Ghana Country Summary, March 2017

MCSP/Kate Holt

Ghana – Selected Demographic and Health Indicators					
Indicator	**Data**	**Indicator**	**Data**	**Indicator**	**Data**
Population[1]	24,658,823	TFR (births per woman)[2]	4.2	DTP3[2]	87.7%
Live births/year[3]	776,532	CPR (modern methods)[2]	22.2%	Pneumonia[2]	3.6%
MMR (per100,000 live births)[1]	380	ANC +4[2]	87%	ORT[2]	53.3%
NMR (per 1,000 live births)[2]	29	SBA[2]	74%	Stunting (height for age < 5)[2]	18.8%
U5MR (per 1,000 live births)[2]	60	IPTP3[2]	38.5%	HIV prevalence or other[2]	2.0

Sources: [1] Ghana 2010 Census; [2] Ghana DHS 2014; [3] UNICEF and WHO 2014, A Decade of Tracking Progress for Maternal, Newborn and Child Survival: The 2015 Report.

Strategic Objectives

- Objective 1: A better-prepared midwifery and nursing workforce that is equipped with the knowledge and skills to effectively provide HIV, malaria, nutrition, family planning, and maternal, newborn, and child health services.
- Objective 2: The national Community-based Health Planning Service (CHPS) strategy, guidelines, training materials, tools, and monitoring systems are standardized and approved.
- Objective 3: USAID/MCSP-supported regions and districts have strengthened management and support systems to implement CHPS according to updated and harmonized policy and guidelines and provide high-quality HIV, malaria, family planning, nutrition, and maternal, newborn, and child health services.
- Objective 4: Technical competency and ability of staff at targeted health facilities to routinely practice strong infection prevention and control (IPC) are improved.

Program Dates	October 1, 2014– December 31, 2018
Financial Status	Expenditures thru PY2 [redacted]; PY3 Budget [redacted]; Total [redacted]
Geographic Scope	National and regional level

	No. of regions (%)	No. of health training institutes (%)
Geographic Presence	10/10 for pre-service education (PSE) (100%) 5/10 for CHPS (50%) 5/10 for IPC (50%)	33 of 62 targeted health training institutions (54%)
Technical Interventions	 PRIMARY: Malaria, Maternal Health, Newborn Health, Nutrition, Reproductive Health, WASH, HIV CROSS-CUTTING: Community Health, HSS/E, Gender, PSE	

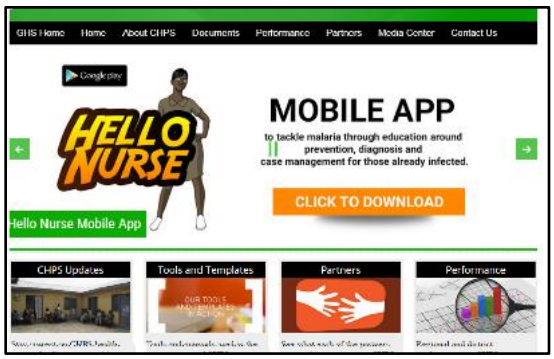
Key Accomplishments

MCSP continued to strengthen the midwifery and nursing workforce in Ghana. MCSP provided midwifery and nursing students with functional skills labs where they can hone their clinical skills before entering the workforce. To date, MCSP procured and distributed skills lab materials, anatomic models, and training equipment to 21 midwifery and seven community health nursing (CHN) schools, assisted them to set up the skills labs, and trained tutors to use skills labs in 11 of the schools. With the skills labs, the students can practice and make mistakes in a safe environment without risk to the patients or themselves. This has been shown to reduce students' anxiety.

Teaching a group of tutors how to assemble and use the MamaNatalie and NeoNatalie models in the skills lab

In addition, MCSP introduced eLearning at the health training institutes as supplemental resources to support learners in knowledge acquisition and to practice decision-making skills in clinical areas for client interaction. In PY1 and 2, MCSP developed content in several different formats. MCSP has a content development process that brings together subject matter experts, tutors, MOH and other stakeholders to decide on text, images and voicing for the topic. It is then reviewed by the Nursing and Midwifery Council of Ghana. eLearning modules covering an entire topic in curriculum have been created for cord care, PMTCT, exclusive breastfeeding, and gender-based violence. Micro-learning objects, which focus on a specific skill to provide practice in assessment/diagnosis or providing care, have been developed on kangaroo mother care, complementary feeding, and community-based management of acute malnutrition.

MCSP also developed an interactive story app called *Hello Nurse*, a game to acquire skills and knowledge using clinical decision-making skills in case-based scenarios. The first topic developed for Hello Nurse was malaria. Subtopics included prevention of malaria, malaria in pregnancy, diagnosis and treatment of uncomplicated and severe malaria. The app is available on the Google Play Store and on a web platform on the MOH site.



In PY3, MCSP will be extending the *Hello Nurse* platform with an additional topic on the HIV 90-90-90 program. When students and health providers download or update *Hello Nurse*, they will have access to both the malaria and 90-90-90 topics, allowing them to learn and review them as they wish. The initial stage of content development began in March 2017. MCSP will also continue to develop eLearning content in PY3. Topics will include pneumonia diagnosis and IPC. MCSP has identified a technology option to disseminate the content and track learner performance. Additionally, tutors are being trained on how to integrate the eLearning into teaching and learning to enhance their lessons and engage students.

Apart from MCSP's work to strengthen pre-service education through the equipping of skills labs and eLearning, MCSP has also been working to strengthen Ghana's Community-based Health Planning and Services (CHPS) in a number of ways. To help standardize a national CHPS implementation approach, MCSP supported the drafting of the CHPS implementation guidelines and the CHPS planning tool, in collaboration with GHS and other key implementing partners. The CHPS planning tool is an excel-based tool that allows regions and districts to project and prepare for the needed inputs to build CHPS performance. The national guidelines, CHPS webpage and planning tool were launched by the Minister of Health in PY2. This year, MCSP will focus on disseminating these revised policies to the regional levels.

During PY 2 and 3, MCSP also strengthened regions' ability to manage and implement CHPS. Apart from the new implementation guidelines described above, MCSP also provided fixed award amounts (FAAs) to the regions to support CHPS scale-up. The FAAs were awarded to five regional health directorates, providing them with the resources to implement CHPS in their regions, and thereby expanding CHPS across the nation. These are performance-based grants tracked through established milestones with the award recipient. USAID approval was granted in quarter 3 and each of the regions began their activities in quarter 4, with many already reaching the sixth and seventh milestones. Some of these milestones include holding community health officer trainings, establishing model CHPS compounds, and strengthening the capacity of regional and district health teams. Additionally, MCSP granted an FAA to the Ghana Council of Nurses and Midwives (GCNM) who was able to complete their deliverables in Q1 of PY3. This included revising the *Reference Manual for Preceptorship Education in Nursing and Midwifery Schools*, curriculum for preceptorship training and timetable for preceptorship training.

Also, to increase standardization of the CHPS strategy, MCSP, in partnership with GHS-PPME, conducted a task analysis study titled "*Assessing the Ghanaian Health Worker with Task Analysis*" in 15 districts of the five MCSP regions across the country. The task analysis involved a total of 401 health care providers (e.g., CHNs, enrolled nurses, and midwives) at CHPS zones. The findings from this activity will bring together the MOH, GHS, and the Nursing and Midwifery Council to discuss in detail the pre-service education (PSE), in-service training, and scope of practice of CHPS-level health care providers. We hope this activity will lead to informed programmatic efforts to strengthen education, practice, and regulation of CHPS workers and, in turn, strengthen the services that are provided within the CHPS system.

Due to increasing numbers of people who live in urban areas, MCSP will conduct formative research to explore the adaptation of a rural CHPS model into an urban CHPS model. Quantitative and qualitative methods will be used to better understand the priorities and components. Protocol development has been completed and approved by USAID. The study has received a non-human subjects research determination from Johns Hopkins University IRB and will be submitted to the Ghana Ethics Review Committee before data collection begins.

Finally, through Global Health Ebola Team funding, MCSP aimed to reduce the spread of infection and disease. MCSP worked with the Institutional Care Division, GHS, to identify approximately 30 trainers in each of the five regions selected to participate in an infection prevention training. MCSP then conducted a six-day training in each region, which included technical updates in IPC as well as training in effective teaching skills. Overall, MCSP trained 151 regional master trainers in the supported regions and provided them with coaching to support ongoing performance of correct and consistent IPC trainings at the regional and district hospitals. The regional master trainers improved the regional knowledge and mentoring capacity to assist in the onsite trainings at the hospitals and post-training follow-up. In total, MCSP supported five

regional health teams and regional trainers to roll out the whole site IPC training to 2,023 clinical and 830 non-clinical staff at the regional and district hospitals with fixed amount awards.

Challenges

Some delays occurred with respect to Objective 1 as the schools were busy with exams, preparation for licensure and new student interviews. Most recently, the PY3 procurement has been delayed as there was a change in the government resulting in challenges receiving tax exemptions. This has delayed equipping skills labs that was anticipated to begin in February 2017 this is now anticipated to start in May 2017. Personnel changes within the new eLearning Secretariat and in leadership at PPME meant new relationships had to be forged. With regard to Objective 2, there was a delay in the establishment of the CHPS Implementation Technical Working Group (ITWG), which meant that none of the ITWG-related activities could take place. Finally, the FAAs are underway however MCSP is providing additional capacity building for targeted regions that are in need of additional support to achieve their milestones. MCSP is also engaging in additional monitoring to ensure targets are met.

Way Forward

Moving through quarter 2 of PY 3, MCSP will continue to reinforce the importance of PSE through the development of skills labs, strong preceptorship, and the accessibility of e-learning segments. MCSP plans on expanding context and scaling up the *Hello Nurse*! application and online version, which involves ensuring that schools have access to the online learning platform. In addition, MCSP will continue to develop additional e-learning modules on several MNCH topics. For CHPS, MCSP will continue to support the GHS in developing and disseminating key, national-level CHPS implementation materials and strengthening regional supportive supervision. At the regional levels, MCSP will coordinate the dissemination of the national guidelines and polices by providing FAAs focused on strengthening CHPS implementation. For the duration of PY3, MCSP will monitor and support the regional health teams roll out the implementation of the whole-site regional and district hospital trainings for improving the technical competency and ability of all staff to routinely practice strong infection prevention and control practices.

Selected Performance Indicators for PY3		
PSE/CHPS program		
MCSP Global or County PMP Indicators	Target PY3	Achievement PY3 Q1
Number of new health workers graduating from schools supported by MCSP	4,505	4,603
Percent of equipped schools having at least one tutor trained on use of novel anatomical models	100%	100%
Number of eLearning modules developed	4	13
Number of schools adequately equipped skills labs	13	36
Percent of CHN schools offering clinical practice experiences in CHPS zones	72%	Data will be reported after Q4
Number of awards made directly to local organizations	13	18
Percent of sub-district management teams trained in management, including supervision and data use for decision-making	20%	6%

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Sources: [1] Ghana 2010 Census; [2] Ghana-DHS 2014; [3] UNICEF and WHO 2014, *Countdown to 2015 Maternal, Newborn &Child Survival report*

Notes: antenatal care (ANC); contraceptive prevalence rate (CPR); diphtheria toxoid, tetanus toxoid, and pertussis vaccine (DTP3); three doses of intermittent preventive treatment in pregnancy using sulfadoxine-pyrimethamine (IPTp3); maternal mortality rate (MMR); neonatal mortality rate (NMR); oral rehydration therapy (ORT); skilled birth attendant (SBA); total fertility rate (TFR); and under-5 mortality rate (U5MR)

Strategic Objectives

- Objective 1: Technical competency and ability of all staff at targeted health facilities to routinely practice strong IPC is improved.

Program Dates	October 1, 2015 – September 30, 2017	
Financial Status	Spending thru Qtr1, PY3 [redacted]; Remaining PY3 Budget [redacted]; Total: [redacted]	
Geographic Scope	Regional and district hospital level	
Geographic Presence	**No. of regions (%)**	**No. of hospitals (%)**
	5 out of 10 (50%)	10 out of 56 targeted hospitals (17%)

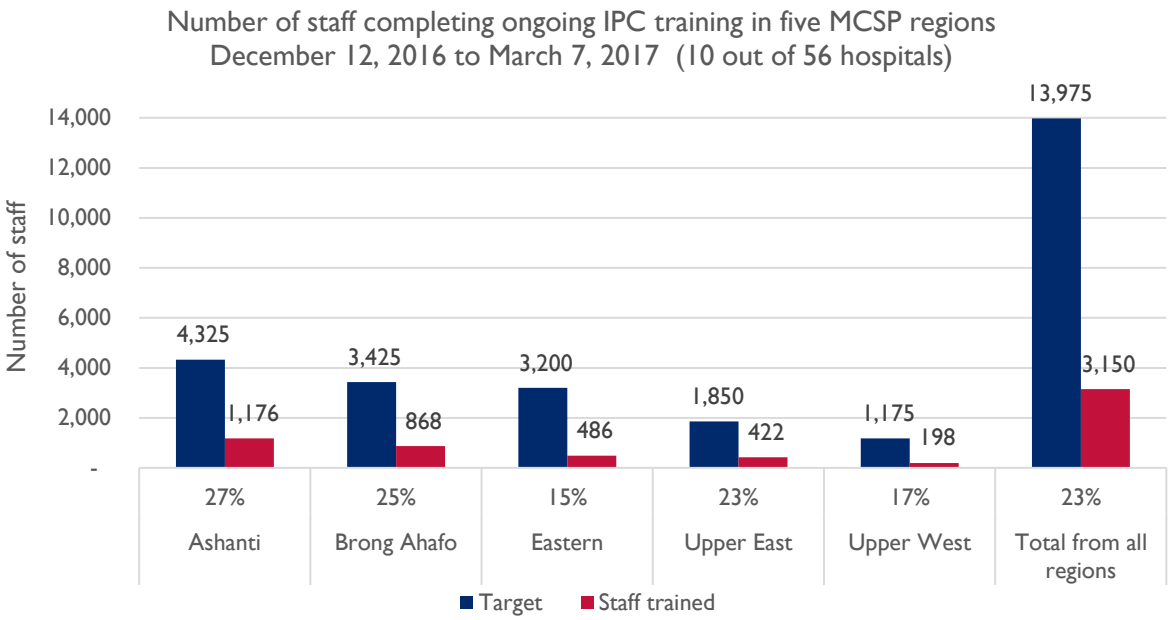
Technical Interventions	 PRIMARY: Infection Prevention and Control and Ebola

Key Accomplishments

Through Global Health Ebola Team funding, the Maternal and Child Survival Program (MCSP) aims to contribute to the reduction in the spread of diseases, including Ebola viral disease (EVD) and infections, by enhancing infection prevention and control (IPC) practices in regional and targeted district hospitals in five regions (Ashanti, Brong Ahafo, Upper West, Upper East, and Eastern). MCSP has worked in close collaboration with the United States Agency for International Development's Systems for Health (S4H) project and the Institutional Care Division (ICD) at Ghana Health Services (GHS) to design a common implementation approach that will cover all ten regions in Ghana.

At the national level, S4H will lead the development of a national, competency-based IPC training package with technical input from MCSP. The training uses a whole-site and onsite approach, i.e., all staff are trained at the facility. For the training to effectively change behavior, it is imperative that all staff—from janitors to surgeons—be involved in maintaining good IPC practices. In addition, by learning on site, the staff can identify and practice IPC skills in their own setting and, as importantly, identify potential problems (e.g., no waste disposal in certain rooms), which they can immediately remedy. Training for clinical staff is 3 days, and training for administrative staff is 1 day, with a group size of no more than 30 people to ensure that there is a conducive learning environment.

MCSP administered fixed-award amounts (FAAs), with clear deliverables to the regional health management teams, to the Ashanti, Brong Ahafo, Eastern, Upper East, and Upper West Regions, in order to roll out the trainings in their regional hospitals and targeted district hospitals. MCSP trained the initial 151 regional master trainers, who continue to provide direct support to the regional health management teams as they roll out trainings. MCSP jointly facilitates at least one training at a district hospital in each region to ensure that trainers are providing high-quality trainings. To date, across the four regions, 3,150 frontline health care staff have been trained, of which 2,277 (72%) are clinical staff and 873 (28%) are nonclinical staff across the four regions. To date, the average pre-test scores for clinical staff trained to date is 40% while the average post-test score is 63%. The post-test scores indicated that there were concepts that participants may still find difficult. To address this, MCSP developed a dashboard to help facilitators identify continual problem areas among the participants. The dashboard pinpoints topics and skills to emphasize during the interactive presentations. MCSP expects to see improvements as trainings continue. A total of 13,975 staff are expected to be trained by the end of the project.



Challenges

FAA budget and application were delayed due to site selection discussions between MCSP and the regions. In addition, there was a delay in receiving the approval for the FAA applications; therefore, the implementation of regional activities started later than expected. Although regional trainings have now started, continuous monitoring of the FAAs is necessary for successful program implementation and is ongoing.

Way Forward

In 2017, MCSP will continue to provide technical support and mentoring to the regional health management teams as the district-level trainings continue to roll out in each region. MCSP will work with Upper West to conduct the regional hospital training and the 45 remaining district hospital trainings. The team will conduct joint supportive supervision and training in coordination with ICD.

Selected Performance Indicators for FY 16- 17		
MCSP Global or County PMP Indicators	**Target**	**Achievement to date**
Number of trainers trained in IPC	150	151
Number of facility-level staff trained in IPC	13,975	3,150
Percent of MCSP-supported facilities with over 80% of staff trained in IPC	100%	43%1 (1)
Percent of facility-level staff trained in IPC, who scored at least 85% on the post-test	90%	28% (2)
Number of facilities where MCSP supported IPC training	56	10
Percent of MCSP-supported facilities that received at least one supportive supervision visit	100%	0%
Number of MCSP-supported facilities that received distribution of IPC job aids, posters, and other learning materials	56	0

Notes: (1) Three out of seven facilities that have completed their training have trained over 80% of staff. (2) 635 out of 2,277 clinical staff trained.