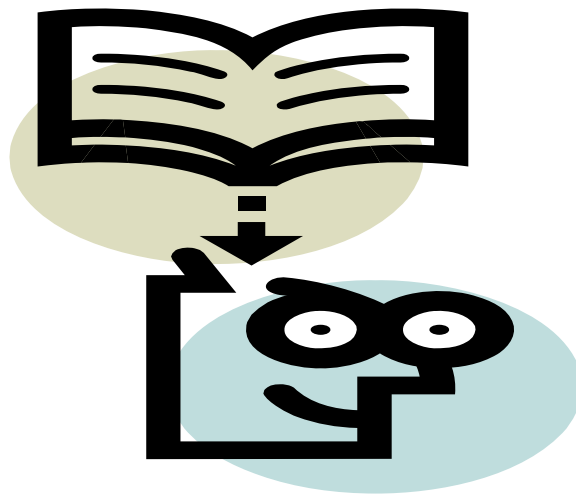




**GHANA HEALTH SERVICE**



# **IN-SERVICE TRAINING POLICY AND GUIDELINES FOR IMPLEMENTATION**

## **FOREWORD**

One of the important expectations of the Programme of Work for the Health Sector is that performance related management systems will be established to ensure the attainment of the health sector's goals and targets. An essential component of this strategy is the provision of opportunities for further training and capacity development, especially for staff working in deprived and hardship areas. The requisite competencies of health staff must be developed and sustained to ensure the delivery of quality health care at all levels.

Basic (Pre-Service) education and training provides the minimum competencies required for performance of staff employed in the health sector. It provides health staff with the competencies they require in the performance of their duties. With the dynamic nature of the health care delivery sector, regular and continuous update and training is required at all levels.

The health sector is dynamic and it changes fast. This is due to the rapid technological advances and knowledge explosion currently going on world wide. The competencies required by health professionals for the performance of their duties in the health sector change continuously. Any performance management system must thus start with the development of a system for training and capacity development to meet the performance expectations of staff. Training and capacity development must be based on planned and well coordinated schemes. The organization of this system/scheme should be guided by well articulated policy and strategies.

This In-Service Training (IST) policy provides the framework for the development, implementation, monitoring and evaluation of the IST in the Ghana Health Service (GHS). It is in consonance with the objectives and targets of the second five-year programme of work. It outlines the types and schemes for provision of these training and capacity development systems at all levels.

This in-service training policy is in the right direction and provides an impetus to the government's emphasis on human resource development as one of the three key areas of focus for national development. The Human Resource Development Directorate of GHS is mandated to coordinate all IST programmes in the service. Divisions/Departments, and Regions therefore implement these programmes within the coordination arrangements defined in this policy. Regional Directors of Health Services and BMC Heads are instrumental in the successful implementation of the provisions of this policy and guidelines document. It is the responsibility of each manager to ensure that their staff have access to regular and relevant In-service Training. This policy expected to provide a guide to all managers in the design delivery and management of in-service at all levels.

This policy sets the pace for delivery of Quality IST programs at all levels and I welcome other Health Care providers outside the service who may wish to take an advantage of this great opportunity to buy into the IST programs.

**Professor Agyeman Badu Akosa**  
**Director-General;**  
**Ghana Health Service**

## ACKNOWLEDGMENT

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The Quality Health Partners was instrumental in finalizing the document and we acknowledge their invaluable contributions. JICA/HIST Project also supported the initial review of the IST Policy and Operations.

## **LIST OF ACCRONYMS**

BMC	Budget and Management Centres
CHPS	Community-based Health Planning and Services
DDHS	District Director of Health Services
DHA	District Health Administration
DHMT	District Health Management Team
DPF	Donor Pooled Funds
GHS	Ghana Health Service
GOG	Government of Ghana
HIST	Health In-Service Training
HIV/AIDS	Human Immunosuppressant Virus/Acquired Immune Deficiency Syndrome
HR	Human Resources
HRDD	Human Resource Development Division
IGF	Internally Generated Funds
IST	In-Service Training
ISTC	In-Service Training Coordinator
MDHS	Municipal Director of Health Services
IAD	Internal Audit Directorate
JICA	Japan International Cooperative Agency
ICD	Institutional Care Division
PHD	Public Health Division
PPME	Policy, Planning, Monitoring & Evaluation
SPA	Staff Performance Appraisal
GIMPA	Ghana Institute of Management & Public Administration
MDPI	Management Development & Productivity Institute
TOT	Training of Trainers
CHIM	Centre for Health Information Management

OJT	On-the-Job Training
POW	Programme of Work
QHP	Quality Health Partners
RDHS	Regional Director of Health Services
RHA	Regional Health Administration
RHMT	Regional Health Management Team
RTC	Regional Training Coordinator
SIST	Structured/Standardised In-Service Training programme
TIS	Training Information Systems
TN	Training Needs
TNA	Training Needs Assessment
TNI	Training Needs Identification

## TABLE OF CONTENTS

Foreword	2
Acknowledgement	3
List of Acronyms	4
Table of Contents	5
Introduction	6
Rationale for IST	7
Part I: In-Service Training Policy	
Policy Statement	8
Super Goal	8
Goal of IST	8
Objectives for IST systems	8
IST Strategies	8
Types of IST	10
Structures/Standardised IST	11
Remedial IST	11
Induction and Orientation	11
Management Arrangements	12
National Level	12
Regional Level	13
District Level	13
Training Information System	13
Monitoring and Evaluation of In-Service Training	14
Part Two: Guidelines for Implementing IST	
Introduction	17
Section 1: Guidelines for implementing IST	18
Structured In-Service Training	19
Remedial/Ad Hoc IST	24
Induction/Orientation	26
Approaches in IST	28
Section 2: Guidelines for Planning In-Service Training	31
Section 3: Guidelines for Monitoring and Evaluating IST	33
Section 4: Guidelines for Maintaining Training Information System	35
Annexes	36
1. Log Frame for IST and summary of activities	36
2. National Level Management & Implementation Arrangements	42
3. Regional Level Management & Implementation Arrangements	44
4. District Level Management & Implementation Arrangements	46
5. Organogram of Training & Capacity Development Department (HRD/GHS)	48
6. Organogram of Regional IST Centres	49
Roles and Responsibilities	50

## INTRODUCTION

The mission of the Health Sector is to improve the health status of all people living in the country regardless of age, sex, ethnicity, religion, political belief or affiliation and socio-economic standing. The goal, as stated in the Programme of Work, seeks to improve access to health services and also to improve on equity and the quality of care provided.

The Ghana Health Service (GHS) is the major implementing agency responsible for providing health services. The Human Resource Division of the Service has the mandate of ensuring that health personnel are available in the right numbers; “with the right skills, knowledge and attitudes and doing the right things at the right time and right place”.

Regular in-service training has been identified as one of the strategies of sustaining the competencies, morale and quality of the health workforce aimed at improving performance to achieve the desired sector objectives. It is designed to build on the basic level training of staff so as to make them meet the ever changing health demands. The basic training acquired by health staff prepares them for entry into the health sector to provide. While practicing, health staff require continuous development and capacity building. This is because the health sector is dynamic and health needs of the population are ever changing with emerging diseases, new technologies, and increasing consumer expectations.

Since 1995, there have been on-going initiatives aimed at stream lining and strengthening IST. The first IST policy was published in 1997 to provide guidance to the development of IST at all levels. The JICA HIST project which looked at strengthening specific components of IST was piloted in 3 regions and later designated to the others. Some of the achievements of the HIST system includes:

- Standardized IST system
- Improved access to IST delivery
- Improved equity in IST delivery
- Introduction of TIS and logbook for capturing information on IST.

However, the implementation of the structured and standardised in-service training (SIST) system is still faced with some major challenges. These include;

- Weak management and institutional structures at the various levels
- Lack of management commitment and support for IST
- Difficulty of coordinating the training activities between and within the various levels
- Improving and sustaining equity and access to IST for all other cadres
- Improving the standardization of training within the GHS

## **Rationale**

A review of the in-service training policy published in 1997 has been necessitated by recent developments. The separation of the Ministry of Health and the Ghana Health Service with the resultant changes in functions and roles has to be considered. The development of the second five year Programme of work (2002 – 2006) has introduced new dimensions, for example, the adoption of the Community-Based Health Planning and Services (CHPS) as the strategy for improving access to health. Emerging health issues such as HIV/AIDS, the burden of malaria, reproductive and child health and other new treatment strategies has led to the need to review the policy to address the HR capacity development needs.

## **Organization of the Document**

This document is in two (2) parts. Part one outlines the policy framework of IST within the Service including:

- The policy statement
- Principles of IST
- Strategies for implementing the IST policy
- Types and approaches to IST

Part two of this document provides guidelines and procedures for implementing varieties of IST at various levels within GHS. ISTs covered include Structured In-service Training, Remedial/Adhoc Training, and Induction and Orientation. The are also guidelines and procedures for:

- Planning in-service training,
- Implementing and managing in-service training.
- Monitoring and evaluation of ISTs, and
- Maintaining training information system.

## **Part 1**

# **IN-SERVICE TRAINING POLICY**

## **Policy Statement**

The Ghana Health Service (GHS) considers in-service training as an essential investment in its staff, aimed primarily at improving on performance. It recognizes that continuous updating of the knowledge, attitudes and skills of its staff is an essential feature of maintaining competent professional practice, staff motivation and morale.

It also acknowledges that new appointees and entrants must be oriented to the vision and culture of the Service. The GHS is therefore committed to institutionalizing In-Service Training for its staff.

The system of In-service Training shall apply the following principles.

- Emphasis shall be laid on sustained improvement in quality services by nurturing a high level of performance
- In-service Training programmes shall constantly evolve to take into account developments in health and social changes
- All types of In-service training programmes shall be based on individual, departmental and organizational needs.
- Managers of Budget & Management Centres (BMCs) and individuals will share responsibility for staff development needs.
- Off-the-job training programmes will have appropriate mechanisms to ensure transfer of knowledge and skills acquired to the job.
- All BMCs shall set up Library facilities

## **Goal**

Improved performance of all staff through the implementation of the structured in-service training system.

## **Objectives**

### **To ensure that;**

- All staff have at least one IST that is relevant to their functions every 3 years.
- Quality

## **Strategies**

- Decentralize management of training and capacity building in GHS
- Build training management capacity at all levels
- Improve the Training Information System
- Improve Infrastructure for IST implementation
- Develop systems for monitoring and evaluating training
- Update IST curricula regularly for Structured In-Service Training (SIST)

- Validate and accredit SIST courses

## **Definition of In-Service Training**

In-Service Training programmes are learning experiences designed to upgrade and improve on the competencies of staff to improve job performance while in service.

## **Types and Approaches for In-Service Training**

There are three (3) main types of In-service Training addressed in this policy. These shall form the basis and focus for planning and delivery of continuing professional training and development for staff at the various levels. They are:

- Structured In-Service Training (SIST)
- Remedial / Ad hoc Training
- Induction and Orientation

These may be provided in various forms or approaches namely;

- SIST courses
- Study Tours
- Attachment
- Fellowships (Long/Short; Local/External)
- Post-Basic Training
- On the job training (OJT)
- Distance Learning / Education

## **Structured and Standardised IST**

Structured and Standardised In-service training represents those training programmes that are based on clearly outlined curricula with clearly defined target groups, objectives, content areas, and delivery methods. Structured in-service training focuses on:

- i. Provision of functional knowledge, skills and attitudes required by staff who perform similar functions irrespective of their geographical locations.
- ii. Comparability of the objectives, content, mode of delivery, training approaches and duration of training for trainees with similar backgrounds.
- iii. Systematic process of monitoring training delivery and post training performances of beneficiaries.

In order to ensure comparability across training locations, standardized and structured in-service trainings are based on pre-determined credit points that define clearly and objectively, duration and credits assigned to each component of the learning experience.

### *Credit points*

Staff who participate in structured in-service training that are relevant to their current or future functions shall be awarded credit points that will be linked to their promotions, continuing education, appointment into positions or any assignment that will be determined from time to time.

## **Remedial /Ad hoc Training**

Remedial or Ad hoc training programmes refer to any training interventions, which has been designed and organised to fill gaps in knowledge, skills and attitudes that are identified among staff in a defined practice area or institution. They may also take the form of introducing new skills and new ways of performing some procedures e.g. when a new drug or technology is being introduced into the health sector (such as the Five-in-One vaccine and the new policy for malaria treatment).

## **Induction and Orientation**

This is a formally organized initiation of new entrants into the Service or preparation of officers who assume new positions or responsibilities. It shall include officers who are re-deployed or re-assigned with new responsibilities.

## **Management Arrangements**

In-Service Training (IST) shall be managed at various levels. These are national, regional, district and institutional levels. Sub-district and Community programmes shall be part of district management arrangements.

### **National levels:**

The Training Department has 5 key responsibilities, namely formulating IST policy, identifying and setting priorities and developing guidelines for implementation. Setting parameters for standardization and monitoring and evaluation.

#### *IST Training Policy Formulation and Review*

The Human Resource Development Directorate (HRDD) of GHS shall be responsible for initiating and leading the formulation and review of In-Service Training policy. The Directorate shall also lead the process of dissemination of the policy to all levels of the Service.

Directors, Programme Managers and Specialized Institutions i.e. Psychiatric Hospitals/Mental Health Service shall contribute expert knowledge in the development and review of the IST policy. They shall facilitate the dissemination of Training policy to all staff working in their functional areas.

External Stakeholders i.e. Development Partners, Corporate/Executive Agencies etc may facilitate or contribute to the development and review of IST policy.

#### *Priorities & Guidelines;*

HRDD shall have responsibility for identifying priorities for IST and developing guidelines for their implementation.

#### *National IST Plan*

The training department in HRDD in consultation with the divisional directors and programme heads will define the IST priority areas and develop a National IST outline which will provide the framework for BMCs at various levels to develop action plans for the implementation of IST. Each year HRDD shall further disseminate the plans to guide coordination of training programmes and the efficient management of resources including human, material and finances.

Development Partners and Agencies intending to support IST programmes in the GHS shall collaborate with Directors, and HRDD to incorporate their training programme in the planned National programmes.

## **Regional Level**

The core functions at the regional levels are:

- establishing and running the IST Centres
- formulating the regional IST plan
- coordinating the implementation and monitoring IST programmes.
- provide inputs into the development and review, and implementation of IST policy
- monitoring and evaluation IST programmes within the regions

The general IST activities at the regional level include the following:

- Conducting Training Needs Assessment
- Planning IST programmes
- Mobilizing resources for IST
- Conducting training
- Maintaining TIS
- Monitoring IST
- Evaluating IST
- Conducting operational research for IST

The regional Director of Health Services shall be responsible for the implementation of these activities, with the support of the IST Team made up of at least 3 IST coordinators, one of which shall be the head of the IST Centre.

## **District Level**

The following shall be the IST functions at the district level:

- Identifying Training Needs at District level
- Identifying district staff who are due for SIST
- Planning and coordinate remedial training
- Collecting, analyzing and using IST information
- Maintaining district IST database
- Establishing and managing IST resource centres/libraries.

## **Training Information System (TIS)**

It represents the structures and processes for collection, collation, storage, retrieval, analysis, interpretation and use of information for decision making events at various levels. The system provides a frame for reporting and giving feedback.

### *Features*

There shall be standardized data collection tools for capturing data on training occurrences in all locations (GHS IST Forms 1, 2, 3, & 4). The Log Book shall be used to record personal training experiences of individuals. It shall be used as evidence of staff training exposures.

This policy requires that appropriate technologies and materials shall be provided to support the uptake and management of data on training e.g. computers, internet facilities, telephone, the various reporting formats, and stationery.

#### *Roles and responsibilities of National, Regional, Districts and Institutions*

Data on every training event shall be captured through the use of approved tools at the levels where the activities occur. This data shall be communicated to designated bodies for further processing, storage and analysis. The data shall be analysed, used locally and submitted to the appropriate levels.

The level specific responsibilities and roles are as follows;

- National: Developing tools, providing technical support & feedback; using data to plan training and capacity development, and monitoring and ensuring quality. Preparing and disseminating annual IST report.
- Regional: Collating training data, reporting to national and giving feedback to district; using information in decision making and planning
- District: Analysing and using training information for planning and decision making at district levels; reporting and giving feedback to Sub-district and institutions.
- Institution: Collating training data, reporting to district and giving feedback to staff; using information in decision making and planning

### **Monitoring and Evaluation of IST Programmes**

Monitoring of IST shall be continuous, planned and goal directed. Monitoring shall be done at all levels and it shall be based on agreed indicators.

Monitoring guidelines and tools shall be developed at the national level, spelling out priority activity areas.

There shall be a well defined system of evaluation for IST, that ensure a link between In-Service training and performance. The system shall also help management to assess the effectiveness of teaching and learning methods, cost effectiveness and impact on service delivery.

Evaluation shall be conducted at all levels i.e. National, Regional, District and institutional. All structured in-service training programmes shall be evaluated.

**The focus for the assessment/evaluation shall be on the following key areas:**

- Staff performance
- Standard of service delivery
- Linkage of IST to career development and progression
- Self development
- Client / user's impressions on care and service delivery
- Linkages within and among service areas
- Equity and access to IST
- Cost of IST.

### **Maintaining Quality of IST Programmes**

The IST programme embraces all types of training programmes organised and provided for staff at all levels. However, emphasis shall be put on the structured, standardised and accredited programmes. The quality of the IST systems shall be maintained through the inputs provided, facilitation of the processes involved, and management of the outputs and outcomes. Each of these shall have its own standards that will be adhered to at all levels.

## **PART TWO**

### **GUIDELINES AND PROCEDURES FOR IMPLEMENTING IN-SERVICE TRAINING SYSTEMS IN GHS**

## **INTRODUCTION**

These guidelines have been developed to provide guidance and direction for the smooth and effective implementation of IST policy at all levels. They also outline the roles and responsibilities of key persons in the process. This document is guidelines are organized into five sections, namely:

- Section 1: General description of types and approaches of IST
- Section 2: Planning and organization of IST
- Section 3: Conducting and implementing IST
- Section 4: Monitoring and evaluation of IST
- Section 5: Management of training information system.

Each section is organised into guidelines and procedures. Annexes provide further information and arrangements for IST.

All managers and IST coordinators are entreated to study these documents critically and ensure their dissemination and implementation at the various BMCs.

Every staff has the responsibility of updating and upgrading his/her knowledge, skills and attitudes to ensure that their performance is at the level required at all times. This document will be useful to all staff as well.

## **SECTION ONE**

### **GUIDELINES ON IN-SERVICE TRAINING**

#### **INTRODUCTION:**

This section provides guidelines for the implementation of the structured and standardised in-service training programmes. The standardised and structured IST as a group form one of the formalized IST programmes that are developed and provided for staff in the Service. It aims at improving on performance of duties and contributing staff career progression. A major characteristic of the SIST is that they will lead to the award of credit points to the individual beneficiaries of the programme.

The IST consists of three (3) main types. These are organised and provided at different levels using different approaches. The types, approaches, detailed guidelines and procedures are outlined below:

#### **TYPES OF IN-SERVICE TRAINING**

There are three (3) main types of In-service Training addressed in this document. These shall form the basis and focus for planning and delivery of continuing professional training and development for health staff at the various levels. The main types are:

1. Structured In-Service Training (SIST)
2. Remedial Training
3. Induction and Orientation

The following are various approaches that may be used for the delivery of the various types of IST.

- SIST courses
- Study Tours
- Attachment
- Fellowships
  - (Long/Short, Local/External)
- Post-Basic Training
- On the job training (OJT)
- Distance Learning / Education

## **STRUCTURED IN-SERVICE TRAINING**

Structured In-service training describes those training programmes that are based on standardized curricula with clearly defined target groups, objectives, content areas, and delivery methods. Structured in-service training focuses on:

- i. Provision of functional knowledge, skills and attitudes required by staffs that perform similar functions irrespective of their geographical locations.
- ii. Comparability of the objectives, content, mode of delivery, training approaches and duration of training for staff with similar backgrounds.
- iii. Systematic monitoring and evaluation of process of training and post-training performances
- iv. Awarding pre-determined credit point

SIST may be designed and implemented by GHS or outsourced to institutions of higher learning or training and development organisation. Outsourcing may involve GHS commissioning the institutions to design and organize IST programmes or buy into existing accredited courses for its staff. These institutions may include the Universities, GIMPA, MDPI and other consultancy organizations.

### **a. Scope**

The structured In-service training shall cover core competencies in all areas in health service delivery including Public Health, Clinical Care, Management, and Rehabilitative Health Care. Every health worker shall benefit from at least one SIST that is relevant to his/her functions every three (3) years. Refer to **appendix 5** for list of developed SIST courses.

### **b. Level of delivery**

Structured In-service training shall be provided at functional points within the Service including national, regional, district, and institutional. As much as possible training designated as structured shall be closely monitored and coordinated from the national or regional level to ensure conformance to standards.

### **c. Mode of delivery**

Structured In-service training shall be delivered in one or combination of the following modes:

- i. on-the job / On-site
- ii. off-site
- iii. Distance learning/education

#### *On-the job / On-site Training*

For training that requires emphasis on acquisition of skills, on-the-job training shall be the preferred option for delivery.

#### *Off-site training*

This is the form of training that takes place outside the geographical location of the staff. Often many staff from different places are brought together for this training. Both classroom study and field/practical experience must be integrated during this form of training. If an off-site training

programme has a component of study tour or attachment there shall be a formal learning guide and checklist to facilitate learning.

### *Distance Learning/Education*

This is an organized study experience administered from a location different from the learner's location. It is administered through electronic or the use of paper-based structured modules. It is useful for staff that by the nature of their work can not easily leave their place of work to attend courses.

Distance education shall be promoted and supported as a means of enforcing self-directed learning among staff irrespective of their geographical locations.

### **Credit Points**

Staff who participate in structured in-service training that are relevant to their current or future functions shall be awarded credit points that shall be linked for their promotions, continuing education, appointment into positions or any assignments that will be determined from time to time.

A course shall lead to award of credit points taking in to consideration both the theoretical and practice components involved. The credit allocation shall be based on the following principles:

- A standardized and structured IST course shall have defined duration and credit points which shall cover a minimum period of 40 hours per week
- A post-training practical application period shall be planned and implemented.

Facilitators and IST Coordinators shall help participants, develop their practical implementation plans, and this will involve participant's immediate supervisor. The plans shall be used to guide and support participants integrate knowledge, attitudes and skills into practice.

The supervisor shall prepare a report on participants' performance which shall be used to determine the award of the credit points.

### **Procedures for SIST**

Developing the curricular and credit points for SIST

- HRDD develops curricula for all SIST courses
  - HRDD develops credit points for all SIST courses
  - HRDD makes available to regions copies of all curricula with credit points
  - HRDD outlines the scheme of application of the credit points to Regional In-Service Training Coordinators
- 
- The Regional Director announces priority courses for the year
  - Training coordinator develops brochures /leaflets for the courses
  - Training coordinator request submission of list of potential participants
  - BMC compiles list of eligible candidates for the courses

- BMC Heads submit approved list / application of their candidates to their Regional IST Centre / Training coordinator
- Training coordinator prepares composite approved list of candidates
- Training coordinator provide feedback to BMC Heads on their candidates
- BMC Heads arrange to pay fees of their candidates
- IST coordinator mounts the training programme
- Regional IST coordinator records credit points for IST in staff logbooks after IST session
- Regional IST coordinator maintains record of staff credit point in TIS database

### ***Preparing Resource Persons***

- National IST coordinator develop criteria for selection of resource persons/facilitator for SIST courses
- RDHS develop list of pool of regional resources person
- National IST coordinator shall identify and prepare facilitator/resource person for SIST
- RIST coordinator submits lists of regional resource persons to National IST coordinator
- National IST coordinator develop list of possible pool of national resource persons
- National IST coordinator provide orientation of identified resource person
- National IST coordinator disseminate list of pool of resource persons for the various courses
- Training coordinator assesses performance of participant and resource person during training session

### ***Training Coordinator;***

- Procures training materials and logistics
- Arranges venue for training including practical field sites where necessary
- Receives and registers participants at the training
- Conducts Pre-test
- Introduces participants to the course
- Conducts daily evaluation and keep record of daily activities
- Conducts post-test
- Completes and signs participants' logbook
- Writes the training report and submit to the RDHS
- Provide feedback to supervisors and participants for post training implementation programme
- Organizes follow-ups to work places of participants.

### ***The Supervisors;***

- Appraise performance of participants after post-implementation programme
- Discusses appraisal report with trainees
- Submit appraisal report on trainees to RDHS and BMC Heads
- HR Manager and IST Coordinator analyse reports for further training needs
- Training coordinator compiles and prepares training plans
- Manager ensures that staff have access to relevant materials in the trunk
- Manager regularly update stock in the library
- HLM – Centre provides socio-cultural relevant materials for use of staff
- HLM Centre conducts regular monitoring of the use of the library facility and give feedback

## **REMEDIAL/AD HOC IN-SERVICE TRAINING**

Remedial training programmes refer to any training intervention which has not been pre-determined as in SIST. They are planned and organized to fill gaps in knowledge, skills and attitudes that are identified among staff in a defined practice area. They may also take the form of introducing new ways of performing some procedures e.g. introducing new drugs or technology.

### **a. Scope**

Remedial training shall cover all functional areas in the Service. Managers and Supervisors shall ensure continuous assessment of training needs through effective support supervision performance appraisals, and the identification of performance gaps following the introduction of new Techniques of their staff. These shall serve as the basis for the provision of remedial training as a means of bridging knowledge, skills and attitudinal gaps of staff at various levels.

### **b. Level of delivery**

At the national level, remedial training shall be organized within divisions, departments and/or units in direct response to identified performance gaps of staff.

At the regional level remedial training shall be organized by IST Centre in collaboration with programme officers for staff at that level in direct response to their identified performance gaps. In the event that analysis of supervisory reports and staff performance appraisals indicate that a performance gap is widespread (involving many staff in different districts and institutions), the Regional In-Service Training Centre shall facilitate the design and organization of a remedial training for such staff.

At the district level remedial training shall be organized by the DHMT in direct response to identified performance gaps of staff within the district. At the institutional level, the management team shall organize remedial training in direct response to identified performance gaps of staff in the institution.

### **c. Mode of delivery**

The mode for remedial training shall be mainly on-the job, or other practice and competency based methods.

### **d. Selection Approach**

Selection shall be limited to staff or officers who are directly involved in that functional area and whose performances are noted to have gaps which can be filled through training. Reports from staff performance appraisal, and supervision and monitoring shall be the basis for identifying and selecting staff for remedial training.

### ***Procedures for Remedial/Ad Hoc IST***

- BMC supervisors and managers apply standards and procedures in supervision
- BMC supervisor and manager identify gaps in performances of staff
- BMC supervisor/Manager analyse causes of the gaps and informs management
- BMC supervisor/Manager links up with the training coordinator to Design remedial training for the staff
- BMC training coordinators and supervisor schedules remedial training
- Supervisor and BMC training coordinator conduct remedial training
- Supervisor assess performance of staff and gives feedback
- BMC Training coordinator record remedial training in the logbook

- BMC training coordinator prepares remedial, in-service training report and submits to the region
- The Regional IST coordinator collates and analyzes the remedial training reports from all BMCs and determines common/prevalent problem areas
- Regional IST coordinator provides feedback to BMCs and takes step to address the prevalent problems.
- Training coordinator develops an intervention strategy for prevalent problems

### ***Procedures for Introducing New Technologies/ Interventions and Policies***

These procedures shall be followed to implement new technologies/interventions and policies, once they have been adopted by the Health Sector.

- The Technical Directorate designs strategies for establishing the new system, in consultation with HRDD
- The Technical Directorate develops training materials in collaboration with HRDD-GHS  
HRDD outlines criteria for selection and preparation of Regional Resource Team
- HRDD outline national implementation plan I consultation with technical Directorate
- HRDD Directorate informs RDHS to identify regional resource teams to be trained
- RDHS submit list of regional raining teams to HRDD
- HRDD trains regional resource teams(TOT) I collaboration with Technical Directorate
- Regional resource teams prepare roll out plans for their regions
- RDHS mobilize funds for regional roll out training
- Technical Directorate distributes training materials to the regions for roll out training
- Regional resource teams prepare regional roll out training schedules in collaboration with regional IST coordinator
- Regional resource teams conduct regional roll out training
- Technical Directorate and HRDD support and monitor regional roll out training programmes
- Regional resource teams prepare reports on roll out training programmes regularly
- Regional resource teams submit reports on roll out training programmes to RDHS
- RDHS submit quarterly reports on roll out training to Technical Directorate HRDD
- HRDD mainstreams training component of new intervention in national IST plans, in consultation with Technical Directorate

## **GUIDELINES FOR INDUCTION AND ORIENTATION**

### **i. Induction**

Induction is an organized process of initiating new entrants into the Service. It involves giving basic information needed to settle down quickly and happily to start work. New entrants shall have orientation as part of their induction to the work environment.

### **ii. Orientation**

Orientation is the preparation of an officer who assume a new position or responsibilities in the Service. It shall cover administrative procedures relevant to the new level of responsibility and the technical operations for the level.

## **a. Scope**

- All new entrants into the Service shall be inducted within one (1) month of their appointment.
- Staff appointed into new positions shall be given orientation within one (1) month of appointment
- HRDD shall prepare appropriate materials for standardized orientation and induction at all levels.

## **b. Level of Delivery**

- Induction for all new entrants shall cover administrative arrangements in the Service as well as Technical arrangement for areas in which they will function
- Orientation for staff appointed into new positions shall focus on the technical requirements of the new position and management responsibilities for the level.
- Orientation and induction for categories A& B officers shall be organized by HRD/GHS
- Category C & D staff shall be oriented and inducted at the regional & district levels
- Category E staff shall be inducted at the BMC/ Institutional level

Notwithstanding the above, a large cohort category of staff recruited together shall have the induction initiated by HRDD/GHS

## ***Procedures for Induction and Orientation***

Training Coordinator and HR Manager plans for orientation.

- HRDD/GHS develops special orientation and induction manuals
- RDHS form regional orientation/induction teams
- RDHS submit list of orientation team to Director HRDD
- Director HRD provides orientation to Regional Orientation Teams
- Director HRD provides copies of induction/orientation manuals to RDHS
- RDHS produces adequate copies of the manuals and distribute to new entrants and appointees.
- Training Coordinator captures orientation on training plans.
- Training coordinators schedules induction/orientation.
- Training Coordinators liases with HR Manager to prepare a list of new entrants
- Orientation team conduct induction / orientation
- Orientation team captures the induction/orientation on the TIS
- Dir HRDD monitors orientation / induction at HQ and in regions and provides feed back
- RDHS monitors orientation /induction at the regional and district levels and provides feedback

## **Post Induction Assessment**

- Manager/Supervisor provides supervisory support to new entrants and appointees.
- Manager/Supervisor provides appraisal report on new entrants and appointees after the first 6 months
- Training coordinator and HR Manager analyse appraisal report and identify any peculiar problems
- Training coordinator and HR Manager recommend to the BMC Head the appropriate intervention/training
- BMC Head provides necessary resources for corrective action

BMC Heads prepares report on staff's performance with recommendation for confirmation of appointment or otherwise at the end of the probation period.

## **APPROACHES FOR IN-SERVICE TRAINING**

### **1. Study Tour**

It is an experiential learning based on an organized visit to acknowledged organization or facility known to have developed and is implementing a unique or clearly defined ways of doing things. The intention may be to assist staff to adopt the unique system or way of doing things.

Such training interventions shall be well-structured with defined terminal objectives in view and indicate clearly the terms of reference for staff or officers to benefit from the visit. A study tour mainly shall be local, and may be abroad where the anticipated learning experience can not be attained locally.

#### *Scope*

Study tours shall cover all aspect of health service delivery where practical examples of best practices in other locations with similar characteristics are required. It may be used as remedial training, for orientation in a technical area or as fellowship.

#### *Level of delivery*

This type of IST shall apply to all functional levels of the health system; national, regional, district and facility level.

#### *Mode of delivery*

Study tours are mainly off-site. To be relevant, the objectives of the tour shall be clearly defined and appropriate tools or guidelines shall be developed to guide the learning experiences of beneficiaries.

### **2. Attachment**

A staff of the Service may be purposefully assigned to an identified institution, department or organization to understudy its system or performance style. The intention of an attachment is to offer the beneficiary the opportunity to acquire or sharpen competencies which, upon his/her return, the officer shall adopt and / or replicate at his/her workplace.

The officer on attachment shall be expected to work with the host counterparts and also undergo coaching from a supervisor. The objectives of the attachment and the anticipated learning experiences shall be clearly communicated to the host institution/facility before the commencement of the programme. It may be associated with developing specific project or work plan.

#### *Scope*

Attachment can be arranged either locally or externally for any category of staff from any service delivery level where special skills enhancement is required. Where an attachment is organized as part of a structured IST, pre-determined appropriate credit points will be given.

### **3. Fellowships**

The aim of fellowship is to provide official support to serving officers to develop themselves in relevant disciplines of study, which will be beneficial to both the Service and the individual. It shall comprise of support for local and external, formal and informal programme arrangements. This support shall mainly target programmes at the tertiary levels. The training duration may be short or long.

#### *Selection criteria*

Any category of staff at any level of the Service with relevant qualification shall be eligible and shall have a fair chance of being supported to undertake a study in an area relevant to his/her professional development and the organizational goals.

In order to make the studies undertaken relevant to priority requirements of the job and the selection of most qualified candidates, there shall be open internal advertisement of available opportunities at various levels to facilitate open competition and fairness (eg. Competitive interviewing).

#### *Placement after training*

A statement justifying the relevance of each fellowship award and clearly spelling out the anticipated placement of Fellows after they have successfully undergone training shall be a pre-requisite for acceptance and processing of nominations.

### **4. Special Programmes**

As and when necessary, existing institutions of higher learning or training and development organizations may be contracted to design and organize special tailor-made in-service training programmes for staff in the Service. These training programmes will be organized to meet specific identified service needs. Choice of institutions shall be local or external depending on the nature of the content area and where required equipment/technology is available.

### **5. Distance Education**

An organized study experience administered far away from the learner's location. This can be administered through electronic or the use of paper-based structured modules. It is useful for staff, who by the nature of their work can not easily leave their place of work to attend courses.

Distance education shall be promoted and supported as a means of enforcing self-directed learning among staff irrespective of their geographical locations. Staff who undertake a distance learning experience can also earn credit points. After take sets of modules, staff could earn specific qualification, get upgrading and progression in their career.

#### *a. Scope*

This can cover different categories of health workers operating at various levels of the Service, namely national, regional, district, institutional and communities. It may be used mainly for SIST, remedial and an induction.

*b. Level of delivery*

Distance learning shall be used to update and / or upgrade the knowledge of recipients.

*c. Mode of delivery*

It shall be delivered through electronic media or organized paper-based modules. This shall as much as possible be reinforced through organized seminars where beneficiaries shall be pulled together to share their learning experiences.

*d. Selection criteria*

All categories of staff irrespective of the work locations shall be encouraged to participate in approved distance education programmes that are relevant to their functions.

## **SECTION TWO:**

### **GUIDELINE FOR PLANNING IN-SERVICE TRAINING**

#### **Introduction**

IST planning shall be synchronized with the overall planning cycle and budgeting in the GHS. IST at all levels shall be planned based on objective data and information that indicate the needs for training and capacity building of staffing the service. Training needs shall be determined from the following sources:

- Staff appraisal reports
- Supervisory reports
- Training needs assessment
- New technologies and policies

#### **Guidelines for Planning IST**

- All training needs shall be derived from Staff Performance Appraisal (SPA) report, supervisory and TNA survey reports.
- IST planning shall be synchronized with the overall planning cycle of the GHS
- All BMCs shall plan and budget for the training of their staff
- IST Plans shall be integrated into the overall BMC plans
- SIST shall be based on the Service priorities and peculiar needs of staff in regions.
- Funds allocated for IST shall be used for that purpose
- BMCs shall be encouraged to invest in the continuous development of their staff
- Staff shall be encouraged to initiate their self development in areas that are relevant to their career progressions in the service
- Sponsorship for staff who aspire to pursue post basic/further studies shall be based on planned priorities and availability of funds
- Self-sponsored staff who aspire to pursue courses that are relevant to the service shall be granted permission provided they have met other conditions required for enjoying privileges reserved for eligible staff (refer fellowships management arrangement document)

#### **Procedures**

The Training department prepares the training plans/guidelines in collaboration with Headquarters Divisions.

- Director HRD distributes the plans to the Headquarters divisions and the regions
- RDHS incorporates regional priorities into guidelines (1<sup>st</sup> quarter of the year)
- BMC Heads prepare training plans and budgets and submit to RDHS (by May of each year)
- RDHS collates plans and budget and submit to HRDD/GHS
- RDHS collates plans and integrate into overall regional plans and budgets
- RDHS submit copies of composite plans to BMCs
- Director HRD collates training plans from directorates (1<sup>st</sup> quarter of the year)
- Director HRDD develops guidelines for training planning
- RDHS and BMC Heads re-prioritise based on approved budget

- RDHS develop training Bulletin and disseminate to BMCs
- Director HRDD announces national level training to RDHS and Directors at Headquarters
- IST coordinator compiles list of nominees.

### **Sources of funding In-Service Training Programmes**

The different types of IST programmes that are developed and the various approaches that are used to implement them shall be funded from different sources to ensure equity, access and cost effectiveness. The main sources of funding of IST shall include the following:

- Internally Generated Fund (IGF)
- Government of Ghana (GOG)
- Donor Pooled Fund (DPF)
- Programme specific funding
- Cost sharing
  - District Assembly
  - Private fees
  - Sponsorship by organisations
- Others

For centrally organized IST such as standardized/structured in-service training programmes at the regional levels, the principle of cost sharing with Budget and Management Centres (BMCs) contributing to the cost of training their staff will be used. Training votes shall remain part of allocations to BMCs.

## **SECTION THREE**

### **GUIDELINES FOR IMPLEMENTING, MANAGING AND CONDUCTING IST.**

The various forms and types of IST programmes shall be developed and implemented according to the needs of staff in the Service. These shall be designed with the aim of improving the competencies and skills base of the staff. The IST Coordinators and Focal persons at the various levels shall organize and implement the IST programmes on behalf of their Managers.

Regional IST Coordinators plan and implement the SIST courses at the regional level. District and Institutional IST focal persons shall organize other forms of IST (particularly the remedial courses, and induction/orientation programmes) specific to their district and/or institutions. The Regional IST Coordinators may provide support to the District/Institutional IST focal persons, where necessary, and collate information from these levels into the regional IST database.

#### **Guidelines for Implementing/Managing/Conducting IST Programmes**

Regional IST Coordinators shall monitor IST activities at the district and institutional levels. Activities for IST at all levels shall be monitored based on the following phased procedures. These are: before, during and after the IST programme.

#### **Procedures for Conducting IST**

##### ***Pre-Course activities***

IST Coordinator:

- prepares training plans
- determines date (and duration) of course in consultation with facilitators/resource persons
- announces the course to all facilities/departments
- receives and compile list of applicants for the course.
- contacts relevant facilitators and resource persons for the course.
- procures materials and venue for the course.
- prepares timetable/schedule for the training in collaboration with facilitators and resource persons.
- writes invitation letters to participants and facilitators/resource persons. This is distributed after it has been signed by the Manager. The letters should be dispatched early enough to ensure that all involved get their copies.
- selects and prepares field sites for the training (where practical is involved).
- arranges for materials for practical/field experience (including transportation)
- develop pre-test and post-test questionnaire and programme evaluation tools with facilitators/resource persons.
- print adequate numbers of tools and materials required for the training.

## ***During Course activities***

### **Arrival Activities**

IST Coordinator and Facilitators:

- receives and allocate accommodation to participants and resource persons, at the venue of the training
- Register participants
- Set up Information desk to deal with participants' concerns and queries.
- Distributes Registration forms to participants and collect them back when completed
- Distribute course materials and folders to participants
- Inform participants of the setting arrangement (including feeding, location of classroom and other facilities)

### **Administrative and Support**

IST Coordinator and facilitators/Resource persons provide administrative Support

- Assemble all equipment and ensure they are functioning
- Inform participants about:-
  - Menu
  - Washroom
  - Workshop curriculum
  - Accommodation, transport, per diem and allowances (if any).

### **Management of Presentations and Time**

IST Coordinator and Facilitators:

- ensures that presentations are within training content and guidelines.
- ensures that training session is followed according to prepared timetable/schedule.
- monitors and changes and ensures that the planned training programme is completed.

### **Evaluation of Training Activities**

IST Coordinator:

- distributes checklist and/or questionnaire to participants and facilitators
- collects and analyse checklists and questionnaires
- writes training report and circulates.
- prepares and distribute certificates to participants (and facilitators where applicable).

## ***After Training activities***

IST Coordinator:

- collect and collate data and feedback from participants and facilitators/resource persons.
- Write Training Report, covering
  - Registration Form I
  - Evaluation Form II
  - Fill in Report Form III
  - Fill in logbook
- Edit Report

- Send to supervisor for signature.
- Disseminate Report
  - Dispatch report to higher level
  - Send copy to other stakeholders (including managers and supervisors of participants)
  - Collect feedback on the reports and act appropriately.
- Plan follow-up
  - Set date in consultation with participants' supervisors
  - Inform participants' and their supervisors of the schedule visit
  - Arrange for transport
  - Draw checklist in-line with course content

### ***Follow-Up Activities***

IST Coordinator collaborates with supervisors to:

- Keep data on courses attended by beneficiaries
- Develop monitoring checklist
  - Acceptance of knowledge/skills
  - Actual use
  - Impact of skills
  - Demand on skills
  - Management support for new skills
- Find out from supervisor the awareness of courses/impact/support through
  - Letter
  - Telephone call
- Provide support visit using checklist
  - Observations
  - Interviews
- Provide corrections
- Write report
- Disseminate reports to
  - Beneficiaries
  - Unit Heads/Managements
- Plan further follow-up/support activities

### **Responsibilities of the Training Coordinator**

- Conduct needs assessment for prioritization
- Collate plans for training
- Operationalise/conduct (SIST) delivery
- Provide specific remedial course
- Maintain library and health learning materials

- Schedule staff for in-service training
- Identify resource persons
- Plan in-service training
- Identify appropriate learning methods
- Identify/obtain appropriate health learning materials
- Write proposals including budgeting
- Write reports
- Select appropriate location and learning environment
- Conduct operational research and feedback into the training system

### **Management Responsibilities**

- Assess training needs and prioritize with training coordinators
- Provide logistics for the training function (fund etc)
- Supervise and support coordinators
- Read training report and provide feedback to coordinators addressing concerns

## **SECTION FOUR**

### **MONITORING AND EVALUATION OF IN-SERVICE TRAINING**

All IST programmes are designed and implemented to achieve predetermined goals and objectives. The purpose and essence of IST is to contribute to the achievement of the goals of the health sector through improved performance of staff in health care delivery at all levels. For this to be achieved, all IST programmes shall be monitored and evaluated and the outcomes used to improve the system.

#### **Guidelines for monitoring and evaluating IST**

- All IST activities shall be closely monitored and evaluated regularly for their effectiveness
- All IST activities shall be monitored and evaluated based on predetermined objectives
- All IST plans shall indicate clearly how they will be monitored and evaluated
- Monitoring guidelines and tools shall be developed at the national level and disseminated to regions
- Reports on monitoring and evaluation shall be prepared and circulated to all relevant stakeholders regularly
- Monitoring of post training performances of staff shall be streamlined and strengthened at all levels
- Award of credit points shall be based on post training report on performance
- There shall be review meetings involving resource persons and training coordinators
- There shall be standard equipment list for National IST centre, regional training centre and District/Institutional Training Unit
- The standard equipment list for each level shall be reviewed at 3 year interval and replacement shall be done
- Each staff shall be entitled to one half day study period per week (this translate to 4 hours a week for study i.e. 3 working weeks per staff per year)

#### **Monitoring And Evaluation Activities Related To IST**

##### **Evaluating IST**

- Prepare pre and post-test questionnaires
- Prepare checklist for evaluating training session
- Administer pre-test questionnaire to all participants at the beginning of the IST
- Assess and score pre-test
- Administer post-test questionnaire at the end of the sessions
- Assess and score post-test questionnaire
- Analyse pre and post test scores
- Post pre and post-test scores for the information of participants and resource persons

##### **Monitoring and Training Sessions**

- Check all pre-training plans
- Check all house keeping activities
  - Feeding
  - Accommodation

- Venue
- Materials
- Check all presentation (time, content, participants understanding)
- Check appropriateness and availability to training materials

### **Post-Training Implementation**

- Prepare and disseminate feedback o participants' supervisors
- Outline supervisors' role in facilitating support to participants
- Circulate reporting forms o supervisors
- Collect and analyse monitoring reports
- Update participants records and logbook
- Write and disseminate monitoring report
- Use the report to plan further support, where necessary

### **Evaluating Post-Training Implementation**

- Review goals and objectives of the training
- Establish performance criteria with supervisions
- Establish functions of participants in relation to goals and objectives
- Prepare tools for evaluation/monitoring
- Administer tools and reporting forms
- Collect and analyse reports
- Write evaluation report and disseminate
- Use report to review training, where necessary

### **Procedures**

- Director, HRDD develops guidelines and tools for monitoring
- Director, HRDD disseminate tools, guidelines and schedules to Regions and Directorates
- RDHS and headquarters Directors disseminate to BMCs and Programme Managers
- BMC Heads and training coordinators facilitate IST monitoring activities at their levels
- Managers and supervisors monitor performance of their staff who have attended IST
- Manager and supervisor documents findings of monitoring
- RDHS plans and evaluate IST implementation with the region in the POW period
- Manager and supervisor submit quarterly report on monitoring of staff to RDHS or Director at Headquarters
- Training coordinator analyses reports from BMCs and make entries in Log Book of the staff concerned
- Director HRDD plans and evaluates IST component of the 5-year POW
- Training coordinator and the HR Manager collaborates to identify performance gaps
- Training coordinator identify possible training needs of staff from the performance gaps
- Training coordinator and manager design remedial training for affected staff
- Director HRDD reviews curricula of SIST based on results of evaluation and changes in priorities
- Supervisors / Managers and Training coordinators make adequate arrangements for staff to use their study period effectively
- Director HRDD periodically commission research in areas of IST where further information is required
- BMC Heads conduct operation research on IST at their level

## **SECTION FIVE**

### **GUIDELINES FOR MAINTAINING TRAINING INFORMATION SYSTEM**

The training information system provides the framework for capturing/collecting training data, organizing and storing the data, analyzing the data and using the information for decision making. Training data shall be captured/collected, analysed and the information used at that level. Reports shall be submitted to the appropriate levels as indicated in the protocol.

The training information system shall be maintained through the use of the relevant forms (IST Forms I, II, III, and IV). These forms shall be used for recording, analyzing and reporting at the various levels. The Log book shall be used for the purposes of recording individual training experiences, which shall be used as evidence for such experiences.

#### **Guidelines for TIS**

- All training events shall be captured through the use of appropriate tools at the level where they occur
- Training events that occur shall be communicated timely to appropriate levels.
- Database on training shall be kept and regularly updated at all levels
- Staff training experiences shall be entered in their Log Books
- Every new entrant into the Service shall be provided a Log Book during induction

#### **Procedures**

The training department:

- Develops tools (Forms I, II, III, IV and logbook) for collecting training data at all levels
- Develops guidelines for use of tools
- Provides orientation to training coordinators for the use of tools
- All BMCs establish a data base for IST (paper-based or electronic/computer-based)
- RTCs collates data from BMCs to update Regional database
- RTCs submits updated reports on training to RDHS for action
- BMC and Regional Directorate maintain comprehensive (disaggregated) data on training at their level for management decisions and feedback
- RDHS/Headquarters directors submit updates on training events to Director HRDD

The training department:

- Develops guidelines for completing the Log Book
- Orientates training coordinator and managers in the completion of the Log Books
- Disseminate guidelines on Log Books to regions
- Analyses training data submitted and provide feedback to regions and Directorates
- Training Coordinators and HR Managers analyse the Appraisal reports and determine training needs.

## ANNEXES

### Annex 1: Logical Framework for IST (2004 – 2006)

Narrative Statement	OVI	Means of Verification	Assumption
<b>GOAL:</b>			
Improved delivery of quality health care through the implementation of a formalized in-service training system	<ul style="list-style-type: none"> <li>▪ IST coverage increased from 17% to 33 % each year.</li> <li>▪ Improvement of competencies of Health workers at the various levels.</li> <li>▪ Health indicators improved</li> </ul>	<ul style="list-style-type: none"> <li>▪ National IST Survey</li> <li>▪ Annual IST reports</li> <li>▪ Training Database Systems</li> <li>▪ Various GHS reports.</li> <li>▪ Client surveys</li>   <li>▪ CHIM statistical reports and annual Health Sector Review report.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Political, economic and social situation continue to be consistence with policy.</li> <li>▪ Training methods will contribute to improved delivery of care.</li> </ul>
<b>OBJECTIVES</b>			
1.1. Institutional and management Structures for IST improved.	<ul style="list-style-type: none"> <li>▪ Organogram for IST at national, regional, and district/ institutional levels established.</li> <li>▪ Positions for IST functions appointed and operationalised at national, regional and district levels.</li> <li>▪ Standard reporting and feedback system at all levels.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-service Training Annual Reports</li> <li>▪ Monitoring and training activity Reports</li> <li>▪ Training Activities Reports</li> <li>▪ Appointment letters for post-holders.</li> <li>▪ Report statistics published.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adequate Funding available</li> <li>▪ Health Partners continuous support</li> <li>▪ Commitment from Service Managers and Directors.</li> <li>▪ Approval of the IST policy and posts by GHS council.</li> </ul>
1.2 IST Policy Revised and implemented.	<ul style="list-style-type: none"> <li>▪ IST policy for GHS developed and disseminated.</li> <li>▪ Coordinated IST plans for various levels developed and implemented.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finalized IST Policy Implementation Plan</li> <li>▪ Monitoring reports.</li> <li>▪ Survey and Evaluation reports.</li> </ul>	<ul style="list-style-type: none"> <li>▪ GHS Council and Directors approval and commitment to implementation of policy.</li> <li>▪ Regional and district understanding and use of policy.</li> </ul>
<b>OUTPUTS</b>			
1.1.1: TIS improved	<ul style="list-style-type: none"> <li>▪ Frequency rate of submission of IST reports increases from 80 % to 100% from 2002 to 2006.</li> <li>▪ Usage of TIS forms increase from 80% to 100% from 2002 to 2006.</li> <li>▪ Usage of logbook increase from 63% to 100%.</li> <li>▪ All submitted completed TIS forms without errors.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Database of “IST Information System”.</li> <li>▪ Regional reports.</li> <li>▪ Quarterly reports</li> </ul>	<ul style="list-style-type: none"> <li>▪ Commitment of Coordinators to implement TIS system according established standards.</li> <li>▪ Training information infrastructure improved.</li> </ul>
1.1.2: Competent Training Managers at various levels.	<ul style="list-style-type: none"> <li>▪ Training needs assessment in all regions.</li> <li>▪ GHS managers at all levels trained in training management systems.</li> <li>▪ All regional IST Managers trained in training management.</li> <li>▪ All district/ Institutional</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training Needs Reports</li> <li>▪ Training Reports &amp; Log Book, TIS</li> </ul>	<ul style="list-style-type: none"> <li>▪ Commitment of managers at all levels to the training functions.</li> </ul>

	<p>IST focal person developed.</p> <ul style="list-style-type: none"> <li>Four (4) resource persons per region and 20 at national level developed for all structured training courses.</li> </ul>		
1.1.3. Infrastructure for IST improved.	<ul style="list-style-type: none"> <li>National IST Centre established</li> <li>All 10 Regional Training Centres strengthened have functional standard equipment and adequate training space.</li> <li>139 District IST units have functional standard equipment and training area.</li> <li>All Institutional IST units have standard equipment and training area.</li> </ul>	<ul style="list-style-type: none"> <li>Certificate of Inhabitation</li> <li>Inspection Reports</li> <li>Survey and evaluation reports.</li> </ul>	<ul style="list-style-type: none"> <li>Adequate fund for training infrastructural development is available.</li> <li>GHS is committed to developing the formalised IST system and operations.</li> </ul>
1.1.4. Material and Equipment for IST improved	<ul style="list-style-type: none"> <li>Standard Equipment list revised and published.</li> <li>90% of standard equipment and material list available in IST Centres/Units.</li> <li>70% of Standard Health Learning Materials list available at IST Centres.</li> </ul>	<ul style="list-style-type: none"> <li>Equipment Inventory</li> <li>IST Reports</li> <li>IST reports.</li> <li>Percentage of courses with published HLMs.</li> </ul>	<ul style="list-style-type: none"> <li>Adequate allocation of funds and other resources.</li> <li>Commitment of GHS Directors</li> </ul>
1.1.5: Full complements of staff at the various levels trained.	<ul style="list-style-type: none"> <li>33% of staff receiving at least 1 structured IST annually from 2002 - 2006.</li> <li>Number of training courses planned and percentage of these run.</li> </ul>	<ul style="list-style-type: none"> <li>IST Annual Report</li> <li>TIS Database</li> </ul>	<ul style="list-style-type: none"> <li>IST Training managers, Coordinators and resource persons follow training plans.</li> <li>Commitment and support of GHS Director and Managers at all levels.</li> </ul>
1.1.6. Post Training Support mechanisms developed	<ul style="list-style-type: none"> <li>% of trained staff receiving supportive supervision, after each structured IST annually from 2002 - 2006.</li> <li>Monitoring and support tools developed.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring Reports.</li> <li>Monitoring tools at Centres and work places.</li> </ul>	<ul style="list-style-type: none"> <li>Support and commitment of GHS managers at all levels.</li> </ul>
1.1.7: Curricula for IST courses updated/ developed	<ul style="list-style-type: none"> <li>Course classification list revised.</li> <li>% of curricula for IST developed from 2002 - 2006.</li> </ul>	<ul style="list-style-type: none"> <li>Completed Curricula</li> <li>Reports of working sessions</li> </ul>	<ul style="list-style-type: none"> <li>Funds are available.</li> <li>Commitment of GHS Directors and Managers.</li> </ul>
1.1.8: SIST courses are validated and accredited.	<ul style="list-style-type: none"> <li>% of SIST Courses with credit values increased from 0% to 100% by 2006</li> </ul>	<ul style="list-style-type: none"> <li>Accreditation Reports</li> </ul>	<ul style="list-style-type: none"> <li>Commitment and support from internal and external stakeholders.</li> </ul>
<b>ACTIVITIES</b>			
<b>What</b>	<b>Who</b>	<b>When</b>	<b>Where</b>
1.1.1.1: TIS improved			
1. Review of TIS tools.	Director & staff RHD/GHS and Head Training Unit.	3 <sup>rd</sup> Qtr 2004 to 2 <sup>nd</sup> Qtr 2005	HRD/GHS

2. Set up IST database at district level.	Director HRD/GHS Head, HR Planning Unit.	By December 2005	DHAs
3. Orientate IST managers and focal persons in the use of TIS tools.	Director, HRD/GHS Head Training Unit	2 <sup>nd</sup> Qtr 2005 to 4 <sup>th</sup> Qtr 2005.	Regional & District levels.
4. Conduct relevant SIST for various cadres.	Training Managers, <i>Programme Managers, Directors and IST Coordinators, Resource persons.</i>	4 <sup>th</sup> Qtr 2004 and ongoing.	National, & Regional levels mainly
5. Develop Logbook validation system.	Director, HRD/GHS, GHS <i>Head, HR Training Unit. Directors and Managers</i>	3 <sup>rd</sup> & 4 <sup>th</sup> Qtrs. 2004.	National and Regional levels.
<i>1.1.1.2: Competent Training Managers at various levels.</i>			
1. Train GHS managers, IST Co-coordinators, Resource persons for IST in training management and delivery.	Director, HRD/GHS <i>Training Manager, HRD/ GHS Regional IST Coordinators</i>	1 <sup>st</sup> Qtr. 2005	National & Regional levels
2. Develop criteria for selection of: a. IST Co-coordinators b. Resource Persons	Training Manager, HRD/ GHS/	4 <sup>th</sup> Qtr. 2004.	RHDGHS
3. Prepare IST Co-coordinators & Resource Persons			
4. Provide updates in training methods and design for IST resource persons at all levels	Head, HR Training Unit. <i>Director, HRD/GHS</i>	4 <sup>th</sup> Qtr 2004, 2005 and 2006.	National, and Regional levels.
	Head HR Training Unit <i>Manager, HRD/GHS Master Trainers IST Coordinators</i>	Once every other year in 2 <sup>nd</sup> Qtr.	National and Regional levels.
<i>1.1.1.3: Conduct relevant training for various cadres.</i>			
1. Build national IST Centre.	Director General, GHS Director, HRD/GHS.	4 <sup>th</sup> Qtr. 2005	National Level
2. Build/refurbish/ strengthen RTC's/DTC's/ institutions	Dir. HRD & RDHS	From 4 <sup>th</sup> Qtr 2004 to 2 <sup>nd</sup> Qtr 2006.	Regional/District and Institutional levels.
3. Renovate/refurbish all regional IST Centres	Dir HRD/GHS & RDHS	4 <sup>th</sup> Qtr 2004 to 2 <sup>nd</sup> Qtr 2006.	Regional level
<i>1.1.1.4: Materials and equipment for IST improved</i>			
1. Provide training equipment/materials at the centres.	Director, HRD/GHS <i>IST Coordinators</i>	4 <sup>th</sup> Qtr 2004 to 2 <sup>nd</sup> Qtr 2005	National, Regional District & Institutional levels.
2. Furnish training centres.	Regional Directors of Health Services.	As above	As above
3. Develop planned preventive maintenance (PPM) schedule for IST equipment.	IST Coordinators and Focal Persons	4 <sup>th</sup> Qtr 2004	As above
<i>1.1.1.5: Full complements of staff at the various levels trained.</i>			
1. Identify Staff for specific IST courses.	GHS Managers/Directors IST Managers/ Coordinators/Focal persons.	4 <sup>th</sup> Qtr 2004 and on going	National, Regional District and Institutional levels

2. Prepare Resource persons for specific Course Areas.	Director, HRD/GHS Head, HR Training Unit.	4 <sup>th</sup> Qtr 2004 and on going	National and Regional levels
3. Conduct appropriate SIST for specific cadres.	IST Coordinators/Focal persons.	4 <sup>th</sup> Qtr and on going	National, Regional, District and Institutional levels.
4. Develop Post-Training implementation mechanisms and support systems.	Dir GHS Programme Managers	As above	As above
1.1.1.6: Post-training support mechanisms developed.			
1. Develop Post training Management scheme.	Dir GHS Programme Managers	4 <sup>th</sup> Qtr 2004 to 2 <sup>nd</sup> Qtr 2005.	As above
2. Identify and prepare Mentors to support the Scheme.	As above	As above	As above
3. Provide logistics for monitoring support.	GHS Directors & Programme Managers	4 <sup>th</sup> Qtr 2004 and ongoing	As above
4. Collect and analyse relevant IST data and give feedback.	IST Managers and focal persons	4 <sup>th</sup> Qtr 2004 and on going	As above
1.1.1.7: Curricula for IST courses updated/developed.			
1. Review standard course classification list for SIST.	Head HR Training Unit	4 <sup>th</sup> Qtr 2004	National level
2. Develop curricula for remaining courses.	Director, HRD/GHS Head, HR Training Unit	1 <sup>st</sup> Qtr 2005 and on going	National and Regional levels
3. Establish Credit points for developed curricula	Head, HR Training Unit.	4 <sup>th</sup> Qtr 2004 to 2 <sup>nd</sup> Qtr 2005.	As above
1.1.1.8: SIST courses are validated and accredited.			
Validate and accredit SIST Courses.	Head Training Unit	4 <sup>th</sup> Qtr 2004 and on going	National and regional level
Establish system of linking SIST Courses to promotions and career progression. o completion of logbook o updating TIS and Personal data	Head, RH Training & Management Units.	1 <sup>st</sup> Qtr 2005	National level
Develop mechanisms for validation and accreditation of SIST courses.	Head, RH Training Unit.	4 <sup>th</sup> Qtr 2004	National, regional, district and institutional levels

## SUMMARY OF SCHEDULE OF ACTIVITIES 2004 - 2006

ACTIVITY	TIME FRAME											
	2004				2005				2006			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<i>1.1.1.1: TIS improved</i>												
1. Review of TIS tools.			*	*	*	*						
2. Set up IST database at district level.			*	*	*	*	*	*				
3. Orientate IST managers and focal persons in the use of TIS tools.						*	*	*				
4. Conduct relevant SIST for various cadres.				*	*	*	*	*	*	*	*	*
5. Develop Logbook validation system.				*	*							
<i>1.1.1.2: Competent Training Managers at various levels.</i>												
1. Train GHS managers, IST Co-coordinators, Resource persons for IST in training management and delivery.					*							
2. Develop criteria for selection of: a. IST Co-coordinators b. Resource Persons				*								
3. Prepare IST Co-coordinators & Resource Persons				*				*				*
4. Provide updates in training methods and design for IST resource persons at all levels						*				*		
<i>1.1.1.3: Conduct relevant training for various cadres.</i>												
1. Build national IST Centre.								*				
2. Build/refurbish/ strengthen RTC's/DTC's/ institutions				*	*	*	*	*	*	*		
3. Renovate/refurbish all regional IST Centres				*	*	*	*	*	*	*		
<i>1.1.1.4: Materials and equipment for IST improved</i>												
1. Provide training equipment/materials at the centres.				*	*	*						
2. Furnish training centres. 3. Develop planned preventive maintenance (PPM) schedule for IST equipment.				*	*	*						
<i>1.1.1.5: Full complements of staff at the various levels trained.</i>												
1. Identify Staff for specific IST courses.				*	*	*	*	*	*	*	*	*
2. Prepare Resource persons for specific Course Areas.				*	*	*	*	*	*	*	*	*
3. Conduct appropriate SIST for specific cadres.				*	*	*	*	*	*	*	*	*
4. Develop Post-Training implementation mechanisms and support systems.				*	*	*	*	*	*	*	*	*
<i>1.1.1.6: Post-training support mechanisms developed.</i>												
1. Develop Post training Management scheme.				*	*	*						
2. Identify and prepare Mentors to support the Scheme.				*	*	*						
3. Provide logistics for monitoring support.				*	*	*	*	*	*	*	*	*

4. Collect and analyse relevant IST data and give feedback.				*	*	*	*	*	*	*	*	*	*
1.1.1.7: Curricula for IST courses updated/developed.													
1. Review standard course classification list for SIST.				*									
2. Develop curricula for remaining courses.					*	*	*	*	*	*	*	*	*
3. Establish Credit points for developed curricula.				*	*	*							
1.1.1.8: SIST courses are validated and accredited.													
Validate and accredit SIST Courses.				*	*	*	*	*	*	*	*	*	*
Establish system of linking SIST Courses to promotions and career progression. o completion of logbook o updating TIS and Personal data					*								
Develop mechanisms for validation and accreditation of SIST courses.					*								

**Annex 2: NATIONAL LEVEL - MANAGEMENT & IMPLEMENTATION ARRANGEMENT OF IST**

<b>ROLE</b>	<b>HRD</b>	<b>DIVISIONAL DIRECTORS</b>	<b>PROGRAM MANAGERS</b>	<b>SPECIAL INSTITUTIONS E.G. PSYCHIATRIC HOSPITAL</b>	<b>DEVELOPMENT PARTNERS</b>	<b>CORPORATE AGENCIES</b>
<b>1. Policy Formulation</b>	√	√	√	√	√	√
- Initiation	*					
- Develop & Review	*	*	*	*		
- Dissemination	*	*	*	*		
<b>2. Guidelines/Priorities</b>	√	√	√	√	√	√
- Identify	*	*	*	*	*	*
- Develop	**	*	*	*	*	*
- Disseminate	**	*	*	*		
<b>3. National Plan</b>	**√	√	√	√	√	√
- Collation	**	*	*	*	*	*
- Develop	**	*	*	*	*	*
- Disseminate	**	*	*	*	*	*
<b>4. Conduct of Training</b>	√	√	√	√	√	√
- Planning	**	*	*	*	*	*
- Organize	**	*	*	*		
<b>5. Monitoring Plan</b>	√	√	√	√		
- Develop tools	**	*	*	*		
- Develop a schedule	**	*	*	*		
- Develop guidelines	**	*	*	*		
<b>6. Maintain TIS</b>	√	√	√	√		
- Collate analyse	**	*	*	*		
- Update TIS	**	*	*	*		
- Provide feedback	**					

**KEY**

√ Stakeholders in the function

\* Stakeholders who have direct or indirect roles to play. They also contribute to the accomplishment of the task/function

\*\* Persons who are responsible for initiation, planning or organizing and reporting. They are the persons who shall be responsible for reporting on the activities

**Annex 2 cont: NATIONAL LEVEL - MANAGEMENT & IMPLEMENTATION ARRANGEMENT OF IST**

ROLE	HRD	DIVISIONAL DIRECTORS	PROGRAM MANAGERS	SPECIAL INSTITUTION	DEVELOPMENT PARTNERS	CORPORATE AGENCIES
<b>7. Evaluate IST</b>	√	√	√	√	√	√
- Develop Tools	**	*	*			
- Develop & Plan	**	*	*	*		
- Conduct or Commission Evaluation	**	**	**	*		
- Report	**					
<b>8. Conducting TNA</b>	√	√	√	√		
- Develop Tools	**	*	*	*		
- Draw a Plan	**	*	*	*		
- Conduct TNA	**	*	*			
- Report	**					
<b>9. Operational Research</b>	√	√	√	√	√	√
- Identify areas	**	*	*	*		
- Conduct/Commission	**	*	*	*	**	*
- Disseminate findings	**	*	*	*		
<b>10. Mobilisation of Resources</b>	√	√	√	√	√	√
- Identify HR	**	*	*	*		
- Train HR	**	*	*	*		
- Identify material resources	**	*	*	*		
- Procure, materials	**	*	*	*	*	*
- Distribute materials	**					
- Identify funding sources	**	**	*	*		
- Mobilize funds	**	**	**	**	*	*
- Allocate funds	*	**	**	*	*	*
- Monitor Resources	**	*	*	*		

**KEY**

√ Stakeholders in the function

\* Stakeholders who have direct or indirect roles to play. They also contribute to the accomplishment of the task/function

\*\* Persons who are responsible for initiation, remaining or organizing and reporting. They are the persons who shall be responsible for reporting on the activities

**Annex 3: REGIONAL LEVEL - MANAGEMENT & IMPLEMENTATION ARRANGEMENT OF IST**

ROLE	REGIONAL DIRECTOR	REGIONAL TRAINING COORDINATOR	BUDGET MANAGEMENT CENTRES HEADS	PROGRAM HEADS	DEVELOPMENT PARTNERS	CORPORATE AGENCIES
<b>1. Policy Formulation</b>						
- Initiation						
- Develop & Review						
- Dissemination						
<b>2. Guidelines/Priorities</b>						
- Identify						
- Develop						
- Disseminate						
<b>3. National Plan</b>						
- Collation						
- Develop						
- Disseminate						
<b>4. Conduct of Training</b>	√	√	√	√	√	
- Planning	*	**	*	*		
- Organize		**	*	*		
<b>5. Monitoring Plan</b>	√	***√	√	√		
- Develop tools	*	*	*	*		
- Develop a schedule	*	*	*	*		
- Develop guidelines						
<b>6. Maintain TIS</b>	√	√	√	√		
- Collate analyse		**				
- Update TIS						
- Provide feedback		**				

**KEY**

- √ Stakeholders in the function
- \* Stakeholders who have direct or indirect roles to play. They also contribute to the accomplishment of the task/function
- \*\* Persons who are responsible for initiation, remaining or organizing and reporting. They are the persons who shall be responsible for reporting on the activities

**Annex 3 cont.: REGIONAL LEVEL - MANAGEMENT & IMPLEMENTATION ARRANGEMENT OF IST**

ROLE	REGIONAL DIRECTOR	REGIONAL TRAINING COORDINATOR	B M C HEADS	PROGRAM HEADS	DEVELOPMENT PARTNERS	CORPORATE AGENCIES
<b>7. Evaluate IST</b>	√	√	√	√		
- Develop Tools						
- Develop & Plan	*	**	*	*		
Conduct/or Commission Evaluation	*	*	*	*		
- Report	*	*	*	*		
<b>8. Conduct TNA</b>	√	√	√	√		
- Develop Tools						
- Draw a Plan	*	**	*	*		
- Conduct TNA		**	*			
- Report		**	*	*		
<b>9. Operational Research</b>	√	√	√	√		
- Identify areas	*	*	*	*		
- Conduct/Commission	**	*	*	*		
- Disseminate findings	*	**	*	*		
<b>10. Mobilisation of Resources</b>	√	√	√	√		
- Identify HR	*	*	*	*		
- Train HR	*	*	*	*		
- Identify material resources		**	*	*		
- Procure, materials	*	*	*	*		
- Distribute materials		*				
- Identify funding sources	*		*			
- Mobilize funds	*		*	*		
- Allocate funds	*					
- Monitor Resources	*					

**KEY**

√ Stakeholders in the function

\* Stakeholders who have direct or indirect roles to play. They also contribute to the accomplishment of the task/function

\*\* Persons who are responsible for initiation, remaining or organizing and reporting.

They are the persons who shall be responsible for reporting on the activities

**Annex 4: DISTRICT LEVEL - MANAGEMENT & IMPLEMENTATION ARRANGEMENT OF IST**

<b>ROLE</b>	<b>DISTRICT DIRECTOR (DHMT)</b>	<b>PROGRAM MANAGERS</b>	<b>DISTRICT HOSPITAL</b>	<b>DEVELOPMENT PARTNERS</b>	<b>CORPORATE AGENCIES</b>	<b>OTHERS FOCAL PERSON</b>
<b>1. Policy Formulation</b>						
- Initiation						
- Develop & Review						
- Dissemination						
<b>2. Guidelines/Priorities</b>						
- Identify						
- Develop						
- Disseminate						
<b>3. National Plan</b>						
- Collation						
- Develop						
- Disseminate						
<b>4. Conduct of Training</b>	√	√	√			
- Planning	*	*	*			*
- Organize		*	*			*
<b>5. Monitoring Plan</b>	√	√	√			√
- Develop tools						
- Develop a schedule						
- Develop guidelines						
<b>6. Maintain TIS</b>	√	√	√			√
- Collate analyse						*
- Update TIS						*
- Provide feedback	*					*

**KEY**

- √ Stakeholders in the function
- \* Stakeholders who have direct or indirect roles to play. They also contribute to the accomplishment of the task/function
- \*\* Persons who are responsible for initiation, remaining or organizing and reporting. They are the persons who shall be responsible for reporting on the activities

**Annex 4 cont.: DISTRICT LEVEL - MANAGEMENT & IMPLEMENTATION ARRANGEMENT OF IST**

<b>ROLE</b>	<b>DISTRICT DIRECTOR (DHMT)</b>	<b>PROGRAM MANAGERS</b>	<b>DISTRICT HOSPITAL</b>	<b>DEVELOPMENT PARTNERS</b>	<b>CORPORATE AGENCIES</b>	<b>OTHERS FOCAL PERSON</b>
<b>7. Evaluate IST</b>	√	√	√			
- Develop Tools						
- Develop & Plan						
- Conduct or Commission Evaluation	*	*	*			*
- Report	*					*
<b>8. Conduct TNA</b>	√	√	√			√
- Develop Tools						
- Draw a Plan						
- Conduct TNA	*	*				*
- Report	*	*				*
<b>9. Operational Research</b>	√	√	√			√
- Identify areas	*	*	*			
- Conduct/Commission	*	*	*			*
- Disseminate findings	*	*	*			
<b>10. Mobilisation of Resources</b>	√	√	√			
- Identify HR	*	*	*			
- Train HR						
- Identify material resources	*	*	*			
- Procure, materials	*	*	*			
- Distribute materials	*		*			
- Identify funding sources	*	*	*			
- Mobilize funds	*		*			
- Allocate funds	*		*			
- Monitor Ressources	*	*	*			

**KEY**

- √ Stakeholders in the function
- \* Stakeholders who have direct or indirect roles to play. They also contribute to the accomplishment of the task/function
- \*\* Persons who are responsible for initiation, remaining or organizing and reporting. They are the persons who shall be responsible for reporting on the activities

**Annex 5. LIST OF DEVELOPED SIST COURSES UNDER THE MAIN SERVICE AREAS.**

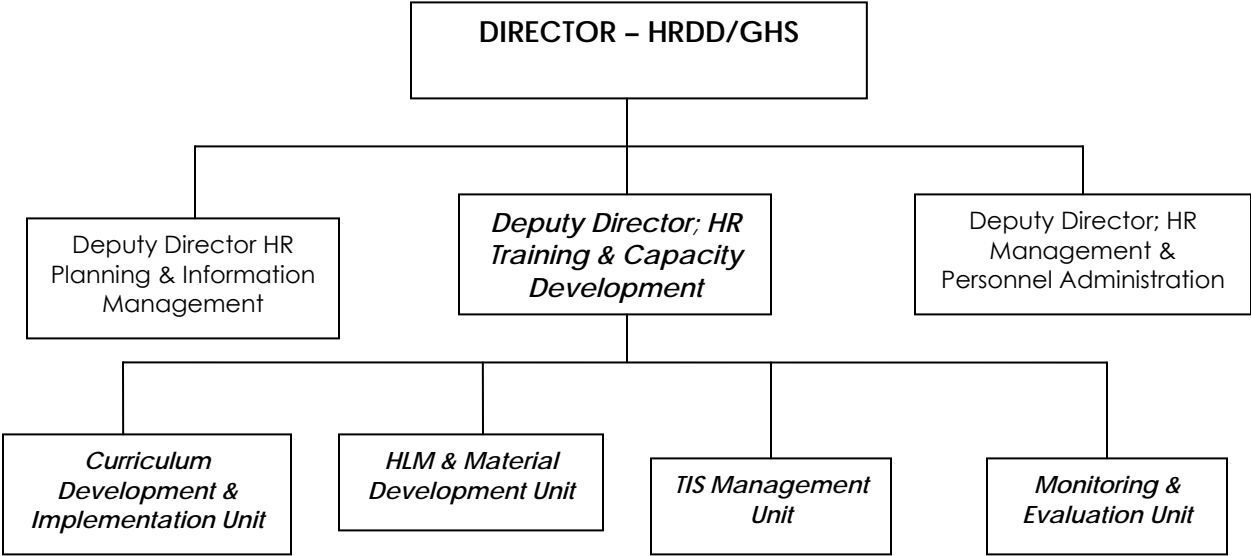
**Reproductive & Child Health**

**Public Health**

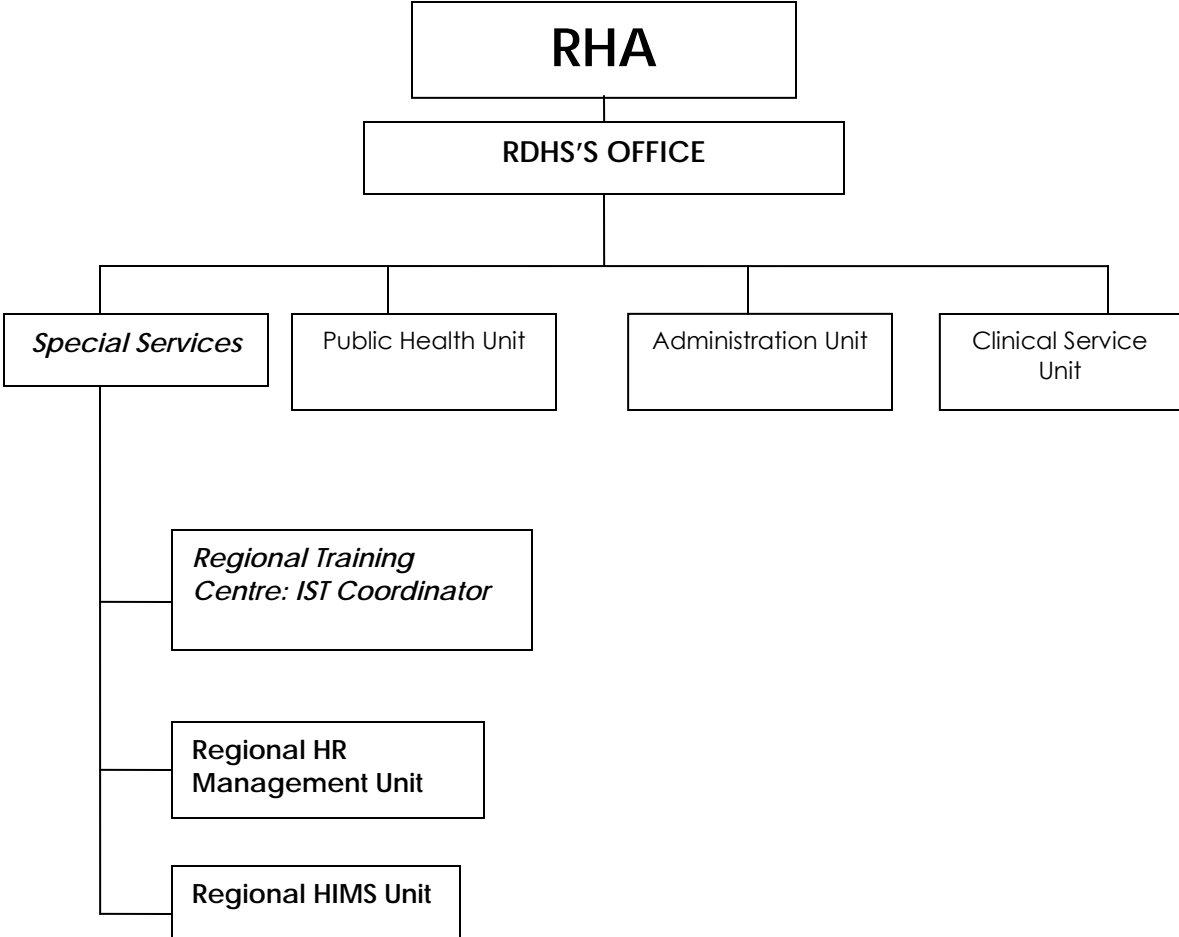
**Clinical Care**

**Management & Administration and Support Service**

**Annex 6. Organogram of Training & Capacity Development Department in HRD/GHS**



**Annex 6. Organogram of Regional IST Centres**



# **ROLES AND RESPONSIBILITIES**

## **Regional Level**

1. Conducting Training Needs Assessment
2. Planning IST programmes
3. Mobilize Resources for IST
4. Conducting training
5. Maintaining TIS
6. Monitoring IST
7. Evaluating IST
8. Conduct Operational Research in IST at Regional Level
9. Assist BMCs organized remedial training
10. Collaborate with HR Managers to organized induction and orientation programmes
11. Organise meetings for resource persons
12. Submit regular IST reports to RDHS with feedback to BMCs

## **District Training Coordinator**

The District Focal Person (DFP) shall be the coordinator of all training activities in the district. He/She shall be formally appointed by the District Health Administration (DHA). He/She shall be given an appropriate training to facilitate his/her performance.

### **Duties:**

- Manage data-base on staff in the district.
- Manage district Training Information System (TIS).
- Liaise with the DHMT (DDHS) to conduct (TNA) for the staff.
- Collate, store, retrieve and present training priorities identified for the district at DHMT meetings when required.
- Liaise with DHMT and Sub District Team Leaders to develop training plan for the district.
- Represent DHMT and liaise with the Regional Training Coordinator (RTC) to plan, organize and implement IST activities.
- In collaboration with the DDHS monitor and evaluate training activities.
- In compliance with National policy and guidelines collate and submit regular report through the 'DDHS' to the 'RDHS'
- Prepare and submit annual report to DHA on all training activities.
- Maintain a district library
- Distribute logbook to staff
- Keep record of the distribution of the log book
- Enter all training experiences of staff in the log book

## **HOSPITAL FOCAL PERSON**

- The focal person shall be appointed by all district hospitals
- The focal person shall be the main liaison between the District Hospital Administration and the District and Regional Training Unit (RTU) with regard IST activities
- Collate institutional training need and priorities
- Submit institutional training need and plan to the District/Region to include in their training plan

- Manage the institution's library
- In collaboration with hospital management and special program managers/coordinators monitor and report on performance of staff at various departments and sentinel sites where applicable
- Prepare the list of training resource requirement for the hospital administration to include in the annual budget
- Prepare the environment for conduct of on-the-job and off-site IST as the case may be
- Prepare quarterly and annual training report
- Assist in the preparation of field site for practical training

### ***Practical Site/Field Site***

*This strategy is employed in SIST where the emphasis is on acquisition of skills. The following steps should be used.*

- *Prepare and use Trained preceptors*
- *Prepare and use Trained supervisor (technical/administrative)*
- *Provide a well equipped Physical learning environment is well equipped*
- *Develop a checklist for both the trainee and the trainer to follow*
- *Use maximum of 5 trainees per session for optimum learning to take place.*

### ***OFF SITE***

*This mode of delivery is a situation where trainees or participants are moved from their workplace. This strategy must be employed in SIST which is to be managed and run at the Regional and National Training Centres.*

- *Engage trained and accredited trainers to train*
- *The delivery shall be done by trained and accredited trainers.*
- *Provide a well equipped physical environment*
- *Use of standardized modules or manuals whose content must be strictly adhered to*
- *Provide adequate and appropriate training/learning materials.*
- *Conduct pre-training assessment of the trainee*
- *The training session should be preceded by assessment of the learner.*

### ***COMBINATION OF OFF SITE AND PRACTICAL SITE/FIELD SITE TRAINING***

*This is an approach whereby the teaching learning process is in 2 phases and it aims at mastery of the knowledge, attitudes and skills acquisition by the learner. It poses a major responsibility on the learner, trainer, the training manager and the institutional supervisor for its success.*

*The session shall be started with the off site approach which shall be aimed at acquisition of basic knowledge, attitudes and skills.*

*The trainees shall be dispersed at the end of a specified period as shall be indicated in the training manual.*

*There shall be a specified period of time which will be allowed for skill transfer on the job.*

*PHASE 2: On-the-Job training session is then used to re-enforce what has been acquired in phase 1 and coach the trainee to attain mastery. This should follow the steps in O.J.T. but must be done by both the trainers and the preceptors.*