

**OPERATIONAL GUIDELINES  
FOR  
DISTRICT ASSEMBLY NOMINATION  
AND SPONSORSHIP  
INTO  
COMMUNITY HEALTH NURSES  
TRAINING SCHOOLS IN GHANA**



**Community-Based Health  
Planning & Services Technical  
Assistance Project**



**HRHD/MOH**



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**OPERATIONAL GUIDELINES FOR DISTRICT  
ASSEMBLY NOMINATION AND SPONSORSHIP INTO**

**COMMUNITY HEALTH NURSES  
TRAINING SCHOOLS IN GHANA**

***Towards standardizing District Assembly  
involvement in Pre-service Training of  
CHNs***

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## FOREWORD

The Health Sector in Ghana faces a lot of challenges in the area of Human Resource. Ghana has been hardly hit by the exodus and misdistribution of her trained professionals and is constrained by the financial implications of providing incentives to motivate, retain and redistribute her staff.

One of the intervention strategies directed to ensure equitable distribution of staff is to encourage District Assemblies and other agencies to sponsor candidates for training. This is aimed at getting those candidates deployed to the sponsored districts to work after training. The strategy has an added advantage of bridging the gap between personnel needed in health facilities at the community level and those currently available.

This, sponsorship scheme has however not being properly implemented and the outcomes are not encouraging. This is partly due to inadequate information and standard operational guidelines for stakeholders to follow. It is upon this premise that this manual has been developed to provide the Community Health Nursing Training schools and District Assemblies guidelines for sponsorship into the schools.

The process to develop this manual has been participatory through numerous consultations and seminars with several stakeholders and partners. In addition to local technical expertise, Population Council also provided technical assistance.

The Manual consists of three parts. The first part, which is the introductory part outlines, the need for the manual and processes involved in its preparation. The second part reviews relevant data and instruments for selecting candidates at the District level into the Schools. The third part explores the cost implications and sponsorship packages.

The manual addresses key operational guidelines and directions on numbers to be sponsored and the bonding arrangements between sponsored candidates and District Assemblies. It has also provided information and inputs for selecting qualified candidates based on community participatory approach. The challenge now is for stakeholders to adopt the framework and keep to the guidelines.

The Ministry of Health is ready to play its part and also accepts stewardship role in the management and implementation of the guidelines enshrined in this manual.

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  - **North Tanoso**      - **Brong-Ahafo Region**
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## **Abbreviations**

CHPS	Community-Based Health Planning and Services
CHNs	Community Health Nurse
CHNTS	Community Health Nurses Training School
DA	District Assembly
DCE	District Chief Executives
DDHS	District Director of Health Services
DHA	District Health Administration
HRHD	Human Resources for Health Division
HRDD	Human Resources Development Directorate
MOH	Ministry of Health
P O Box	Post Office Box
RDHS	Regional Director of Health Services
RHA	Regional Health Administration
RCC	Regional Coordinating Council
SSCE	Senior Secondary School Certificate Examination

## **Executive Summary**

The MOH/GHS has adopted Community-Based Health Planning and Services (CHPS) as the strategy for improving on access and equity in the provision of quality basic health services to all residents of Ghana. In an effort to operationalise the strategy, each district has been demarcated into CHPS zones. To be fully operational, there is the need for about 4000 community health nurses, designated as CHOs to be deployed into all the CHPS zones by the year 2009. Major constraints to implementation of CHPS identified include inadequate community health nurses for deployment as CHOs, and poor retention of CHOs in the CHPS zones. Some of the underlying reasons reported for the poor retention of CHOs have been their deployment into remote and unfamiliar environments after training; and their inability to communicate effectively within their assigned communities due to language differences.

A number of efforts are being made by the MOH to increase the numbers of community health nurses (CHN) and also to ensure their retention in the CHPS zones. Key among the interventions has been the establishment of additional Community Health Nursing Schools (CHNTS) in almost all the regions and the expansion of existing infrastructure for CHN training. Furthermore, district assemblies are being encouraged to sponsor eligible indigenes of their localities into CHN training so that they would be posted to serve in CHPS zones in the district upon completion of their training. This follows the success of the model day community health nursing training programme in Navrongo in achieving better retention of its products who have been assigned into CHPS zones. The Navrongo model has proved that indigenes sponsored under an arrangement with their district assemblies are more willing to return to serve in their districts than those recruited nationally. They also have better chances of retention in their sponsoring districts than their other colleagues since they do not have communication barriers or any cultural inhibitions with their locations.



These operational guidelines have been developed in an effort to standardize and streamline arrangements for district assembly nominations and sponsorship into community health nursing training. The ultimate goal is to increase the number of district assembly sponsored students into CHNTS towards the successful implementation of CHPS as a national pro-poor strategy.

As part of the guidelines, there will be a national level committee that will meet in early January each year to determine the numbers of candidates to be admitted for each region by the available CHNTS. Regional slots will be based on existing shortfall and anticipated CHPS zones expected to be ready within the subsequent two (2) years.

At the regional level, the RDHS will work with the heads of CHNTS, a representative of the Regional Coordinating Council (RCC) and the District Directors of Health Services (DDHS) in the beginning of February each year to review each district's initiatives and preparations for the establishment of CHPS compounds. Slots to districts will be dependent on number of CHPS zones earmarked for completion within the subsequent two (2) years. Based on the decision taken at the meeting, RCC will inform district assemblies about the number of candidates they could sponsor into CHNTS. RCC will also ensure that district assemblies budget adequately for sponsorship of candidates into CHNTS every year.

At the district level, there will be a district assembly (DA) sponsorship committee that will advertise and screen eligible indigenes who apply for admission and sponsorship to enable them enter into community health nursing training. The committee will enter into a written agreement with selected candidates to complete their training and return to serve in the sponsoring district for a defined period of time. District assemblies will have the responsibility of following up their trainees to ensure that they do not abscond after training. Candidates who

default in serving the full term as stated in agreement will be required to refund the total cost of the sponsorship in three fold.

The total sum of sponsorship will vary depending on whether the candidate is admitted into residence or as day trainee. For day trainees who are not accommodated by the assembly, a total **c7, 790.788** will be required for the first year of training, and **c7, 290,788** in the second year; for a resident however, **4,490,788.20 and 4,290,788.20** will be required for sponsorship for the first and second years respectively.

## **Introduction: Background and Rationale**

The Ministry of Health/Ghana Health Service has adopted the Community-based Health Planning and Service (CHPS) as its strategy to improve access and equity in the provision of basic essential package of health services to all residents of Ghana irrespective of geographical locations, and especially in rural, deprived and hard-to-reach communities. To achieve the anticipated national CHPS coverage targets, each district has demarcated and earmarked a number of deprived rural and hard to reach areas as CHPS zones. At least 4000 community health nurses (CHNs) are required for assignment to the CHPS zones by the year 2009.

### **Constraints:**

One major constraint militating against the successful roll out of CHPS is the inadequate numbers of community health nurses for posting to CHPS zones. Also, most community health nurses refuse to accept postings into rural, deprived and hard-to-reach locations due to the lack of social amenities. Even when they accept the postings it is difficult to retain them there.

A number of reasons have been assigned to this situation; notable among them being the fact that most CHNs are recruited from urban locations where the environmental settings are different from what pertains in their assigned CHPS zones. Secondly, language barriers and cultural differences pose serious threats to posting and retention of centrally recruited CHNs to areas where their services are in most need. According to reports, they are posted without regard to their socio-cultural backgrounds and orientations.

To address these constraints the MOH has been expanding existing training infrastructure and setting up new community health nurses training schools in all regions. So far there are a total of nine schools (a school per region) located in all the regions except Greater-Accra. Navrongo CHNTS is one of the new schools established as a model day school.

Currently plans are far advanced to convert this facility into a residential one (2006-2007 academic year) with about twenty percent day student intake. Navrongo experience with DA nomination and sponsorship offers major lessons for these guidelines.

### **The Navrongo Experience:**

The MOH/GHS has set up a model day Community Health Nursing Training School in Navrongo, in the Kassena-Nankana District. The school recruits eligible candidates from rural communities in the Upper East Region using the national recruitment criteria and arranges with the trainees' home district assemblies to sponsor them into the day school programme. Each trainee signs an agreement with the sponsoring district assembly to return and work in the district upon graduation. This new approach evolved from an initial concept where DAs in consultation with community leaders in the district were expected to identify and sponsor eligible candidates to the day school so that the funds generated from such sponsorships could fund the running of the school. This proved unsuccessful and the new approach had to be adopted to ensure relevance and continuity in training skilled and competent CHNs for CHPS in the district.

Statistics (HRH/MOH, 2005) show that out of a total of 99 students admitted into the school for the year 2005-2006, 40.4% (40) were DA sponsored. This figure shows about 9% decrease in that of the 2004-2005 admissions (61) which was about 49.2 percent (30). This decrease has been explained to be due to the lack of standardized guidelines that guide DA in the selection and sponsorship process among other reasons.

The Navrongo approach contrasts with the national model where trainees are recruited nationally with the sponsorship borne entirely by the central government. The students are most often in residence in the training schools and upon graduation are posted to Regional Health Directorates for further deployment within the regions. They are not bonded to any particular DA.

## **Two Approaches to Recruiting and Training in CHNTS for CHPS**

A comparative study carried out in the Tamale and the model Navrongo CHNTS showed that nursing trainees who are recruited from rural communities and are sponsored by their home districts are more likely to return and serve their people as part of the CHPS initiative after completion than those who are centrally recruited and sponsored. This is in spite of a number of challenges they face in the course of their training such as inadequate sponsorship for accommodation, transport and minimal time to share in-group related academic exercises (Adongo and Miller, 2004).

### **District Assembly Involvement:**

Owing to the success of the Navrongo model the MOH has adopted a strategy of encouraging DAs to sponsor young indigenes with the requisite SSCE passes and who are willing to serve for an agreed period of time in CHPS zones within the administrative area of the sponsoring Assembly into CHN training. This is based on the observation that indigenous sponsored CHN trainees are more willing and committed to serve in their areas since they would not have any cultural and environmental inhibitions or language barriers.

However, by allowing DA to sponsor candidates into schools in their regions, MOH by policy and vision is by no means encouraging regionalization of Community Health Nurses Training Schools. The schools remain national assets and in principle all candidates from across the country who meet the eligibility criteria are entitled to gaining admission anywhere. Each school has the mandate to recruit both national and DA sponsored candidates for training. It is expected that as DA enter into agreements with candidates for sponsorship, issues such as eligibility and selection criteria, sponsorship package, agreed duration of service upon completion of training and incentive package/support during service are clarified on the onset.

The principle of cost sharing also requires that instead of off-loading the full cost of training to MOH, that the to sponsoring Assemblies contribute a certain percentage through the sponsorship package to the Schools. This is intended to provide additional resources to the training institutions to support provision of updated library materials including journals and text books, audio-visuals, basic equipment, and also payment of allowances for part time tutors and preceptors towards effective teaching and learning.

**Rationale for the development of this Operational Guideline:**

Reports from the schools indicate that there is no standard guideline informing the implementation of the sponsorship directive. Currently, sponsorship packages vary among sponsoring districts and as some sponsored students get to know that they are disadvantaged in their access to food, accommodation, transport and utilities their morale and commitment are affected from the very onset. Many candidates presented by DA for selection interviews do not meet the minimum entry requirements as determined by the Nurses and Midwives Council. Consequently a large number of candidates are rejected during the final selection. In the process the proportion of CHNs likely to return to their districts as intended becomes limited. Most districts do not have any written modalities or agreements in place to follow up their sponsored candidates to ensure that they return to serve their people for any period of time.

In the course of developing this guideline, visits were paid to the Tamale, Tanoso, and Winneba CHNTS. Savelugu Nanton, North Tanoso and Winneba DA were also visited. They all corroborated above reports and were unanimous about the need for a guide to streamline DA sponsorship into CHNTS. Opinions were however divided as to whether District Chief Executives should be made part of the selection panel or not.

Some felt strongly that selection of candidates should be left to the MOH/GHS, and that prospective candidates may approach the DA for sponsorship and a cover letter indicating the assembly's willingness to sponsor them. In the case of Navrongo, it is reported that after interviews that are organized in the school, list of successful candidates are submitted by the school to the DAs for sponsorship arrangements to commence.

Some District Chief Executives (DCE) had a strong feeling that they have key roles to play in the nomination of candidates to ensure that needy eligible indigenes are given preference over others. One DCE attested to his personal commitment to following up the trainees in school and helping them familiarize themselves with places they would be deployed into before they complete their training. Whilst acknowledging the important roles DCEs have in the whole recruitment, selection and sponsorship processes it should be noted that nominations from the districts must be done in a transparent manner.

This guideline is intended to help DAs to work out their sponsorship packages. It is also to guide them to ensure transparency in nominating candidates who meet the prescribed entry requirements for consideration.

The purpose of this document therefore is to provide clear and standardized guidelines for DA nominations and sponsorship into Community Health Nurses Training School. Even though this guide is specifically designed for community health nurses training sponsorship, the principles are similar for other health pre-service training programmes and could be applied for that same purpose.

This guideline will be subjected to review after three years of its implementation when circumstances are likely to have changed.

## ***Operational Guidelines for District Assembly Nomination and Sponsorship into CHNTS***

### **A. Process of Nominating Candidates**

#### **National Level Allocation Committee:**

Allocation of slots for admission of new candidates into community health nursing for regions will be needs based. The National Allocation Committee will meet in early January each year to review numbers of new Community Health Nurses that have been planned for absorption in to the GHS after formal training and will be needed for each region. The National Allocation Committee will be made up of the Director HRHD -MOH, the Director of HRDD Ghana Health Service, Regional Directors of Health Services, and Heads of CHNTS.

Regional allocations will be based on prevailing shortfalls, the number of CHPS compounds that have been initiated or earmarked for completion within the subsequent two years and or, anticipated attrition of community health nurses. An initial quota of 40% of an overall recruitment per school will be set aside for admission of District Assembly sponsored candidates into Community Health Nurses Training Schools. Where a school is not able to recruit to meet its quota, the MOH can submit/transfer more of the DA sponsored candidates from other regions who were unable to gain admission to their schools of choice due to limited space. Such candidates will be expected to return to their respective sponsored DAs after successful completion of training.

#### **Regional Level Committee:**

Following the allocation of the regional slots by the National allocation committee, the RDHS, the head of CHNTS and a representative of the Regional Coordinating Council (RCC) will constitute a committee to determine allocations to each district latest in the first week of February each year.



The main criteria for allocation being, the number of CHPS compounds earmarked for completion within the ensuing two (2) years, current shortfall and anticipated attrition within the period. The number of slots allocated to each district should be communicated in writing to the District Assemblies by the RCC. RCC must ensure that every district assembly budgets adequately for the sponsorship of candidates to CHNTS.

### **District Assemblies Nominations:**

Every DA should constitute a selection committee. Suggested members include the District Chief Executive, the District Director of Health Services, and any others that can facilitate the process of objectivity and transparency such as traditional rulers, the District Director of Education, members of Community Health Committees, Key Civil Society Organisations. .

District Assemblies should be conversant with the eligibility criteria for admission into a Community Health Nursing School to facilitate the process.

### **Eligibility Criteria**

The most important eligibility criteria as defined by the Nurses and Midwives Council is that, the **candidate should have aggregates 30 or better from the Senior Secondary School Certificate Examinations (SSCE). The passes should include Core English, Mathematics and Science and any other three (3) elective subjects.**

Candidate should be between the ages of 18 and 35 years. Selection interviews held at the Community Health Nurses Training Schools are quite rigorous, as such District Assemblies are advised to ensure that their candidates have the requisite qualifications and composure for the training they are being nominated to undertake.

The phenomenon of ‘protocol list’ is seriously being discouraged. As such each district is expected to submit one composite list of nominees that they are desirous of sponsoring. DAs are to make sure every nominee on their list meets the basic entry requirements. As much as possible DA should ensure a high level of transparency in the nomination process. This can be better achieved by involving key stakeholders in the local screening and nomination process. This will help to curb the ever-increasing protocol lists that tend to undermine the selection process. The DAs also have an option of engaging with the schools in the identification of eligible candidates from their respective districts who are from deprived communities and willing to serve the district as have been reported in the Navrongo model. **Once the District Assembly’s endorsed composite list is received no other list will be entertained.**

The following should be considered as the key steps in the selection process:

1. Normally, advertisements for acceptance of applications to the programme appear in the national dailies by the middle of March each year. District Assemblies (DAs) are advised to start searching for eligible candidates at least a month before the appearance of the advertisements (ideally before the end of February each year). This will afford the DAs ample time to diligently hunt for the most eligible candidates.

DAs are encouraged to use all existing grassroots structures and arrangements including traditional authorities, unit committees, and assemblymen to look for candidates from deprived locations. Candidates should possess the requisite basic entry requirements and should be desirous of pursuing the programme. Local advertisements on public notice boards, and announcements in churches, mosques and public gatherings with clear indications of the eligibility criteria are other means for ensuring wide publicity within the district.

2. Local eligibility criteria for selection of candidate should include:

**Essential**

- Meeting the eligibility criteria set by the Nurses and Midwives Council and the Ministry of Health
- Ability to speak the local dialect
- Willingness to sign an agreement to return after successful completion of training to serve in the district
- No known commitment that will compel candidate to relocate to another district within the first three (3) years of completion of training
- Be resident in the sponsoring district

**Preferably, candidate should:**

- Have one or both parents or guardian living within the sponsoring district.

3. The DA will compile list of applicants and arrange to meet, interview and screen their certificates for eligibility and authenticity of documents. DA nomination interviews should be held latest by the middle of April each year. This should allow ample time for composite list of candidates to be submitted to the CHNTs and thence to HRHD/MOH headquarters for further processing for final selection interviews.

4. The DA should arrange to get nominees to fully complete the relevant application forms. These may be obtained from the DHA or the CHNTS nearer the District. Completed application forms must be duly endorsed by the DCE. By endorsing the completed application form, the DAs signal their consent for selection of the applicants prior to gaining admission.

Prospective DA sponsored candidates should be encouraged to choose the school located in their home regions. Whenever it becomes

necessary, HRHD/MOH will facilitate placement of eligible sponsored candidates in alternative schools outside their home regions.

5. The DA should compile and submit list of successful candidates who have been nominated with a cover letter pledging the preparedness of the District Assembly to sponsor them if selected. **The list, fully completed application forms of nominees and cover letter should be submitted to the Community Health Nurses Training School** in the Region and copied to the Human Resources for Health Division of the Ministry of Health, P O Box M.44, Accra. **The list, application forms and the cover letter must be submitted to the CHNTS at least four (4) weeks before the final selection interviews (latest by the 15<sup>th</sup> of April each year).** The District Chief Executive must duly sign the cover letter.
6. The Head of CHNTS will compile all lists of nominees, completed applications forms with cover letters pledging sponsorship from District Assemblies, and submit these to the Director HRHD/MOH.
7. The final selection interview will be conducted by a panel made up of a **representative of the Director of the Human Resources for Health Division, Ministry of Health, Accra, a representative of the Regional Director of Health Services (RDHS), the Head of the CHNTS** and others to be determined by the Head in consultation with the RDHS.
8. Candidates who meet entry requirements and are covered by District Assemblies' pledge of sponsorship will be given priority.
9. A list of successful candidates will be published in the National Dailies two (2) weeks after the panel interviews.

10. As soon as the list appears in the Dailies, The Head of the CHNT will submit list of successful candidates to the DA with a cover letter requesting that necessary arrangement be made for the payment of fees and other commitments.
11. DAs should arrange with the Head of CHNTS the terms for payment of fees and ensure that their candidates report to school early enough to complete admission formalities as required.

## **B. Sponsorship Package**

In principle, students of CHNTS are under sponsorship of the central government through the Ministry of Health. The DA sponsorship is not meant to recover the full cost of training of a community health nurse. The DA sponsorship is meant to make inputs into the total cost of training in order to cater for the extra pressure on audio-visuals, equipment, library facilities, allowances for part time tutors and preceptors and other incidentals. Students under DA sponsorship especially those that are not in residence are expected to be provided top-up allowances by their sponsoring District Assemblies to cater for their personal upkeep. It has been noted that most sponsored non-residential students are over-burdened with high accommodation charges, transport, feeding and utility costs often beyond their pockets.

As District Assembly sponsorship of candidates into health training institutions become institutionalized, DAs are encouraged to budget adequately for the number of candidates they plan to sponsor each year. This will help to control the lack of budgetary provision and “no funds” that has bedeviled some Assemblies’ ability to make do their pledges in the past.

**Obligation to Sponsored Students**

District Assemblies have the obligation to arrange for accommodation and transport for the sponsored students who are not in boarding facilities provided in the CHNTS. In lieu of any of such arrangements, the sponsoring Assembly is required to make substantial financial contributions to support the rental of a decent but modest accommodation and transportation to and from the school for the student.

The following are the recommended fee levels and other expenditures for District Assembly sponsored students:

### District Assembly Sponsorship Package for Community Health Nurses

ITEM	FIRST YEAR (Cedis)	SECOND YEAR (Cedis)	REMARKS
Admission	100,000	0	
Accommodation	1,800,000*	1,800,000*	To be paid directly to only day students who are not accommodated by their Assembly
Library	300,000	300,000	
Maintenance of school infrastructure	230,000	230,000	
Computer and other equipment Maintenance	280,788.20	280,788.20	
Indexing	100,000	0	
Registration	20,000	20,000	
Examination	260,000	260,000	
Text Book Fee	250,000**	250,000**	To be paid directly to every DA sponsored student
Tuition subsidy	3,000,000	3,000,000	
Transport for field work	250,000	250,000	
Transport for commuting	1,200,000	1,200,000	To be paid directly to only day students
<b>Total</b>	<b>7,790,788.20</b>	<b>7,290,788.20</b>	
<b>Total to be paid directly to the school</b>		<b>4,340,788.20</b>	

All students, including District Assembly sponsored ones will be on government monthly stipend. However, start of payment of allowances in the first year often delays and District Assemblies are expected to cater for the sponsored students during these trying periods. For a student in boarding sponsoring District Assemblies are expected to pay a subsidy of seven hundred and two thousand cedis (¢702,000.00) towards their feeding, refundable to the DA when student allowances are regularised. For day students, a realistic costing based on prevailing conditions in the community in which the school is located should be provided by the sponsoring District Assembly. For both boarding and day students the District Assembly should pay the feeding subsidy through the head of the CHNTS during the processing of admission formalities. Payment of such allowances through the official channel will make it easier for DAs to recover same when students' allowances are regularized.

### **C. Mode of Payment of Fees**

The fees represent about a third of the total cost of training a community health nurse at the prevailing market rates. The amount is the sponsoring District Assembly's contribution towards the upgrading of teaching and learning in the school and its preceptor sites. District Assemblies are required to arrange individually with the Heads of Institutions on terms of payment. **Candidates whose fees are not paid on commencement of their training without any prior written agreement with the school authorities should be sent home.**

Out of pocket allowances to cover accommodation and transport to and from lectures especially for day students should be paid directly to the students. This will help to consolidate a bond of relationship between the student and the sponsoring District Assembly. District Assemblies are advised to effect timely payment, as delays would create tension and anxiety among students. Preferably, payment should be made at quarterly intervals.



The rates would be subjected to review after three years of implementation.

#### **D. Agreement with Sponsored Student**

Every student under sponsorship by the Government of Ghana in a Ministry of Health pre-service training institution is bonded to serve anywhere in the country on successful completion of training for a period ranging between two (2) to five (5) years depending on the course. The CHN is bonded to serve for a period of three years. This implies that, upon completion of training, the health staff is expected to work for the government anywhere within the country. **In contrast, a student on a District Assembly's sponsorship is obliged to work in the specific district upon successful completion of training.**

It is the responsibility of each sponsoring District Assembly to arrange and enter into agreement with their sponsored candidates before commencement of training. The agreement should enjoin the sponsored student to return and serve in the locations for which they are being sponsored **for a period of not less than three (3) years upon successful completion of training.**

**PLEASE NOTE THAT, SPONSORSHIP DOES NOT MEAN THAT THE BENEFICIARY BECOMES A BONA FIDE PROPERTY OF THE SPONSOR FOR EVER.**

The sponsoring District Assembly is required to show interest, and monitor closely the academic performance and progress of their sponsored students during the course of the training.

Copies of signed sponsorship agreement must be lodged with the Head of the CHNTS. A sample District Assembly Sponsorship Agreement Form is attached as annex II.

## **E. Posting of Sponsored Student after Training**

Students who are recruited from the national pool are posted at the first instance to the RHA for redistribution within the region on successful completion of their training. On the other hand, District Assembly sponsored staff should be posted directly to the DHA of their District. It is the responsibility of the District Assembly to work in collaboration with the DHA to ensure that such staff are oriented posted to the locations for which they were trained.

## **Annexes**

### **Annex I: List of Enrolled Community Health Nurses Training Schools**

<b>School</b>	<b>Location</b>
1. Akim Oda	Eastern Region
2. Ho	Volta Region
3. Tamale	Northern Region
4. Winneba	Central Region
5. Tanoso	Brong Ahafo Region
6. Navrongo	Upper East Region
7. Jirapa	Upper West Region
8. Esiam	Western Region
9. Fomena	Ashanti Region

**Annex II: Sample District Assembly Sponsorship Agreement Form ( to be on *District Assembly's Logo*)**

I,.....

the undersigned agree to be jointly sponsored by the Ministry of Health

and the .....District Assembly for a course

in *Community Health Nursing*

At.....

I agree to return to serve in the .....District. In a location to be determined by the District Assembly for a continuous

period of not less than.....years.

**Sponsorship Regulation of the District Assembly**

**THE SPONSOREE:**

1. Has agreed to complete the course of study
2. Should not engage in any act of misconduct, which will cause his/her dismissal from the institution (eg. Immorality, drunkenness, stealing, absenteeism, insubordination etc.
3. Upon completion of training, sponsoree's originals of certificates, results slips, transcripts, testimonials and other documents acquired as attestation of training from the institution will be withheld by the Nurses and Midwives Council for Ghana or the particular CHNTS until completion of bonded period .with the District Assembly.

4. Should collect certificates, results slips, transcripts, testimonials and other documents deposited after serving as agreed. The DA would issue a confirmatory note to that effect.
5. The Assembly reserves the right to terminate sponsorship if candidate is found unsuitable.

### DECLARATION BY THE SPONSOREE AND GUARANTORS

It is hereby agreed that the above written undertaking is related to the obligation contained in the regulations in use in the Community Health Nurses Training School by which the Trainee Community Health Nurse is bound.

Where there is a breach of the foregoing conditions for sponsorship there shall be paid to the .....District Assembly within one month of the notice of the breach served on the Guarantor by the District Director of Health Services **all expenses incurred on me in the course of my training, three fold totaling** ..... to meet current inflationary trend as assessed by the District Assembly.

Signed by CHN Trainee.....

Full Name of Trainee..... of

.....

(Contact Address)

Date:.....

***On District Assembly's Logo***

\*Signed by Guarantor:.....

Full Name of Guarantor:.....of

.....

(Contact Address)

Date: .....

Endorsed by Witness.....:

Full Name of Witness:.....of

.....

(Contact Address)

Date:.....Stamp of Witness

Signed by the DDHS.....

**Full Name of DDHS:**.....

.....

**Date:**.....**Stamp:**

**\* Guarantor should be a close relative of the candidate who is personally known to the witness.**