Ghana ECD PY4 Summary & Results

Geographic Implementation Areas

Regions

- 2/10 (20%)—Upper West and Eastern

Districts

- 17/37 (46%)—Upper West and Eastern

CHPS Zones/Communities

- 266 CHPS compounds and other facilities, 911 communities, and 196 mother-to-mother support groups

Population

Country

- 24,658,823

MCSP-Supported Areas

- 3,335,264

Technical Areas

Program Dates

October 1, 2016–June 30, 2019

Cumulative Spending through End of PY4

[redacted]

Demographic and Health Indicators

Indicator	# or %
Live births/year[1]	776,532
MMR (per 100,000 live births)[2]	380
NMR (per 1,000 live births)[3]	29
U5MR (per 1,000 live births)[3]	60
TRF (births per woman)[3]	4.2
Stunting (height for age < 5)[3]	18.8%

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

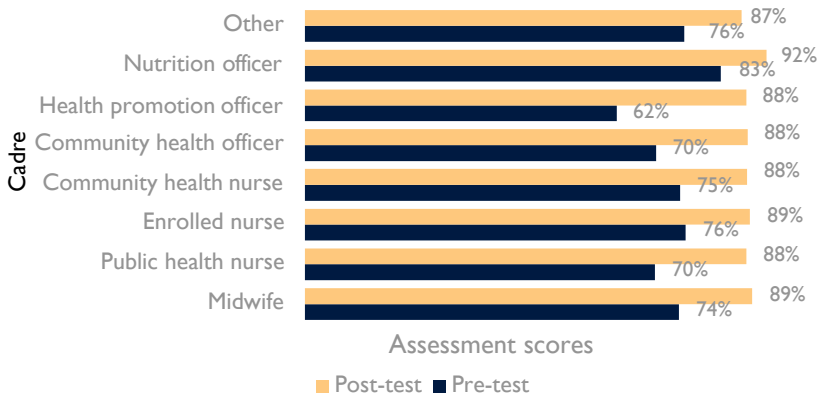
Strategic Objectives

- Finalize and disseminate an evidence-based set of early childhood development (ECD) materials concentrating on early childhood stimulation and responsive parenting for children under 3 years.
- Build capacity of Community-Based Health Planning and Services (CHPS) staff, community health volunteers (CHVs), and social protection staff to effectively teach caregivers with young children about psychosocial stimulation and responsive parenting in targeted districts.
- Assess the ability of CHPS staff and CHVs to integrate early childhood activities with their regular nutrition services and document changes in caregiver behaviors and child development.
- Create an enabling environment at the national and regional level to promote institutionalization of ECD activities into partner and government programming.

Key Accomplishment Highlights

- Finalized global and Ghana-specific ECD materials focusing on early stimulation and responsive parenting for children ages 0–3 in PY4.
- Conducted trainings on the ECD materials for 1,773 national, regional and district Ghana Health Services (GHS) staff, which was then cascaded to CHPS staff and CHVs.

Figure 1. Knowledge and learning showed improvement after MCSP introduction to ECD material by cadre.[1]



[1] Category 'other' includes CHPS coordinators and social welfare officers.

Ghana Early Childhood Development

Key Accomplishments

MCSP is leveraging existing national health, nutrition, and social welfare services to promote early childhood stimulation among caregivers, integrating ECD into existing systems such as CHPS. MCSP's close collaboration with the Government of Ghana and UN agencies to create key ECD policy and training/job aid materials, and to revitalize cross-sectoral working groups set the pathway for full government ownership. By establishing strong ECD foundations, MCSP's work is catalyzing national-level prioritization of ECD activities, especially for children ages 0–3, a group not previously addressed in Ghana's ECD policy. Key achievements from PY4 centered around development of ECD materials and strengthening the community health workforce to undertake ECD interventions.

Global and Ghana-Specific ECD Materials

Building on MCSP investments to strengthen the Ghana CHPS platform that brings essential health services to underserved communities, MCSP developed a toolkit on early childhood stimulation and responsive parenting, and is collaborating with the GHS to integrate this package into community health and nutrition services. This comprehensive package is aligned with WHO's Nurturing Care Framework and responds to the global call for cross-sectoral collaboration on ECD to improve the quality of health services in the pivotal first 1,000 days of life. The final package of materials includes a facilitator flip chart, parenting session manual, counseling cards, brochure, and early stimulation posters, and is aligned with GHS key messages and branding.

Community Health Workforce Strengthening through Trainings at National, Regional, and District Levels

Utilizing a cascade approach, MCSP, in collaboration with the GHS, completed a training of trainers with 84 select frontline regional and district health administration staff from Eastern and Upper West regions on the ECD 0–3 package. The training provided participants with the requisite knowledge and skills to conduct step-down trainings at the district level for effective integration of early childhood stimulation and responsive parenting information with regular health and nutrition activities. In collaboration with MCSP, trainers went on to facilitate cascade trainings for CHPS staff and CHVs, training 835 community health officers and 11 social welfare officers at the district level and 843 CHVs in all of the 17 districts to effectively implement and integrate early childhood stimulation and responsive parenting. Trainees were given the mandate of educating parents and other caregivers to engage in early stimulation activities with their children at the CHPS compound and with their routine activities with the mother-to-mother support groups at the community level using sessions in the Ghana-specific ECD materials.

Mentorship and Supportive Supervision for Community Health Officers

To better understand the feasibility of integrating ECD into routine activities, MCSP commenced qualitative and quantitative data collection to monitor changes in CHPS staff's and CHVs' knowledge and perceptions of early stimulation practices. Knowledge was measured before and after the MCSP-led training via pre- and post-tests.

To support continual learning, reinforcement, and ultimately sustainability, MCSP, in collaboration with regional and district trainers, conducted mentorship and supportive supervisory visits in all districts using a standardized observation checklist. MCSP staff, along with regional and district trainers, visited and observed community health officer-led ECD sessions in 44 communities, providing feedback and identifying ways to improve on session delivery. For example, observations found that caregivers are not accustomed to playing with their infants and found it easier to do activities that incorporate play materials compared to activities without manipulatives, like playing games with fingers. This observation led to the reordering of sessions, beginning with playing with household materials, and then moving to playing with hands and bodies. The feedback provided during the mentorship and supportive supervisory visits will improve the quality of session delivery by community health officers and support effective integration of ECD messages in their ongoing health and nutrition activities. Observation checklists will continue to be used by supervisory staff and can be adapted as the program evolves.

MCSP also completed a baseline assessment of caregiver behavior and child development. The main objective of the study is to assess caregivers' typical health and education practices with their children and to understand the average development levels of children, as measured by the Caregiver Reported Early Development Instruments. In PY5, MCSP will share a baseline summary documenting child development levels with supporting information, such as family income level and home learning environment. Findings from the study will inform modifications to ECD materials and trainings, and expansion of implementation platforms based on demographic characteristics.

Institutionalization of ECD within National-Level Policy and Programming

To date, MCSP has played a central role in galvanizing interest in integrative ECD programming and participating in key meetings with TWGs and relevant government institutions. MCSP presented on its activities at the first National Maternal/Child Health and Nutrition Conference and launch of the WHO Nurturing Care Framework in Ghana with UNICEF. Additionally, MCSP supported the finalization of the National Early Childhood Care and Development 0–3 Standards and will serve a key role in the rollout, including dissemination during the MCSP materials launch event and PY5 trainings.

Way Forward

In PY5, there is a continued opportunity for MCSP to engage at the national level to advocate and promote institutionalization of ECD activities into broader government and implementing partner programming. This will include serving a key role in convening partners to finalize, validate, launch, and pilot implementation of National Early Childhood Care and Development 0–3 Standards and develop a National 0–3 Early Childhood Care and Development Strategic Plan. MCSP will also explore different implementation mediums in areas without strong mother-to-mother support groups, such as child welfare clinics and religious fellowship groups. MCSP will document use of different platforms for delivering ECD messaging in the two regions and identify the strongest platforms for delivery in Ghana across different geographic areas and cultural contexts. MCSP is undertaking considerable efforts to steadily increase expansion to additional districts in priority regions. MCSP believes that its substantial investment in training, resource development, and distribution enables the GHS; the Ministry of Gender, Children and Social Protection; and other relevant ministries to continue scale-up of ECD programming in a cost-effective manner after MCSP concludes.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	**Achievement**
Number of global ECD packages developed and finalized	1(100%)
Number of Ghana-specific ECD packages developed, field-tested, and finalized	1 (100%)
Number of people trained through US Government-supported programs	1,773 (target 1,425, 100% achieved)
Percentage of CHVs and community health officers who received at least two supervision visits during mother-to-mother support groups/partner programs	92% (target 85%, 100% achieved)
Percentage of supportive supervision visits where community health officers/CHVs performed correctly at least 85% of the checklist	88% (target 85%, 100% achieved)
Number of studies completed	1 (100%)
Number of national-level ECD and child health materials for which MCSP provided technical inputs	2 (67%)
Number of national and regional meetings attended	3 (50%)

Ghana IPC PY4 Summary & Results

Geographic Implementation Areas

Regions

- 5/10 (50%)—Ashanti, Brong Ahafo, Eastern, Upper East, and Upper West

Districts

- 70/254 (28%)—whole country

Regional and district hospitals

- 59/71 (83%)—hospitals in MCSP focus regions

Population

Country

- 24,658,823

MCSP-supported Areas

- 3,335,264

Technical Areas

Ebola

Program Dates

October 1, 2016–February 28, 2018

Cumulative Spending through End of PY4

[redacted]

Demographic and Health Indicators

Indicator	# or %
Live births/year[1]	776,532
MMR (per 100,000 live births)[2]	319
NMR (per 1,000 live births)[2]	25
U5MR (per 1,000 live births)[2]	52
IMR (per 1,000 live births)[2]	37
CPR (modern methods)[2]	25%
ANC 4+[2]	89%
TFR (births per woman)[2]	3.9
SBA (percentage of live births)[2]	80%

Sources: [1] UNICEF and WHO 2014; [2] Ghana Maternal Survey, 2017.

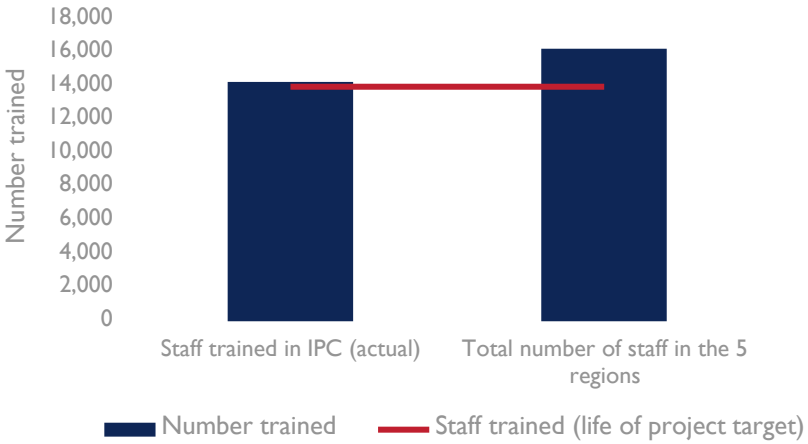
Strategic Objectives

- Improve technical competency and ability of technical and administrative staff at targeted health facilities to routinely practice strong IPC.

Key Accomplishment Highlights

- Improved readiness for IPC in the five MCSP-supported regions through whole-site trainings of 1,987 clinical and administrative facility staff at regional and district-level hospitals.
- Improved readiness in IPC in district and regional hospitals through whole-site training in 102% of targeted health facilities across five regions.

Figure 1. Clinical and administrative staff trained in improved readiness for infection prevention and control



102% of all clinical and administrative facility staff at regional and district level hospitals in five MCSP-supported regions were trained in improved readiness for infection prevention and control.

Ghana Infection Prevention and Control

Key Accomplishments

MCSP completed implementation of all Ghana IPC Project activities by the end of PY4 Q1. Significant accomplishments during this quarter include the following.

Whole-Site Training

MCSP completed whole-site onsite training in IPC at five regional and 54 districts hospitals in Ashanti, Brong Ahafo, Eastern, Upper East, and Upper West regions, with the result that 14,240 regional and district hospital clinical and nonclinical health workers now have increased knowledge and skills in IPC.

Technical Updates to the National IPC Policy and Guidelines

MCSP supported the technical update of the national IPC policy and guidelines and the development of the IPC facilitators' manual, which now serves as the standard reference and training material for IPC activities at all levels of care in Ghana's health care system. In addition, MCSP distributed 6,750 copies of IPC job aids to five regional hospitals and 54 district hospitals to reinforce the competency of frontline health care providers. These standardized materials established a common language and common knowledge and practice for the health workforce and helped foster better communication, improved patient care, and greater adherence to standards of practice in the targeted facilities.

Dashboard Tool for Identifying Gaps in IPC Knowledge

MCSP developed a dashboard tool that helped trainers identify specific areas of the training where staff needed bolstering and support (as indicated by post-test scores), leading to improved knowledge of IPC among the staff.

Way Forward

Although this project ended in February 2018, from its beginning, MCSP built the capacity of regional health management teams to receive and manage donor funds via a fixed-amount award mechanism. The flexible funding mechanism allowed the subawardee to implement activities and achieve mutually agreed upon milestones and deliverables as part of a strategic approach to building self-reliance and engaging local partners in implementation. IPC is now included in the integrated supportive supervision tool developed by the Institutional Care Division of the GHS. All regions of the country use the tool to conduct systematic supervision. Stakeholders believe that the competency-based approach is sustainable because the highly skilled cadre of government trainers can continue training and monitoring, and because it costs less to continue the approach in existing sites.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	**Achievement**
Percentage of MCSP-supported facilities that received at least 1 supportive supervision visit	100% (target: 100%, 100% achieved)
Percentage of facility-level staff trained in IPC that score at least 85% on the post-test	78% (target: 90%, 87% achieved)[1]
Number of facility-level staff trained in IPC that score at least 80% on the post-test	10,276 (target: 9,199, >100% achieved)
Number of facility-level staff trained in IPC	14,240 (target: 13,975, >100% achieved)

[1] In response to lower scores, MCSP and GHS used a dashboard (mentioned above) to help improve learning and scores. Scores improved, though the project did not meet the 90% target.

Ghana Pre-Service Education PY4 Summary & Results

Geographic Implementation Areas

PSE regions
- 10/10 (100%)

CHPS Regions
- 5/10 (50%)

Districts (of all districts in the country)
- 115/254 (45%)

Health training colleges
- 70/73 (96%)

Population

Country
- 28,000,000

MCSP-supported areas
- 16,000,000

Technical Areas

Program Dates

October 2014–December 31, 2018

Cumulative Spending through End of PY4

[redacted]

Demographic and Health Indicators

Indicator	# or %
Live births/year [1]	776,532
MMR (per 100,000 live birth)[2]	319
NMR (per 1,000 live birth)[2]	25
U5MR (per 1,000 live birth)[2]	52
IMR (per 1,000 live birth)[2]	37
CPR (modern methods)[2]	25%
ANC 4+[2]	89%
TFR (births per woman)[2]	3.9
SBA (percentage of live births)[2]	80%

Sources: [1] UNICEF and WHO, A Decade of Tracking Progress for Maternal, Newborn and Child Survival: The 2015 Report, 2014; [2] Ghana Maternal Health Survey, 2017.

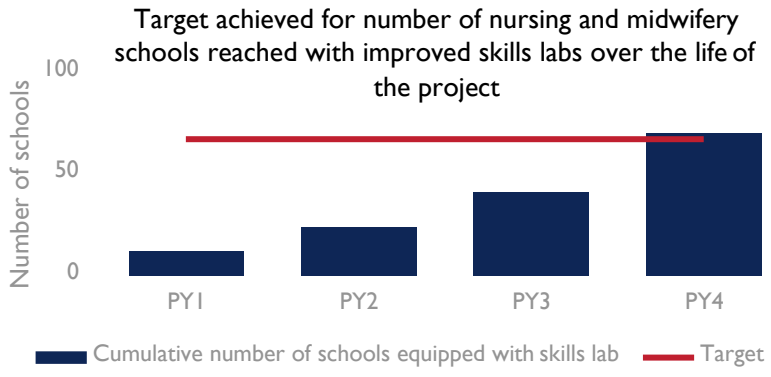
Strategic Objectives

- Better prepare the midwifery and nursing workforce, and equip it with the knowledge and skills to effectively provide HIV, malaria, nutrition, FP and MNCH services.
- Standardize and get approved the national CHPS strategy, guidelines, training materials, tools, and monitoring systems.

Key Accomplishment Highlights

- Strengthened technical competencies and teaching approaches of tutors and students by setting up skills labs in 28 schools to benefit over 16,000 students who will be licensed to provide effective and quality service to clients.
- Strengthened and reinforced the knowledge of health training students by deploying eLearning Moodle learning management systems in 12 nursing training colleges to improve teaching and learning.
- Strengthened the capacity of regional health departments through direct grants to improve CHPS service delivery. Regional teams oriented 2,133 community health management committee members on their role and active contribution to ensuring that high-quality primary health care is delivered in their community, and trained 748 community health officers.

Figure 1. Cumulative number of nursing and midwifery schools reached with improved skills labs over the life of the project



Source: MCSP program records.

Ghana Pre-Service Education and Community-Based Health Planning and Services

Key Accomplishments

The MCSP PSE and CHPS projects in Ghana achieved significant accomplishments during PY4. Skills labs and preceptor training contributed to building the capacity of students. The average scores on the Nursing and Midwifery Council licensure exams rose from 61% at baseline to 84% after the updating of skills labs and preceptor training in midwifery training colleges. MCSP continued to enable PSE to reach significantly more students than previous approaches by expanding digital health solutions and eLearning platforms. MCSP has also supported the health system as a whole through building the capacity of government entities to receive and manage donor funds, and through formative research on the country's primary health care approach. The CHPS costing tool and information gained from the formative research have the potential to reform and improve all of Ghana's CHPS zones, serving a majority of the country's nearly 30 million people.

Skills Labs

During PY4, MCSP, in coordination with the MOH, set up skills labs in 29 health training institutions. Over 330 principals and tutors received training in effective use and maintenance of the skills labs to ensure sustainability. The training will enable 16,800 students to acquire the expected competencies to provide high-quality health care upon graduation. Over the life of the project, the skills labs and training helped improve graduates' competence and knowledge in clinical skills. For example, the mean scores for RDTs for malaria and clean cord care for newborns rose from 40% to 87% and from 17% to 77%, respectively, from baseline to endline.

Teaching Students Real-Life Clinical Skills

MCSP conducted preceptorship training for 10 preceptors selected from five facilities by the Keta Nursing and Midwifery Training Colleges. The preceptors learned to effectively and efficiently guide and assess students during their clinical rotation in the clinical area for practice. The preceptor training helped about 800 students improve their competencies based on real-life clinical experience during their practicum at the clinical site.

mHealth and eLearning

MCSP trained 12 information technology tutors on how to configure and manage Moodle learning management systems and about 4,000 students on how to access the Moodle platform and navigate through the HelloNurse App. The Moodle platform assists with the high student-to-tutor ratio (1:250) because it gives students access to supplementary learning materials and knowledge-based practice quizzes.

High-Quality Service Delivery by Community Health Officers

MCSP finalized the harmonized training material for community health officers in collaboration with the GHS to standardize training and ensure uniformity in knowledge, language, and competencies of the cadre that manages CHPS zones. In addition, 49 regional staff and tutors from community health training schools received training on facilitation skills using the harmonized training material so that they can roll out the new training to community health nurses in their regions and schools. This will result in a nationwide standardized training approach for community health officers and national documents for the GHS focused on sustainable CHPS implementation.

Access to Primary Health Care through Advocacy

MCSP supported GHS to develop a CHPS planning and resource mobilization tool to identify the costs required to establish, maintain, and operate CHPS zones by costing health team annual plans and to compare their costed plan against the national CHPS implementation guidelines costs. The national and regional GHS staff have been trained on the use of the CHPS costing tool. The Policy, Planning, Monitoring, and

Evaluation Division expects that the tool will be used by policymakers; national, regional, and district health management teams; providers; and partners to assist in developing CHPS cost estimates and advocating for financing for CHPS from their communities, district assemblies, partners, and other sources.

Urban CHPS Landscape Based on Patient Needs

MCSP completed the urban CHPS study, which aimed to work with the GHS to validate and add to the findings from the USAID technical assistance (CHPS) project pilot conducted in 2008 and the Ghana Essential Health Intervention Programme pilot in 2009. The study identified key differences in urban contexts and, by gaining a more representative view of health needs and CHPS implementation in urban settings, called for additional review, research, and adaptation of the model to inform an urban-specific national CHPS policy. The findings from the urban CHPS study will contribute to revisions to the 15 implementation steps in the rural CHPS model for wider, scaled up use in the country's urban settings.

Capacity-Building through Fixed-Amount Awards

MCSP provided oversight and technical support to five regional and one national fixed-amount awards. As a result of the awards, regional teams, the Policy, Planning, M&E Division of the MOH, and the Ghana College of Nurses and Midwives were able to accomplish the following key priority activities: training 2,133 community health management committee members, training 748 community health officers, providing equipment to eight CHPS compounds in Ashanti Region, strengthening support supervision procedures from the subdistrict to the CHPS zone, and developing and providing critical tools and support for strong preceptorship of nursing and midwifery students across the country. The fixed-amount awards enabled districts to manage and receive donor funds, helped to build strong health systems in CHPS implementation, and improved the quality of care at the CHPS level.

Sustainability of MCSP's eLearning Program

Four nursing and midwifery training colleges in Bibiani, Essiama, Goaso, and Techiman have written to the MOH eLearning secretariat requesting the deployment of Moodle learning management systems at the colleges through their own financial support (i.e., without MCSP funds). Their requests resulted from an advocacy presentation at the Conference of Heads of Health Training Institutions and demonstrate the sustainability of the eLearning program following the close of MCSP.

Way Forward

In PY5, MCSP will focus on documenting success stories, key lessons learned, and recommendations, and on final project documentation. MCSP is working with the GHS and MOH to ensure sustainability and continuation of all initiated activities.

For PSE, with principals and tutors trained on the effective use and management of the skills labs and models, schools should be able to identify personnel to serve as skills lab coordinators and assistants to manage the labs properly and make them accessible to students at all times. Proper documentation of skills lab use and periodic M&E of the skills labs by the various schools will help them identify any gaps in implementation for planning for future improvements. The director of the Health Training Institute at the MOH has instructed all nursing and midwifery schools to apply for deployment of the eLearning Moodle learning management systems without MCSP funding.

For CHPS, since capacity is built at the national and regional levels to implement the harmonized CHPS model, it was essential to have updated and standardized national CHPS implementation guidelines and community health officer training materials across the country. In addition, the CHPS costing tool helps regional GHS teams plan and budget for their local health needs. The regional GHS team has been trained on the tool and will support districts in implementing the tool. Community health officer pre-service and in-service training will be based on the reality of current practice and ensure that practice is safe, effective, and relevant to Ghana's health needs.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	**Achievement**
Number of new health workers graduating from schools supported by MCSP	8,404 (target: 8,049, >100% achieved)
Number of eLearning modules, learning objects, or mobile platforms developed	9 (target: 18, 50% achieved)[1]
Number of schools with adequately equipped simulation labs	33 (target: 10, >100% achieved)[2]
Number of persons trained using CHPS costing tool	35 (target: 22, >100% achieved)
Number of technically up-to-date tools and job aids harmonized and disseminated	3 (target: 3, 100% achieved)

[1]The outstanding nine have been developed but are currently being packaged, which is the final step before dissemination.

[2]There were outstanding schools from PY3 that were equipped in PY4.