

## IMPROVING THE PERFORMANCE OF MIDWIVES: MIDWIFERY PRESERVICE EDUCATION STRENGTHENED IN GHANA

### Ghana Country Statistics\*:

**Total Population:** 20.2 million (as of 2002)

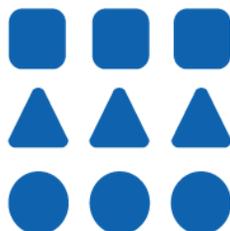
**Maternal Mortality Rate:** 590/100,000

**Total Fertility Rate:** 4.3

**Contraceptive Prevalence Rate:** 13% (modern methods, all women)

**Adult HIV/AIDS Rate:** 3% (as of 2001)

\*Sources: Population Reference Bureau, UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance



The 250–300 midwives who graduate annually from the 12 midwifery preservice programs in Ghana are now better prepared to provide family planning (FP), reproductive health (RH), and essential maternal and neonatal care (EMNC) services to women and their families. Since 1998, the Training in Reproductive Health (TRH) Project has been collaborating with the Human Resource Development Division of the Ministry of Health and the Nursing and Midwifery Council to strengthen midwifery preservice education using a phased approach. An evaluation of the initiative has shown that implementing mastery learning<sup>1</sup> in preservice institutions helps produce graduates who not only perform better as healthcare providers, but also can sustain their high-level performance. Two years after graduation, midwives trained at the two preservice facilities strengthened during Phase 1 had significantly better total knowledge and skills than midwives in the comparison group. Additionally, 73 percent of clinical sites surveyed reported that the quality of service delivery had improved and cited the use of JHPIEGO learning guides for skills development as a major reason.<sup>2</sup>

One key to the success of the TRH initiative in Ghana has been the effective implementation of four strategies:

- Developing and introducing standardized, competency-based curricula that promote mastery learning. For example, the *RH Classroom and Clinical Activity Guide for Training Midwives* (known as the RH Guide) was developed as part of the initiative and is now an official supplement to the curricula of all 12 midwifery training schools.
- Improving the clinical knowledge and skills of tutors, preceptors, and trainers. Within the 12 preservice institutions, 391 tutors and preceptors have had the opportunity to update their FP/RH, EMNC, and infection prevention knowledge and skills as well as develop their training abilities.
- Strengthening service sites used for clinical practice. Seventy-two of the clinical training sites affiliated with the 12 midwifery schools have implemented new practices such as consistent handwashing by staff and posting of job aids to remind students and staff of appropriate clinical protocol.
- Providing key training aids such as anatomic models to participating schools. For example, materials and equipment received by Phase 2 schools included two pelvic models, two fetal models, and the *Infection Prevention for Family Planning Service Programs* learning package.

<sup>1</sup> Mastery learning is an approach to learning that is based on the premise that all participants can master (learn) the required knowledge, attitudes, and skills, provided that sufficient time is allowed and appropriate training methods are used. The goal of mastery learning is that 100% of the participants will “master” (learn) the knowledge, attitudes, and skills on which the training is based.

<sup>2</sup> Posner J and S Wyss. 2001. *Results from Phase 1 Followup Questionnaires on the Ghana Midwifery Preservice Program*. JHPIEGO Corporation: Baltimore, MD. Unpublished.

Using a phased approach to implement these strategies allowed lessons learned during initial phases to be applied as the project progressed. Phase 1, which began in 1999, focused on introducing the key strategies at two midwifery training schools. The project was then expanded to three additional schools under Phase 2 (2001), and the seven remaining schools were included during Phase 3 (2002). The phased approach also fostered the development of a peer support system whereby tutors and preceptors experienced with mastery learning assisted and guided preservice staff still in early phases of the project.

In May 2002, an expanded evaluation of the initiative was conducted to assess the knowledge and skills of graduates of Phase 1 midwifery schools 2 years after graduation. Of those invited, 70 Phase 1 midwives and 72 graduates of non-intervention schools participated in the evaluation (a 90 percent response rate). During the study, the midwives rotated through four 30-minute skills assessment stations and completed an interview and knowledge test. At the close of the evaluation day, all participating midwives received a 90-minute skills update. The evaluation demonstrated that the Phase 1 graduates excelled at providing counseling on FP methods and exhibited considerably higher knowledge of FP than the comparison group. They were also better skilled at abdominal palpation, vulval swabbing, and infection prevention practices such as handwashing, decontaminant preparation, and instrument cleaning.<sup>3</sup>

The benefits of the preservice initiative have been both immediate and long-term. As the mastery learning approach and up-to-date information were introduced at preservice institutions, affiliated clinical training sites needed to be strengthened, thus resulting in immediate improvements in healthcare delivery. In the long term, the quality of FP/RH services is sustained over time as new graduates leave preservice programs with the knowledge and skills they need to provide services based on current information and evidence-based best practices.

As a final step in the preservice initiative, the TRH Project in Ghana is working with the Human Resource Development Division and the Nursing and Midwifery Council to review and recommend changes to the midwife certification process. Thus, at the close of the project, Ghana will have improved midwifery preservice institutions as well as an appropriate certification system in place. Both of these components will ultimately help better the quality of the country's education and healthcare delivery systems.

For additional information, contact Dr. Ronald Magarick, TRH Project Director ([rmagarick@jhpiego.net](mailto:rmagarick@jhpiego.net)).

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<sup>3</sup> Fogarty L et al. 2003. *Matched Case-Control Evaluation of Knowledge and Skills of Midwives in Ghana Two Years after Graduation*. JHPIEGO Corporation: Baltimore, MD. (Technical Report JHP-21, forthcoming)

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