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Maternal Child Survival Program Quarterly Progress Report

 Maternal and Child
Survival Program



April 30, 2015

Maternal Child Survival Project
FY 2015 Q2 PROGRESS REPORT

(01 JANUARY – 31 MARCH 2015)

Cooperative Agreement No. AID-OAA-A-14-00028

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The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Acronyms and Abbreviations

ACNM	American College of Nurse Midwives
ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Newborn Care
CHN	Community Health Nurse
CHO	Community Health Officer
CHPS	Community-based Health Planning Service
CPD	Continuing Professional Development
CTS	Clinical Teaching Skills
DHIMS	District Health Information Management System
DHIO	District Health Information Officer
DHMT	District Health Management Team
ENC	Essential Newborn Care
ETS	Effective Teaching Skills
FP	Family Planning
GIFEC	Ghana Investment Fund for Electronic Communication
GHS	Ghana Health Service
HRDD	Human Resources Development Directorate (GHS)
HRHD	Human Resources for Health Development (MOH)
iCCM	Integrated Community Case Management
ICT4D	Information Communication Technology for Development
IT	Information Technology
KNUST	Kwame Nkrumah University for Science and Technology
LMS	Learning Management System
MCHIP	Maternal and Child Health Integrated Program
MCSP	Maternal Child Survival Project
MOH	Ministry of Health
NITA	National Information Technology Agency
NMC	Nurses and Midwives Council
NMCP	National Malaria Control Program
OSCE	Objective Structured Clinical Examination
PMTCT	Prevention Mother to Child Transmission
PSE	Pre-Service Education
SDHT	Sub-District Health Team
TA	Technical Assistance
USAID	United States Agency for International Development
WHO	World Health Organization

I. MATERNAL CHILD SURVIVAL PROGRAM EXECUTIVE SUMMARY

The goal of this project is to contribute to the improvement of health outcomes for HIV, malaria, nutrition, family planning and maternal, newborn and child health services. MCSP is working in very close collaboration with the Ministry of Health (MOH) and Ghana Health Service (GHS) and other USAID funded partners (e.g., Systems for Health, Malaria Care, Evaluate for Health), to achieve the following 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 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.

In quarter two (Q2) MCSP has made significant headway on its workplan which was officially approved February 18, 2015. For objective one which focuses on pre-service education, MCSP has completed the following activities this quarter:

- Procured supplies to equip skills labs at 10 midwifery schools
- Convened principals and preceptors from six midwifery schools for 1.5 days to review best practices and challenges for a successful preceptorship program and based on this have developed action plans which MCSP will review and finance through fixed award amounts.
- Midwifery and community health nursing school (CHN) curricula review is underway with support from MCSP.
- In collaboration with GHS, identified the platforms for electronic and mobile learning modules and outlined the process for module creation.

For CHPS, the main challenge has revolved around the national level political challenges to conduct CHPS national level activities to review harmonize and approve CHPS policy, strategy, implementation guidelines, training materials and job aids. This has caused a delay which has had a ripple effect delaying many other CHPS activities. After continued behind the scenes negotiation, the GHS has agreed that MCSP can hold a national CHPS national conference the week of 18 May. It is expected that this conference will enable the development of a task force and subcommittees to work on specific CHPS deliverables (implementation guidelines, training materials, etc.). In addition, MCSP will conduct a needs assessment of CHPS in the MCSP targeted regions: Brong Ahafo, Ashanti, and Eastern, Upper East, and Upper West. This will then feed into a Regional Directors workshop where the regions will develop action plans to improve CHPS which will be reviewed and partially funded through MCSP.

In the interim, Results for Development (R4D) has been gathering unit costs to cost out CHPS implementation and working with the National Health Insurance Authority (NHIA) to review the effects of the capitation system on CHPS.

Project Administration

MCSP has been busy staffing up to meet the challenges of the project. Ms. Alishea Galvin has relocated to Ghana as a Program Officer II to support the program and M&E staff, communications officer, and a procurement officer have been hired. There are still vacant posts we are recruiting to fill.

The program monitoring plan was submitted 18 March (one month after workplan approval) to USAID and Evaluate for review. Feedback was received by Evaluate for Health 21 April. This delay of an approved plan and indicator table means that these documents will be included starting quarter three.

Subsequent Quarter's Work Plan

During the next quarter (1 April – 30 June) the team will focus on the following major activities under pre-service education: 1) finalizing four eLearning modules; 2) finalizing midwifery and CHN curricula review; 3) distributing existing global and Ghana developed eLearning modules to new schools; 4) equipping skills labs; 5) contracting Leti Arts to develop an electronic malaria game; and 6) training 54 tutors on Ebola prevention. For CHPS, MCSP will hold a national CHPS conference with relevant stakeholders the week of 18 May out of which it will form a task force and sub-committees to start the review of national guidelines, strategy, and training documents and materials. In addition, MCSP will start working in the regions through introductory meetings, conducting a needs assessment and holding a workshop for Regional Directors and CHPS coordinators to develop action plans.

MCSP has also been notified by the USAID mission to expect additional funding to undertake infection prevention activities. While the scope of work is pending, MCSP has agreed to support a trip by Dr. Chandrakant Ruparelia, Sr. Technical Advisor for the HIV and Infectious Disease Unit, from Baltimore to Ghana to provide technical assistance (TA) to collaborate with the Systems for Health instructional design TA to develop content for the competency-based infection prevention and control modules 28 May – 6 June. Subsequent activities for infection prevention control will be further refined once the scope of work is received.

II. PROGRESS ON INDICATORS

MCSP does not have an approved PMP for year 1 and Q2. An indicator table will be included in all future reports.

III. PROGRESS NARRATIVE

a. Implementation Progress

MCSP continues to make progress on each of the objectives and activities as they align to the approved workplan.

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.

Activity 1.1 Improve knowledge of tutors, preceptors, and students on HIV, malaria, maternal and child health, and nutrition

- *Activity 1.1.1: Select Schools for eLearning roll out*

MCSP conducted eLearning readiness assessment at 11 CHN schools¹ (eLearning readiness assessment already conducted at 34 midwifery schools). The goal of the assessment was to gain a better understanding of current status of both IT infrastructure, computer and skills laboratories in all of the CHN schools. The assessment found high student enrollment with a total of 6,278 students across 12 schools (an additional school, Sampa in Brong Ahafo Region, was opened this year). Tutors reported though that growth in admissions has not corresponded to expansion in the physical infrastructure and human resources.

This has led to a both a high student to tutor ratio (e.g. average of 37 students to one tutor) and inadequate IT infrastructure, computer and skills laboratories (e.g. average of 22 Students to 1 computer). Some of the challenges identified in IT infrastructure included poor internet connectivity, as 55% of school reported that their internet was poor or not functional (i.e. 25% of the schools had no internet connection and 30% described their internet connection as slow and unstable). The assessment found that most computers had pirated software. However a positive finding was that an average of 25% of students owned laptops and more than 50% of students have android smartphones.

None of the schools had complete set of all the models and simulators and most skills labs have poor storage and management resulting in broken and unusable models. More than half (57%) of the tutors had not received training in the last 4 years on the use of models and simulators.

HRHD and MCSP identified the following ten midwifery schools for eLearning expansion (Intel SkoolHE) and then reviewed and finalized the selection with stakeholders:

1. MTC Agogo, Ashanti Region

¹ CHN schools that were assessed include: Community Health Nurses Training School Fomena, Community Health Nurses Training School Techiman-Krobo, Community Health Nurses Training School Tanoso, Community Health Nurses Training School Winneba, Community Health Nurses Training School Oda, Community Health Nurses Training School Tamale, Community Health Nurses Training School Bole, Community Health Nurses Training School Navrongo, Community Health Nurses Training School Jirapa, Community Health Nurses Training School Ho, and Community Health Nurses Training School Essiama.

2. KNUST Midwifery School, Ashanti Region
3. MTC Dunkwa Offin, Central Region
4. MTC Koforidua, Eastern Region
5. MTC Pantang, Greater Accra
6. MTC Korle-bu, Greater Accra
7. MTC Nandom, Upper West Region
8. MTC Tumu, Upper West Region
9. MTC Kete-Krachi, Volta Region
10. MTC Asankragua, Western Region

In addition, the following two Community Health Nursing Training Schools (CHNTS) have been identified:

1. Ho CHNTS, Volta Region
 2. Akim Oda CHNTS, Eastern Region
- *Activity 1.1.2: Exploration and testing of additional eLearning platforms in conjunction with MOH IT/Data managers*

Jodi Lis and Sarah Searle (ICT4D Advisors) traveled to Ghana (22 February 22 – 8 March, 2015 and 21-28 February respectively) to support activity 1.1.2. They helped onboard new MCSP ICT4D staff, met with data managers and IT staff from Ghana Ministry of Health Human Resources for Health Development (HRHD) to define the necessary specification for the computer and mobile based electronic platforms, conducted a landscape analysis and met with MOH IT/data managers and local Ghanaian experts. Based on this assessment, MCSP has identified that it will continue for now with the Intel SkoolHE platform for computer based eLearning modules at the schools, and will use Oppia for mobile based platform.

MCSP and the data managers from HRHD also planned for ongoing support of eLearning activities in nursing and midwifery schools and developed draft topics for a standard operating procedures (SOP) manual. They also met with the National Information Technology Agency (NITA) to review which learning management system (LMS) to use to host and track user data. NITA had already chosen Saba (a cloud based learning management system) under eGovernment policy. MCSP Ghana team prepared a LMS checklist to review Saba and other potential LMS.

- *Activity 1.1.4: Develop eLearning content*

MCSP staff conducted a landscape analysis of existing global eLearning content under the guiding principle to use/adapt existing content rather than recreating materials. The team has prioritized the following thematic areas for development:

- Gender based violence
- Prevention mother to child transmission of HIV including a component on counseling and testing
- Cord care for newborns
- Exclusive breastfeeding for the first six months

For family planning modules, MCSP is currently negotiating with the American College of Nursing and Midwives (ACNM) to use very high quality modules that they developed in Ghana. This material will then be adapted for the electronic platforms.

Activities 1.1.5 and 1.1.6 are about adapting Skool modules to the mobile platform and rolling this out. Now that the mobile platform has been identified MCSP will begin on this in Q3.

- *Activity 1.1.7: Establishing ownership & integration*

MCSP is working closely with Ghana Health Services eLearning and IT staff to ensure ownership and sustainability. They are regularly consulted and included in decision making. In addition, MCSP has developed draft terms of reference to formalize a steering committee.

- *Activity 1.1.8: Invest in mobile gaming to improve pre- and in-service learning outcomes*

MCSP has received a proposal from Leti Arts (<http://letiarts.com/>) to develop an electronic based malaria game. Leti Arts is a Ghanaian firm that was recently named one of the “World's Top 10 Most Innovative Companies of 2015 in Africa by Fast Company.”² The contract is expected to be finalized in the next quarter and development of the game to begin immediately thereafter.

Activity 1.2: Improve students clinical practice for HIV, malaria, maternal and child health, nutrition, water and sanitation

- *Activity 1.2.1: Improved skills labs at midwifery and community health nursing schools*

MCSP has procured the following supplies to upgrade skills labs at 10 midwifery schools and will distribute them in Q3/Q4:

Item	Number per Skills Lab
Fetal skulls	3
Composite pelvis	3
Zoe	2
Neo/Mama Natalie	6
Advanced child birth stimulator	1
WHO laminated Partographs	2
Condom models	4
Breast models	2
Uterus model	8
FP Implant arm/model	8

To make the planned minor renovations to the skills labs, MCSP will submit a waiver detailing the plans and the amounts in Q3.

- *Activity 1.2.2: Strengthen preparation of clinical preceptors*

The team has started to review the *Reference Manual for Preceptorship in Midwifery Education* manual for midwifery schools developed under MCHIP and outlined how it will revise them to also relate to CHN schools. In addition, the team has collected existing preceptor job aids and is reviewing how they need to be updated.

- *Activity 1.2.2: Strengthen clinical coordination and clinical placement processes and rotations*

MCSP held a meeting with principals and preceptors from the six midwifery schools that were targeted under MCHIP (Twifo Praso, Hohoe, Mampong, Pramso, Goaso and Jirapa Midwifery Schools) to review best practices and challenges with ensuring quality preceptorship for midwifery students. This was a participatory workshop where Appreciative Inquiry was used as the main

² <http://www.fastcompany.com/3041821/most-innovative-companies-2015/the-worlds-top-10-most-innovative-companies-of-2015-in-africa>

method of facilitation. Participants identified why preceptorship was so important and the impact that preceptorship had on producing competent service providers. The participants then identified best practices and action plans to expand these. Examples of best practices included establishing a relationship with a preceptor and doing a direct handover of students between the tutor and the preceptor; schools provided some of the clinical sites models for students to practice at the clinical site with the preceptor when there are not clients; preceptors were invited into the classroom to participate with teaching and support demonstration; joint debriefing meetings for tutors and preceptors. Based on the 2-day meeting, the principals then developed action plans for improving preceptorship at their respective schools. MCSP is reviewing these plans with the aim of providing Fixed Award Amounts (FAA) to each school to support the implementation of these plans.

Activity 1.3: Improve national capacity to implement quality education system

- *Activity 1.3.1: Build the capacity of NMC to establish scope of practice documents by preparing for CHNs [begin process in year 1, but majority will be in year 2]*

In Q3/Q4 MCSP will undergo a task analysis of CHNs to help determine scope of practice and influence the national level policy decisions on what services CHNs are allowed to provide.

- *Activity 1.3.2 Strengthen supportive supervision function of NMC*

MCSP has started discussions with NMC to review current challenges for supportive supervision. They have submitted a proposal to MCSP to improve their capacity which MCSP is currently reviewing and expects to award a FAA in the next quarter.

- *Activity 1.3.3 Strengthen schools and NMC to improve quality based on institutional standards*

The NMC supervisory checklist was recently compared against international educational standards by the Focus project. However, before it is converted to electronic platform, the team is waiting for the curricula review to be finalized in case it warrants any changes to the checklist.

- *Activity 1.3.4 Support final steps of curriculum update and supportive learning materials*

The first meeting of the curriculum review occurred in 7-10 April. MCSP ensured that they also reviewed the CHN curricula. There are two more planned meetings, and it is expected to be finalized in June.

Objective 2: The national CHPS strategy, guidelines, training materials, tools, and monitoring systems are standardized and approved.

Activity 2.1 Support National CHPS Coordination

- *Activity 2.1.1: Establish CHPS National Taskforce and Activity 2.1.2: National CHPS Strategy, policy and implementation guidelines finalized and disseminated.*

There have been significant challenges to Activity 2.1.1 and 2.1.2 and sub-tasks due to conflicting ideas and opinions between the Ministry of Health and the Ghana Health Service about CHPS policy, strategy, and implementation guidelines. MCSP and other USAID supported partners and donors have been working behind the scenes to help move the process forward. The current plan is that MCSP will hold a CHPS conference in Q3 (week of 18 May) to get endorsement to develop a CHPS task force that will then help finalize and disseminate the CHPS strategy, policy, and implementation guidelines and based on this information then support roll-out to the five targeted regions under MCSP.

- *Activity 2.1.3 Harmonize and standardize in-service training package, tools and job aids for community health officers (CHOs) and volunteers*

The training package, tools and job aids for the CHOs and volunteers are pending on finalization of the revised national policy and guidelines. However, in the interim, MCSP has reviewed the

traditional “12-day” package for CHNs to be certified as CHOs and has determined in collaboration with GHS, that six of the twelve modules could be eliminated since they focus on technical areas that are already taught at school. The remaining six modules focus on the CHOs role in the community and work with the volunteer and management health committees.

- *Activity: 2.1.4 Support GHS to create CHPS web page on their website*

MCSP has met with the support team at GHS to review process for development of a CHPS webpage on their website. MCSP is also looking for additional funding from other sources that could support this process.

Activity 2.2: Support National CHPS Performance Monitoring

Activity 2.2.1 Develop CHPS national tracking and performance monitoring tool based on DHIMS 2

Initial conversations have been held with Dr Ofosu, Deputy Director, Monitoring, PPME to identify the critical indicators to identify and monitor CHPS performance. This is a key area of discussion that is planned for taking forward with the CHPS Implementation Working group.

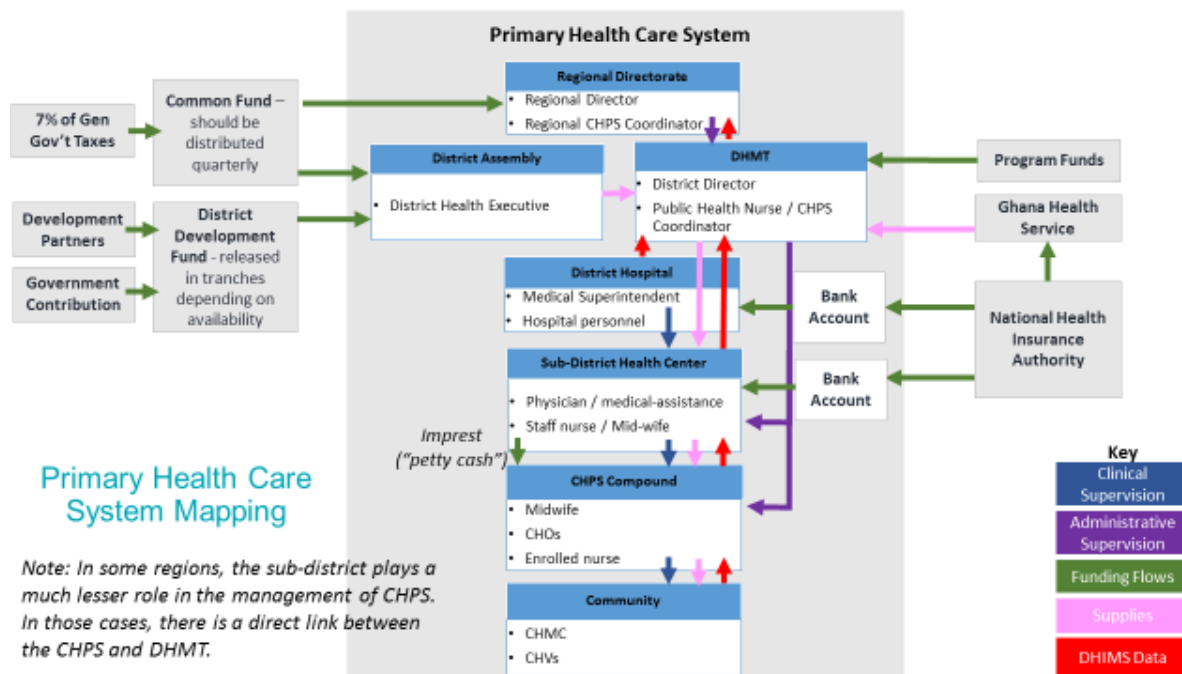
Activity 2.3: Assist with a cost and financing analysis and tool for CHPS

Activity 2.3.1: Determine unit costs to implement CHPS for basic package of services and add-on services

MCSP coordinated and facilitated a joint field visit with World Bank and S4H and the following team members participated: Aimee Miller, World Bank

- A. Tinorgah, World Bank
- Meredith Kimball-Doud, R4D, S4H
- Elizabeth Hammah, URC, S4H
- Cicely Thomas, R4D, MCSP
- Joyce Ablordeppey, Jhpiego, MCSP

The objective of this joint visit was to firstly gather information to inform and support the scale-up and strengthening of the CHPS/primary health care in Ghana, including; costing the startup and ongoing maintenance costs of CHPS, preparing providers for the introduction of capitation and aligning capitation and performance-based financing designs. Secondly to identify Ghana’s CHPS/primary healthcare system components including management and leadership, health information systems, health workforce, supply chain and infrastructure and health financing. Finally, to strengthen linkages among key initiatives, including MCSP, S4H, and the World Bank, which are collectively supporting the above objectives.



Above is a diagram of the primary health care system that the team developed on the field visit to assist with understanding how funds, commodities and data flow. It is evident that there are significant variations between regions and even districts in staffing models. Team membership varies between CHN, CHO, enrolled nurses, midwives, and CHVs. Service provision at CHPS compounds also varies greatly with some providing safe delivery support and lab services while others not. Utilization of services depends on location and staffing mix patients may by-pass CHPS for sub-district or district hospital services. Building construction and assets are extremely individual and design plans vary as do construction processes. Some CHPS compounds have good medical equipment and instruments while others have almost none. Data structure, quality, and accessibility is variable as is stakeholder buy-in.

Considering these realities, MCSP is developing a costing tool that will enable variation to be recorded. In addition some manual data recording, and a normative costing methodology for some data is planned. Data will need to be triangulated, cross-checked, and spot-checked. The work will require a strong relationship with stakeholders at all levels of the health system and engagement with the national costing work group. MCSP will develop a purposive dissemination strategy for key findings.

Activity 2.3.2: Develop and implement tools to help national, region, district, and sub-district health management teams cost out their CHPS plans

Once this initial costing exercise has been done, this will form the basis for costing tools that can be implemented at regional level and below.

Activity 2.4 Strengthen CHPS implementation and participation in NHIS

Activity 2.4.1: Facilitate constructive interaction between CHPS and NHIS concerning the change to capitation payment

The key part of this conversation will be the costing tool. As R4D is supporting the capitation roll out and is also part of the MCSP consortium, We are fully abreast of how the capitation roll out is proceeding and are looking forward to contributing to the conversation with better costing information about CHPS implementation.

Activity 2.4.2 Prepare CHPS and supporting sub-district health teams (SDHT) for working within the capitation payment system

This work will commence in year 2 after the costing work has been completed.

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.

The majority of activities under objective 3 (Activity 3.1: Support CHPS Coordination in MCSP regions; Activity 3.2: Provide Technical Support to the Region for CHPS Implementation; Activity 3.3 Support MCSP regions to improve and expand services in CHPS zones; Activity 3.4: Improve health services in selected Urban CHPS zones; Activity 3.5 Improve community mobilization and home-based care community service delivery) were planned to begin in Q4 of year 1 or year 2 to allow for the national level documents to be finalized before roll-out for implementation in the field.

However, given the delay in moving forward the development and approval of policy, strategy, guidelines, and training materials, MCSP will fast track the work in the regions. To do this, MCSP will first conduct a basic needs assessment at each of the CHPS. This assessment will be a simple survey distributed via online web forms and phone surveys to one CHO at each CHPS facilities. The assessment will help clarify at each CHPS: number and cadre of staff placed at CHPS; basic services offered; patient case load; equipment and supplies available; availability of commodities; and CHO perception of three major challenges they face in their work. The results from the survey in combination with the CHN task analysis (as mentioned under activity 1.3.1) will be used to host a meeting with regional directors to review results and help the regional directors develop action plans. MCSP will liaise with Systems for Health to share the survey and invite regional directors from their regions to participate.

b. Implementation Challenges

There have been some general delays during start-up after the workplan was approved in February as follows:

- Difficulties recruiting qualified staff for various positions (information, technology development officer; monitoring and evaluation positions, CHPS officers);
- Delays in determining processes under the new global award for procurement (e.g., vehicles, FAA);
- Delays in review and approval of program monitoring plan

However, the main implementation challenge has been navigating the political terrain around CHPS. This has led to inability to convene the major CHPS conference that was planned for the very beginning of the project to lead into the development/refinement/approval of harmonized CHPS documents. This delay has had a ripple effect on all other activities and has meant that the team has needed to reconsider implementation as discussed under Objective 3 above.

c. Assessments, Evaluations and Lessons Learned

MCSP completed its program monitoring plan and shared with Evaluate for Health on 19 March for review (1 month after final approval of the workplan). Feedback was received in Q3 (21 April) and the team is incorporating comments and will resubmit within Q3.

IV. PERFORMANCE MONITORING

This quarter focused on development of the PMP which has not been finalized. Other than the CHN assessment, activities have yet to occur at the schools or regions so there has not been a need for data quality assessments.

V. LINKS TO OTHER USAID PROGRAMS

MCSP has worked very closely with Systems for Health (S4H) on numerous activities including preparing for RMNCH card rollout; joint contribution to the development of the baseline assessment tool on CHPS to be administered by Evaluate for Health (E4H), review strategy for CHPS rollout, review and shared work plans and most recently to plan for additional funding expected for infection prevention. In addition, MCSP assisted E4H to identify a speaker for its research symposium. MCSP has also met with MalariaCare to review progress and priorities on iCCM for jointly targeted 5 regions and to learn more about the supportive supervision work that is planned in collaboration with Institutional Care Division, GHS. MCSP has consulted with SPRING to request assistance with the technical review of the nutrition eLearning modules. MCSP has also participated in consultation meetings with the new Communicate for Health project to review existing communications material and identify priorities for communications activities.

VI. LINKS WITH GOG AGENCIES

MCSP has a good relationship with various Government of Ghana agencies. For Pre-service education, and implementation of eLearning, MCSP works closely with the Ministry of Health's Human Resources for Health Development (MOH) HRHD development of content, strengthening skills labs and preceptorship. For the technical IP portion of eLearning, MCSP works with the IT department of the Ministry of Health. In addition MCSP works with the Nurses and Midwives Council of Ghana and the Ghana College of Nursing and Midwifery in addition to the principals and tutors at the targeted schools. For CHPS related work, MCSP is working closely with the GHS Policy, Planning, Monitoring and Evaluation (PPME) Director Dr Erasmus Agongo and his two deputy directors, Dr Anthony Oforu (Deputy Director Monitoring, PPME, GHS) and Charles Acquah (Deputy Director Policy, PPME, GHS) to implement objectives two and three. MCSP is also coordinating directly with the 5 regional directors of the 5 targeted regions. MCSP (with R4D) is working closely with National Health Insurance Authority to support the roll out of capitation. MCSP is working with the GHS IT department to open a webpage for CHPS implementation on the GHS Website.

VII. USAID FORWARD

MCSP plans to support USAID FORWARD through increasing capacity of Ghanaian schools, Nursing and Midwifery Council, and College of Nurses and Midwives through FAAs to enable them to implement action plans to improve their systems and competencies. Proposals from six schools, the NMC and CNM were received in Q2 and will be reviewed and FAA's issued in Q3.

VIII. SUSTAINABILITY

Even from the beginning of this project, MCSP has been thinking about sustainability and discussing how to ensure that activities started under MCSP will continue after the end of the project. For example, to improve student placement and experience during preceptorship, the schools and preceptors have developed a joint action plan that MCSP will fund through FAAs. MCSP will conduct regular mentoring calls for support, but it will be up to the schools and preceptors to

implement and payment will depend on completion of milestones. Likewise for the eLearning modules, the selection of the platform, determining where to host, and how to manage the program has been done in strict collaboration with Ghana Health Service. MCSP will continue to apply this sustainability lens to all activities.

X. LEVERAGED FUNDING

No funding has been leveraged during this quarter. However, MCSP expects to leverage funding from the Jubilee Partners to support a CHPS website on the Ghana Health Service website (activity 2.1.4)

XI. PLANNED ACTIVITIES FOR THE NEXT QUARTER

Over the next quarter, MCSP will focus on the following activities under each objective

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.

- Begin to implement existing global modules and two MCHIP/Ghana developed modules in selected midwifery schools (Activity 1.1.3)
- Conduct a stakeholder workshop [MoH IT, NMC, tutors, subject experts] on eLearning module development to orient stakeholder to the template, content development, basic instructional design and develop basic outline for four prioritized modules: cord care, exclusive breast feeding, gender based violence and PMTCT (Activity 1.1.4)
- Draft modules and send to technical review team in Ghana and to MCSP subject matter experts. (Activity 1.1.4)
- Modify global modules and HIV/malaria materials for use on mobile platforms. Using guidelines re capabilities of mobile technology intended to launch modules from ICT4D department, with smaller group of relevant people, move them to the designated platform (Activity 1.1.5)
- Contract with Leti Arts for malaria game (Activity 1.1.7)
- Procure equipment and models for CHN Schools and begin distributing materials to skills labs to both Midwifery and CHN Schools (Activity 1.2.1)
- Provide FAAs to six schools to implement their action plans to improve preceptorship (Activity 1.2.3)
- Task analysis: Desk review of GHS and HRHD documents regarding expected tasks required of CHNs (Activity 1.3.1)
- Support finalization workshop for curriculum review (Activity 1.3.4)
- Identify gaps and support a plan to revise CHN curriculum to ensure alignment with national standards and treatment protocols and roles of CHOs (Activity 1.4.1)
- Train 3 groups of 18 tutors from midwifery and community health nursing schools (Activity 1.5)

Objective 2: The national CHPS strategy, guidelines, training materials, tools, and monitoring systems are standardized and approved.

- Convene National CHPS Conference (Week May 18) (Activity 2.1.1) Participation by USAID at this event would be very important.

- Convene CHPS Task Force and develop sub-committees after conference (Activity 2.1.2)
- Support GHS to create CHPS web page on their website (likely with leveraged funding) (Activity 2.1.4)
- Assist with a cost and financing analysis and tool for CHPS and start preliminary data collection (Activity 2.1.5)

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.

- Meet with each Regional Director (Chantelle) in May
- Conduct needs assessment at CHPS

XII. PROJECT ADMINISTRATION

a. Personnel

MCSP has filled many of its vacancies (two monitoring and evaluation positions, Program Officer II, ICT4D Officer, Communication Officer), but is still recruiting for additions staff: 3 CHPS Officers, 1 Monitoring and Evaluation Advisor, , and 1 Pre-Service Education Project Manager).

b. Changes in the Project

The overall project objectives and activities remain the same, but the specific order of rollout of CHPS at national and regional level has been altered to address the political realities on the ground. MCSP has been in contact with the local USAID mission to discuss these issues and concerns.

USAID Ghana has also informed MCSP that they plan to issue a project description for infection prevention to add to the current MCSP workplan. MCSP has started to think through this work and has committed to supporting the development of national infection prevention control materials. While the scope of work is pending, MCSP has agreed to support a trip by Dr. Chandrakant Ruparelia, Sr. Technical Advisor for the HIV and Infectious Disease Unit, from Baltimore to Ghana to provide technical assistance (TA) to collaborate with the Systems for Health instructional design TA to develop content for the competency-based infection prevention and control modules 28 May – 6 June. Subsequent activities for infection prevention control will be further refined once the scope of work is received.

Contract, Award or Cooperative Agreement Modifications and Amendments

MCSP will request an amendment to allow for minor renovations to allow for small-scale support to refurbish midwifery and CHN schools' skills labs (e.g., painting, adding storage cupboards).

Environmental Monitoring and Mitigation Plan (EMMP)

MCSP submitted its EMMP 4 February to USAID Ghana for review. Comments were received, and the MCSP resubmitted a revised version 19 April. It is still pending final approval. In the interim there haven't been any related EMMP activities (no trainings, minor renovations to skills labs, or small scale water and sanitation activities).

Family Planning Compliance

MCSP submitted its family planning (FP) compliance plan to the USAID Ghana mission on 9 March and is still waiting for feedback and final approval. In the meantime, there haven't been any FP related activities to date.

KOICA Partnership

In collaboration with KOICA, MCSP is targeting support to pre-service education in the Volta Region. Over the last 3 years MCHIP provided technical assistance to Hohoe MTS. This included the upgrading the skills laboratory, support for improved management of clinical preceptorship and finally the introduction of eLearning. MCSP is continuing this work in Volta Region and is expanding it to include Keta-Kratchi MTS and Ho CHNTS with a similar package of interventions, namely strengthened skills laboratory, improved clinical preceptorship and eLearning. This quarter Ho CHNTS participated in the assessment of computer and skills laboratories. In the next quarter the upgrade of the skills lab at Keta-Krachi MTS will start.

Annexes & Attachments

- I. Project Performance Indicators Table (Excel workbook)**
- II. Schedule of Future Events**
- III. Deliverables and Datasets**

Annex I: Project Performance Indicators (Excel)

The project performance indicator table will be submitted in Q3 once it has been finalized and approved.

Annex II: Schedule of Future Events

Date	Location	Activity
13-17 April	Accra	Conduct a stakeholder workshop [MoH IT, NMC, tutors, subject experts] on eLearning module development to orient stakeholder to the template, content development, basic instructional design and develop basic outline for four prioritized modules: cord care, exclusive breast feeding, gender based violence and PMTCT (Activity 1.1.4)
20 April – 15 May	Accra/US	Draft modules and send to technical review team in Ghana and to MCSP subject matter experts. (Activity 1.1.4)
June (TBD)	10 midwifery schools throughout Ghana	Begin to implement existing global modules and two MCHIP/Ghana developed modules in selected midwifery schools (Activity 1.1.3)
		Modify global modules and HIV/malaria materials for use on mobile platforms. Using guidelines re capabilities of mobile technology intended to launch modules from ICT4D department, with smaller group of relevant people, move them to the designated platform (Activity 1.1.5)
15 May	Accra	Contract with Leti Arts for malaria game (Activity 1.1.7)
1-30 June	Midwifery and CHN Schools throughout Accra	Begin distributing materials to skills labs (Activity 1.2.1)
		Provide FAAs to six schools to implement their action plans to improve preceptorship (Activity 1.2.3)
May TBD	Visit regions	Task analysis: Desk review of GHS and HRHD documents regarding expected tasks required of CHNs (Activity 1.3.1)
May and June	Accra	Support finalization workshop for curriculum review (Activity 1.3.4) and identify gaps and support a plan to revise CHN curriculum to ensure alignment with national standards and treatment protocols and roles of CHOs (Activity 1.4.1)
26 – 29 May	Tamale, Kumasi, Cape Coast	Train 3 groups of 18 tutors from midwifery and community health nursing schools in IPC and Ebola (Activity 1.5)
Week 18 May	Accra	Convene National CHPS Conference (Week May 18) (Activity 2.1.1) Participation by USAID at this event would be very important.
TBD after CHPS Conference	Accra	Convene CHPS Task Force and develop sub-committees after conference (Activity 2.1.2)
May	Accra	Support GHS to create CHPS web page on their website (likely with leveraged funding) (Activity 2.1.4)
May/June (TBD)	Accra	Assist with a cost and financing analysis and tool for CHPS (Activity 2.1.5)
May/June (TBD)	Accra	Strengthen CHPS implementation and participation in NHIS
May	5 regions: Brong Ahafo, Ashanti,	Meet with each Regional Director (Chantelle) in May •

Date	Location	Activity
	Eastern Regions, Upper East , and Upper West	
June	Via web/phone	<i>Conduct and analyze needs assessment at CHPS</i>

Annex III: List of Deliverable Products and Datasets

There are no deliverable products or datasets created in Q2.