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MCHIP Ghana:
*Strengthening HIV/AIDS, TB, Malaria
Newborn Resuscitation, Family Planning and Nutrition in
38 Midwifery, Public and Community Health Nursing Schools and Strengthening Basic
Emergency Obstetric and Neonatal Care (BEmONC) in Six Targeted Midwifery Schools*



Annual Report
1 October 2012– 30 September 2013

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Acronyms

ACNM	American College of Nurse Midwives
AMTSL	Active Management of Third Stage of Labor
BEmONC	Basic Emergency Obstetric and Newborn Care
CMAM	Community-based Management of Acute Malnutrition
CTS	Clinical Teaching Skills
FANTA	Food and Nutrition Technical Assistance
FP	Family Planning
FY	Fiscal Year
GHS	Ghana Health Service
HBB	Helping Babies Breathe
HRDD	Human Resources Development Directorate (GHS)
HRHD	Human Resources for Health Division (MOH)
IPC	In Patient Care
IYCF	Integrated course for Young Child and infant Feeding
MCHIP	Maternal and Child Health Integrated Program
MCPC	Management of Complications in Pregnancy and Childbirth
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
NMC	Nurses and Midwives Council
NMCP	National Malaria Control Program
OSCE	Objective Structured Clinical Examination
PLWA	People Living with HIV and AIDS
PPFP	Post-partum Family Planning
PSE	Pre-Service Education
SBM-R	Standards Based-Management and Recognition
TB	Tuberculosis
USAID	United States Agency for International Development

1. Introduction

MCHIP continues to strengthen the skills and competencies of tutors and their students at 38 schools (10 Community Health Nursing, 1 Public Health Nursing, 1 Medical Assistant School and 26 Midwifery) in current best practices for: HIV/AIDS, tuberculosis, malaria, family planning, newborn resuscitation and addressing stigma and discrimination. In addition, MCHIP is working with 6 targeted midwifery schools to: 1) equip their skills labs; 2) strengthen tutors' skills and competencies in Basic Emergency Obstetric and Neonatal Care (BEmONC); and 3) strengthen preceptors' clinical skills and teaching competencies.

In project year 5 (Oct 1, 2012 – September 30, 2013), MCHIP also supported strengthening the knowledge, skills and competencies of tutors in nutrition and supported the Human Resource for Health Development (HRHD) unit of the Ministry of Health (MOH) to operationalize eLearning for midwifery to improve teaching and learning.

2. Project's Objectives and Key Activities

The objectives and corresponding activities planned in the Year 5 Workplan (Oct 1, 2012 – September 30, 2013) are:

Objective 1: Improve midwifery students' knowledge, skills and attitudes in targeted BEmONC interventions.

Activity 1.1: Provide appropriate resources to schools including Management of Complications in Pregnancy and Childbirth (MCPC), and active management of third stage of labor (AMTSL) including CD-ROM and posters/job aids to enable tutors to teach skills to students.

Activity 1.2: Follow up of tutors through site visits and mMentoring (explained in more detail in Objective 5) to assess performance and determine transfer of learning to students

Activity 1.3: Follow-up of students to assess retention of knowledge and skills in targeted BEmONC interventions

Activity 1.4: Conduct baseline assessment of preceptors' knowledge and skills in BEmONC

Activity 1.5: Plan and carry out knowledge and skills updates for 40 preceptors in targeted BEmONC interventions (two groups of preceptor trainings)

Objective 2: In targeted midwifery schools, equip and improve management of skills labs to strengthen students' competencies in selected maternal and newborn health interventions.

Activity 2.1: Develop skills lab guidelines/ toolkit

Activity 2.2: Orient principals of all midwifery schools, HRHD staff and NMC staff and examiners on development/management of skills labs at their semi-annual meeting

Activity 2.3: Order models, furniture and equipment

Activity 2.4: Conduct minor repairs and maintenance of skills labs

Activity 2.5: Conduct training of tutors in 6 schools using skills lab guidelines/toolkit (3 training groups)

Activity 2.6: Set up skills lab with tutors in 6 schools and demonstration skills lab at NMC office

Activity 2.7: Implement initial simulations of skills labs including designated skills lab manager and all tutors

Activity 2.8: Support an additional 15 midwifery schools with limited skills lab intervention including: orientation, skills lab manual, additional teaching resources and a NeoNatalie model

Activity 2.9: Implement skills labs schedule and action plan formulated in training, adjust as necessary

Activity 2.10: Conduct individual coaching and follow up with tutors

Activity 2.11: Conduct m-Coaching

Activity 2.12: Revise guidelines/toolkit as necessary

Activity 2.13: Evaluate skills labs use

Objective 3: Strengthen preceptors' clinical skills and teaching competencies at clinical sites linked to targeted schools.

Activity 3.1: Develop preceptor package in partnership with ACNM, NMC, HRDD and HRHD

Activity 3.2: Conduct one-day orientation to remaining midwifery school principals

Activity 3.3: Tutors conduct two groups of preceptor orientation training at six midwifery schools

Activity 3.4: Support 6 midwifery schools to select preceptors for training

Activity 3.5: Conduct TS Course for 60 preceptors (two groups of training)

Activity 3.6: Support 6 midwifery schools to operationalize a preceptorship system, thereby creating linkages between schools and preceptors

Activity 3.7: Conduct follow-up of preceptors

Objective 4: Increase competency of tutors and their students at 9 Community Health Nursing, 1 Public Health Nursing, 1 Medical Assistant School and 21 Midwifery Schools in current best practices for: HIV/AIDS, TB, Malaria, Family Planning, Newborn Resuscitation and addressing stigma and discrimination.

Activity 4.1: Provide teaching and resource materials to enhance competency and performance in teaching these areas

Activity 4.2: Conduct technical updates for new tutors on HIV/AIDS, TB, Malaria, Family Planning

Activity 4.3: Conduct peer coaching and follow-up visits to schools

Activity 4.4: In collaboration with local HIV support organizations organize learning experiences at midwifery and community health nurses training schools to decrease stigma and discrimination

Activity 4.5: Create teaching and learning activities that address stigma and discrimination for students entering clinical practice that are relevant and ensure greater sensitization

Activity 4.6: As part of SBMR process, conduct evaluation of tutor's knowledge and skills related to HIV/AIDS, TB, Malaria, Family Planning and Newborn Resuscitation

Activity 4.7: Conduct quarterly peer assessments on knowledge and skills

Activity 4.8: Hold recognition event for schools and tutors to share and recognize results

Objective 5: Develop, implement and evaluate the use of mMentoring (to reinforce midwifery tutors' new competencies during program interventions).

Activity 5.1 Implement mMentoring in 6 targeted schools with 22 participants

Activity 5.2 Maintain tracking system for mMentoring

Activity 5.3 Conduct evaluation of mMentoring

Activity 5.4 Disseminate evaluation findings and make future recommendation for future programming

Objective 6: Improve midwifery and community health nursing tutors knowledge and skills to teach new nutrition interventions

Activity 6.1 In collaboration with FANTA conduct a stakeholders (GHS, NMC, HRHD) consultative meeting to identify key competencies in nutrition needed by midwives and community health nurses

Activity 6.2 Develop standards and verification criteria for key competencies/key clinical skills e.g. counseling, assessment of pregnant woman

Activity 6.3 Plan and conduct pilot assessment in selected schools in collaboration with FANTA and GHS

Activity 6.4 Analyze results of the pilot assessment and identify key gaps to focus on in training

Activity 6.5 Identify and refine materials for technical update of tutors

Activity 6.6 Conduct technical updates for 120 midwifery and community health nursing tutors (including Kintampo) in new nutrition competencies (5 groups of training)

Activity 6.7 Conduct follow up visits and coaching to schools in collaboration with FANTA

Activity 6.8 Conduct follow up assessment of tutors trained

Activity 6.9 In collaboration with FANTA, identify, procure, and disseminate nutrition learning aids for schools

Objective 7 Enhance training materials by supporting the Nursing and Midwifery Council to conduct regular Midwifery Curriculum Reviews and by supporting the Ministry of Health to design an integrated eLearning Programme

Activity 7.1 Support the Nursing and Midwifery Council to facilitate midwifery curriculum review

Activity 7.2 Provide technical input into the midwifery curriculum review process

Activity 7.3 Facilitate an eLearning programme design workshop with Ministry of Health, stakeholders and technical advisors

Activity 7.4 Consolidate findings and produce written eLearning programme design document that includes a capacity building plan and budget

3. Results for Project Year 5 (FY13)

3.1. Major accomplishments

Over the course of the year, MCHIP has achieved substantial progress:

- **Trained:** Forty-two preceptors and four tutors received training in selected **BEmONC** interventions; fifty-eight preceptors trained **on mentoring/coaching skills** to enable them to effectively support students in the clinical environment have all been followed up; eighty-two tutors from 35 schools were provided **technical updates in TB, HIV/AIDS, malaria and family planning**; six trainings have been conducted to update 132 tutors in new **nutrition** topics
- **Skills Labs:** The six targeted skills labs (Jirapa, Goaso, Pramso, Mampong, Twifo Praso and Hohoe) have been completely set up including provision of furniture, equipment, teaching materials, and minor repairs and maintenance. The Twifo Praso skills lab was commissioned during the matriculation and graduation ceremony on September 20, 2013 by the Deputy Minister of Health.
- **Two reference manuals:** The Reference Manual for Simulation Laboratories in Midwifery Education Programs and the Reference Manual for Preceptorship in Midwifery Education have been completed and disseminated.
- **mMentoring** program completed which included sending SMS messages and quiz questions to 21 tutors and preceptors, in addition to conducting structured mentoring phone calls. Analyzed results will be shared with stakeholders and will also be presented at ICM conference at Prague in June 2014.
- **Curricula:** Strategic inputs into the curriculum revision process of the Nursing and Midwives Council (NMC) of Ghana ensuring that the technical updates implemented are sustained.



Table 1: Number of tutors trained per programme and technical area

Type of School	Total number of schools	Estimated numbers of students enrolled	Number of tutors trained BeMONC	Number of tutors trained nutrition	Number of Tutors trained in HIV/TB/malaria/FP
Midwifery Schools	28 (100%)	3,500	3 tutors	51 tutors	40 tutors
Community Health Nursing School	10 (100%)	4,500	0	33 tutors	30 tutors
Public Health Nursing School	1 (100%)	50	1 tutor	3 tutors	2 tutors
Medical Assistants Training	1 (100%)	350	0	6 tutors	4 tutors
General Nursing Schools	18 (100%)	3,500	0	39 tutors	0 tutors
University	3	500	0	0	6 tutors
Total	58 (100%) (not including University)	12,400	4 tutors	132 tutors	82 tutors

3.2. Project Year 5 Progress

MCHIP had significant progress on the objectives for the year five workplan as described per objective:

Objective 1: *Improve midwifery students' knowledge, skills and attitudes in targeted BEmONC interventions.*

In November 2012, 46 participants comprising 4 midwifery tutors and 42 midwifery clinicians were drawn from two schools and 27 clinical sites for a two-week training in selected topics in Basic

Emergency Obstetric Maternal and Newborn Care (BEmONC). The workshop was conducted by three MCHIP/Jhpiego technical staff, an independent consultant and an obstetrician gynecologist using adult learning principles and a humanistic approach including both theory and practical sessions. Knowledge Assessment and Objective Structured Clinical Examination (OSCE) were carried out before the training to determine participants' knowledge and skills levels and after the training to determine level of knowledge and skills gained. Areas assessed in the OSCE included AMTSL, manual removal of placenta, essential newborn care



and neonatal resuscitation and management of severe pre-eclampsia. OCSE results at the beginning showed that participants needed more skills practice in conduction of AMTSL, newborn resuscitation, manual removal of placenta, use of partograph and clinical decision-making. More time was spent on coaching and helping each participant acquire the right skills before the end of the training. Participants were also given more case studies to help improve their decision making skills. On average, knowledge increased by an average of 15% while competency and skills increased by as much as 40% in certain areas.

As a key part of the Project Year 5 MCHIP work plan, Jhpiego conducted Effective Training Skills workshops for 58 preceptors from clinical training sites for six midwifery training schools (Ashanti-

Mampong, Goaso, Jirapa, Pramso, Hohoe and Twifo Praso). The objective of the training was to develop preceptors' competencies to transfer midwifery skills through demonstration, coaching and feedback to students in order to increase the efficiency of midwifery service delivery. MCHIP also conducted post training supportive supervision visits to ensure that preceptors are practicing what they learned from April to June 2013. Performance of all participants was assessed and any gaps identified were corrected. Participants were also encouraged to review their notes and practice skills. They were also instructed to call anytime they had any problems.

Objective 2: *In targeted midwifery schools, equip and improve management of skills labs to strengthen students' competencies in selected maternal and newborn health interventions.*

The simulation lab manuals have been printed and were launched with commissioning of the skills labs by the Ministry of Health, USAID and MCHIP and distributed to all of the midwifery schools. The skills labs in the targeted six midwifery schools were completed (Jirapa, Goaso, Pramso, Mampong, Twifo Praso and Hohoe).

The Simulation Lab Manual includes the following chapters:

- Chapter 1: Introduction and background
- Chapter 2: Roles and Responsibilities
- Chapter 3: Simulation lab Set Up and inventory
- Chapter 4: Equipment and supplies
- Chapter 5: Operations: Managing the simulation lab
- Chapter 6: Laboratory safety
- Chapter 7: Maintenance
- Chapter 8: Monitoring and evaluation

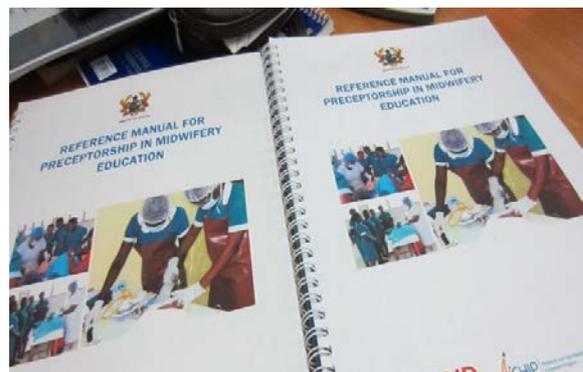


Objective 3: *Strengthen preceptors' clinical skills and teaching competencies at clinical sites linked to targeted schools.*

The preceptor manuals have been printed. They were launched together with the simulation lab manuals in September by the Ministry of Health, USAID and MCHIP and distributed to all the schools for use.

The Preceptor Reference Manual includes the following chapters:

- Chapter 1: Introduction
- Chapter 2: Definitions; Selection and Support of Preceptors
- Chapter 3: Roles and Responsibilities of a Preceptor System
- Chapter 4: Assessment and Strengthening of Clinical Sites
- Chapter 5: Improving the Quality of Education Using a Standards-Based Management and Recognition Approach
- Chapter 6: Teaching and Learning
- Chapter 7: Providing Client Care
- Chapter 8: Follow-up Support and Monitoring
- Chapter 9: Evaluation and Planning



Objective 4: Increased competency of tutors and their students at six Community Health Nursing, 1 Public Health Nursing, 1 Medical Assistant's School and 21 Midwifery Schools in current best practices for: HIV/AIDS, TB, malaria, family planning, newborn resuscitation and addressing stigma and discrimination.

Eighty-two tutors from 36 schools including midwifery, community health nursing, public health nursing, medical assistants and universities were provided technical updates in TB, HIV/AIDS, malaria, and family planning over the course of 5 days in two training sessions. The workshop consisted of didactic and practical approaches to transfer of skills, with one day each dedicated to malaria, TB, and family planning, while HIV and AIDS was covered over the course of two days. Participants had exposure to four clinical areas: 1) antenatal clinic to observe clinical application with regards to HIV counseling and testing, PMTCT, and malaria in pregnancy; 2) TB clinic, 3) antiretroviral clinic; and 4) family planning to observe counseling. Clinical nursing, midwifery, and/or pharmacy staff provided an overview of the respective programs and specific interventions (i.e. sulphadoxine-pyrimethamine in pregnancy). A pre- and post-assessment with multiple choice, true/false, and open ended questions were conducted for both weeks of the training. The assessment results (See table 1 below) showed an average knowledge increase for all participants of 33%. At the end of the training, participants were of the view that a technical update for each technical area should be extended to one week. Participants found the training to be a holistic mix between theoretical and very practical, and they encouraged MCHIP to hold this type of training often.

Table 1: Summary of HIV/AIDS, Malaria, TB and Family Planning Training Pre and Post Training Assessment

	Batch One		Batch Two	
	Pre-Course (%)	Post-Course (%)	Pre-Course (%)	Post-Course (%)
Class Average	40	73	56	71
High Score	48	86	74	82
Low Score	33	59	37	57
% increase in class average score pre to post-course	33		15	

Objective 5: Develop, implement and evaluate the use of mMentoring (to reinforce midwifery tutors' new competencies during program interventions).

The first phase (three months) of the mMentoring programme which included sending SMS reminders, quizzes and structured calls from their mentors covering newborn resuscitation and manual removal of placenta was completed in quarter one. At the end of which a focus group discussion was carried out with participants to find out their views about mMentoring and to see if any changes need to be made. Participants said the program was good as it kept reminding them of what to do correctly.

The second and final phase of the mMentoring programme was completed in February 2013. A final assessment was conducted for 16 out of 21 participants in the selected BEMONC skills including AMTSL, manual removal of placenta, newborn resuscitation and management of severe pre-eclampsia. In addition a knowledge assessment was completed. Six participants could not be reached because some had travelled outside the country, were unwell, on maternity leave or had been transferred to another school.

An exit questionnaire was also administered to the participants to explore participant's personal experience with mMentoring and whether they felt it had been beneficial to them. The combined results are currently being analyzed however the average score for the knowledge assessment was 89%. The OSCE assessments showed the following average results: newborn care 89%, AMTSL 85%, manual removal of placenta 85% and management of severe pre-eclampsia 68.5%. The results of the OSCE were higher for preceptors than tutors. This may be attributed to constant practice of skills as they work in the clinical area. Tutors, however, teach skills in courses assigned semester by semester and would therefore not practice skills that are not part of what they teach during a semester.

When the data for mMentoring is finalized, it will be disseminated to stakeholders. An abstract related to mMentoring was also accepted for presentation at the International Confederation of Midwives Conference in June 2014.

Objective 6: *Improve midwifery and community health nursing tutors knowledge and skills to teach new nutrition interventions*

In January 2013, MCHIP, in collaboration with project FANTA conducted a stakeholder consultation including participants from GHS (Nutrition, Family Health Division, Child Health, Institutional Care, Policy Planning Monitoring and Evaluation), Human Resource for Health Development (HRHD), Nurses and Midwives Council (NMC), University of Ghana School of Public Health, Kintampo School of Allied Health Sciences. The key discussion question was “Considering the changes to the nutrition policy and priorities, what are the key competencies that community nurses and midwives need in nutrition?”

After the stakeholder meeting, representatives from FANTA, GHS and MCHIP conducted a nutrition assessment from 20-24 May 2013 in ten nursing schools using the performance standards developed on key competencies. Participants included tutors teaching the basic nutrition course or nutrition as an applied course from the following schools included: Fomena, Tamale, Esiam, Ho and Jirapa community health nursing schools and Berekum, Tamale, Bolgatanga, Cape Coast and Koforidua Nursing and Midwifery Colleges.

Findings from the school assessments included:

- All schools visited did not have standard teaching aids or nutrition reference materials for teaching
- Tutors obtained information related to nutrition from diverse sources with the prime source being the internet. Other sources of information included nutrition text books, journals and brochures.
- Not all nutrition topics were handled by the Nutrition Tutors. Areas on breastfeeding and complimentary feeding were mostly handled by nursing or midwifery tutors
- There was no linkage between nutrition courses taught by the midwifery or nursing tutors and the nutrition course as both courses were taught in isolation
- Most tutors did not have knowledge on current nutrition interventions being implemented in Ghana

As a follow on of the assessment six sessions of trainings were organized from 25th of August to the 28 September 2013 to update knowledge and skills of 132 tutors from nursing, midwifery, community health, public health and medical assistant schools. The trainings covered Community-based Management of Acute Malnutrition (CMAM), In-Patient Care for acute severe malnutrition (IPC) and Integrated Course on Young Child and Infant Feeding (IYCIF).

The training comprised both theory and clinical sessions and lasted for six (6) days in the classroom and clinical areas. Facilitators used methods such as discussions, case studies, group work, demonstrations and return demonstrations, videos, questions and answers and clinical sessions in taking participants through the various modules of the training workshop.

Participants were taken through the modules in addition to the use of job aids, a catalogue and answer booklets. Assignments were given as appropriate and group work was also done. Clinical sessions included classroom demonstrations and preparation of ReSoMal, F-75 and F-100 and visit to the clinic in PML where participants had opportunity to put into practice what they were taught in the classroom, for example, assessing malnourished children using the mid upper arm circumference (MUAC) tape. An assessment of participants' level of knowledge on the subject area was done through the administration of a pre and post course assessments. There was significant improvement in participants' knowledge: for CMAM the average knowledge gain was 41.7%; IPC 50.2%; and IYCIF 45%.

Some of the practices that made these trainings successful included:

- Efficient use of time during the training.
- Demonstration of feeding positions and counseling skills in the classroom setting before the clinical practice.
- Use of food samples, cups and spoons for better appreciation for discussions on complementary feeds.
- Arranging for mothers to bring their babies to the classroom for a practice on complementary feeding in the absence of a Child Welfare Clinic running on the day of scheduled field work.
- Daily facilitators' meeting to address issues that cropped up during each day's sessions and re-strategize and firm up plans for the next day

Objective 7: *Enhance training materials by supporting Nursing and Midwifery Council to conduct regular Midwifery Curriculum Reviews and by supporting Ministry of Health to design an integrated eLearning Programme.*

MCHIP participated in the three curriculum review sessions held by the Nursing and Midwifery Council. The curricula reviewed included midwifery, community health nursing, general nursing and mental health nursing. New areas included updates in family planning, nutrition, helping babies breathe, HIV, malaria and tuberculosis

The Ministry of Health has identified eLearning as a priority strategy for supporting and strengthening continuing education of midwives, educators and pre-service education of student midwives. MOH, in collaboration with Intel and Samsung, has already procured 9,000 laptops for tutors and students as the first step to realizing this commitment. The next important step is to develop an implementation plan to enable the MOH to support existing teaching through the development of a process for integrating additional e-learning content and processes into existing educational programs.

From 10 – 14 December MCHIP and UNFPA co-facilitated with the MOH a very successful workshop to develop a scope of work and action plan to operationalize eLearning in Midwifery pre-service education. This workshop brought together a wide range of technical experts (e.g. midwifery, education, IT) from MOH, Ghana Health Services, education institutions (e.g. private and government schools), development partners (e.g., UNFPA, Jhpiego, WHO and Intel) and technical advisors to work together to outline the processes and actions needed to integrate e-learning into existing education. Although the workshop focused on midwifery pre-service education, it was evident that the framework and processes could subsequently be applied and scaled up to not only other disciplines but to in-service training as well. By the end of the workshop a draft strategy and workplan was completed and key individuals were tasked with follow up activities including drafting a full narrative proposal and budget. The workshop was very well attended and participants were excited by this important step in supporting an improvement in the quality of midwifery education.

4. Priorities for Year 6 FY 14:

The priorities for Project Year 6 (FY14) will focus on:

- Operationalize eLearning in 6 schools with existing BEmONC content (developed by Jhpiego, UNFPA, and WHO using Intel's skool platform) while simultaneously developing new content for HIV and malaria.
- Improve tutors' competency in malaria through provision of technical update in malaria (42 tutors from 21 general nursing schools and 80 tutors from 40 additional health training institutions) and



- conducting mMentoring for malaria (42 tutors from 21 general nursing schools)
- Nursing and midwifery curriculum is updated with the current policy and practice in malaria
- Conduct training for 100 tutors from 38 Health Training Institutions on HIV stigma and discrimination
- Follow-up supportive supervision visits for nutrition and skills labs
- Present finding of mMentoring pilot at international conference

5. Program Learning

Question #1: Is mMentoring platform acceptable to participants and do participants retain high competency scores in technical areas after one year.
Products: Oral Presentation at ICM: “Evaluation of Mobile Phone-based Mentoring to Support Post-Training Retention and Performance in Midwife Tutors/Preceptors in Ghana”
Status Update: IRB approvals done, data collected in analysis phase
Dissemination Plan: Other implementing agencies, USG, Ghana government

6. Challenges and Opportunities

Challenges

There were no major challenges beyond typical delays for coordination of different stakeholders’ activities and clearing of some items through customs. Nonetheless, MCHIP is on target with all activities.

Opportunities

Ghana Health Service and Ministry of Health’s commitment to eLearning as evidenced through the provision of 9,000 laptops for students indicates a prime opportunity to provide additional learning technologies to the multiple health institutions.

7. Annexes

Annex 1: Helping Babies Breathe Indicators

Annex 2: Indicator Table and Achievement as at 30 September 2013

Annex 3: Success Story

Annex 1: Helping Babies Breathe Indicators

Indicator	October – 2012 September 2013	Notes
Number of trainers trained by type of cadre	46	42 preceptors and 4 tutors were trained in HBB during this quarter and all of them achieved competency at the end of the training
Number (and percent if available) of birth attendants trained by type of cadre	-	
Number (and percent if available) of health facilities equipped with resuscitation devices	27	These were provided to clinical sites used by students from the six targeted schools basically for preceptors to use for teaching students.
Number (and percent if available) of babies not breathing at birth that were resuscitated successfully	-	This is a pre-service education intervention and does not cover service provision sites at present

Annex 2: Indicator Table and Achievement as at 30 September 2013

MCHIP Ghana: *Strengthening HIV/AIDS, TB, Malaria Newborn Resuscitation and Family Planning in Midwifery, Public and Community Health Nursing Schools and strengthening Basic Emergency Obstetric and Neonatal Care (BEmONC) in six targeted midwifery schools*

Objectives & Indicators	Data Source	Frequency	Target (1 October 2012 – 30 September 2013)	Cumulative Achievement (1 October 2012 – 30 September 2013)	Status and comments
Objective 1: <i>Improve midwifery students' knowledge, skills and attitudes in targeted BEmONC interventions</i>					
Percentage of midwifery tutors and students assessed demonstrating competency in selected BEmONC skills	Standardized skills checklist	Semi annually	4	100%	4 tutors were trained in BEmONC in November 2012 and all demonstrated competency
Percentage of midwifery tutors and students assessed scoring at least 85% on knowledge assessments in targeted BEmONC interventions	Knowledge assessment	Semi annually	4	100%	4 tutors trained in November and all achieved at least 85% after training
Objective 2: <i>In targeted midwifery schools equip and improve management of skills labs to strengthen students' competencies in selected maternal and newborn health interventions.</i>					
Percentage of schools using Guidelines/Toolkit Manuals	Checklists	Annually	6 schools	0	Skills lab and were launched at the matriculation and graduation ceremony of Twifo Praso Midwifery school by the Director General on the 20 th September 2013
Number of schools with improved skills labs	Program records, checklists	Annually	6 schools	100%	All 6 targeted school have improves skills labs
Percentage of schools using and managing skills labs appropriately	Checklist	Semi-annually	6 schools	0	Skills lab tool were just launched on the 20 September..Schools to be trained in use of skills lab tool kit in October/November
Number of additional midwifery schools receiving skills lab orientations, manuals,	TIMS Program records	Annually	22 Midwifery schools	100%	88 NeoNatalie models distributed to 22 midwifery schools. Books and other job aids were also

Objectives & Indicators	Data Source	Frequency	Target (1 October 2012 – 30 September 2013)	Cumulative Achievement (1 October 2012 – 30 September 2013)	Status and comments
teaching resources and models					distributed to the schools Orientation will be conducted during the next quarter to the use of the skills lab and preceptor manuals in October/November as they were only launched on the 20 September
Objective 3: <i>Strengthen preceptors' clinical skills and teaching competencies at clinical sites linked to targeted schools.</i>					
Number of preceptors from targeted district/regional training centres having updated clinical training skills	TIMS	Quarterly	40	58	A total of 58(145%) preceptors received Training Skills Training in February 2013 (40 of these received BEmONC in November 2012)
Percentage of schools using preceptor manual	Site visits	Quarterly	6 schools	0	Manuals have been completed and printed out, but they were only launched on 20 September 2013
Objective 4: <i>Increase competency of tutors and their students at 9 Community Health Nursing, 1 Public Health Nursing, 1 Medical Assistant School and 21 Midwifery Schools in current best practices for: HIV/AIDS, TB, Malaria, Family Planning, Newborn Resuscitation and addressing stigma and discrimination.</i>					
Number of tutors and examiners trained with pre-service education technical updates (HIV, TB, Malaria, FP, HBB)	TIMS	Quarterly	82	100%	A total number 82 tutors were trained during this fiscal year
Percentage of tutors achieving competence in the targeted technical areas (HIV, TB, FP, malaria, NR)	SBMR	Quarterly peer assessments Annual external	100%	100%	All tutors trained achieved competence in the technical area
Percentage of tutors achieving competence in Effective Teaching Skills	SBMR	Quarterly Peer assessments Annual external	100%	100%	Cumulative life of project total of 98 trained in ETS and all trained achieved competence (100%). No effective teaching skills was planned for tutors during this implementation year.

Objectives & Indicators	Data Source	Frequency	Target (1 October 2012 – 30 September 2013)	Cumulative Achievement (1 October 2012 – 30 September 2013)	Status and comments
Number of linkages established between PSE institutions and PLWA/MARPS groups	Program records	Annually	32	0	To be started in November 2013
Objective 5: Develop, implement and evaluate the use of m-Coaching (mobile Coaching) to reinforce midwifery tutors' new competencies during program interventions.					
Number of tutors in targeted schools coached using mobile phone platform	Data collection form listing each contact using mobile phone system	Quarterly	22 (14 tutors, 8 preceptors)	21	This was started in September 2012 and completed in February 2013. One tutor was transferred after starting the mMentoring programme, thus only 21 (95%) participants complete the programme,
Number of coaching phone calls	Data collection form listing each contact using mobile phone system	Quarterly	176	145	A cumulative total of 145 calls were made out of the expected 176 calls (82%)
Objective 6: Improve midwifery and community health nursing tutors knowledge and skills to teach new nutrition interventions					
Number of tutors trained in new nutrition technical areas	TIMS	Quarterly	120	108%	132 tutors from the nursing, midwifery, community health and medical assistant schools were trained from August to September 2013
Percentage of midwifery tutors demonstrating competency in new nutrition competencies skills	Standardized skills checklist	Semi-annually	120	108%	132 tutors demonstrated competency in new nutrition competencies

Annex 3: Success Story

Skills laboratories: helping students acquire the right skills

MCHIP (Maternal and Child Health Integrated Programme) continues to strengthen the skills and competencies of tutors and their students at 38 schools (10 Community Health Nursing, one Public Health Nursing, one Medical Assistant School and 26 Midwifery) in current best practices for: HIV/AIDS, tuberculosis, malaria, family planning, newborn resuscitation and addressing stigma and discrimination. In addition, MCHIP is now working with targeted midwifery schools to: 1) equip their skills labs; 2) strengthen tutors' skills and competencies in Basic Emergency Obstetric and Neonatal Care (BEmONC); and 3) strengthen preceptors' clinical skills and teaching competencies.

As part of this strategy above, MCHIP in collaboration with the HRHD selected six midwifery schools namely Twifo Praso, Hohoe, Pramso, Mampong and Jirapa to provide a comprehensive package. These schools were selected based on geographical location, number of students in the school, number of programmes being run in the school and freshly opened schools. The comprehensive package included training of tutors in BEmONC skills, mMentoring and resourcing of skills labs that will enable tutors teach and demonstrate competencies. Twenty-two tutors from the six schools were trained and taken through the mMentoring programme. Various items including models, instruments, furniture and expendables were also procured for setting up the skills labs. The skills lab manual was also developed to enable the schools manage the skills labs well. The skills lab manual was also developed to enable the schools manage the skills labs well. The six skills labs have been successfully and completely set up for used in the six schools. The set up within the skills labs include Antenatal, Labour and delivery, Postnatal and Family Planning areas. This is to help students form a mental picture of the real situation so that after learning the correct competencies in the skills, they can readily apply same when they are assigned to the clinical area during clinical practice sessions. A small library was also placed in the skills lab for easy reference. With availability of all the needed items to make teaching easy and more interesting, students will enjoy learning of skills.

