group—the National Catholic Secretariat, the Christian Council and the Pentecostal Council, the Muslim group—the Federation of Muslim Councils and Ahmadiyya Mission;

“health personnel” means professional health persons employed for the Ministry of Health being medical, dental, nursing, midwifery, pharmaceutical, paramedical staff and auxiliaries;

“health station” means any central or local government funded health post, health centre, health clinic or any other central or local government-funded medical station other than a hospital;

“hospital” means any government-funded hospital within the Service including a specialised institution;

“Minister” means the Minister responsible for Health;

“primary health care” means the approach to health care development aimed at focusing on the majority of health problems of the community with special emphasis on health promotion, disease prevention, community participation and inter-sectoral collaboration;

“primary health service” means clinical and public health services delivered at the community, sub-district and district levels by the Service;

“specialised institution” means health care facilities that manage specific diseases or health conditions such as a psychiatric hospital, leprosarium and cardiothoracic unit;

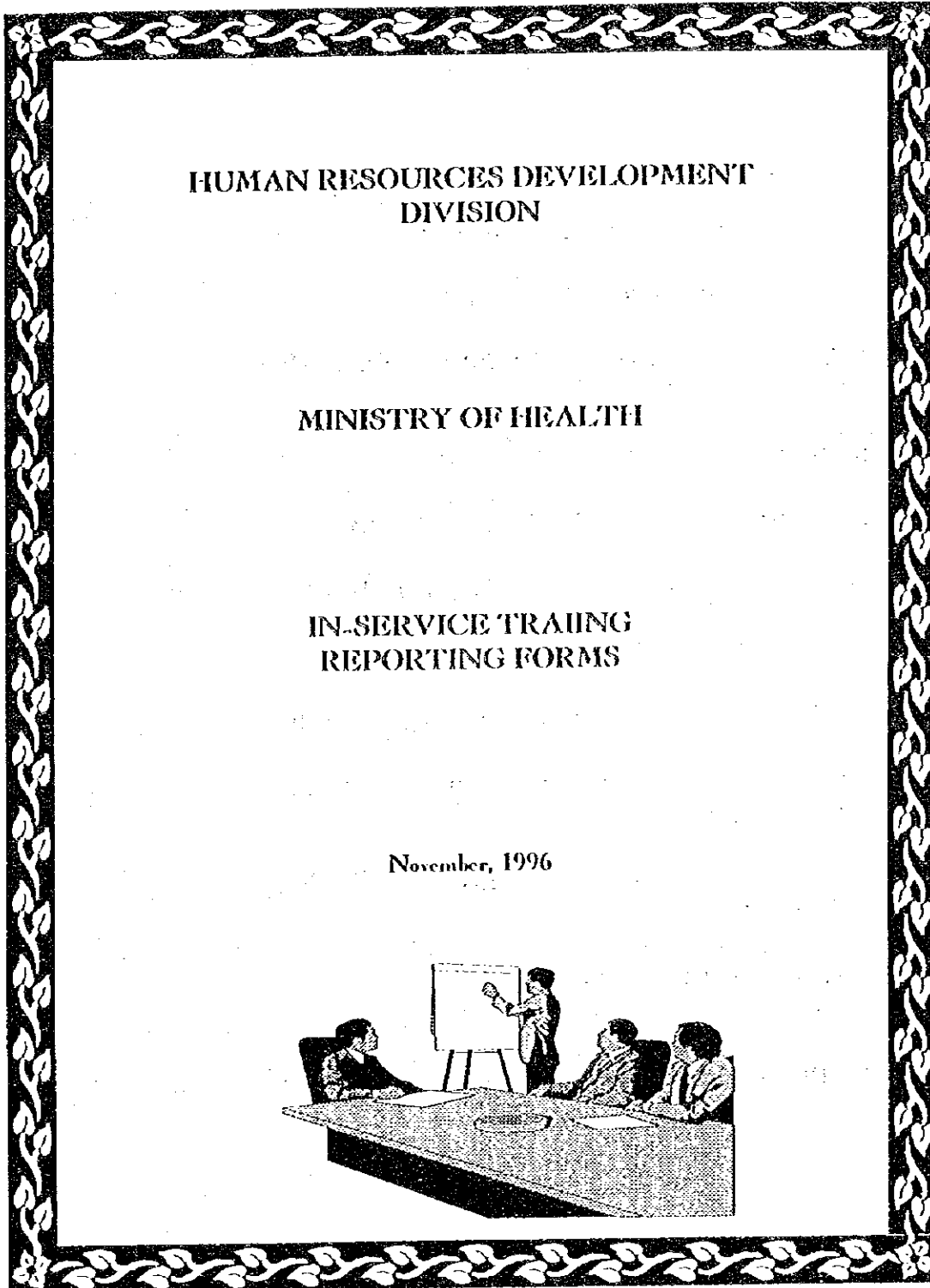
“security services” means the Armed Forces, the Police Service, the Prisons Service, the National Fire Service, the Customs Excise and Preventive Service, the Immigration Service.

58. The Hospital Administration Law, 1988 (P.N.D.C.L. 209) is hereby repealed. Repeals.

Date of *Gazette* notification: 31st December, 1996



⑨ In-Service Training Reporting Forms



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**HUMAN RESOURCE DEVELOPMENT DIVISION - MOH  
TRAINING ACTIVITY REPORTING FORM I**

1. Region:..... District: .....
- Institution:..... Date of Reporting:.....
- 2a. Title of Training Programme: .....
- 2b. Duration of Training
- i. Less than 1 week
  - ii. 1-2 weeks
  - iii. 3-4 weeks
  - iv. More than 4 weeks  
Specify. ....
- 2c. Type of Training
- a. Technical
    - i. Preventive Health
    - ii. Curative/Clinical
    - iii. Maternity/Reproductive Health
  - b. Management & Administration
  - c. Training of Trainers (TOT)
    - i. Technical
    - ii. Management & Administration
3. Training Objectives

**HUMAN RESOURCE DEVELOPMENT DIVISION - MOH  
TRAINING ACTIVITY REPORTING FORM I**

1. Region:..... District: .....
- Institution:..... Date of Reporting:.....
- 2a. Title of Training Programme: .....
- 2b. Duration of Training
- i. Less than 1 week
  - ii. 1-2 weeks
  - iii. 3-4 weeks
  - iv. More than 4 weeks  
Specify. ....
- 2c. Type of Training
- a. Technical
    - i. Preventive Health
    - ii. Curative/Clinical
    - iii. Maternity/Reproductive Health
  - b. Management & Administration
  - c. Training of Trainers (TOT)
    - i. Technical
    - ii. Management & Administration
3. Training Objectives

4. Specific Objectives

5. Teaching Methodology

- |                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| a. Lecture/Discussion | <input type="checkbox"/> | d. Group Work   | <input type="checkbox"/> |
| b. Discussion         | <input type="checkbox"/> | e. Field Visits | <input type="checkbox"/> |
| c. Demonstration      | <input type="checkbox"/> | f. Role Play    | <input type="checkbox"/> |
|                       |                          | g. Others       | <input type="checkbox"/> |

6. PARTICIPANTS

TARGET GROUPS	MOH	MISSION	NGOs	PRIVATE	QUASI GOVT.	NUMBER

7. EVALUATION / ASSESSMENT

NO.	TOPIC/SUBJECT SESSIONS	TOTAL RESPONSE		RELEVANT TO MY JOB		NOT RELEVANT TO MY JOB	
		NO.	%	NO.	%	NO.	%
i.							
ii.							
iii.							
iv.							
v.							
vi.							
vii.							
viii.							
	TOTAL						

8. Pre and Post-Test results.

ACTIVITY	NUMBER	SCORES ≤ 50%	SCORES > 50%	% MEAN SCORES
A. Pre-Test				
B. Post-Test				

9. SOURCE OF FUNDING

AMOUNT

e.g. Donor Agency, etc.

.....	.....
.....	.....
.....	.....
.....	.....

10. TOTAL EXPENDITURE: .....



11. LIST OF RESOURCE PERSONS

NO.	NAME	AREA OF EXPERTISE	PERFORMANCE	ADDRESS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

12.

- a. Duration
- i. Too long [ ]
  - ii. Too short [ ]
  - iii. Just right [ ]

13. General Comments

Facilitation

Name

b. Venue

i. Satisfactory [ ]

ii. Unsatisfactory [ ]

14. Signature: .....

Co-ordinator's Name: .....

Rank: .....

15. Signature: .....

Name: .....

Counter Signing Officer: .....

Date: .....

Official Stamp

**NB. This Form should be completed after each Training Programme and sent to the District Director of Health (DMOH) and two copies sent to;**

1. The Regional Director of Health Services (RDHS)

2. The Regional Director should send one copy to:

**The Head, Centre for Health Information Management,  
P.O. BOX 2848, Accra.**

## GUIDELINES FOR COMPLETING TRAINING ACTIVITY REPORTING FORM 1

1. Fill in the Name of the Region, District, the name of the Institution plus the date you are filling in the form.
- 2a. Put down the Name given to the Training Programme e.g "Refresher Course for Medical Assistants" on " Training in Infection Control".
- 2b. "Duration: Fill in how long the training lasted specifying by ticking the appropriate box.
- 2c. Fill in the type of training.

Specify whether the training is technical i.e. Preventive Health eg. Malaria Training Curative/Clinical eg. Refresher Course on Ophthalmic Nursing or Maternity/Reproductive eg. Safe Motherhood Protocol Workshop. Management and Administrative eg. Hospital Management Course.

The TOT can also be classified as Technical or Management and Administrative as above.

Specify by ticking the appropriate box against the choice.

[ x ]

3. Write down the training objectives of the course. The training objective is what the programme is intended to achieve and when eg. After completing the one week family planning course participants will be able to provide Family Planning Information Education and Counselling Services.
4. Put down the specific objectives of the course. These are related to actual activities that the trainee should accomplish within the framework of the general objective. They are specific to one or more learning experiences.

Specific objectives are different from the topics to be covered. They are more than that as they specify the performance which one can expect from the learners after the educational experience. eg. By the end of the

session, participants will be able to explain the government's position on population and development in Ghana.

The objective should be:

Specific	well formulated and focused
Measurable	can be assessed
Achievable	reasonable given the time
Time bound	when theory will be achieved

5. State the methodology used during the course. These could be one of the listed methodologies on the format. Tick as appropriate the selected methodology used. [ x ]

e.g. Lecture/Discussion

6. Fill in the total numbers of participants that attended the course from each organization or service provider type e.g. MOH/Mission i.e. number of participants from Ministry of Health / Mission Institutions. NGOs i.e. Non-governmental organization eg. 31st December Women's Movement, National Council on Women and Development etc.

- 7a. List all the topics treated during the course for participants to evaluate as relevant, or not relevant.

Put down the number (No.) of participants who evaluated the various topics and the percentage (%) in the spaces provided against each of the topics.

Out of the total number (No.) that responded to the evaluation questionnaire, calculate the numbers and the percentages (%) that responded as relevant, and not relevant and put the figures in the appropriate columns provided on the form.

8. There should always be a pre and post-test. Please put the results in the Columns provided for that.

A. Pre-Test

This is done before the actual programme starts. The questions asked are to find out the knowledge Level of the participants at the beginning of the course. This is helpful for the facilitators to select areas to lay more emphasis on to benefit participants.

B. Post Test

This is given to participants on completion of the course to find out the knowledge gained from the course. The post test is almost always the same as the pretest. The two tests (pre and post) are compared to find out how much knowledge each participant gained from the course.

Put down the number and the scores gained from each test in the spaces provided under each heading.

A. Pre-Test and B. Post Test.

9. Put down who is funding the course and the amount received for the course. If it is donor funding, state the name of the donor agency.
10. Put down the total expenditure for the course.
11. List all the Names, area of specialization and addresses in the columns provided.
12. Comment on the course duration and tick as appropriate in the boxes provided.
13. Put down general comments on facilitation and name of facilitator.
14. Put down the coordinator's name, signature and position as indicated on the format.
15. Let the Regional Director or his delegated officer put his signature, date and stamp at the counter signing officer's column as having seen the report.

**NOTE:** Please send the report as instructed on the report format.

**MONITORING TRAINING ACTIVITIES  
FORM II A**

1. Title of Training Programme:.....

Duration: .....

Held From:..... To:.....

Venue:.....

**SCHEDULE OF ACTIVITIES**

I. Type of Activity planned

a. ....

b. ....

c. ....

II. Person(s) Responsible

a. ....

b. ....

c. ....

III Expected Outcomes

a. ....

b. ....

c. ....

d. ....

e. ....

2. INSTITUTION(S)/ UNITS TO BE VISITED

DATES

I. ....

.....

II. ....

.....

III. ....

IV. ....

V. ....

3. **Co-ordinator's Name**

**Signature**

.....

.....

**DATE:** .....

**Regional Director's Signature:** .....

**DATE:** .....

**MONITORING TRAINING ACTIVITIES  
FORM II B**

1. Title of Training Programme:.....

Duration: .....

Held From: ..... To:.....

Venue: .....

**SCHEDULE OF ACTIVITIES PLANNED**

I. Type of Activity carried out

a. ....

b. ....

c. ....

II. Person(s) Responsible

Name: .....

Rank: .....

2. INSTITUTION(S) UNITS VISITED

DATES

I. ....

II. ....

III. ....

IV. ....

V. ....

3. GENERAL IMPRESSION

.....

.....

.....



**4. RECOMMENDATIONS**

.....  
.....  
.....  
.....

**Co-ordinator's Name**

**Signature**

.....

.....

**Date:** .....

**Regional Director's Signature**

**Date**

.....

.....

# QUARTERLY TRAINING REPORT SUMMARY SHEET

DIVISION/UNIT ..... REGION/DISTRICT/INSTITUTION  
 DATE FROM: ..... TO: .....

TRAINING PROGRAMME	DATE	NO. OF PARTICIPANTS	DURATION	FUNDING SOURCE	COST	REMARKS (REFER TO LIST OF TOPICS)

This form should be completed at the end of each quarter  
 NB: All reports from District will be collated at the Region and sent to Headquarters through the RDHS.

The RDHS should send one copy to the: Head, Centre for Health Information Management, P.O.Box 2646, Accra.

SIGNATURE  
 R.D.H.S.

# TRAINING ANNUAL ACTION PLAN

SERVICE AREA: ..... REGION/DISTRICT/INSTITUTION

DATE FROM: ..... TO: .....

TRAINING PROGRAMME	PROPOSED DATE	NO. OF PARTICIPANTS	DURATION	FUNDING SOURCE	REMARKS

SIGNATURE:.....  
 REPORTING OFFICER:.....  
 RANK:.....  
 COUNTERSIGNING:.....

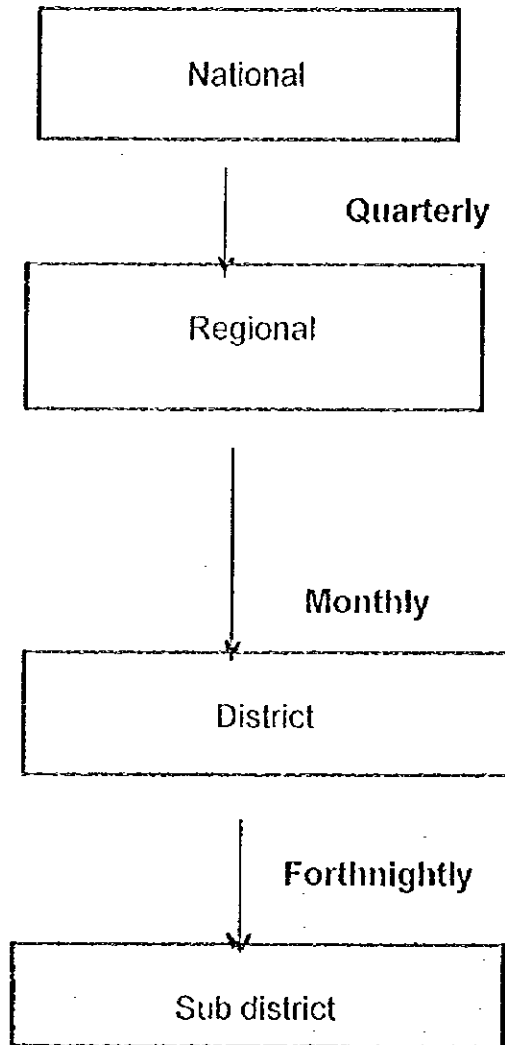
### THE IN-SERVICE TRAINING CYCLE

NO.	ACTIVITY	TIME FRAME
1	Headquarters provides guidelines for In-service training (IST) Plan and Budget	MARCH
2	Regions/Districts develop In-service Training (IST) Plans and budgets.	APRIL - JUNE
3	Regions/Districts submit IST Plans and budgets	JULY
4	Collate regional plans at HRDD	AUGUST
5	Submission of budget to finance and Parliament for approval	OCTOBER/ NOVEMBER
6	Release of funds (FE)	JANUARY
7	Regions Inform Districts/Facilities about Training courses	JANUARY
8	Districts/Facilities submit list of participants	JANUARY
9	In-service Training start in the regions	FEBRUARY

## THE IN-SERVICE TRAINING CYCLE

ID	Name	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
1	Headquarters provides guidelines for IST Plan & Budget															
2	Regions/Districts develop IST Plans & Budget															
3	Regions/Districts submit IST Plans & Budgets															
4	Collate regional plans at HRDD															
5	Submission of budget to finance & Parliament for approval															
6	Release of funds (FES)															
7	Regions Inform Dist./Facilities about training courses															
8	Dist./Facilities submit list of participants															
9	In-service Training start in the regions															

**IN-SERVICE TRAINING MONITORING AND  
SUPPORT VISITS  
FLOW CHART**



**Monitoring and support visits should be integrated into the existing monitoring and support visits at all Levels.**

**SUBMISSION OF IN-SERVICE TRAINING  
QUARTERLY REPORTS  
FLOW CHART**

Sub district



District



Region



Submit report by the end  
of first Month of Subsequent  
Quarter

National

**SUBMISSION OF IN-SERVICE TRAINING  
ANNUAL REPORTS  
FLOW CHART**

Sub district



District



Region



**Submit annual reports  
by end of February  
of succeeding year.**

National



## **GUIDELINES FOR SUBMISSION OF TRAINING REPORTS BY TRAINING COORDINATORS**

1. Information on all Training Annual Action Plans should reach HRDD Headquarters by July.
2. All participants attending a training programme should fill in the training registration form on the first day.
3. Training Activity Report Form I should be completed after every Training Programme. Copies should be sent to the Head, Centre for Health Statistics for onward transmission to HRDD Headquarters. The forms should be sent two weeks after the end of the training programme.
4. The Quarterly training report summary sheet should be completed with a summary of all the training programmes done within the quarter. They should reach headquarters by the end of first month of subsequent quarter.

The completed forms should be sent to RDHS who in turn will send copies to the Head, Centre for Health Statistics at the end of each quarter.









JICA