MCHIP Ghana:
Strengthening HIV/AIDS, TB, Malaria, Newborn Resuscitation and Family Planning (FP) in Midwifery, Public and Community Health Nursing Schools

Annual Report
1 October 2010 – 30 September 2011
1. **Introduction**

MCHIP is focusing on strengthening HIV/AIDS, TB, Malaria, Newborn Resuscitation and Family Planning (FP) in pre-service education for 27 schools including: Midwifery (17), Public Health Nurses School (1) and Community Health Nursing Schools (9).

2. **Objectives**

   **Objective 1:** Improved quality of the pre-service training system for midwives and community health nurses

   **Objective 2:** Increased competency of midwifery/nursing educators and their students about best practices in HIV/AIDS and FP services, with specific emphasis on PMTCT, HIV related care, TB counseling and testing, FP counseling, long term FP methods, MIP and malaria case management

   **Objective 3:** Decreased stigma towards People Living with HIV/AIDS among midwives and community health nurses

3. **Key Activities**

   - Assessment of existing pre-service education curricula and teaching practices
   - Setting standards on teaching content
   - Develop assessment tools and conduct baseline assessment
   - Provide clinical skills training and technical update for tutors and preceptors on HIV, TB, Malaria, FP and Newborn Resuscitation
   - Strengthen tutor’s teaching skills through focused training on teaching skills
   - Strengthen clinical teaching through the provision of teaching and learning materials
   - Peer assessment of tutors to monitor progress
   - NGOs working with HIV and TB visit schools to talk about stigma and discrimination
   - Conduct final external assessment
   - Dissemination of final results to stakeholders (e.g. Nursing and Midwifery Council (NMC), Human Resource for Health Development (HRHD), Family Health Division (FHD), schools and clinical sites)

4. **Bullets of Major Accomplishments**

   - PPFP external assessment of performance standards conducted in 12 midwifery schools, one public health nurses school and six clinical sites from November 8 to 30, 2010. Performance improved from an average of 58% at baseline to 94% at external assessment of the schools and 44% at baseline to 85% at external assessment of the clinical sites.

   - The MCHIP team in Ghana strengthened 12 midwifery schools, one public health nurses school and six clinical sites by providing resource materials including reference manuals, job aids, models and intrauterine contraceptive device models and equipment to improve competency of tutors and students.

   - The MCHIP Ghana Team also strengthened HIV/AIDS, TB, Malaria, Newborn Resuscitation and Family Planning (FP) in 17 midwifery schools, 9 community health nursing training schools and one public health nursing school by updating standards, developing and implementing assessment tools and then conducting technical skills training for 80 tutors on HIV, TB, Malaria and Family Planning April 4-15, 2011 which resulted in a
12% increase (64% to 76%) in knowledge between pre and post course questionnaires. In addition, 21 examiners were trained in Postpartum Family Planning May 16 – 17, 2011.

- Twenty tutors from 18 midwifery schools were trained in Helping Babies Breathe (HBB) from June 23 – 24 2011 in Kumasi, and then the team conducted follow up of tutors at 2 nursing and midwifery schools at Cape Coast and Kumasi.

2. Narrative of Major Accomplishments

In October 2009, Jhpiego in collaboration with the Nursing and Midwifery Council (NMC), started a one-year post-partum family planning (PPFP) Program to strengthen teaching and learning in 12 midwifery schools, one public health nurses school and six clinical sites. In October 2010, the scope of work was extended to focus on five new technical areas: HIV/AIDS, TB, malaria, family planning, and newborn resuscitation, and the number of schools was also increased to 22.

In October, 2010, the MCHIP team assessed the results of the PPFP work accomplished using nationally developed standards and found that performance improved from an average of 58% at baseline to 94% at external assessment of the schools and 44% at baseline to 85% at external assessment of the clinical sites. A recognition and reward ceremony held on December 8, 2010 to acknowledge this progress, and to share experiences and success stories.

To incorporate and integrate the new technical areas, the MCHIP team first conducted a technical update workshop with key partners, developed basic standards in HIV, TB, malaria, and FP, and then conducted a baseline of the 23 schools on their performance against these standards. The assessment scores of skills and knowledge were quite low for HIV (17%), TB (12%), and malaria (33%). The one exception was family planning (88%) which the MCHIP team attributes to the PPFP work conducted the previous year. The scores for equipment, logistics and reference materials were even lower: HIV (11%); TB (0%); malaria (5%); and FP (63%).

To build the capacity of the schools, MCHIP team purchased materials, supplies and equipment to improve the skills labs and therefore the competency of the tutors and students in these areas. In addition, the team held a variety of technical update workshops, trainings, and follow-up supervisory visits. Specifically, the team held a technical skills training workshop for HIV, TB, and malaria for 80 tutors from 27 schools April 4-15, 2011 in Accra in collaboration with National Malaria Control Program (NMCP), the National TB Control Program (NMCP), NMC and the Human Resource for Health Development (HRHD) of the Ministry of Health. This workshop focused on updating tutor’s technical knowledge and skills such as performance of rapid tests in HIV and malaria, collection of sputum specimen in TB and skills in long acting family planning methods. Participants were also taken to clinical sites for practice sessions. The fifty question pre and post course questionnaire for the integrated training program showed a 12% increase in knowledge after training. In addition, the participants were assessed on their personal perceptions of people living with HIV and AIDS and found a 12% decrease in stigmatizing perceptions post-test.

For family planning, the MCHIP team, in collaboration with the NMC, selected 22 examiners from across the country to receive technical update and skills training in PPFP May 16-17, 2011. Participants were taken through practical sessions in counseling and service provision simulations.
Pre and post course questionnaires showed an increase in knowledge for all participants with the average score for all participants post-course being 87%.

To improve competency in newborn resuscitation the MCHIP team, in collaboration with the NMC and HRHD, trained 20 participants from the midwifery schools including representatives of the NMC in Helping Babies Breathe (HBB) approach to newborn resuscitation. The training was held in Kumasi June 23 – 24, 2011. Prior to the training, the team assessed the skills of the participants and found that 100% of participants knew how to manage a normal healthy baby during the simulation and adequately assessed whether the baby was breathing, but only 10% adequately prepared for the birth, 90% found it difficult to ventilate a baby with a mask and bag, and none (0%) correctly evaluated breathing after ventilation with the mask and bag. Following the training, all participants (100%) correctly demonstrated competencies in all techniques.

In the last quarter of the year, the team followed up with selected participants at three schools to ensure that training participants were practicing what they had learned. The team conducted follow-up assessment and coaching visits at three schools to find out how tutors were teaching students with the new updates they acquired and also to provide coaching to overcome identified gaps. Skills areas assessed and coaching provided included rapid diagnostic tests in HIV and malaria, pre and post counseling test in HIV, treatment for malaria in pregnancy, education about insecticide treated nets (ITN), collection of sputum, diagnosis of TB, and family planning counseling. All tutors were able to perform the diagnostic tests and family planning counseling correctly without any difficulty. However there were still a few gaps in the post test counseling in the area of providing information on PMTCT and informing the client about positive results. To assess competencies for HBB the MCHIP team visited 2 midwifery schools and the Ministry of Health and Ghana Health Services to assess how HBB was being implemented in the country. The team found: job and teaching aids on essential maternal newborn care had been developed and were near completion; the Ghana government is scheduling a newborn conference for December 2011; and 130 students have been taught HBB at the 2 schools visited by the team.

Priorities for the following quarter include, conducting effective teaching and skills training for tutors, training tutors as assessors to conduct peer assessment; and continuing to conduct follow up and coaching visits.

3. Challenges and Opportunities

- The largest challenge for the team was the Government’s rescheduling of the academic calendar. The examinations were originally scheduled in November/December, but were moved up to July/August which meant that the tutors had to complete their syllabuses in June. The trainings and follow-up coaching visits originally scheduled June – August have been postponed to the October – December time period.
4. Success Story/Anecdote

Tutors from midwifery schools who had participated in the process to develop and implement post-partum family planning standards at their schools and clinical sites shared their experiences with the process from the initial assessment through the final assessment at the rewards and recognition ceremony held by MCHIP and attended by government officials on December 10, 2010.

Constance Serwah Peprah, a midwife from Nsoatre Health Centre
“The training in post-partum 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 Peprah,
Photographer: Jhpiego
December 10, 2010 Recognition Ceremony

Charity Mote, a tutor from Hohoe Midwifery Training School

“The PPFP program has helped us a lot especially with provision of the teaching materials and job aids. Now when students come to us we will not have difficulty in teaching them. The improvised implant arms are very good for practice sessions. The use of the Balanced Counseling Strategy also helps us not to waste much of the mothers’ time as it helps us to focus on what the woman needs. In the hospital, space has been created to see women three days post-partum. About 100 women are seen and each one is counseled and given information on post-partum family planning”

Charity Mote, a tutor from Hohoe Midwifery Training School
Photographer: Jhpiego
December 10, 2010 Recognition Ceremony
6. Indicator Table and Achievement as at 30 September 2011

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Data Source</th>
<th>Frequency</th>
<th>Achievement to date</th>
<th>Status and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1: Improved quality of the pre-service training system for midwives and community health nurses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of target curricula strengthened (based on revised national guidelines)</td>
<td>Program records</td>
<td>Quarterly</td>
<td>100% strengthened</td>
<td>Completed March 2011</td>
</tr>
<tr>
<td>1 <strong>Number of tutors and preceptors trained on quality improvement using SBMR</strong></td>
<td>TIMS</td>
<td>Quarterly</td>
<td>80 tutors trained</td>
<td>Completed</td>
</tr>
<tr>
<td>2 Percentage of target training institutions implementing PSE SBMR</td>
<td>Program records</td>
<td>Semi-annually</td>
<td>100% (27 schools)</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3 Number of preservice institutions with an increase of &gt;=30% from baseline in achievement of standards</td>
<td>PSE SBMR records</td>
<td>Semi-annually</td>
<td>0</td>
<td>Final assessment results will be conducted 2013</td>
</tr>
<tr>
<td><strong>Objective 2: Increased competency of midwifery/nursing educators and their students about best practices in HIV/AIDS and FP services, with specific emphasis on PMTCT, HIV related care, TB counseling and testing, FP counseling, long term FP methods, MIP and malaria case management</strong></td>
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</tr>
<tr>
<td>4 <strong>Number of tutors and preceptors trained in the targeted technical areas (HIV, TB, FP, malaria, MNH)</strong></td>
<td>TIMS 80 tutors trained</td>
<td>Quarterly</td>
<td>80 tutors trained</td>
<td>Completed April 2011</td>
</tr>
<tr>
<td>5 Percentage of tutors and preceptors achieving competence in the targeted technical areas (HIV, TB, FP, malaria, MNH)</td>
<td>Pre- and post-training assessments</td>
<td>Monthly</td>
<td>98.75% (79/80 Tutors achieved competence after training)</td>
<td>Completed April 2011</td>
</tr>
<tr>
<td>6 <strong>Number of tutors and preceptors trained in training skills</strong></td>
<td>Program records</td>
<td>Quarterly</td>
<td>0</td>
<td>Effective Teaching Skills to be conducted in October 2011</td>
</tr>
<tr>
<td>7 Percentage of tutors and preceptors achieving competence in training skills</td>
<td>Pre- and post-training assessments</td>
<td>Monthly</td>
<td>0</td>
<td>Effective Teaching Skills to be conducted in October 2011</td>
</tr>
<tr>
<td>8 Percentage of tutors and preceptors providing targeted teaching and mentoring sessions in HIV, TB, FP, malaria and MNH</td>
<td>Tutors’ and preceptors’ session plans and clinical practice logbooks</td>
<td>Annually</td>
<td>0</td>
<td>Final Assessment to be conducted in May 2013</td>
</tr>
<tr>
<td></td>
<td>Percentage of students achieving competency in targeted thematic areas</td>
<td>Program records</td>
<td>Annually</td>
<td>0</td>
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<tr>
<td>1</td>
<td>*Number of new health care workers who graduated from a pre-service training institution, disaggregated by specific types: Nurses, Midwives</td>
<td>Program records</td>
<td>Annually</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>Percentage of target training institutions with upgraded classroom, learning lab materials, and/or resources</td>
<td>Program Records</td>
<td>Quarterly</td>
<td>ongoing</td>
</tr>
</tbody>
</table>

**Objective 3:** Decreased stigma towards People Living with HIV/AIDS among midwives and community health nurses

<table>
<thead>
<tr>
<th></th>
<th>Percentage of tutors, preceptors and students surveyed reporting decreased stigma towards PLWHA</th>
<th>Pre and post-training assessment</th>
<th>Per training</th>
<th>80 tutors surveyed reported a 12% decrease</th>
<th>To be conducted with students from January 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percentage of pre-service institutions with formal relationships with PLHWA groups</td>
<td>Program records</td>
<td>Annual</td>
<td>0</td>
<td>To be started in January 2012</td>
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* Denotes PEPFAR indicator from NGI Guidance August 2009; ** PEPFAR indicator