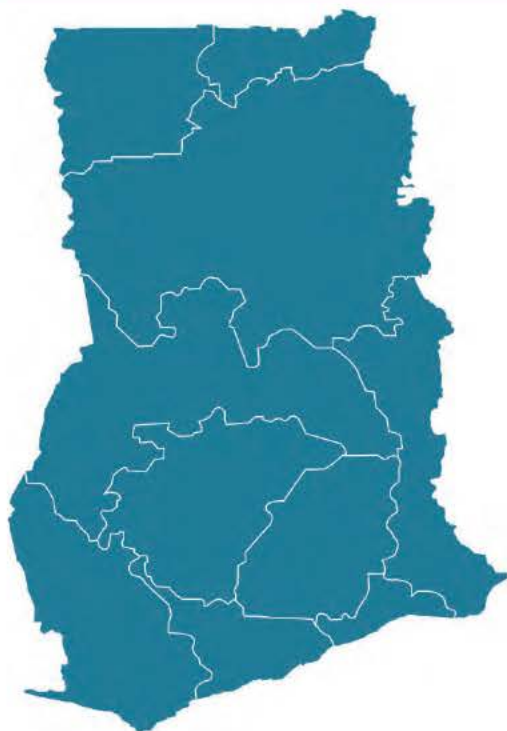


MCHIP Country Brief: Ghana



Selected Health and Demographic Data for Ghana	
Maternal mortality ratio (deaths/100,000 live births)	450
Neonatal mortality rate (deaths/1,000 live births)	30
Under-5 mortality rate (deaths/1,000 live births)	80
Infant mortality rate (deaths/1,000 live births)	50
Contraceptive prevalence rate	34
Total fertility rate	4.0
Skilled birth attendant coverage	68%
Antenatal care, 4+ visits	87%
Sources: *World Bank 2012; **UNICEF; ***2008 Demographic and Health Survey; ****UNAIDS; ^WHO.	

Health Areas:

- HIV/AIDS
- Malaria
- Maternal Health
- Child Health
- Nutrition



Program Dates	October 1, 2009–June 30, 2014					
Total Mission Funding	Redacted					
Geographic Coverage	No. (%) of regions	100%	No. of districts	N/A	No. of health education schools	61
Country and HQ Contacts	Country Director, Chantelle Allen, Senior Technical Advisor, Catherine Carr, Senior Program Officer, Heather Harrison, Senior Program Coordinator. Gahan Furlane					

INTRODUCTION

In order to meet Millennium Development Goals (MDGs) 4 and 5, the government of Ghana prioritized increasing the number of midwives to ensure that all births are attended by skilled providers. To meet this objective, the government opened 15 additional midwifery schools between 2010 and 2014 to train more skilled providers. Student numbers also increased from as low as 50 students per school per year to as many as 250 students in some schools.

Unfortunately, in some schools the required infrastructure and qualified tutors to support quality education for the increased number of students were not in place. For example, in one school the tutor-to-student ratio is 1:126. This shortage has contributed to poor performance by student midwives at licensure examinations.



The Ministry of Health is prioritizing training greater numbers of midwives.

Starting in 2010, MCHIP was invited by the U.S. Agency for International Development (USAID) to support the government of Ghana in enhancing quality improvement at all pre-service midwifery institutions. During the five years of implementation in Ghana, MCHIP, in close collaboration with the Human Resource for Health Development Unit (HRHD) of the Ministry of Health (MOH) of Ghana, and the National Programs of the Ghana Health Services (GHS), improved the quality of health education in 61 nursing and midwifery schools through the following initiatives: training tutors and preceptors in HIV, malaria, tuberculosis (TB), family planning (FP), basic emergency obstetric and neonatal care (BEmONC), neonatal resuscitation, and nutrition; and providing follow-up, on-site, and innovative mobile mentoring (mMentoring) to ensure retention of competencies.

KEY ACHIEVEMENTS

Table 1. Number of Tutors and Preceptors Who Participated in MCHIP Trainings and Technical Updates by Type of Training and Year

Technical Area	Program Year 2	Program Year 3	Program Year 4	Program Year 5	Program Year 6	Total
	13 schools	13 schools	38 schools (6 target midwifery for BEmONC)	40 schools (6 target midwifery for BEmONC ¹)	61 schools (includes 21 general nursing schools)	
Postpartum family planning (PPFP) and FP/postabortion care (PAC)	74	80				154
FP		80		82		162
Malaria		80		82	21	183
HIV/AIDS		80		82	28	190
BEmONC			24	42		66
Helping Babies Breathe (HBB)		20	63			83
Nutrition				132		132

¹ Ashanti-Mampong, Goaso, Jirapa, Pramso, Hohoe, and Twifo Praso.

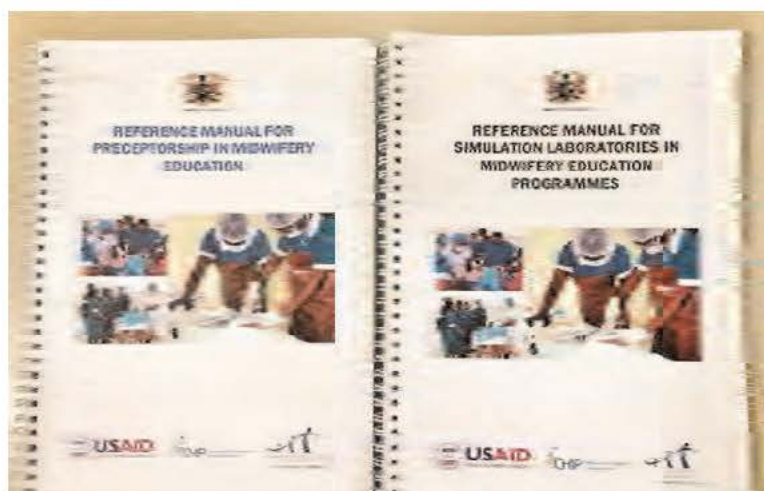
"The training in postpartum family planning has helped us a lot. We now know the right family planning information to give to our clients from antenatal care onwards. In my facility it has been established that family planning information is given to clients irrespective of where they are seen at the facility. It has been integrated in the services that we provide including the outpatient department where sick babies, children and adults are seen."

-Constance Serwah Peparah, a midwife from Nsoatre Health Centre

As MCHIP's work in Ghana began to expand from introducing postpartum family planning (PPFP) at 13 schools in 2010 to covering six technical areas at 61 schools and related clinical training sites in 2014, MCHIP was obliged to find more efficient and effective ways to deliver traditional on-site training and coaching/mentoring visits. In collaboration with HRHD and GHS, MCHIP implemented and tested two new strategies, mMentoring and eLearning. Both of these promising strategies are important tools that MCHIP has left with the government of Ghana to support ongoing learning.

Over the course of the project, MCHIP, with GHS and HRHD, has also played a key role in developing and updating a number of much-needed tools that will be used in all midwifery schools, including:

- Performance standards for teaching content in midwifery, public health, and community health nursing training schools in PPFP, HIV, malaria, TB, FP, newborn resuscitation (HBB), and nutrition
- Development and publication of the *Reference Manual for Simulation Laboratories in Midwifery Education Programmes*
- Development and publication of the *Reference Manual for Preceptorship in Midwifery Education*
- Strategic inputs into the curriculum revision process of the Nursing and Midwives Council (NMC) of Ghana, ensuring that the technical updates implemented are sustained



The Reference Manuals for Simulation Laboratories and Preceptorship were developed jointly with the MOH.

Overall, the implementation of the MCHIP program progressed well as a result of strong collaboration with the Ghana Health Service and the HRHD unit of the MOH. Based on the lessons learned from the MCHIP initiatives as well as the Ghanaian priorities, midwifery education should continue to be a focus. This will ensure that the momentum and work that MCHIP, in collaboration with the MOH, has done to improve the teaching and technical competencies of tutors and preceptors in technical domains is maintained so that the number of quality midwives who graduate increases. These improvements include:

- Strengthening skills labs (provision of needed resources) at new schools
- Supporting the integration and utilization of skills labs into teaching calendars and structure
- Increasing support to preceptors and clinical care sites to ensure standardization of practice

- Continuing to scale up eLearning to new schools and develop new content;
- Emphasizing effective teaching skills in addition to updated technical work with the MOH to scale up mMentoring, not only for use after clinical training, but also for supervision and support

WAY FORWARD

Based on lessons learned and Ghana priorities, midwifery education should continue to be a focus to ensure that the momentum and work that MCHIP and MOH/HRHD have done together to improve the teaching and technical competencies of the tutors and preceptors in technical domains is maintained. Specific recommendations include:

- **Improve skills labs:** All midwifery schools in Ghana need at least a minimum package of models and teaching materials as outlined in the *Standardized Skills Lab Reference Manual* produced by MCHIP. This is essential to provide students with the opportunity to gain competence before practicing on patients. The MOH requires support to roll out this standardized package to all schools.
- **Support the integration and utilization of skills labs into teaching calendars and structure:** Once all schools have the models and teaching equipment that they need, it is recommended that tutors are supported to develop an integrated teaching approach to incorporate practice into classroom learning. In addition, as the schools are so severely overcrowded, this requires particular thought to develop strategies to use smaller groups and peer supervision as there are insufficient tutors to manage practice sessions.
- **Increase support to preceptors and clinical sites:** As students learn new skills and become competent it is essential for them to practice in a clinical environment that reinforces what they have learned in the classroom. Using the *Preceptor Management Reference Manual* produced by MCHIP, this process needs to be strengthened to ensure that students receive adequate support and to ensure standardization of practice.
- **Scale-up eLearning:** Based on the positive response from the feasibility study, eLearning should be scaled up to all midwifery schools. In addition, additional methodologies such as smart phone-based learning needs to be explored and tested. This seems to be one of the most effective supportive approaches to provide standardized content to students and to enable self-study.



A tutor at Sekondi Midwifery School teaches a midwifery class



Effective Teaching Skills enables tutors to use diverse methods of learning with their students.

- **Update technical content work with MOH and NMC:** The Midwifery Procedure Manuals were last updated in early 2000 and these are in desperate need to be updated. The National Curriculum for Midwives has been updated twice already but these manuals used for teaching content and examinations remains out of date. This is causing problems in examinations for students as examiners sometimes use these manuals to set exam questions.
- **Scale up mMentoring for clinical training and supervision and support:** mMentoring was found to be highly appreciated and accepted in addition to enabling the maintenance of clinical competence in essential lifesaving skills. This very cost effective approach needs to be expanded to support supervision and management for both principals and tutors.

MCHIP leaves a legacy of competent tutors and preceptors, improved skills labs, and manuals that teach how to implement and manage skills labs and preceptorship programs. In addition, MCHIP has provided the necessary training materials to the MOH/HRHD and the NMC at national level and to the 61 schools with which the program worked so that they can continue to implement quality pre-service education over the long term.