

# MIDA Ghana Health project





# Introduction

## MIGRATION & DEVELOPMENT

Maximizing the positive relationship between migration and development has long been a focus of the work of the International Organization for Migration (IOM). This is especially relevant in an era of globalization and unprecedented mobility. The objective of IOM's migration and development programme is to contribute to the work of the international community, in particular to harness the development potential of the diaspora for the benefit of their native country and to contribute to sustainable development and poverty reduction.

## MIGRATION & DEVELOPMENT

The Migration for development in Africa (MIDA) initiative links the skills and expertise in the diaspora to the development of home countries. The MIDA Ghana Health project aims to build a bridge between available resources of the Ghanaian diaspora and needs, opportunities and policies in the health sector in Ghana.

The main purpose of the project is to facilitate the temporary return to Ghana of Ghanaian health professionals from the diaspora residing in the Netherlands, United Kingdom, Germany and other EU countries for the benefit of local health institutions.

The MIDA Ghana Health project is funded by the Dutch government through the Embassy of the Kingdom of the Netherlands in Accra.

IOM's temporary return projects:

- are flexible and demand driven based on identified needs and gaps in priority sectors of countries of origin;
- work actively with the diaspora and its resources and networks;
- facilitate contacts and cooperation between the diaspora and their home countries and strongly focus on building capacity of stakeholders in countries of origin;
- stimulate cooperation and partnerships between institutions in countries of origin and knowledge institutes in the Netherlands and other EU countries.

The MIDA Ghana Health project is financed by the Netherlands Embassy in Ghana and is realised in close cooperation with the Ministry of Health in Ghana.



Dr. Paul Ofori-Atta, an orthopaedic surgeon from the United Kingdom (back to camera) explains issues on x-ray to medical health professional at the VRA Hospital in Akosombo.

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# MIDA Ghana Health project IOM the Netherlands

## MIDA GHANA HEALTH PROJECT

The MIDA Ghana Health project contributes to the development of human resources in the health sector in Ghana. Ghanaian and other African migrants in EU countries can transfer knowledge, skills and experience through temporary assignments to Ghana. Also, health workers from Ghana have the opportunity to engage in specialized training at health care institutions in the Netherlands, Germany or the United Kingdom.

The project is implemented by IOM in close cooperation with the Ministry of Health of Ghana and Ghanaian diaspora groups in Europe.

The MIDA Ghana Health project started in 2002 and finishes in December 2012.

The project was linked to the five-year Human Resources Policies & Strategies (HRPS) for the Health Sector 2007-2011, as defined by the Ministry of Health of Ghana. The project consists of three main components:

- 1 IOM facilitated temporary return assignments to Ghana carried out by qualified Ghanaian health professionals from the diaspora residing in the Netherlands, the United Kingdom and Germany.
- 2 IOM facilitated internships abroad for qualified health workers from Ghana. The internships took place in hospitals and other health educational institutions in the Netherlands, the United Kingdom or Germany.
- 3 IOM and the Ministry of Health of Ghana undertook an assessment into the option of facilitating long-term returns of members from the diaspora to the health sector in Ghana.

# Netherlands Embassy: appeal to Ghana government



Alexander van Ommen:  
“The project helped to open up the discussion needed to improve the health sector”

The Netherlands Embassy in Ghana has been involved in, and the main sponsor of, the MIDA Ghana Health project since its start in 2005. Alexander van Ommen, the Embassy’s Health and Gender Adviser: “Our Embassy plays an important financial role, as the Dutch government is responsible for the main part of the project’s funding. Additionally, we have been providing technical support and have used our network to promote MIDA’s visibility with parties such as Ghanaian government officials and health services.”

## BRAIN DRAIN

Mr. Van Ommen praises the idea behind the project, which he says, “ideally could contribute to putting a stop to the brain drain, with medical staff leaving Ghana for Europe and the United States. It is essential that this brain drain is turned into a brain gain, bringing the much-needed expertise of

motivated, well-educated health personnel back within Ghana’s borders. In this respect, the Ghanaian government could make a stronger moral appeal to those involved in the diaspora to stimulate their involvement. Their country needs these men and women.”

## STIMULATING CIRCULAR MIGRATION

Although the MIDA Ghana Health project ends in December 2012, the project has served to place circular migration (migrants temporarily returning to their home country, making their knowledge and network available. Ed.) higher on the national agenda. Alexander van Ommen: “In a way, it has played an important part in opening up the discussion that is needed to improve the health sector’s situation.”

IOM THE HAGUE AND IOM ACCRA

# Stimulating linkages between migration and development

More and more migrants and migrant organizations are becoming actively involved in the development of their countries of origin. Despite the economic crisis, the amount of money alone which migrants transfer to family at home each year makes this relationship very visible. The strength of the ties is also apparent in IOM's temporary return projects.

IOM the Netherlands has received positive reactions to the temporary assignment of highly qualified migrants to their countries of origin. Both the migrants and the organizations in those countries, as well as the donors of the projects, are positive about the results so far. More research is required however, into the many relationships between migration and development and also into the long-term effects as, for example, reduction of poverty and economic development.

## CREATING NETWORKS AND CONNECTIONS

The MIDA Ghana Health project is demand driven and based on identified needs in Ghana. IOM The Hague works closely with IOM Accra and local stakeholders in linking the needs with the available experience, expertise and networks of migrants residing in the Netherlands and in other European countries. IOM acts as a facilitator between diasporas and organizations in Ghana and the Netherlands. "IOM is foremost a bridge builder," says Dyane Epstein, Chief of Mission of IOM Accra.

"We bring together governments, migrants and other key stakeholders such as hospitals and health professionals. Here in Ghana we see a good example of bridge building in the MIDA Ghana Health project. Not only does IOM create networks and connections, the migrants themselves act as bridges. They develop links with their home country that often grow stronger with the years."

IOM plays an active role in facilitating contacts between the diaspora and the Ghanaian government. Ms Epstein explains: "Of course without IOM there would also be projects by migrants. But then smaller groups of people would be operating on an individual basis. With our assistance, various efforts can be combined and coordinated, resulting in a much greater impact, with many more people benefitting."

## PLAYING A ROLE IN THEIR HOME COUNTRY

For a number of decades now, IOM has been looking at the positive relationship between migration and development. Migrants who have rebuilt their lives in the country of destination, begin to take an interest to play a role for their home country. Their attention is stimulated by the worldwide discussion, such as that in the Global Forum on Migration and Development ([www.gfmd.org](http://www.gfmd.org)) a United Nations platform jointly organized by IOM.





Dyane Epstein and Ralph Welcker:  
“The project helped to open up  
the discussion needed to improve  
the health sector”

### EFFECTIVE COOPERATION WITH PARTNERS

As an operational organization, IOM learns a great deal from practical experience. Ralph Welcker from IOM The Hague’s Labour Migration and Human Development Unit: “The experience gained in our projects is extremely valuable for further development of policy regarding migration and development. Practical examples have resulted in an IOM handbook for governments in countries of origin, on the involvement of their diaspora in development of the country. The handbook gives insight into the opportunities and means of the diaspora and how to deal with these”, says Welcker.

The temporary return assignments require effective cooperation with partners in the country of origin, and particularly with local and national governments and important stakeholders such as hospitals. The intergovernmental character of IOM is of great value in the process. Welcker: “We have networks in many countries, which allows us to offer a structure in which the migrants can work.”

### STRUCTURAL INVOLVEMENT GHANAIAN GOVERNMENT

In IOM Accra’s strategy, the Ghanaian government is a crucial partner. Dyane Epstein underlines that the government

increasingly moves towards a more structural approach to engage migrants’ knowledge and input. “Before,” she says, “there were isolated, sporadic efforts on the part of the government, but a clear follow-up was lacking.” Now the Ghanaian government is committing more resources, and seeks to ensure the sustainability of its contacts with the migrant community.” Daniel Sam, IOM’s Project Field Manager, adds: “One of the great successes is that the government in its health plan for 2012-2016 has formally included the contribution of the diaspora towards further developing the health sector. This is a recognition of the value of the MIDA Ghana Health project.”

The MIDA Ghana Health project will end in December 2012, but, Dyane Epstein stresses: “We hope with additional support to be able to target maternal health and infant mortality specifically, as these are issues where Ghana is falling behind the international long-term Millennium Development goals. We will, together with the government, engage the diaspora to improve care in these specific fields.” IOM is striving for a continuation. Ralph Welcker: “The Dutch government has indicated its wish to reinforce the relationship with the countries of origin. We can play a role as IOM, as governments are often already partners in our programmes.”



Dr. Clement Jafani Nabare demonstrates to the use of an instrument to Dr. Afoko (resident doctor) during a lecture for medical students at Tamale on minimally invasive urology.



INTERVIEW PROJECT PARTNER

## Ministry of Health in Ghana: a committed government

The Ghanaian government is one of the partners behind the MIDA Ghana Health project ('Migration for Development in Africa') initiated in 2003. The Ghanaian government decided to cooperate in this project as part of the efforts to encourage Ghanaian health professionals in diaspora to contribute towards making healthcare accessible to the people living in Ghana. The vision of the Ministry of Health is ensuring a healthy population for national development. "Unfortunately, Ghana is classified as one of the countries confronted with a Human Resources for Health crisis," says dr. Kwesi Asabir, Deputy Director of Human Resources for Health Development of the Ministry of Health.

According to mr. Asabir, international migration reduces the number of health professionals available to provide healthcare, thereby weakening the contribution made by human resources. "It really is essential that we transform these negative effects of international migration into positive ones. That is the reason behind the Ghanaian government establishing this project together with IOM in 2005. Our aim is to encourage Ghanaian health workers in the diaspora to make a contribution to health care in their country of origin. Capacity building also takes place through offering health workers in the country itself the opportunity to study abroad briefly," says mr. Asabir.

Ghana particularly needs more health experts, further capacity building, increased salaries and residential facilities close to health care institutions.

The ministry supports when needed facilities for the benefit of the experts coming to Ghana. The government also ensured that health workers travelling abroad for extra education or study purposes within the scope of the MIDA Ghana Health project, keep their income and their position in Ghana. The government is also developing a special website to keep the Ghanaian diaspora informed of the latest opportunities in the health care sector. "We would welcome a continuation of our corporation with IOM in facilitating the return of diaspora health workers."



INTERVIEWS HOST ORGANIZATIONS

## “A great impact on our hospital”

**Name:** Col.dr. Samuel Offei Awuku

**Hospital and town:** 37 Military Hospital, Accra

**Occupation:** Consultant orthopaedic and trauma surgeon

“Diaspora intervention through projects such as MIDA Ghana certainly has a sustainable effect on the development of Ghana’s health care sector,” says colonel dr. Samuel Offei Awuku from 37 Military Hospital. He has observed a very clear influence of the diaspora with regard to capacity building and development.

Ghanaian health professionals from the United Kingdom and the Netherlands used their expertise in 37 Military Hospital by organizing and performing complex orthopaedic surgeries and training our staff. All experts were recruited via Motec Life-UK. “We knew exactly what expertise was needed, which we could match through Motec Life-UK. Through the participating migrants we are able to get in touch with other experts available through the MIDA Ghana project. The cooperation with IOM in this regard has been excellent.”

The diaspora experts carried out orthopaedic surgeries such as complex joint replacements and corrective surgeries. “Not just by performing these complex surgeries, but also by training our medical staff, in other words capacity building in a broad sense. Their commitment and transfer of expertise has had a great impact on our hospital and our image has been lifted high.”



#### INTERVIEWS HOST ORGANIZATIONS

## “Establishing a strategic fit”

**Name:** Bernard Botwe

**Hospital and town:** Wenchi Methodist Hospital,  
Wenchi, Brong-Ahafo Region

**Occupation:** Executive Officer

“The assignment of the Ghanaian diaspora to our hospital has been very effective and useful,” says Bernard Botwe, “It has established a strategic fit between Ghanaian health experts living in Europe itching to share some of their experiences and know-how back home and institutions needing such skills and transfer of competences.” To meet the hospital’s needs, Botwe relies on the MIDA Ghana project to get in touch with Ghanaian health experts living in Europe.

“We do not know where exactly they are residing in Europe. We rely on IOM for contacts to meet our needs since some of the level of expertise we require is not available in Ghana. Healthcare expertise in Ghana is available in such limited numbers that it is unable to meet all the needs, especially to us in the districts.”

The Ghanaian health experts from Europe contributed in a practical way to the health care offered at Wenchi Methodist Hospital. Bernard Botwe: “Our objectives were certainly met. In their interactions with the local staff, the experts exposed them to new ways of doing things in the nursing field, such as stressing the importance of good customer care as seen internationally and introducing the urgent need to adhere strictly to medico-legal issues which is important because we are practicing under the National Health Insurance scheme. They also challenged our staff to document all client procedures very seriously by drawing examples based on international standards.”

“Our experiences with the assigned Ghanaian diaspora experts have been very beneficial. Our nurses both in the surgical operating theatre and on the wards got new insights into current practices in their fields through hands-on teaching and learning, ward conferencing and the use of ICT in ward management.”



#### INTERVIEWS HOST ORGANIZATIONS

## “The quality of our patient care has greatly improved”

**Name:** dr. Rebecca Acquaaah-Arhin

**Hospital and town:** Volta River Authority Hospital, Akosombo

**Occupation:** Medical Director

Diaspora intervention certainly has sustainable effects on Ghana’s development, says dr. Rebecca Acquaaah-Arhin: “Our healthcare has many gaps that need to be filled. Various specialized care is not available due to lack of expertise. That is why the MIDA Ghana Health project is so important to us. It brings healthcare to remote areas and transfers skills to healthcare staff”. The work of the diaspora experts had a profound impact on the Volta River Authority Hospital. “Our hospital has become known nationally and internationally for excellence, efficiency, dedication, safe and clean practices. We are now comparable to international standards,” says dr. Acquaaah-Arhin.

The cooperation with IOM’s MIDA Ghana Health project was established via Motec Life-UK (see page 17). Dr. Acquaaah-Arhin identified gaps in the hospital’s service and in the training and development of the hospital staff. This enabled her to determine exactly what expertise was needed. The diaspora carried out diverse activities such as initiating outpatient clinics and performing major and minor surgeries. They also organized eight clinical seminars and transfer of skills to hospital staff.

“Initially hip and knee replacement, cruciate ligament fixation and other orthopaedic surgeries were not performed in Akosombo or other hospitals in Ghana and patients had to travel to Europe or to North America and South Africa,” says dr. Acquaaah-Arhin, “Because of the diasporan professionals we can now perform these surgeries in Volta River Authority Hospital. Patients from all over the country are referred here. Three of our staff have benefitted from attachments to hospitals in the United Kingdom to learn best practices. We have had visits from surgeons from other hospitals in Ghana and the United Kingdom as well as registrars from Ghana.”

“What I especially value is the experts’ contribution to improved patient care. Patient theatre verification forms are now in use and staff and patient satisfaction has notably increased. The MIDA Ghana Health project has been very useful in healthcare delivery to the Volta River Authority Hospital and the communities we serve. The project has improved quality of our patient care, improved the knowledge and skills of our staff and expanded the scope of specialized services in our hospitals to the benefit of our staff and the community at affordable costs.”



INTERVIEWS HOST ORGANIZATIONS

## “Bringing back much needed expertise into the health sector”

**Name:** Ken Sagoe

**Hospital and town:** Tamale Teaching Hospital, Tamale, Northern Region

**Occupation:** Chief Executive

The MIDA Ghana Health project has the potential to have a sustainable effect on the country's health care development, according to dr. Ken Sagoe. As former Director for Human Resources of the Ghana Health Service, Ken Sagoe participated in meetings between IOM and the Ministry of Health in Ghana. He also represented the Ghanaian Minister of Health at an International Conference on the Migration of Health Workers in Geneva.

“The project has connected a lot of diasporan professionals with Ghana, forging closer links between local and diasporan professionals. Some of them even relocated permanently back to Ghana, bringing back much needed expertise into the health sector and into the Ghanaian economy. They have also contributed to our national development by providing equipment and donations which could have been very expensive to provide,” says dr. Sagoe.

All experts met Tamale Teaching Hospital's objectives. “The assigned surgeons and medical specialists provided service by treating patients who otherwise would have had to travel to Accra or Kumasi to receive that kind of treatment, in the field of urology and major surgical operations. They also gave lectures to doctors and medical students to enhance their knowledge and worked with our doctors to pass on skills and to empower them to manage cases when the experts would no longer be with us in Tamale,” says dr. Sagoe.

One of the experts, mr. Clement Adu Twum helped to set up the hospital's ICT network and even arranged the donation of desktop and laptop computers from his school, the vocational education centre ROC Mondriaan in the Netherlands. “This prepared us to be ready to operate as a leading, fully ICT-enabled health facility in Ghana.”

The work done by the diaspora experts had an invaluable impact on Tamale Teaching Hospital says Ken Sagoe: “The quality specialist service has given our hospital a good public image and reputation. The provision of equipment, supplies and technology has helped the hospital to develop to a level which would not have been possible without the support provided.”



Dr. David Mensah (top right) supervises a session of training an ophthalmic nurse on the use of a slit lamp.





ASSIGNMENT STORIES

# “Whenever I return to Ghana, I see great improvement”

Before coming to Germany, Clement Jafani Nabare worked as a ‘general duty’ doctor (general medicine, surgery and administration) in Kintampo Hospital in the Brong-Ahafo region. ‘We encountered all kinds of cases and had to deal with the fact that there were hardly any urologists in Ghana. When I received a scholarship, I went to Rotenburg to train in urology, general surgery and urogynaecology.’

The lack of skilled health staff is Nabare’s main motivation to offer workshops for medical students, nurses and intermediate health care professionals in the North of Ghana. Since 2009, he has used all his vacation time to do so. “We all have to be prepared to sacrifice time, energy and money to make a difference in the long run. Bringing about change is never easy.”

In the workshops, he focuses on specialised – particularly urological – care. “The nurses and other professionals are now able to deal with simple problems and can provide pre- and post-operative care. Some of them can also pass on their new skills to colleagues. Whenever I return to Ghana, in the Tamale and Kintampo hospitals: they did not have a urology department, there was no nurse who knew how to take care of urology cases. But now this has definitely changed.”

Nabare keeps his students’ expertise up to date by offering refresher courses. They are always happy to see him, although he is not the easiest of teachers. “People sometimes think I’m difficult, because I emphasize the need for discipline and punctuality. At the same time, I try to be a living example of my own teachings.”

Clement Jafani Nabare is very clear about the importance of the MIDA Ghana Health project: “The effect is huge; its impact cannot be just expressed in terms of money.” For other professionals contemplating to share their knowledge with colleagues in their home country, he has a word of encouragement: “This whole project makes me very happy. You should see me in Ghana, working with a big smile on my face.”



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**Name:**

Clement Jafani Nabare (39)

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**Occupation:**

diploma in general surgery;  
currently training in urology  
and urogynaecology

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**Place of residence:**

Rotenburg, Germany

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**In Europe since:**

2007

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**Work for IOM’s MIDA Ghana Health project:**

workshops in Navrongo, Bolgatanga, Tamale, and Kintampo; nine missions of four to five weeks each

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ASSIGNMENT STORIES

# “Make the brain drain work to our advantage”



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**Name:**

Paul Ofori-Atta

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**Occupation:**

orthopaedic surgeon

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**Place of residence:**

Hemel Hempstead,  
Hertfordshire, England

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**In Europe since:**

1989

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**Work for IOM’s MIDA Ghana Health project:**

since 2006

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When Dr. Paul Ofori-Atta was visiting his family in Ghana in 2006, after living in England for many years, he took the opportunity to talk to colleagues at local hospitals. The experience made a lasting impression; such as the visit to an orthopaedic hospital that had to care for a large number of traumatised gynaecology patients. “As I had enjoyed financial support from the people of Ghana during my undergraduate studies in my country, I wanted to give back to them,” he says. “I realised I could contribute in an educational context, by training competent Ghanaian doctors.”

Paul Ofori-Atta wasted no time: he started Motec Life-UK, a multi-ethnic medical charity that mobilizes Ghanaian health professionals trained abroad to provide education, training and health care services for colleagues in their home country – either as temporary volunteers or as permanent returnees. Over the next few years, some fifty Ghanaian doctors will be trained both in Ghana and England. If the plans are successful, Ofori-Atta believes Motec Life can help slow, or even reverse, the brain drain of highly educated people from sub-Saharan Africa. “There certainly is a brain drain in the Ghanaian health care sector,” he confirms. “It is in fact the export of the best that Ghana has to offer. However, we can make it work to our advantage. Ghanaian doctors who have further increased their skills and experience abroad have become familiar with both worlds.”

Motec has built a strong basis of cooperation with medical schools and local authorities in Ghana. Ofori-Atta and his Motec colleagues work intensively with five selected hospitals in the West African country. “Together, we aim to boost medical staff’s motivation by improving nursing, physiotherapy, dentistry and public health care. We strive to stimulate local interest in such improvements, and to bring the results of these collaborations to the attention of the Ghanaian authorities. We already see a noticeable change in attitude among policy makers to make a concerted effort to improve medical care across the board. This encourages us to be part of that change.”

ASSIGNMENT STORIES

# “I wanted to see how I could be of service”

“My first visit to Tamale, in northern Ghana, was in 2011, to see what I could do to be of service,” says IT professional Clement Adu Twum. He quickly found that his expertise was greatly needed. “The IT infrastructure of the Tamale Teaching Hospital was fragmented and in poor shape. I saw people waiting for hours to receive the help they needed. And I realised that much of the delay in medical and surgical care was caused by the fact that the IT environment was not up to date.”

Spotting the opportunity to use his specialised knowledge, Mr Adu Twum has undertaken the task to develop a new IT infrastructure for the hospital. “I don’t do this alone,” he stresses. “I asked my employer in the Netherlands - the vocational education centre ROC Mondriaan - to donate computers that were in good working order but no longer used. With assistance from the IT staff at the hospital, I worked with two Dutch colleagues and six students day and night to set it all up.”

Clement Adu Twum recently returned for a third time. “I spent an important part of my time there training the IT staff. I want them to be able to carry on after I’ve left.” While in the Netherlands, he makes himself available to give advice and to solve problems.

The level of improvement has been impressive. “Take the X-ray system,” he says. “Before, the hospital had to buy expensive special film, but now they can view the X-rays on the computer. This is more efficient and cheaper. The same holds true for other medical interventions such as endoscopy.” One of the biggest strides made is the patient registration system that is now in place, which ensures that patients’ information and history can be better managed. Mr Adu Twum: “When I started this project, I felt that if I could make a contribution to Tamale’s IT system, it might boost overall health care management in Ghana. It seems we are on the right track; I am glad about that.”



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**Name:**

Clement Adu Twum (34)

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**Occupation:**

senior network administrator

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**Place of residence:**

The Hague, Netherlands

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**In Europe since:**

1993

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**Work for IOM’s MIDA Ghana Health project:**

three visits of four weeks each to Tamale Teaching Hospital, in 2011 and 2012

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ASSIGNMENT STORIES

# “You start with something little, and then it grows”

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**Name:**

Hagar Amponsah (34)

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**Occupation:**

nurse

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**Place of residence:**

Romford, England, formerly residing in the Netherlands

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**In Europe since:**

1986

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**Work for IOM’s MIDA Ghana Health project:**

workshops in the Brong-Ahafo region, since 2006, for periods of two and a half to four weeks

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“There is still so much to do in health care in Ghana,” says nurse Hagar Amponsah. Although she left the country as a young girl, she has recent experience with the nation’s health sector. In the past few years she returned four times to give workshops to nurses, midwives and medical students in several hospitals. There is a general lack of knowledge on important matters such as infection prevention, she explains. “In some cases, people do know about the importance of things like hygiene, but the fact is that essential facilities just aren’t available.”

“I want to share the knowledge I have gained; I want to bring that back home.” Hagar Amponsah has a wealth of expertise to offer: she was originally trained as a surgical nurse in Amsterdam, and later, in England, she broadened her field to pre- and post-operative day care. Moreover, in her ward at Queen’s Hospital in Romford, she is in charge of infection control and it is this specialised knowledge that is at the centre of her workshops in Ghana. Other topics include asthma prevention and treatment, and nursing documentation.

She usually teaches small groups for a couple of days and then moves on to the next group and the next topic. “It is important to get to know the trainees,” she says. “Before I start my workshops, I first go around the ward and spend a day with the nurses. The students find the lessons highly useful, and nurse Amponsah has seen some good results. “One time I gave a training session about asthma. That same evening, a patient suffering an asthma attack was brought in. The nurses without hesitation put him on the nebulizer I had just demonstrated to them, and treated him accordingly. For me, that was wonderful to see.”

Hagar is realistic, but at the same time optimistic about the lasting effects of her efforts. “It’s just one hospital at the time that I tackle. But if a nurse who has participated in a workshop, moves on to another hospital and shares her knowhow there, that is very hopeful. You start with something small, and then it grows.”



An urologist takes community health students through sessions in evasive urology.



INTERNSHIP STORIES

# “Many people benefit from my internship”

A European medical internship not only is an excellent way to gain specialist knowledge, it can also be a real inspiration for the intern’s subsequent professional career. Nurse Yaa Ntiriwaa Danso acquired many new skills while in the United Kingdom, but her internship also “ignited a passion about my profession,” she says. “I went back to school after I returned to Ghana. It is my dream to continue in joint surgery and orthopedics and I hope to get a Master’s degree.”

Arthritis is a worldwide problem, and Ghana is no exception. However, patients suffering from this painful and debilitating disease who require surgery do not have a wide choice of hospitals offering the care they need. The 37 Military Hospital in Accra only recently started a joint surgery department, Yaa Ntiriwaa Danso tells. “There is no official training,” ms. Danso explains; “we had to learn on the job.”

The hospital selected her for an internship through the MIDA Ghana Health project. In Spire Health Care, a private hospital in England, she worked in the surgery ward for patients needing a replacement of hips, knees or other joints, and also had a chance to deal with other aspects of surgical care. “I learned, for instance, how important it is to follow up with care for post-operative patients. This gives us an insight into how patients are coping and leads to less complications. Before the internship I was aware of this need, but it was not as important to me as it is now.” She makes a point of passing on this kind of knowledge to her colleagues, in workshops and during the daily hospital routines. “As a result, my internship was not limited to just one person, many people benefit from it.”

“I would recommend anyone participating in MIDA or in a similar project to take full advantage of these opportunities,” Ms Danso seeks to emphasize. “Even though our numbers are relatively small, the returning interns can make a real difference to the quality of hospital care in our native country. If it were not for sponsored internships like these, many health professionals simply could not afford to receive international training.” Her advice? “Grab as much experience and knowledge as possible. Opportunities such as these are rare.”



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**Name:**

Yaa Ntiriwaa Danso (30)

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**Occupation:**

nurse, specialised in joint surgery in 37 Military Hospital, Accra

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**Place of residence:**

Accra, Ghana

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**Work for IOM’s MIDA Ghana Health project:**

Internship in the United Kingdom in Spire Health Care, Harpenden, 2011

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#### INTERNSHIP STORIES

## “Building a strong national work force of clinicians”

“For a long time Ghana did not have any formal Intensive Care units in its hospitals, and even now there are only three formal ITU’s – which have limited resources,” tells anaesthetist Akosua Hemeng. When she was younger, this was a real problem for her and her fellow students. “There was a gap in the training programme. We had only book knowledge; we didn’t have the chance to gain any hands-on experience.” It was no surprise, therefore, that when Akosua was selected (through the Ghanaian organisation Motec Life-UK) for the MIDA Ghana programme for an internship at the Northwick Park Hospital in London, she jumped at the chance to expand her knowhow. “The first time, in 2009, I did not yet have the necessary qualifications to work in the IC unit; I was there only as an observer.”

Dr. Hemeng’s second internship, earlier this year, was much more of an immersion in the actual work practice in the United Kingdom teaching hospital. “I was pursuing my postgraduate career and needed to fulfil a fellowship in anaesthetics. This time I possessed all the required documents to participate in the daily work routine in Intensive Care.” Not only did dr. Hemeng learn new skills, but the commitment and work ethics of her London colleagues were equally inspiring. “Everyone, my colleagues, subordinates and consultants, brought commitment and a sense of urgency to patient care. And all resources were available for every patient, irrespective of race or age.”

“It was a joy to work in such a system,” dr. Hemeng adds, “and to bring some of its elements, such as utter dedication to the patients, back to Ghana.” Since returning from the United Kingdom, she has already taught several workshops and lectures to students and nurses in Komfo Anokye hospital. She feels the Ghanaian health sector can hugely benefit from exchange programmes such as this. “I recommend my colleagues to do the same thing, to acquire the knowledge that we don’t have access to here in Ghana, but that is available elsewhere.” I think this is the best way to build a strong national work force of clinicians - a way to link migration to positive development.”

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**Name:**

Akosua Hemeng (38)

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**Occupation:**

physician anaesthetist in  
Komfo Anokye Teaching  
Hospital in Kumasi

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**Place of residence:**

Kumasi, southern Ghana

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**Work for IOM’s MIDA Ghana Health project:**

internships in the United Kingdom, in 2008 and 2012; workshops and lectures in Komfo Anokye Teaching Hospital

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# Results

## MIDA GHANA HEALTH III PROJECT BENEFICIARY HOST INSTITUTIONS - 2008-2012

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### NORTHERN REGION

Tamale Teaching Hospital Tamale  
School of Medicine & Allied Health Sciences, UDS  
Tamale  
Bole District Hospital Bole  
Carpenter Health Post Bole-Carpenter  
Com'nity Partnership for Youth and Women Dev't  
Tamale

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### UPPER EAST REGION

Navrongo War Memorial Hospital Navrongo  
Bolgatanga Regional Hospital Bolgatanga  
Nursing Training College Bolgatanga

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### UPPER WEST REGION

St. Theresa's Hospital Nandom  
St. Joseph's Hospital Midwifery Training School  
Jirapa

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### BRONG-AHAFO REGION

Rural Health Training School Kintampo  
Kintampo Municipal Hospital Kintampo  
Wenchi Methodist Hospital Wenchi  
St. Theresa's Hospital Nkoranza

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### EASTERN REGION

Holy Family Hospital Nkawkaw  
Atiwa District Health Directorate Kwabeng-Atiwa  
VRA Hospital, Akosombo Akosombo  
St. Joseph's Hospital Koforidua  
Eastern Regional Hospital, Eye and ENT Units  
Koforidua  
Eastern Regional Hospital, Psychiatric Dept  
Koforidua  
Eastern Regional Health Directorate Koforidua

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### ASHANTI REGION

Komfo Anokye Teaching Hospital Kumasi  
St. Michael's Hospital Pramso-Jachie  
Nursing Training School Pramso-Jachie  
Kumasi Centre for Collaborative Research, KNUST  
Kumasi  
South Kumasi Hospital Atonsu-Kumasi  
SDA Hospital Agona-Asamang

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### WESTERN REGION

Takoradi Hospital Takoradi  
Ghana Ports and Harbour Clinic Takoradi  
Dixcove Health Clinic Dixcove-Ahanta  
St. John's Hospital Sefwi-Asafo

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### VOLTA REGION

Volta Regional Hospital Ho  
St. Anthony Catholic Hospital Dzodze  
Sogakope District Hospital Sogakope

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### GREATER ACCRA REGION

School of Allied Health Sciences Korle-Bu, Accra  
Univ. of Ghana Medical School, Dept. of  
Psychiatry Accra  
Accra Psychiatric Hospital Accra  
Nursing Training College Pantang-Accra  
Tema General Hospital Tema  
Early Childhood Development Centres Group Accra  
True Vine Ministries Accra  
ICT Unit, Ghana Health Service, Head office Accra  
37 Military Hospital Accra

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### CENTRAL REGION

School of Medical Sciences, Univ. of Cape Coast  
Cape Coast  
Central Regional Hospital Cape Coast  
Ankaful Psychiatric Hospital Ankaful-Elmina  
KEEA Health Directorate Elmina

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### TEMPORARY ASSIGNMENTS

### MIDA GHANA HEALTH PROJECT

MIDA Ghana Health II (2005-2008):  
67 assignments

MIDA Ghana Health III (2008-2012):  
215 assignments and 15 internships



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