MATERNAL AND CHILD SURVIVAL PROGRAM (MCSP):

Credit: Kate Holt

HUMAN RESOURCES FOR HEALTH IN LIBERIA

Quarterly Report

Quarter 1 – July 1, 2016 to September 30, 2016 (Fiscal Year 2016)
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<tr>
<td>ACNM</td>
<td>American College of Nurse-Midwives</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control</td>
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<td>CHAI</td>
<td>Clinton Health Access Initiative</td>
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<td>CHT</td>
<td>County Health Team</td>
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<td>CSH</td>
<td>USAID Collaborative Support for Health Program</td>
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<tr>
<td>EPCMD</td>
<td>Ending Preventative Child and Maternal Deaths</td>
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<td>EVD</td>
<td>Ebola Virus Disease</td>
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<td>GHET</td>
<td>Global Health Ebola Team</td>
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<td>HRH</td>
<td>Human Resources for Health</td>
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<td>HRSA</td>
<td>Health Resources and Services Administration</td>
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<td>HWF</td>
<td>Health Workforce</td>
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<td>HWP</td>
<td>Health Workforce Program (Strategy)</td>
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<td>IPC</td>
<td>Infection Prevention and Control</td>
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<td>IPM</td>
<td>Interdisciplinary Procedure Manual</td>
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<tr>
<td>LBNM</td>
<td>Liberia Board of Nursing and Midwifery</td>
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<td>LAMLT</td>
<td>Liberia Association of Medical Laboratory Technology</td>
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<td>LMDC</td>
<td>Liberia Medical and Dental Council</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<td>MCHIP</td>
<td>Maternal and Child Health Integrated Program</td>
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<td>MNCH</td>
<td>Maternal Newborn and Child Health</td>
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<td>MCSP</td>
<td>Maternal and Child Survival Program</td>
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<tr>
<td>MER</td>
<td>Monitoring, Evaluation and Research</td>
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<td>MLTB</td>
<td>Medical Lab Technical Board</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<td>MSH</td>
<td>Management Sciences for Health</td>
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<td>NDU</td>
<td>National Diagnostic Unit</td>
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<td>PC</td>
<td>Peace Corps</td>
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<td>PSE</td>
<td>Pre-Service Education</td>
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<tr>
<td>RBHS</td>
<td>Restoring Basic Health Services</td>
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<tr>
<td>RHS</td>
<td>Restoration of Health Facilities</td>
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<tr>
<td>STTA</td>
<td>Short-term technical assistance</td>
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<tr>
<td>TNIMA</td>
<td>Tubman National Institute for Medical Arts</td>
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<tr>
<td>UMU</td>
<td>United Methodist University</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WACN</td>
<td>West African College of Nursing</td>
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<tr>
<td>WAHO</td>
<td>West African Health Organization</td>
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<td>WHO</td>
<td>World Health Organization</td>
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## PROGRAM SUMMARY TABLE

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Maternal and Child Survival Program (MCSP): Human Resources for Health in Liberia</th>
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<tbody>
<tr>
<td>Start Date And End Date:</td>
<td>April 1, 2016 – June 30, 2018</td>
</tr>
<tr>
<td>Name of Prime Implementing Partner:</td>
<td>Jhpiego Corporation</td>
</tr>
<tr>
<td>Agreement Number:</td>
<td>AID-OAA-A-14-00028</td>
</tr>
</tbody>
</table>
| Partner Organizations | Jhpiego: Lead partner  
John Snow Inc. (JSI): Technical support in Child Health  
Save the Children: Technical support Newborn Health and Adolescent Sexual and Reproductive Health |
| Key Partners | Ministry of Health (MOH), USAID CSH Program (MSH), World Bank, CHAI, HRSA, GFTAM, Peace Corps/SEED, LMDC, LBNM, NDU, WHO, CDC, and MLTB |
| Geographic Coverage | Grand Gedeh, Lofa, Bong, Montserrado |
| Reporting Period: | July 1, 2016 through September 30, 2016 (Quarter 1, FY 2016) |
| Total Funds Obligated To Date | $5,000,000 USD (an additional $5,000,000 was received on Oct. 3, 2016, and will be reflected in the next quarterly report) |
INTRODUCTION

The Maternal and Child Survival Program (MCSP) is a global U.S. Agency for International Development (USAID) cooperative agreement to introduce and support high-impact health interventions in 25 priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation. The Maternal and Child Survival Program engages governments, policymakers, private sector leaders, health care providers, civil society, faith-based organizations and communities in adopting and accelerating proven approaches to address the major causes of maternal, newborn and child mortality, such as postpartum hemorrhage, birth asphyxia and diarrhea, respectively, and improve the quality of health services from household to hospital. The Program will tackle these issues through approaches that also focus on health systems strengthening, household and community mobilization, gender integration and eHealth, among others. The Maternal and Child Survival Program carries forward the momentum and lessons learned from the highly successful USAID funded Maternal and Child Health Integrated Program (MCHIP), which made significant progress in improving the health of women and children in over 50 developing countries throughout Africa, Asia, Latin America and the Caribbean.

In light of the second order impacts of the 2014 Ebola Virus Disease (EVD) Outbreak, USAID/Liberia requested MCSP to support its commitment to strengthening Liberia’s frontline health workforce through the new MCSP/Liberia Human Resources for Health (HRH) project. This project, funded with Ebola Emergency Funding, is focused on midwifery and laboratory technician pre-service education in targeted institutions throughout the country. Due to Jhpiego’s and other partners’ history in Liberia, MCSP/HRH is uniquely positioned to contribute to USAID/Liberia’s strategy toward strengthening and expanding Liberia’s skilled health workforce and ending preventable child and maternal deaths. Previous work implementing successful maternal, newborn and child health (MNCH) programs under MCHIP, the current MCSP/Restoration of Health Services (RHS) project, and the pre-service education work under Rebuilding Basic Health Services (RBHS), have set the stage for efficient implementation of a technical approach designed to ensure clinical competence and a strengthened, more resilient health system. The MCSP/HRH Liberia team members are leaders in implementing pre-service education and MNCH programs and all partners are established entities in Liberia with formalized relationships with the MOH.

MCSP is currently implementing a 23 month program (September 2015-June 2017) in Liberia focused on restoration of health services (RHS). MCSP/RHS is working to restore confidence in the health care system by upgrading Infection Prevention and Control (IPC) practices critical for fighting Ebola and other infectious diseases and ensuring restoration of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services in target facilities. The project is being implemented in 77 health facilities in Grand Bassa, Nimba and Lofa Counties. MCSP/RHS and MCSP/HRH work closely together to ensure that all activities are coordinated, plans synergistic and resources appropriately leveraged.

MCSP/HRH builds on previous work focused on Pre-Service Education (PSE) strengthening in Liberia, to continue to contribute to the strengthening of the health workforce (HWF), particularly focusing on midwives and lab technicians. This technical approach was designed with significant stakeholder input, and leverages work completed under RBHS, and synergizes current Collaborative Support for Health (CSH) efforts in health professional regulation strengthening for midwifery and lab cadres.
MCSP/HRH envisions that at the end of the program, Liberia will have stronger midwifery and laboratory educators, a larger and better prepared matriculating class of senior students equipped with practical skills, better-equipped and managed pre-service training institutions, and ultimately a more resilient health and laboratory workforce that will be well positioned to address Liberia’s maternal and child health needs and prevent future outbreaks of Ebola and other infectious disease.

**Goal:** MCSP/HRH’s overarching goal is to rapidly mitigate the second order impacts of Ebola through a targeted technical approach focused on clinical competency of frontline midwives and lab technicians, and an aggressive implementation strategy designed for rapid improvements and results. MCSP/HRH will reach the project goal—*to strengthen the capability and resilience of Liberia’s frontline health workforce to address second order impacts from the Ebola crisis*—by strengthening pre-service training of midwives and laboratory personnel—two critical cadres whose shortage and lack of adequate training contribute to Liberia’s vulnerability to public health crisis.

**Project Objectives**

1. **Objective One:** *Increase the quality of instruction at targeted pre-service training institutions* by upgrading the technical competencies and teaching skills of faculty, including clinical preceptors, and strengthening curricula, course materials, and delivery of both didactic and clinical training.

2. **Objective Two:** *Strengthen the learning environment at targeted pre-service training institutions and clinical teaching sites* in a comprehensive way through improved access to high-quality instructional resources, equipment, and technology.

**Technical Approach** The technical approach of the project emphasizes the pre-service model below and highlights several influencing factors necessary in a pre-service education program to achieve quality outcomes in performance, community health and health systems; the influencing factors are students, faculty and preceptors, infrastructure and management, curriculum, and clinical/practicum sites.
This report presents MCSP HRH results and activities, organized by the project’s objective, from July 1, 2016 to September 30, 2016. The report has six sections:

1. **Achievements in the objectives and intermediate results (IRs):** This is a narrative section that complements the progress reported against the work plan matrix. It provides a detailed description of accomplishments and identifies any additional activities completed that were not part of the original work plan. Any additional activities completed were in response to the MOH, USAID, or GHET requests.

2. **Coordination and collaboration with partners:** This section highlights specific coordination and collaboration activities during the reporting period.

3. **Key planned activities for the next quarter:** This section highlights the key planned activities in the next quarter.

4. **Cross-cutting areas:** This section describes some overarching, cross-cutting updates. It also outlines the project’s monitoring, evaluation and research (MER) activities, in addition to what is described in the above sections.

5. **Opportunities, Challenges and Lessons Learned:** This section highlights any major challenges and opportunities encountered, as well as lessons learned.

6. **Annexes:** The seven annexes provide progress against the performance monitoring plan, graphical representation of training results, trainings conducted, technical assistance provided, a success story, progress against the MCSP HRH work plan matrix, and Rapid Assessment results.
ACHIEVEMENTS IN THE OBJECTIVES AND INTERMEDIATE RESULTS

The below table outlines MCSP HRH key project interventions. All MCSP HRH work plan activities are in support of these key interventions.

The sections below highlight the MCSP HRH key activities and achievements in support of these interventions and specifically, the MCSP HRH objectives—Increase the quality of instruction at targeted pre-service training institutions by upgrading the technical competencies and teaching skills of faculty, including clinical preceptors, and strengthening curricula, course materials, and delivery of both didactic and clinical training and Strengthen the learning environment at targeted pre-service training institutions and clinical teaching sites in a comprehensive way through improved access to high-quality instructional resources, equipment, and technology.

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<th>Key MCSP HRH Liberia Interventions</th>
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<td>Rapid Assessment</td>
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<td>OBJECTIVE 1: Increased quality of instruction at targeted pre-service training institutions achieved by upgrading the technical competencies and teaching skills of faculty, including clinical preceptors, and strengthening curricula, course materials, and delivery of both didactic and clinical training.</td>
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<td>Task 1.1: Support hiring of additional faculty in midwifery and lab schools</td>
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<td>Task 1.2: Provide faculty with up-to-date teaching skills and faculty development opportunities</td>
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<td>Task 1.3: Strengthen the preparation of clinical preceptors</td>
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<td>OBJECTIVE 2: Strengthened learning environment at targeted pre-service training institutions and teaching sites through a comprehensive approach to improving access to high-quality instructional resources equipment and technology</td>
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<td>Task 2.1 Improved skills labs at midwifery schools, improved and sufficient equipment for lab schools</td>
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<td>Task 2.2 Provide equipment, supplies and light infrastructure improvements to strengthen clinical sites.</td>
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<td>Task 2.3 Establish improved clinical practice management processes</td>
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<td>Task 2.4 Support schools to strengthen management and administrative systems, leveraging structured twinning partnerships</td>
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Key Achievements

MCSP received the Project Description from USAID in April 2016 and had completed the start-up period by August 2016. MCSP/HRH has been able to rapidly address management tasks due to existing in-country presence, past Jhpiego experience via RBHS, and present engagement in CSH. Key management achievements are summarized below.

- **MCSP/HRH Work Plan Approved on June 28, 2016**
  - After the AOR provisional work plan approval process, MCSP HRH revised the work plan and incorporated final inputs. The final work plan was submitted on July 21, 2016 following two rounds of workplan revisions based on USAID comments and approved.

- **Project staff hired and oriented to MCSP/HRH project.**
  All project staff hired and oriented to the MCSP/HRH Project in line with the approved organogram. Including COP, DCOP, Pre-Service Advisors and Officers, Mentors, Program Officer and the HWF Planning Officer.

- **Establish office space and procure needed supplies, equipment and vehicles**
  Established office space. Initiated procurement for required office supplies and equipment, including vehicles.

- **Host MCSP/HRH launch event**
  - The MCSP HRH Program Launch held on August 5th 2016 with over 80 persons participating. The launch was facilitated at the Golden Key Hotel, Monrovia. Participants included:
    - MOH- Minister, Deputy Minister and Assistant Minister and directors
    - USAID- Mission Director, Health Team leader, Activity managers and Press Officer
    - Regulatory bodies
    - Midwifery and MLT Professional Associations
    - Training Institutions
    - Collaborating Partners- CHAI, CSH, MTI
  - The objectives of the Launch were to:
    - Officially introduce MCSP/HRH
    - Review the task analysis and Rapid Assessment baseline results,
    - Identify areas and mechanism for collaboration with MCSP, MOH, other partners, regulatory bodies and training institutions
  - Key messages of the Launch included the following:
    - Measurement for accountability
    - Fit for purpose and motivated health workforce is key to provision of quality health care services
    - Challenges for schools is to make the difference in producing competent students
    - Partnership is essential for Clinical site support, strengthening of skills labs, faculty and preceptors development, competency based updated curriculum and teaching and learning materials, including books, computers, internet

- **Establish Coordination Mechanisms and Joint Planning with In-country Partners**
  - MCSP HRH continues to collaborate with stakeholders, including the MOH. During this
period:

- As agreed at the Launch, MCSP/ HRH worked to establish a forum for collaboration with PSE strengthening partners (MCSP, CHAI, Peace Corps/GHSP and CSH) and set up regular monthly meetings. Also, MCSP HRH is working with the Deans and Directors of training institutions to establish a networking mechanism for collaboration. The first meeting was held and the TOT is being developed.

- MCSP participated and presented on the MCSP HRH Program at the Peace Corps/SEED in country orientation. Important discussions focused on the importance of the mechanism for collaboration.

- The project conducted two meetings with CHAI and Peace Corps and one meeting with NYU to clarify each partner’s contribution and plans for further collaboration. Monthly meetings are planned and being facilitated with IPs to enhance coordination and results,

- MCSP attended the monthly meetings of the Nursing and Midwifery Sub-committee of the Health Workforce Program. A presentation on the MCSP Program was facilitated focusing on the programs technical approach and rapid results. Clinical competencies, objectives and key activities were emphasized.

- The project participated in the weekly coordination meetings of the National Diagnostic Technical Committee (Lab TWG). This coordination group focuses on Lab education and training. Six members of this group including ACCEL and WHO are serving as subject matter experts throughout the process of updating the MLT Curriculum.

- MCSP participated in a review of the LBNM Strategic Plan facilitated by CSH as part of the work to strengthen the leadership and governance of regulatory bodies work.

➢ Establish sub-award with Lab Partner

- AfricaBio was selected as the program in-country lab partner. AfricaBio has completed their due diligence forms and the process will be finalized next quarter.

- MCSP facilitated a workshop with Africabio staff. Workshop topics included contractual mechanisms and sub-award management responsibilities.

Rapid Assessment

The Rapid Needs Assessment was completed using the Rapid Assessment Tool developed by ICM and endorsed by UNFPA for Midwifery Education and a Rapid Assessment Tool developed by Jhpiego for Health Professional Education, in all six schools (TNIMA, MPCHS, EBSNM, MTP/SER, UMU and PTP). The generic version of this tool was used to assess the laboratory technician programs. Also, the most recent round of LBNM accreditation results were reviewed for the midwifery schools. Needs were identified in the following areas:

- A rapid task analysis was conducted for both midwifery and lab technician cadres to identify the need for curricula revisions based on expected performance and the national burden of disease.

- Limited numbers of qualified midwifery and lab teachers based on the Liberia Health Workforce Program projections.

- All schools had limited or no teaching materials (projector, flip chart stand, projector screen, white board etc.) to facilitate student learning.

- Limited or no current textbooks and journals for the school library for use by both faculty and students.

- MPCHS and EBSNM were the only schools with internet access.
• With the exception of EBSNM, none of the midwifery skill labs had sufficient anatomic models and supplies for practice in simulation.
• There were also no designated preceptors and preceptor corners at clinical sites.
• Besides MPCHS, none of the laboratory technician schools have practical skills labs with lab equipment and supplies for practice.
• All schools need additional computers (approximately 20 for each), software, hardware and other accessories to ensure a functional computer lab.
• Computer labs at TNIMA and MTPSER and skills lab at PTP and UMU need to be renovated or constructed, which has been requested from the Global Fund or other partners.
• At all schools teachers, simulation lab staff, clinical teachers or preceptors, head of the computer lab and head of the library have not participated in any recent professional development activities.
• Limited and unreliable transportation to enable students and staff to participate in clinical practice.
• With the exception of EBSNM and MTPSER, there are limited midwifery and lab student enrollments.
• UMU has limited available clinical sites.

OBJECTIVE 1: Increased quality of instruction at targeted pre-service training institutions achieved by upgrading the technical competencies and teaching skills of faculty, including clinical preceptors, and strengthening curricula, course materials, and delivery of both didactic and clinical training.

Task 1.1: Support hiring of additional faculty in midwifery and lab schools
• The number of local/national faculty to be supported by MCSP HRH for each program at each school have been identified and included in the budget. EBSNM- 3; MPCHS- 2; MTP/SER-3; PTP-2; TNIMA-5; UMU- 3. The recruitment and employment process has commenced for Esther Bacon Midwifery Training Program and UMU.

Task 1.2: Provide faculty with up-to-date teaching skills and faculty development opportunities
• Effective Teaching Skills Course Workshop for Midwifery and Laboratory Faculty Staff was facilitated for all Pre Service Education Training Institutions. Thirty two participants in total. Ten Faculty Laboratory Technicians and Twenty Two Faculty Midwifery participants. The course provided for an interactive approach to faculty development combining life instruction, as well as virtual coaching and support to update faculty participants in Effective Teaching Skills, including the use of visual aids in learning, measuring learner performance, management and leadership. The course had a pre-test score of 21% and a post-test score of 62%. A best practice standard approach for the facilitation of the course included two Faculty members from MTPSER and UMU participating as facilitators along with MCSP HRH staff, thus ensuring the program utilized the expertise of national staff. Those that completed the course will be added to a closed Facebook group to support social learning and completion of post-course action plans.
• Blended learning faculty development program content development has begun. In collaboration with FAIMER, the available faculty development courses currently used by
MCSP is being converted into a blended learning approach combining live instruction with structured self-study. It integrates some key aspects from the FAIMER program including social learning and will be grounded in practical activities related to teaching skills. The course design documents are being reviewed by the Liberia team, will be vetted with in-country stakeholders and the pilot course is scheduled for March 2017.

**Task 1.3: Strengthen the preparation of clinical preceptors**
- The ACNM/Jhpiego Midwifery Preceptor manual, the JHUSON preceptor training mobile application and various preceptor orientation and guidance materials from Lesotho, Ghana and Swaziland have been obtained, collated, reviewed, and are being adapted for Liberia. Early drafts will be reviewed in November.
- The Johns Hopkins School of Nursing mobile preceptor training application has been converted into laminated notecards to use as a job aid and will be procured. While created for nurses, the principles of clinical teaching apply across cadres.
- Plans for preceptor orientation materials and processes were discussed with Peace Corps/SEED and CHAI.
- Planning for the Preceptor Manual Orientation Workshop in progress. Workshop to be facilitated in the next Quarter.

**Task 1.4: Upgrade the technical competencies of faculty, preceptors and matriculating class of midwifery and lab graduates**
- MCSP has been collaborating with WHO and other stakeholders to integrate the IPC focusing on Safe and Quality Health Care (SQS) into the RM and MLT curricula with training for faculty, 2016 graduates and seniors in the 6th semester as they are not benefitting from the integrated content in the updated curricula.
- Safe and Quality Service Training has been facilitated at Phebe and Mother Pattern Pre Service Education Faculties for both clinical and non-clinical staff. The non-clinicians two-day course for MLTs and the four-day clinician course for Registered Midwives. The goal of the training was to enable health care workers to provide safe and quality healthcare services in line with the MOH approved workplace standards. Facilitators at the workshop included MCSP/HRH/KOICA staff and ACCEL supported staff from the Bong County Health Team, as well as SQS master trainers. The IPC/SQS workshops focused on IPC, Psychosocial Support, Emergency and Surveillance. Twenty-five (25) midwives who are instructors, midwifery clinical supervisors/mentors and recent graduates from the midwifery program of Phebe RM Program participated in the four day Safe & Quality Health Services workshop for clinicians in Bong County. The RM Program pretest score was 60% and the Post test score 90%. Knowledge gain of 30%. For the two-day non-clinician training, eighteen (18) MLTs who were instructors, practical supervisors, recent graduates and senior students from the MLT program of MPCHS participated in the program facilitated in Monrovia. There was an increase in learning of 18% with a pre-test score of 70 % and a post-test score of 83%.

**Task 1.5: Strengthen Clinical instruction**
- Not in this reporting period.
Task 1.6: Upgrade teaching and learning curricula
- Based on the task analysis findings for midwifery and lab technician, curricula revision workshops were held and inputs obtained from relevant subject matter experts within MCSP, included: immunization, gender, information and communication technology, IPC, MNH, newborn, nutrition, WASH, HIV.
- Midwifery and Laboratory Technician Curriculum validation workshops were facilitated with Pre-Service Education Facilities and other key stakeholders.
- Key stakeholders involved in the review and validation process include: USAID, Pre Service Training Institutions, Liberian Board of Nursing and Midwifery, Peace Corp, CHAI, CHS, Liberia Board of Medical Laboratory Technology, Liberia Association of Medical Laboratory Technology, National Diagnostic Unit, CDC, WHO, LMD, National Diagnostic Unit (NDU), MOH, Liberia Association of Medical Laboratory Technology (LAMLT), Liberia Board of Medical Laboratory Technology (LBMLT), and ACCEL.
- Midwifery and Laboratory Curricula revised with Pre-Service Training Institutions and key stakeholders and improved to meet clinical education gaps identified. Drafts are being used for the school year as part of a pilot with a revision facilitated incorporating inputs from training institutions and Subject Matter Experts (SMEs) before the Curriculums are finalized next year.

OBJECTIVE 2: Strengthened learning environment at targeted pre-service training institutions and teaching sites through a comprehensive approach to improving access to high-quality instructional resources equipment and technology

Task 2.1 Improved skills labs at midwifery schools, improved and sufficient equipment for lab schools
- Equipment required for the facilitation of quality Midwifery and Laboratory Program courses at the Pre-Service Education Facilities were identified as part of the Rapid Needs Assessment. Procurement of identified equipment has begun.

Task 2.2 Provide equipment, supplies and light infrastructure improvements to strengthen clinical sites.
- Computer Lab and Clinical Simulation space identified at Pre-Service Education Facilities. Identified spaces reviewed for appropriateness and approved.
- Procurement process is progressing. Procurement list will be finalized next quarter and procurement of supplies and equipment for the skills laboratory and the computer laboratory at all Pre-Service Education Training Institutions will begin next quarter.

Task 2.3 Establish improved clinical practice management processes
- See Task 1.3 for lead in progress update. Report on Task 2.3 due in the next reporting period.

Task 2.4 Support schools to strengthen management and administrative systems, leveraging structured twinning partnerships
- Research on appropriate Twinning Universities for Pre-Service Education Institutions completed.
- Georgetown University and University of Michigan School of Midwifery have been identified as Midwifery Twinning Partners.
• In discussion with the University of Addis Abba as a Twinning Partner for Laboratory Technician Schools.
• Peter Johnson Jhpiego Global Learning Director and representatives from the University of Michigan to visit Liberia in December to support the establishment of the Twinning University and Pre-Service Education Institutions’ relationships.

Task 2.5 Coordinate the upgrade of existing computer labs, or establishment of new ones
• Additional Review of Computer Labs completed in four Pre-Service Education Institutions with recommendations on requirements for set up and floorplan provided. South Eastern Region Midwifery Training Program and Esther Bacon School not yet completed due to poor road and weather conditions. Plans in place to complete this review at the South Eastern Region Midwifery Training Program and Esther Bacon School early in the next Quarter.

COORDINATION & COLLABOARCTION WITH PARTNERS

MCSP recognizes that coordinating with the MOH, CHTs, USAID and other implementing partners is a key component of implementation. The following are highlights of ways in which MCSP collaborated in Q4 of FY16:
• Facilitated HRH Program Launch to brief partners and key stakeholders on the purpose and objectives of the HRH Program and clarify expectations of partners and key stakeholders moving forward.
• Attended and participated in MOH Scholarship Meeting, Health Workforce Meeting, Nursing and Midwifery Committee Meeting, Laboratory Coordination Meeting, Integrated Human Resource Information System Sub Technical Working Group Meeting and the RHTC Committee Meeting
• Organized and facilitated the MCSP/HRH PSE Partner Meeting, the MCSP/HRH Medical Lab and Midwifery PSE Training institution Meeting
• Continued working closely with CSH to integrate Gender Equity Principles into the Social Work Curriculum. MCSP also worked closely with the National Diagnostic Unit at the MOH to review an update the current functionality of blood transfusion services for Liberia.

PLANNED ACTIVITIES FOR NEXT QUARTER

Below are some of the key activities planned for the next quarter.
• Continue Pre-Service Education Faculty supportive supervision and monitoring visits with a focus on clinical practice and teaching skills;
• Provide facility-based technical updates for faculty and preceptors;
• Prepare Preceptor Orientation working materials and pilot;
• Develop coordination schedule for meetings /trainings with Mentors in the field;
• Develop schedule for planned Technical Updates;
• Continue with co-ordination and collaboration meetings with MOH, program partners and other key stakeholders.
• Finalize and validate the Interdisciplinary Procedure Manual (IPM);
• Validate the draft new laboratory technician procedure manual;
• Distribute results of Rapid Assessment and Task analysis Report to ensure their use as resource material by faculty in planning and teaching. Also complete the distribution of the
final draft of the revised Midwifery and Laboratory Curriculums to Pre-Service Education Training Institutions.

- Facilitation of the Student Performance Assessment Workshop for Pre-Service Education Faculty Staff;
- Finalize procurement of equipment for Pre-Service Education Training Institutions;
- Finalize identification and establishment of Twinning University relationships for Pre-Service Education Training Facilities.
- Select laboratory twinning partner;
- Continue to work with Pre-Service Education Training Institutions to integrate Gender Equity Principles into management and administration practices;
- Conduct Gender Analysis Workshop;
- Conduct Gender Analysis at Pre-Service Education Training Institutions.
- Develop six SOP and the OSCE checklist for a minimum of five essential MLT procedures.

CROSS CUTTING

Monitoring, Evaluation and Research (MER)
During this reporting period (July to September 2016), the monitoring, evaluation and research (MER) unit completed the following activities which contributed to the appropriate use of data to guide the management team on decision making:

- Input training data into the databases, including the SQS databases.
- Provided support to the MCSP HRH technical team during various trainings for data use and visualization.
- Revised and resubmitted M&E plan to USAID.
- Facilitated and participated in the MCSP Investigators’ Workshop. Objective of the workshop was to prepare participants to be an Investigator on an MCSP research project and ensure protection of human subjects. Eighteen (18) MCSP HRH staff along with other MCSP staff participated in the workshop conducted from September 13-15, 2016. The workshop enabled participants to acquire the requisite knowledge and skills needed to conduct Investigator and other research studies. The IRB Director at Jhpiego served as the lead facilitator supported by the program M&E Staff. Topics covered included key competencies of PI qualification, investigator roles and responsibilities, IRB requirements and reporting of severe adverse event (SAE). The Pretest score was 5 out of 6 and the Posttest score was 6 out of 6.
- Developed and participated in the Rapid Needs Assessment of all six pre-service training institutions (TNIMA, MPCHS, EBSNM, MTP/SER, UMU and PTP) and assisted with data analysis and report writing.

Gender

- Gender Monitoring Indicators developed.
- Presentation of the gender analysis protocol at the IRB review meeting. Review recommendations incorporated. Gender Analysis Protocol resubmitted to the UL-PIRE IRB for approval.
- The HRH Program is actively working on promoting Gender Equity within the project itself
Objective 1: Gender Equity Policy in development

- The project promotes Gender Equity:
  - Twelve women in senior management positions out of a total of 17 designated project senior management positions.
- The project encourages Flexible Working Hours to support employees with family responsibilities.
- Completion of the HR online Harassment Course (incorporating a section on Sexual Harassment) is a compulsory requirement for all new staff as part of the project orientation program.
- The project operates within the Liberian Labor Law Decent Work Act, which prohibits discrimination in the workplace.
- Working to integrate the Global Gender Standard into Pre-Service Educational Standards (also linked to Quality Improvement).

Quality Improvement
- MCSP employs the Standards-based Management and Recognition (SBMR) approach to ensure quality improvement. MCSP included a Quality Improvement session, focusing on SBMR, in the validation workshop.

Challenges, Opportunities, Lessons Learned

Challenges and Opportunities
- Poor weather and road conditions limited the ability to facilitate supportive supervision and monitoring visits as regularly as planned and limited the regular participation of Pre-Service Education Training Institutions in some stakeholder meetings and workshops.
- Pre-Service Education Training Institutions have different school calendars, including different semester start/end dates, vacation, and exams dates, which makes planning activities more challenging.
- MCSP is working to incorporate gender into program activities and can influence other collaborating partners to do the same. For example, partners working with Nursing and Social Work programs may consider integrating gender into the curricula.
- Newly opened laboratory programs such as Nimba County Community College Laboratory Training Program (NCCCLTP) will benefit from the work being done in MCSP HRH supported programs through their involvement with the Laboratory Technician Working Group and other similar forums, thus benefiting laboratory technicians across the country.

Lessons Learned
- The launch of the HRH project provided an important opportunity to set clear expectations of partners and key stakeholders which has enabled positive and productive working relationships and subsequently timely effective implementation of the program this quarter.
- Supportive staff (Instructors and Mentors) recruited and placed at Pre Service Education Facilities and the Clinical simulation Labs have increased the number of qualified faculty at Pre Service Education Training Facilities which has increased the ability of the school to be able to provide quality competency based education.

1 NCCCLTP was not yet open at the time the HRH program description and work plan were developed.
• The ETS training was very well received and addressed a critical clinical education gap for Pre Service Education Training Institutions.
• Participatory approaches and processes used in the curriculum revision and validation processes proved invaluable in the development of a high quality Midwifery and Laboratory Technician Curricula.
Annex 1: MCSP Performance Indicator Table Progress

NB: The Monitoring, Evaluation, and Learning Plan has not yet been approved by USAID. The Indicator Table submitted in the second re-submission of the MEL Plan was used to prepare this report.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Indicator</th>
<th>Frequency</th>
<th>Baseline value</th>
<th>PY1 Q1 2016</th>
<th>Life of Project Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.1</td>
<td>Number of new healthcare workers who graduated from a pre-service training institution supported by MCSP during the reporting period</td>
<td>Annually</td>
<td>N/A</td>
<td>N/A</td>
<td>165</td>
</tr>
<tr>
<td>0.2</td>
<td>Percent of graduating students in MCSP-supported schools who pass state board exams</td>
<td>Annually</td>
<td>81% MW 95% MLT</td>
<td>N/A</td>
<td>90% MW 95% MLT</td>
</tr>
<tr>
<td>0.3</td>
<td>Number (MLT) or Percent (Midwifery) of first year spaces filled</td>
<td>Annually</td>
<td>59% MW* 28 MLT</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**GOAL:** To strengthen the capability and resilience of Liberia’s frontline health workforce to address second order impacts from the Ebola crisis while strengthening the resilience of the workforce to provide quality, safe and respectful services.

**Objective 1:** Increased quality of instruction at targeted pre-service training institutions achieved by upgrading the technical competencies and teaching skills of faculty, including clinical preceptors, and strengthening curricula, course materials, and delivery of both didactic and clinical training.

1.1 Number of persons trained in priority technical areas with MCSP support                                                                  Quarterly | N/A  | 72  | 250 |
1.2 Percent of persons trained and proficient in key technical areas                                                                           Quarterly | N/A  | 63% | 80% |
1.3 Number of clinical practice/lab practicum sites established or strengthened                                                                Quarterly | N/A  | 0   | 27 |
1.4 Number of clinical/lab preceptors that complete the preceptor orientation package                                                           Quarterly | N/A  | 0   | 27 |
1.5 Proportion of prospective graduates achieving 80% or greater on objective structured clinical exam (OSCE)                                      Annually  | 85%  | N/A | 90% |
1.6 Number of curricula updated with MCSP support                                                                                               Annually  | N/A  | N/A | 2 |

**Objective 2:** Strengthened learning environment at targeted pre-service training institutions and teaching sites through a comprehensive approach to improving access to high quality instructional resources, equipment and technology.

2.1 Percent of MCSP-supported pre-service institutions with skills labs that are equipped and staffed full time with at least one clinical instructor trained in skills lab management | Quarterly | 0%  | 0%  | 100% |
<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Indicator</th>
<th>Frequency</th>
<th>Baseline value</th>
<th>PY1 Q1 2016</th>
<th>Life of Project Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>Number of pre-service institutions and clinical practice sites that received equipment procured by MCSP</td>
<td>Quarterly</td>
<td>N/A</td>
<td>0</td>
<td>35</td>
</tr>
<tr>
<td>2.3</td>
<td>Number of twinning partnerships established</td>
<td>Quarterly</td>
<td>N/A</td>
<td>0</td>
<td>3 (Midline target)</td>
</tr>
<tr>
<td>2.4</td>
<td>Proportion of twinning partnerships that met action plan deliverables for the quarter</td>
<td>Quarterly</td>
<td>N/A</td>
<td>N/A</td>
<td>100% (midline target)</td>
</tr>
</tbody>
</table>

*Preliminary baseline figure, pending confirmation of data from MCSP-supported schools.*
Annex 2: MCSP HRH Trainings and Number of Participants

<table>
<thead>
<tr>
<th>No.</th>
<th>Type of Training</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Effective Teaching Skills (MLT-male 6, female 4)</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Effective Teaching Skills(Midwifery-male 1, female 18)</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>SQS Technical Updates (Clinicians-facility staff and Graduate Students-male 1, female 24)</td>
<td>25</td>
</tr>
<tr>
<td>4</td>
<td>SQS Technical Updates (Non-Clinicians-facility staff and Graduate Students- male 9, female 9)</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>72</strong></td>
</tr>
</tbody>
</table>
Annex 3: MCSP HRH Trainings Conducted with Pre-and Post-Test Averages, by knowledge and skills gain

**MLTs and Midwifery Effective Teaching Skills Workshop (n=29)**

Knowledge Gain 40%

- **Average Pre-Test Score:** 38%
- **Average Post-Test Score:** 78%

**SQS Technical Update for Non-Clinicians (n=18)**

Knowledge Gain 13%

- **Average Pre-Test Score:** 70%
- **Average Post-Test Score:** 83%
SQS Technical Update for Clinicians (n=25)

Knowledge Gain 30%

Average Pre-Test Score: 60%
Average Post-Test Score: 90%

Test Types

Percent

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Average Pre-Test Score
Average Post-Test Score

Legend:
- Average Pre-Test Score
- Average Post-Test Score
Annex 4: MCSP HRH Short-Term Technical Assistance visits during the reporting period

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Duration of Trip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betsy Hendrickson, Program Officer</td>
<td>Start-up and management support.</td>
<td>July</td>
<td>2 weeks (co-funded)</td>
</tr>
<tr>
<td>Julia Bluestone, Senior Technical Advisor</td>
<td>Support preparation of final workplan; Orient new staff to technical standards; Manage IPM inputs and revisions.</td>
<td>July</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Sameep Gurung, HR Officer</td>
<td>Human resources support and mentoring.</td>
<td>July</td>
<td>2 weeks (co-funded)</td>
</tr>
<tr>
<td>Leah Hart, Technical Development Officer</td>
<td>Support the curricula revision, provide technical support to midwifery and lab IPM revisions and logbook updates, and engage with local staff and the LBNM and LMDC on work on preceptor orientation materials.</td>
<td>August</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Geoff Prall, Senior Program Coordinator</td>
<td>Program coordination and HRH launch support.</td>
<td>August</td>
<td>1 week (co-funded)</td>
</tr>
<tr>
<td>Kelsey Reiff, Budget Analyst</td>
<td>Assist with establishing sub-award with lab partner, including workshop on sub-award management.</td>
<td>August</td>
<td>1 week (co-funded)</td>
</tr>
<tr>
<td>Betsy Hendrickson, Program Officer</td>
<td>Program management and orientation/onboarding support.</td>
<td>September</td>
<td>2 weeks (co-funded)</td>
</tr>
</tbody>
</table>
Annex 5: Success Story

Effective Teaching Skills Workshop
Harriette Mondaye. Marion Subah.

The Effective Teaching Skills Workshop provided an important opportunity for participants to learn how to competently develop supporting teaching objectives, session plans, course schedules, teaching plans and how you prepare a supportive environment for learning.

At the Jhpiego Conference hall in Mamba Point, UN Drive, Monrovia, from the 29th of August – 2nd of September 2016, 32 participants; 10 MLTs and 22 midwifery professionals attended the Effective Teaching Skill (ETS) workshop for Lab and Midwifery Pre-Service Education faculty, preceptors and lab practicum supervisors.

The five days effective teaching skills workshop brought together directors, deans, instructors, preceptors, lab practicum supervisors from six MLTs and midwifery Pre-Service Education institutions (EBSNM, PTP, TNIMA, MTPSER, MUM & MPCHS) along with representatives from the Liberian Board for Nursing and Midwifery, Liberia Midwifery Association and Lab Board and Association from four counties (Montserrado, Bong, Lofa and Grand Gedeh).

The main goal of the workshop was to build instructors’ capacities to effectively plan and teach interactive presentations that use different teaching methodologies. Improved instructor capacities will facilitate students’ attainment of requisite knowledge and development of skills and attitudes necessary to address one or more of the core competencies as prescribed by curricula. Throughout the workshop, there were two co-facilitators: one from MTPSER and UMU who were trained at a TOT under the RBHS project. “It can’t be over emphasized of all the successes or stories shared by these facilitators of how the ETS in the past prepared them to become better teachers.”

The training package contained topics including: The Foundation of Educating Health Care Providers, Developing Objectives for Learning, Planning for Teaching, Preparing the Teaching Environment, Preparing and Using Visual Aids, Preparing and Delivering Interactive Presentation, Facilitating Group Activity, Facilitating Development of Healthcare Skills, Coaching, Managing Clinical Practice, Student Assessment, Monitoring and Revising Teaching. The content was presented in an interactive, participatory methodology and in logical manner that allowed participants to roleplay, simulate, brainstorm, work in small groups and reiterate key messages from each session. Interestingly, of the 32 participants; only 3 had the ETS during the RBHS project although none have had any refresher since 2012. Thirty participants had not had any similar training and there were seven newly hired faculty members from some training institutions.
During and at the end of the training, the participants were enthusiastic about gaining new knowledge and skills to effectively teach students. They were all very appreciative to the MCSP HRH project for timely forecasting and implementation of the ETS workshop just at the beginning of another academic semester.

Mr. Gayduobah S. Flomo, Board chairman, Liberia Association of Medical Laboratory Technology (LAMLT), one of the participants expressed his gratitude in these words, “the training is a great achievement of knowledge for us laboratory and midwives program faculties in the discharge of our duties, because the teaching methodology, developing of objectives, session planning and the creation of a productive learning environment will go a long way to prepare students and impact the healthcare delivery system of our country.” He went on to say, “The effective teaching training has afforded me and all of us as faculty the opportunity to teach in a standardized way that is evidence-based, even for those of us who do not have a master’s degree in education, and had not been trained in ETS. We appreciate this opportunity a whole lot and can assure you that this knowledge we have gotten shall not depart from us in performing our roles as directors, deans, instructors, clinical/practical supervisors and preceptors. I recommend that such a workshop be conducted to refresh the teaching skills of faculty every six months by Jhpiego/HRH,” he concluded.

“I am overwhelmed by the ETS training, especially since coaching, mentoring and managing clinical practice are new skills that I have acquired that will help me in my new role as a clinical instructor. Though it has been a very basic week, doing group work and presentations, most importantly it has been very rewarding in preparing us to be better preceptors and clinical supervisors.” This was a comment from one of the participant, Mr. Eric A. Bagguer, a clinical instructor from the Midwifery Training Program South Eastern Region (MTPSER).

At the end of the training, participants were asked to evaluate it on a scale of 1-5, with five being the greatest. 95% of participants choose 5; adding comments such as: content of the workshop, sequence of content, general organization of the workshop and objectives were met. Contents that were more useful include: developing supporting objectives, session plan, and student performance assessment, preparing and using visual aids, coaching and prepare the environment for teaching.
Annex 6: MCSP HRH Work plan Matrix Progress Update

To supplement the narrative progress updates in this report, below is an update on MCSP’s progress against each activity in the work plan matrix that has been planned for this reporting period.

<table>
<thead>
<tr>
<th>Activities Numbers</th>
<th>Activities for July - September 2016</th>
<th>Status update (Pending, Ongoing, and Completed)</th>
<th>UPDATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA 3</td>
<td>Implement rapid need assessment and task analysis of Medical Laboratory and Midwifery schools for any information gap remaining from desk review</td>
<td>Completed</td>
<td>Report has been finalized and is with Publications for final editing and formatting.</td>
</tr>
<tr>
<td>Objectives: 1.1.2</td>
<td>Coordinated with CSH to leverage scholarship for those counties where students intake can be increased</td>
<td>Completed</td>
<td>There are currently 67 students on the MOH CSH Scholarship Program. These students are enrolling in programs at UMU, ESBNM, and MPCHS. Seven of these students fell below the required grade point average for the Scholarship Program and the Committee has recommended that they be dropped from the Scholarship program and other applicants to the Scholarship be considered for these vacant Scholarship places.</td>
</tr>
<tr>
<td>1.1.5</td>
<td>Support hiring of 18 Liberian nationals additional permanent faculty (per HWP definition). Per HWP, ideally are master’s level technicians with 3 years of experience. Otherwise, will hire Bachelors (targeting UMU graduates and adding the ETS)</td>
<td>Ongoing</td>
<td>The number of local/national faculty to be supported by MCSP HRH for each program at each school have been identified and included in the budget. EBSNM- 3; MPCHS- 2 MTP/SER-3; PTP-2; TNIMA-5; UMU- 3. Esther Bacon Midwifery Training Program and UMU have started their recruitment and employment process.</td>
</tr>
<tr>
<td>1.1.6</td>
<td>Provide structured orientation to the project, as well as a teaching skills standardization, including ETS for Laboratory and Midwifery faculty</td>
<td>Ongoing</td>
<td>Thirty-eight Faculty Staff from the six Pre-Service Education Training Institutions were trained and received the Certificate for participating in the Effective Teaching Skills training organized and conducted by MCSP/HRH.</td>
</tr>
<tr>
<td>1.1.8</td>
<td>In collaboration with LBNM and other partners, prepare Foreign Faculty orientation toolkit, to use to standardize</td>
<td>Completed</td>
<td>Collaborated with Post Graduate Medical College on authorization of the MOH in development of the Orientation Tool Kit. Orientation Tool kit developed.</td>
</tr>
<tr>
<td>1.1.9</td>
<td>Hire education mentors to be embedded in each school to provide support of implementing action plans, primary focus being to strengthen clinical practice and expanded clinical practice sites.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2.1</td>
<td>Materials development. Convert current live-instruction courses into a blended approach combining structured self-directed learning plus live instruction (including use of on or offline eLearning).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3.1</td>
<td>Preceptor orientation materials development. Develop blended approach to preceptor teaching skills update. Structure as a short orientation and certification that will later be completed by the schools.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.4.1</td>
<td>Midwifery Faculty and Preceptor Technical Update: Provide simulation center or workplace based updates in priority skills (high criticality, low frequency) for faculty and preceptors: SQS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.6.1</td>
<td>Midwifery and Medical Laboratory Technician Curricula Update. Based on the Task Analysis findings for registered midwives, facilitate applied instructional design activity to update curricula to match core competencies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>Eight Pre Service Training Institution Mentors have been hired and are being deployed at the Midwifery and Laboratory schools to support classroom and clinical site learning for Midwifery and Laboratory Technician students</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Consultancy established with FAIMERA. Work in progress on material development.</td>
</tr>
<tr>
<td>Completed</td>
<td>The Preceptor Orientation Manual will be used to provide guidance for technical skill updates that can be used by the schools to prepare and orient preceptors at affiliated clinical sites and lab facilities. An Orientation Manual workshop schedule is being developed with workshops to be conducted next Quarter.</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Two trainings on Safe and Quality Services were held for Clinicians and Non Clinicians at the Mother Patern College of Health Sciences and Phebe. A total of 48 persons were trained at the two institutions.</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Curricula for Midwifery and Medical Laboratory Technicians has been reviewed and validated by the Liberia Board of Nursing and Midwifery, the Liberia Medical Laboratory Association and the Pre Service Training Institutions with feedback currently being incorporated before final submission to publications for editing and finalization.</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Pursue corporation social responsibility donation of laboratory equipment and reagents for laboratory schools and practice facilities</td>
</tr>
<tr>
<td>2.1.4</td>
<td>Upgrade laboratory equipment for adequate clinical practice at lab schools</td>
</tr>
<tr>
<td>2.4.1</td>
<td>Collaborate w/ Africabio to identify and establish regional support twinning partners.</td>
</tr>
<tr>
<td>2.5.1</td>
<td>Based on Rapid Assessment Findings, support upgrade of computer equipment or supplies or new purchases</td>
</tr>
</tbody>
</table>
Annex 7. Rapid Assessment results

Midwifery Program Rapid Assessment Score (n=5 schools)

- **OVERALL SCORE**: 44%
- **Influencing Factors**: 50%
- **Curriculum**: 84%
- **Clinical Practice Sites**: 35%
- **Students**: 50%
- **Teachers, Tutors, and Preceptors**: 23%
- **Infrastructure and Management**: 20%

**Data source**: MCSP HRH Pre-Service Institution Rapid Assessment; July 2016
Medical Laboratory Technician Program Rapid Assessment Score (n=3 schools)

OVERALL SCORE: 55%

Influencing Factors: 0%

Curriculum: 93%

Clinical Practice Sites: 58%

Students: 58%

Teachers, Tutors, and Preceptors: 48%

Infrastructure and Management: 72%

Data source: MCSP HRH Pre-Service Institution Rapid Assessment; July 2016