USAID | GHANA

FROM THE AMERICAN PEOPLE

Maternal and Child Survival Program Annual Progress Report

October 1, 2014 – September 30, 2015

Maternal and Child Survival Project

FY 2015 ANNUAL PROGRESS REPORT

(01 OCTOBER 2014 – 30 SEPTEMBER 2015)

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

Prepared for Vandana Stapleton
United States Agency for International Development/Ghana
C/O American Embassy
No. 19 Fifth Link Road
Cantonments
Accra, Ghana

Prepared by
Jhpiego
1615 Thames Street
Baltimore, MD 21231

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.

Table of Contents

Contents

ACRONYMS AND ABBREVIATIONS 3
I. MATERNAL CHILD SURVIVAL PROGRAM EXECUTIVE SUMMARY 5
II. PROGRESS ON INDICATORS 7
III. PROGRESS NARRATIVE 10
IV. PERFORMANCE MONITORING 16
V. LINKS TO OTHER USAID PROGRAMS 16
VI. LINKS WITH GOVERNMENT OF GHANA AGENCIES 16
VII. USAID FORWARD 17
VIII. SUSTAINABILITY 17
IX. LEVERAGED FUNDING 17
X. PLANNED ACTIVITIES FOR THE NEXT QUARTER 17
XI. PROJECT ADMINISTRATION 18
ANNEX I: LIST OF DELIVERABLE PRODUCTS AND DATASETS 20
ANNEX II: SUCCESS STORIES 21
- Midwifery and Nursing Tutors in Ghana Schooled on Infection Prevention and Control 21
- eLearning Improves Health Training Institutions in Ghana 22
- Stakeholders in Ghana Join Forces to Improve Community-based Programming 24

ANNEX III: MCSP GHANA LEARNING QUESTIONS 26

Acronyms and Abbreviations

ACNM	American College of Nurse Midwives
BEmONC	Basic Emergency Obstetric and Newborn Care
CHN	Community Health Nurse
CHNTS	Community Health Nursing Training Schools
CHO	Community Health Officer
CHPS	Community-based Health Planning Service
CST	Country Support Team
DHIMS	District Health Information Management System
E4H	Evaluate for Health
EBF	Exclusive Breastfeeding
EMMP	Environmental Monitoring and Mitigation Plan
ERC	Ethical Review Committee
EVD	Ebola Viral Disease
FAA	Fixed Award Agreement
GCNM	Ghana College of Nurses and Midwives
GHS	Ghana Health Service
GIFEC	Ghana Investment Fund for Electronic Communications
HRDD	Human Resources Development Directorate (GHS)
HRHD	Human Resources for Health Development (MOH)
iCCM	Integrated Community Case Management
ICD	Institutional Care Division (GHS)
ICT	Information Communication Technology
ICT4D	Information Communication Technology for Development
IP	Implementing Partners
IPC	Infection Prevention and Control
IRB	Institutional Review Board
IT	Information Technology
KNUST	Kwame Nkrumah University for Science and Technology
LMS	Learning Management System
MCHIP	Maternal and Child Health Integrated Program
MCSP	Maternal and Child Survival Program
MER	Monitoring, Evaluation and Research
MOH	Ministry of Health
MOU	Memorandum of Understanding
MTC	Midwifery Training College
MTS	Midwifery Training School
M&E	Monitoring and Evaluation
NITA	National Information Technology Agency
NMC	Nurses and Midwives Council
NMCP	National Malaria Control Program

NMTC	Nursing and Midwifery Training College
PD	Project Description
PMTCT	Prevention of Mother to Child Transmission
PPME	Policy, Planning, Monitoring & Evaluation, GHS
S4H	Systems for Health
SDHT	Sub-District Health Team
SOP	Standard Operating Procedure
TA	Technical Assistance
TAG	Technical Advisory Group
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 USAD funded partners (e.g., Systems for Health, Malaria Care, Evaluate for Health), to achieve 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.

- Conducted an eLearning readiness and skills lab assessment at 11 community health nursing (CHN) schools. Based on the results from this assessment and the midwifery school assessments undertaken under MCHIP, MCSP and MOH selected the 10 midwifery and two CHNs for Year 1.
- Completed four eLearning modules, exclusive breastfeeding (EBF), cord care, gender-based violence (GBV), and prevention of mother to child transmission (PMTCT), packaging for uploading and dissemination to the schools, and in process to complete the electronic malaria game.
- Procured and distributed skills lab materials, models and training equipment to 10 midwifery schools.

Objective 2: The national Community-based Health Planning Service (CHPS) strategy, guidelines, training materials, tools, and monitoring systems are standardized and approved.

- MCSP, in collaboration with GHS, convened a national level CHPS Best Practices Seminar with 136 participants to discuss implementation realities and challenges as well as share regional differences in implementing CHPS across the country. The seminar resulted in the decision to develop the national CHPS technical working group (TWG), which is scheduled to hold its first meeting in quarter one (Q1) of Yr. 2.
- Finalized the regional data collection for the CHPS costing exercise methodology. Findings based on the data will inform the CHPS costing tool and dashboard. A preliminary draft of the tool will be available in Year 2 Q1.

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.

- MCSP, under guidance from GHS, is supporting the GHS national and regional integrated planning meetings with a strong focus on CHPS implementation. Three of the five regions (Eastern, Upper East and Upper West) were finished in Year 1.

Project Administration

The Senior CHPS Team Leader, Joyce Ablordeppey has announced her resignation effective October 30, 2015. We are currently recruiting for her replacement.

Subsequent Quarter's Work Plan

During the first quarter of Y2 (1 October – 31 December, 2015), the team will focus on the following major activities under pre-service education:

- Identify ten new midwifery schools and five CHN schools for expansion of the learning management system (LMS).

- Establish the skill labs at eight midwifery schools and train tutors how to manage the skills lab and disseminate the preceptor manual.
- Adapt the reference manual for simulation labs for midwifery to general use at CHN and general nursing schools.
- Continue discussions with Grameen Foundation and National Information Technology Agency (NITA) for the use of the eLearning and mLearning platforms for pilot testing.
- Write up the eLearning module process and standard operating procedure documents.
- Distribute existing eLearning content to the eLearning Moodle-targeted schools.
- Prioritize eLearning technical content for module development in Year 2 and convene stakeholders to initiate the process.
- Train IT tutors from the selected three mLearning pilot and five eLearning pilot schools.
- Execute the FAA process with the six midwifery schools, Nurses and Midwifery Council (NMC) and Ghana College of Nurses and Midwives (GCNM).
- Develop a plan to revise the CHN curriculum to ensure alignment with national standards and treatment protocols and roles for CHNs.

For CHPS, MCSP will work in collaboration with GHS to:

- Finalize the cleaning and analysis of the costing data collected.
- Support the initial meeting for the national CHPS TWG.
- Contribute to the development of the implementation guidelines orientation toolkit for multi-sectoral and multi-level briefings for the region, district and sub-districts.
- Organize and support the CHPS national TWG to review and harmonize CHPS in-service training materials, tools and job aids.
- Launch the CHPS webpage on the GHS website.
- Review the DHIMS2 CHPS indicators for the development of the CHPS national tracking and performance monitoring tool.
- Support GHS to develop CHPS national strategic plan including scale up, geographic coverage, planning tools and costing information for planning.
- Support the remaining two regional integrated planning meeting for the development of an integrated planned focused on CHPS.
- Initiate FAA process with MCSP-supported regions based on the integrated plans.

MCSP has received the program description (PD) for the additional funding to undertake infection prevention and control (IPC) activities. At this time, the project is waiting on finalizing the workplan until the Systems for Health (S4H) team has received their IPC PD so the training approach can be aligned. In the meantime, based on discussions with Institutional Care Division (ICD), Dr. Chandrakant Ruparelia, Sr. Technical Advisor for the HIV and Infectious Disease Unit, will return to Ghana to prepare national trainers for the field testing of the revised competency-based IPC modules in early November 2015.

II. Progress on Indicators

INDICATOR #	INDICATOR	BASELINE VALUE	Y1 ACTUAL VALUES*				Y1 TARGET
			Q1	Q2	Q3	Q4	
MCSP Ghana SO1: 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.							
1.1.1	Number of new health workers graduating from schools supported by MCSP	0	N/A	N/A	N/A	988	960
1.1.2	Number of eLearning modules developed	2	N/A	N/A	N/A	4	4
1.1.3	Number of students and tutors passing eLearning modules with a score of 80% or higher	0	0	0	0	0	0
1.2.1	Number of schools with adequately equipped simulation labs	6	N/A	N/A	N/A	6	18
1.2.2	Percent of tutors trained on use of novel anatomical models at schools with equipped simulation labs	100%	N/A	N/A	N/A	0	100%
1.2.3	Percent of funded schools successfully implementing action plans for improved preceptorship	N/A	N/A	N/A	N/A	0	100%
1.3.1	Educational standards revised/ defined by Nurses and Midwives Council (NMC) with program support	0	N/A	N/A	N/A	0	1
1.3.2	Number of annual supportive supervision visits to heads of schools by NMC staff	0	N/A	N/A	N/A	0	26
1.4.1	National CHN school curriculum revised by NMC to include CHO training package and ensure adherence to national policy and guidelines	N/A	N/A	N/A	N/A	1	1
1.4.2	Percent of CHN schools implementing revised national curriculum which includes the CHO training package	N/A	N/A	N/A	N/A	0%	100%
1.4.3	Percent of CHN schools offering clinical practice experiences in CHPS zones	9%	N/A	N/A	N/A	9%	100%
MCSP Ghana SO2: The national CHPS strategy, guidelines, training materials, tools, and monitoring systems are standardized and approved.							
2.1.2	Number of regions accepting and rolling out new harmonized training, tools or job aids	0	N/A	N/A	N/A	0	1
2.1.3	Number of regional trainers developed	0	0	0	0	0	10

INDICATOR #	INDICATOR	BASELINE VALUE	Y1 ACTUAL VALUES*				Y1 TARGET
			Q1	Q2	Q3	Q4	
2.1.4	Number of regional teams supported for study tours to observe highly-functioning CHPS	0	0	0	0	0	1
2.1.5	Percent of harmonized tools and job aids available on new GHS CHPS microsite	N/A	N/A	N/A	N/A	0	100%
2.1.6	Number of downloads of CHPS tools from new GHS CHPS microsite	0	0	0	0	0	21
2.3.1	Performance management system developed, and performance table template published on CHPS microsite by Policy, Planning, Monitoring & Evaluation, GHS (PPME) with support from MCSP	0	0	0	0	0	0
2.3.2	Number of quarterly regional CHPS performance tables published on the CHPS microsite	N/A	N/A	0	N/A	0	0
2.4.1	Unit cost data for CHPS basic package and additional innovative solutions collected	0	N/A	N/A	N/A	0	0
2.4.2	CHPS costing tool developed	0	N/A	N/A	N/A	0	0
2.4.3	Number of persons trained in using CHPS costing tool	0	N/A	N/A	N/A	N/A	0
2.5.1	National Health Insurance Scheme (NHIS) capitation design accounts for the specific situation and needs of CHPS	0	N/A	N/A	N/A	N/A	0
MCSP Ghana SO3: 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 malaria, family planning, nutrition, and maternal, newborn and child health.							
3.1.1	Number of regional CHPS technical working group meetings held	0	N/A	0	N/A	0	9
3.1.2	Number of regional biannual performance reviews using CHPS performance monitoring table	0	N/A	0	N/A	0	0
3.2.1	Number of awards made directly to local organizations	0	N/A	N/A	N/A	0	2
3.2.2	Percent of performance-based grants for CHPS implementation successfully completing all milestones/project	0%	0%	0%	0%	0%	0%
3.2.3	Number of civil society organizations (CSOs) receiving USG assistance engaged in health advocacy	0	N/A	N/A	N/A	0	2
3.3.1	Number of regional five-year CHPS implementation plans developed guided by costing tool	0	N/A	N/A	N/A	0	1
3.3.2	Number of CHNs receiving technical updates	0	0	0	0	0	0

INDICATOR #	INDICATOR	BASELINE VALUE	Y1 ACTUAL VALUES*				Y1 TARGET
			Q1	Q2	Q3	Q4	
3.3.3	Percent of sub-district management teams trained in management, including supervision and data use for decision-making	0%	N/A	0%	N/A	N/A	0%
3.3.4	Number of districts with improved annual CHPS performance in at least one key service delivery area	0	N/A	N/A	N/A	N/A	0
3.3.5	Number of meetings held with national CHPS working group regarding urban CHPS	0	N/A	0	N/A	N/A	0
3.3.6	Model for urban CHPS developed and presented at national CHPS working group meeting	0	N/A	N/A	N/A	N/A	0
3.4.1	Number of districts with a biannual CHPS index score of 2 or 3	0	N/A	0	N/A	N/A	0

III. PROGRESS NARRATIVE

a. Implementation Progress

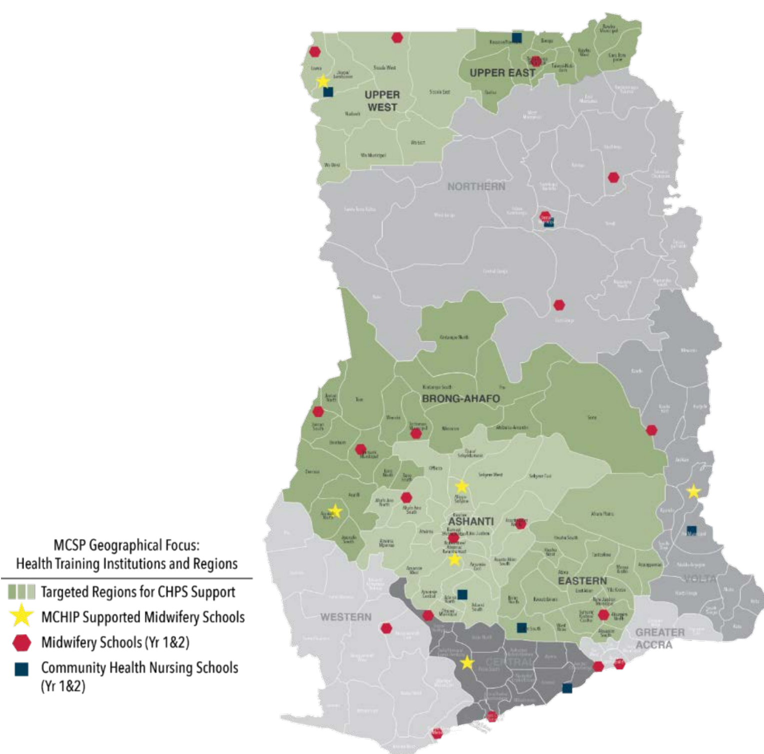
MCSP continues to make progress on each of the objectives and activities as they align to the approved Year 1 work plan. Progress is described below by objective and activity.

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

Human Resources for Health Development (HRHD) at the MOH and MCSP identified the following ten midwifery schools for eLearning expansion (Intel SkooolHE) for Year 1.

1. MTC Agogo, Ashanti Region
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 Regon
8. MTC Tumu, Upper West Region
9. MTC Kete-Krachi, Volta Region
10. MTC Asankragwa, Western Region



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

1. Ho CHNTS, Volta Region
2. Akim Oda CHNTS, Eastern Region

MCSP started out the year by conducting an information technology and skill lab readiness assessment[1] for all 11 CHN schools[2]. The goal of the assessment was to gain a better understanding of the current status of IT and skills laboratory infrastructure and resources. Findings showed a high

[1] An eLearning readiness assessment was previously been conducted at the 34 midwifery schools under MCHIP.

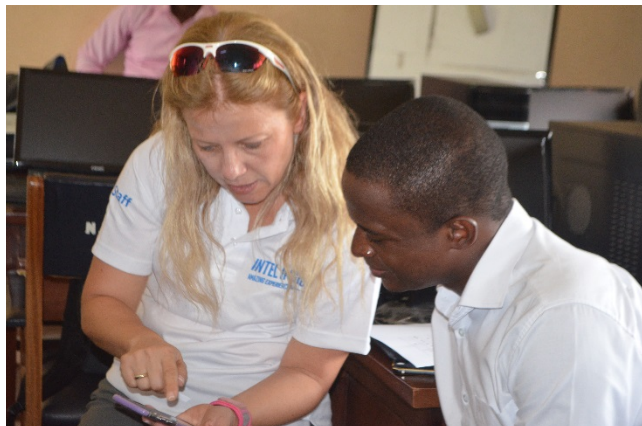
[2] CHN schools that were assessed include: Community Health Nurses Training School Fomena, Community Health Nurses Training School Techiman-Krobo, Community Health Nurses Training School Tanoso, Community Health Nurses Training School Winneba, Community Health Nurses Training School Oda, Community Health 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.

student to tutor ratio (e.g. average of 37 students to one tutor)[3] and inadequate IT infrastructure and computer and skills laboratories (e.g. average of 22 students to one computer). Some of the challenges identified in IT infrastructure included poor internet connectivity. However, about 25% of students owned laptops and more than 50% of students have android smartphones. In the skills labs, none of the CHN schools had a complete set of all the models and simulators and most 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 four years on the use of models and simulators. These findings informed the approach for rolling out the eLearning and mLearning implementation.

Throughout the year, MCSP has collaborated closely with MOH eLearning and IT staff in the implementation of this objective. MCSP and the MOH have signed an MOU outlining the roles and responsibilities of each party. An eLearning steering committee based on the MOH's desired structure and membership composition was created. The purpose of the committee was to support technical advisory and governance structures for eLearning at the national level as well as launch a national eLearning strategy for health training institutions. Regrettably, a committee has not convened this year due to changing leadership in the department. MCSP will work with the new Director to summons a meeting to discuss the status of eLearning implementation and priorities.

Four eLearning modules (gender-based violence, prevention mother to child transmission (PMTCT) of HIV including a component on counseling and testing, cord care for newborns, and exclusive breastfeeding for the first six months) were developed. International and local subject matter experts participated on the Technical Advisory Group (TAG) to assure module content met both national and international clinical standards/guidelines. Modules are currently being packaged and are almost ready for dissemination to the midwifery schools. Additionally, MCSP has started to adapt the high quality family planning content and materials that the American College of Nurse-Midwives (ACNM) had already developed for Ghana for use on the electronic platforms.

Setting up the mLearning platform and adapting modules has been an on-going process. After carefully reviewing various potential platforms, learning management system (LMS), and mLearning platforms including SABA, OppiaMobile, Moodle Mobile, Accenture Development Partnership HELF platform, MCSP has decided to pilot the Grameen Foundation's *Communication Health Nurse (CHN) on the Go!* application in three midwifery schools (Kete Krechi, Pantang and Mampong) to assess the suitability of the application before scaling up nationally. MCSP submitted lists of functional and reporting requirements, scope of work and deliverables to software development team at the Grameen Foundation. The technical content developed for eLearning platforms is currently being repackaged for mobile phones.



Intel volunteer, Michal Yosfan, provides technical support and capacity building to IT Tutor at Koforidua Midwifery Training School.

In Year 1, the ICT4D team provided technical support to the schools to train IT tutors from the 10 midwifery schools and two CHN schools to maintain the computer labs and install the Skoool platform. The IT tutors were trained on: bulk uploads of student profile details, system troubleshooting and configuration and other basic computer lab management procedures. They had a practical session on how to resolve issues related to the Intel SkooolHE platform to enable them to roll out the installation in their respective schools. This was followed by onsite visits and training by an Intel volunteer team from the 28 September until 9 October 2015. The team consisted of six volunteers

[3] It should be noted that 37 students per tutors is already too high for the 1:8 and 1:15 tutor to student recommended classroom size teaching standards.

that visited IT tutors in Accra, Pantang, Koforidua and Ho. The Intel volunteers worked with the tutors to better manage computer maintenance, network expansion issues, setting up helpdesk support and managing the SkooolHE platform. Additionally, MCSP supported MOH to develop IT helpdesk support structure, develop online platform to monitor issues and measures to support robust business continuity and processes to manage issues emanating from IT labs.

Furthermore, MCSP, in collaboration with Leti Arts and the National Malaria Control Program (NMCP), is developing a malaria game on a mobile app to supplement classroom learning. The game allows the player to use case studies to guide the user through real-life situations in the community or at the facility. This education technique engages the learner and provides immediate feedback through built-in responses and knowledge checks. The app will be available for students and the public to download on a smart phone at no cost. A beta test of the game is under review. The game unveiling and dissemination to the schools will commence during Y2 Q1.

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

All supplies, furnishings, linens and medical equipment for improving the clinical skills labs have been procured and delivered to the ten midwifery schools. Starting in Q4, the program teams began assisting the schools in setting up the skills labs and training on the use and maintenance of the equipment and models. The roll out will continue into Y2 Q1.

MCSP held a meeting with principals and preceptors from six midwifery schools (Twifo Praso, Hohoe, Mampong, Pramso, Goaso and Jirapa Midwifery Schools) to review best practices and challenges to ensuring quality preceptorship for midwifery students. Based on the meeting, the principals developed action plans for improving preceptorship at their respective schools. MCSP reviewed these plans in preparation for providing fixed award amounts (FAA) to each school for implementation. A FAA orientation meeting was held in August with the school principals to start the process for the contracting mechanism. Budgets submitted by the schools have been reviewed by MCSP and returned to the schools for their review and confirmation before submitting the paperwork to USAID for approval.

Activity 1.3: Improve national capacity to implement quality education system

A task analysis expert panel workshop was conducted to help determine tasks that are within the scope of practice for CHNs and influence the national level policy decisions on what services they are allowed to provide. Based on these discussions the task analysis protocol has been submitted to USAID for approval and was submitted to the GHS Ethical Review Committee (ERC) and Johns Hopkins School of Public Health institutional review board (IRB) at the end of Q3. JHU IRB had provided provisional approval contingent on Ghana ERC approval. At the end of the year, MCSP was still awaiting the results of the ERC protocol review.

MCSP developed an electronic application for supervision and uploaded onto tablets for pretesting by NMC. The project has procured twenty-two tablets to be donated to NMC for use during their supportive supervision visits. The application has been uploaded for user acceptance testing and validation. MCSP is waiting for the results of the testing by NMC to finalize the application before uploading and disseminating the tablets.

MCSP met with NMC and GCNM individually to provide an overview of the FAA process and to finalize their proposed activities. MCSP is waiting for some final budgetary details from the organizations before the paperwork for prior approval can be submitted to USAID for review.

Activity 1.4: Strengthen CHPS Pre-service Education

In Year 1, MCSP reviewed and provided inputs into the CHN preservice curriculum. The revised curriculum is awaiting finalization by NMC before it can be disseminated. The update for CHN

tutors and improved CHN student practicums activities were shifted to Year 2 so it would be based on findings and gaps identified during the task analysis.

Activity 1.5: Improve tutors' capacity to train students in infection prevention control (IPC) with a specific focus on Ebola

Training participants practice donning and doffing personal protective equipment

In Q3, MCSP trained fifty-one tutors from 34 midwifery schools and 12 community health nursing school in IPC, with a focus on Ebola virus disease (EVD), to enhance their capacity in teaching this content to students. In IPC for preventing EVD, the emphasis was placed on hand washing as the single most important intervention for prevention and control of EVD in the health care facility and in the community. Through a session on screening and isolation, participants had the opportunity to design the workflow for preventing the transmission of EVD in a health facility. Participants also had the opportunity to practice how to put on and remove the personal protective clothing without contaminating themselves. At the end of the training, participants came to appreciate the need to adhere to correct infection practices in order to prevent the spread of diseases.

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

Activity 2.1 Support National CHPS Coordination

Panel discussion participants sharing their best practices on funding CHPS activities.

MCSP organized the first annual national CHPS seminar in May, 2015. The meeting brought together 136 participants from national, regional and district level stakeholders from GHS, MOH, development partners, donors, chiefs, District Chief Executives and community health volunteers and committees to discuss critical issues related to CHPS in a seminar entitled "Best Practices and Innovations Powering CHPS Scale Up." The seminar was framed by the revised CHPS policy, which addresses five main elements to strengthen and improve CHPS and enable it to become the MOH's main methodology for achieving universal health coverage (UHC) in Ghana. In Q4, the Technical Working Group (TWG) planning committee meeting held its first meeting. The TWG drafted the terms of reference (TOR) which identified key thematic areas including human resource development, service delivery, performance monitoring, community engagement and mobilization, and support systems. The initial priorities for the TWG include a mapping exercise, harmonizing technical materials and other key strategic areas.

MCSP supported Policy, Planning, Monitoring & Evaluation (PPME) of GHS to map out all implementing organizations that are currently working in CHPS. This tool gathered three basic

groups of information: basic project and contact information; an overview of technical areas; and a compilation of districts where each organization is working. The tool was presented by PPME at a meeting to other directorates and implementing partners.

MCSP worked with GHS-ICT and PPME to establish a CHPS website. The launch of the webpage has been delayed due to hosting vendor complications. The website will be owned by PPME, GHS and they will be responsible for maintaining and updating the page. All available CHPS policy guidelines, training materials, job aids, etc. will be available on the website and will be categorized into thematic areas, by cadre and year on the CHPS website.

Key CHPS Performance Indicators Unreported:

1. Number of districts with biannual CHPS index score.
2. Number of CHPS zones holding at least one durbar in the previous quarter.
3. Number of home visits captured.

Activity 2.2: Support National CHPS Performance Monitoring

MCSP met with PPME to request permission to access to DHIMS2 for reporting on project-specific indicators as well as to reviewing the key indicators needed for CHPS performance monitoring. Permission is still pending approval.

In reviewing the CHPS level indicators, it is apparent that many of the key CHPS indicators[4] are consistently underreported or unreported. Based on feedback from a meeting with Regional Health Information Officers and District Directors of Health Services, the regions do not have printed copies of the CHPS reporting forms and do not have the funding to reprint the reporting forms. The few CHPS Zones submitting data are using self-designed reporting tools. Further exploration of CHPS data reporting issues will be carried out in the Yr. 2 Q1.

The current CHPS reporting form is expected to be reviewed by the national CHPS TWG performance monitoring sub-committee. Once this is complete, MCSP will support the subcommittee in drafting a standard operating procedure for CHPS data management and develop a national training manual.

In Yr. 1, MCSP team planned on working with PPME to develop a CHPS national tracking and performance monitoring tool and quarterly scorecard based on DHIMS2. However, the development of the tool and scorecard has been tasked to the national CHPS TWG performance monitoring sub-committee. The future scorecard will housed on the CHPS webpage to provide a high-level overview of CHPS performance and service delivery. MCSP will participate in and support the subcommittee, as necessary.

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

After conducting a study tour to determine availability of CHPS cost and financing data, MCSP (led by R4D) collaborated with the Government of Ghana and key stakeholders to develop the costing methodology for the exercise that is in line with national-level costing plans. The team developed the survey questionnaire for data collection, communicated with Regional Directors about data collection, and brought on a consultant from KNUST University in Kumasi to lead data collection. After receiving the go ahead for the data collection plan and questionnaire, MCSP began data collection in September in 5 regions: Ashanti, Eastern, Volta, Northern and Upper East. The data collection is complete in all regions except Volta, which will be finalized the last week in October. Data cleaning and analysis will commence in Year 2 Q1 with preliminary report findings and draft costing tool available by the end of December 2015.

[4] For the CHPS durbar indicator, this indicator can be obtained at the district level on a quarterly basis. It is found on the CHPS form and it is reported on a quarterly basis at the district level. The unit of measure is percent.

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 the activities under objective 3 were expected to begin in Year 1 Q4 to allow for the national level documents to be finalized before roll-out for implementation. However, there were significant delays in moving forward the development and approval of the national level policy, strategy, guidelines and training materials. Therefore, MCSP made the decision to fast track work in the regions. PPME started the process for integrated annual workplanning and asked MCSP to support this effort both at the national and regional levels as CHPS will be a key part of the planning process. By the end of Q4, three regions (Eastern, Upper East and Upper West) had held the planning meeting and were working on finalizing the integrated plan. MCSP anticipates that the project will receive the other regional plans in October or early November 2015.

It came to the attention of the project that Evaluate for Health (E4H) had previously completed a baseline assessment of CHPS Zones. Therefore, in order to not duplicate efforts, MCSP team has requested the data from E4H to use to conduct a secondary analysis. This will be completed in Q1 of Year 2, upon receipt of data from E4H.

b. Implementation Challenges

There have been some general delays and challenges during implementation as follows:

- Procurement, shipment delays and customs clearance delays for some of medical equipment and furnishings created a minor setback in establishing the skills labs. MCSP has revised the workplan to reflect this delay and will set up all skills labs and train tutors for all Year 1 and 2 in year 2 targeted midwifery and CHN schools.
- NMC is currently redefining their supervisory tool, and until this is complete, MCSP will not be able to finalize the electronic application and upload to the tablets for field testing. The tablets have been procured but have not been able to be donated yet.
- The political focus around CHPS has made implementation limited at the national level. Moving forward in Year 2, MCSP will focus on implementation at the regional level.
- The head of PPME will be retiring shortly and his successor has not been named.
- The CHPS webpage launch has been delayed because of complications with the hosting vendor. The project has collected and categorized the relevant CHPS documents that have been submitted to the GHS for uploading to the webpage. MCSP is following up with the DG on the next steps forward.
- There was a month delay in obtaining approval from GHS on the CHPS costing questionnaire and additionally follow up on the ground was needed at the national and regional levels. Data collection moved forward quickly once approval was received.
- Although, MCSP is supporting regional integrated planning meetings, project representatives have not be asked to participant in the meetings. As a result, there has been a delay in receiving the integrated plans so the program can begin the FAA process with the regions.

c. Assessments, Evaluations and Lessons Learned

The MCSP Ghana Learning Questions can be found in Annex III. No assessments or evaluations have been conducted to date. Some lessons learned from Year 1 include:

- The FAA orientation process and finalization of scopes of works and budgets is taking longer than expected. Additional follow up and one-on-one time should be built into the timeline for preparation before submission for approval to USAID. MCSP has identified a final candidate for the Grants and Financial Officer position and anticipates to have this person on board within the next month.

- Input from internal and external stakeholders for finalizing the eLearning modules was very slow. In the future, MCSP will convene a one day TAG meeting to fast track the local review process. Additionally, roles and responsibilities and do's and don'ts will be cleared outlined for internal project use for moving forward with scaling up the eLearning module development.

IV. PERFORMANCE MONITORING

The M&E Plan was finalized and submitted for approval during the year. The MSCP monitoring, evaluation, and research (MER) team also focused on the development of the internal data gathering tools (TrainSMART, FAA Awardee Report, SkooolHE, etc.) and standard operating procedures (SOPs) for collecting data on the project's performance indicators. These tools were designed to define the indicators which will be collected using the seven data source relevant to project performance (FAA awardee reports, CHPS webpage, DHIMS2, etc.).

All training participants from the year were captured using TrainSMART forms and entered in the MCSP database.

The MCSP MER team is a member of the monitoring and evaluation community of practice (MECoP). MECoP is a community of practice group for the monitoring and evaluation teams of all USAID implementing partners.

V. LINKS TO OTHER USAID PROGRAMS

Throughout this year, MCSP has worked in collaboration with other USAID programs (S4H, E4H, Communicate for Health, MalariaCare, SPRING and Health Financing & Governance) in country.

The MCPS team worked closely with S4H on numerous activities including preparing for the RMNCH card rollout; planning for the national CHPS best practices seminar; supporting the *Task Shifting for Community Health Nurses* curriculum design workshop; joint contribution to the development of the baseline assessment tool on CHPS to be administered by E4H; planning for logistical support for the CHPS costing questionnaire data collection in Northern and Volta regions; reviewing the strategy for CHPS rollout; joint contribution to the development of the IPC curriculum and strategy for rolling out IPC training across all ten regions.

MCSP presented ("Let's start where we begin: eLearning in Pre-Service Education" Alison R. Trump, MSPH; Martha Appiagyei, RN/RM; Catherine Carr, Dr.PH; Richard Okyere Boadu, MSc; Chantelle Allen, RN, MSc) at the National Health Research Dissemination hosted by E4H in partnership with the MOH and GHS. MCSP has consulted with SPRING to request assistance with the technical review of the nutrition eLearning modules. The MCSP team has also participated in consultation meetings with the new Communication for Health project to review existing communications materials and identify priorities for communication activities. Furthermore, MCSP met with MalariaCare to review progress and priorities on iCCM for jointly targeted five regions and to learn more about the supportive supervision work that is planned in collaboration with the Institutional Care Division of GHS. As R4D is a partner on MCSP and the HFG project, the team is working in conjuncture to cost share technical assistance trips and relevant activities associated with capitation and CHPS costing.

VI. LINKS WITH GOVERNMENT OF GHANA AGENCIES

MCSP has a good relationship with various GOG agencies. For preservice education, and the implementation of eLearning, MCSP works closely with the MOH's HRHD for the development of content, strengthening skills labs and preceptorship. In the development of the IPC curriculum, MCSP is closely collaborating with Institutional Care Division (ICD) of GHS. For the technical IP portion of eLearning and to open a webpage for CHPS implementation under the GHS website, the

project is works with Information Technology (IT) Department of the MOH and the Ghana Investment Fund for Electronic Communications (GIFEC). Additionally, MCPS is supporting the NMC and GCNM as well as the principals and tutors of the targeted midwifery schools through FAAs.

For CHPS related work, MCSP is working closely with the GHS PPME Director, Dr. Eramus Agongo and his two Deputy Directors, Dr. Anthony Ofosu (Deputy Director, Monitoring) and Charles Acquah (Deputy Director, Policy) to implement objectives two and three of the workplan. Moving forward, all CHPS-related monitoring will be a joint collaboration with the regional PPME focal person. For the CHPS costing and support for the roll out of capitation, MCSP HSS/E team is working closely with NHIA (Anthony Gingong) and Mr. Dan Osei at the MOH. Additionally, MCSP is directly coordination with the five Regional Directors of the MCSP-targeted regions.

VII. USAID FORWARD

MCSP is supporting USAID FORWARD through increasing capacity of GHS Regional Health Teams, Ghanaian midwifery schools, NMC and GCNM through FAAs to enable them to implement action plans to improve their systems, competencies and capacity. Implementation of the FAAs will commence in Year 2.

VIII. SUSTAINABILITY

From the beginning of the project, MCSP has designed its implementation through a sustainability lens to ensure that activities started under MCSP will continue after the project ends. This includes strengthening the preceptorship capacity of the midwifery schools and developing the eLearning module content in close collaboration with GHS so they have the capacity to develop and roll out new content after the project. Ongoing consultations with MOH and GIFEC are exploring additional funding to support the content development process. Likewise, for the CHPS work, using FAAs to enable the regions to identify and implement best practices with technical support from MCSP will increase the likelihood of sustainability.

IX. LEVERAGED FUNDING

Over the year, MCSP leveraged funds from other non-USG partners. The Jubilee Partners will support a CHPS webpage on the GHS website (activity 2.1.4) and Intel sent a delegation of volunteers who supported additional training and supportive supervision for the IT tutors at midwifery schools (activity 1.1.6). MCSP also held meetings with GIFEC and NITA to explore how additional government funding can be made available to support the content development process. Furthermore, the project has been in discussions with UNFPA for procuring necessary medical equipment and training materials for the skills labs for the midwifery and community health nursing schools in UNFPA-priority regions (Upper East, Upper West, Brong Ahafo, Northern, Central, Volta and Ashanti).

X. 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.

- Identify ten new midwifery schools and five CHN schools for expansion of the learning management system (LMS).

- Establish the skill labs at eight midwifery schools and train tutors how to manage the skills lab. Disseminate the preceptor manual. Adapt the reference manual for simulation labs for midwifery to general use at CHN and general nursing schools.
- Continue discussions with Grameen Foundation and NITA for the use of the eLearning and mLearning platforms for pilot testing.
- Write up the eLearning module process and standard operating procedure documents.
- Distribute existing eLearning content to the eLearning Moodle-targeted schools.
- Prioritize eLearning technical content for module development in Year 2 and convene stakeholders to initiate the process.
- Train IT tutors from the selected three mLearning pilot and five eLearning pilot schools.
- Execute the FAA process with the six midwifery schools, NMC and GCNM.
- Develop a plan to revise the CHN curriculum to ensure alignment with national standards and treatment protocols and roles for CHNs.

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

- Finalize the cleaning and analysis of the costing data collected.
- Support the initial meeting for the national CHPS TWG.
- Contribute to the development of the implementation guidelines orientation toolkit for multi-sectoral and multi-level briefings for the region, district and sub-districts.
- Organize and support the CHPS national TWG to review and harmonize CHPS in-service training materials, tools and job aids.
- Launch the CHPS webpage on the GHS website.
- Review the DHIMS2 CHPS indicators for the development of the CHPS national tracking and performance monitoring tool.

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.

- Support GHS to develop CHPS national strategic plan including scale up, geographic coverage, planning tools and costing information for planning.
- Support the remaining two regional integrated planning meeting for the development of an integrated planned focused on CHPS.
- Initiate FAA process with MCSP-supported regions based on the integrated plans.

XI. PROJECT ADMINISTRATION

Personnel

MCSP has identified final candidates for the M&E Officer and a Finance and Grants Officer positions. The selected individuals are anticipated to begin their post by early to mid-November 2015. The CHPS Team Leader submitted her resignation in early October and her last day on the program will be 30 October 2015. MCSP is currently advertising for a replacement and start conducting interviews before the end of the year. A transition and temporary replacement plan is being put in place.

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 supported two trips 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 ICD and S4H instructional design TA to develop content for the competency-based infection prevention and control modules.

Contract, Award or Cooperative Agreement Modifications and Amendments

Nothing to report at this time.

Environmental Monitoring and Mitigation Plan (EMMP)

MCSP submitted its EMMP on 4 February to USAID Ghana for review. Written approval was received from the Activity Manager on 30 June. MCSP will submit its annual environmental monitoring and mitigation report by 1 November 2015.

Family Planning Compliance

MCSP resubmitted its family planning compliance plan to the USAID Ghana mission on 10 June. Approval was received on 15 June. MCSP continues to monitor family planning during all trainings and supportive supervision trips.

KOICA Partnership

MCSP is collaborating with KOICA to strengthen preservice education in Volta Region in both midwifery and community health nursing schools. Over the last 3 years, MCHIP provided TA 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 by expanding to include Kete-Krachi MTS and Ho CHNTS with a similar package of interventions, namely strengthened skills laboratory, improved clinical preceptorship and eLearning. During the year, Ho CHNTS participated in the assessment of computer and skills laboratories. In the Year 2, MCSP will provide tutor and preceptor training and support, upgrades to the skills labs and roll out eLearning and mLearning content for supplementary learning.

Annexes & Attachments

Annex I: Deliverables and Datasets
Annex II: Success Stories

Annex I: List of Deliverable Products and Datasets

- Number of Tutors And Graduating Students in MCSP-supported Midwifery and Community Health Nursing Schools by Region and District (2014/2015 Academic Year)
- Community Health Nursing School Information Technology Readiness Assessment Findings Report
- CHPS Seminar Report: Best Practices and Innovations Powering CHPS Scale Up, 20-21 May 2015
- CHPS Implementation Partners Mapping

Number of Tutors and Graduating Students in MCSP-Supported Midwifery and **Community* Health Nursing Schools By Region and District (2014/2015 Academic Year)

Region	School	District	2014/15	
			# Tutors	# Students
Ashanti	Nurses and Midwives Training College Agogo	Asante Akim North	3	40
	Kwame Nkrumah University of Science and Technology	Kumasi Metro	7	79
Central	Nurses and Midwives Training College Dunkwa	Dunkwa-on-offin	4	0
Eastern	Nurses and Midwives Training College Koforidua	New Juaben	12	59
	**Community Health Nurses Training School Oda*	*Brim Central*	14	277
Greater Accra	Nursing and Midwifery Training College Korle-Bu	Accra Metro	14	78
	Midwifery Training School Pantang Accra	La Nkwantanang	7	201
Upper West	Midwifery Training School Nandom	Lawra	4	85
	Midwifery Training School Tumu	Sissala East	3	36
Volta	Midwifery Training School Kete Krachi	Krachi	4	35
	**Community Health Nurses Training School Ho*	*Ho Municipal*	14	98
Western	Midwifery Training School Asankragwa	Asankragwa	5	0
TOTAL			**91**	**988**

Annex II: Success Stories

Midwifery and Nursing Tutors in Ghana Schooled on Infection Prevention and Control

FOR IMMEDIATE RELEASE

Contact: Fauster Kofie Agble, MCSP Communications Officer/Ghana
Fauster.Agble@jhpiego.org

Ghana – Forty-nine tutors from 16 midwifery and 12 community health nursing training schools in Ghana have undergone a skills and knowledge training on infection prevention and control (IPC). The trainings, which were held concurrently in Tamale, Cape Coast and Kumasi, drew 17 tutors from the northern regions, 16 from the middle belt, and 18 from the southern sector.

Above: Ebola preparedness training in Ghana. (Photo courtesy of Jhpiego)

The program is being implemented by USAID's flagship Maternal and Child Survival Program, led by Jhpiego, an international, nonprofit health organization affiliated with the Johns Hopkins University, and in partnership with Ghana's Ministry of Health. It is designed to strengthen frontline health staff and curricula of the midwifery and community health training schools Ghana.

Under the program, MCSP is ensuring that frontline health care workers are given the required knowledge and skills on IPC. For instance, participants were taught potential Ebola signs and symptoms, and had to demonstrate their skills and knowledge on how to handle outbreaks by going through standardized IPC protocols.

Topics included: screening and isolation in health facilities; hand hygiene; use of personal protective equipment; support activities during outbreaks; and practices to prevent disease transmission.

Tutors were challenged to consider themselves as change agents, and urged to "think outside the box" to ensure their students learned IPC procedures well.

eLearning Improves Health Training Institutions in Ghana

Posted On 1 Jul 2015

Hohoe, Ghana—To final year midwifery student Mercy Adza-Boon, accessing learning modules outside of the classroom with her mobile phone or laptop is "a dream come true."

Thanks to an innovative eLearning/mLearning program by the Human Resource Division of Ghana's Ministry of Health (MOH), her dream is now a reality. The program is aimed at expanding learning opportunities for students in health institutions across Ghana within the next five years.

The introduction of the eLearning program at her school enables lessons to be uploaded on the Intel SkooolHE™ platform. They can then be accessed by Mercy, her peers and tutors in the computer labs as well as on their personal computers.

Previously, students at Hohoe Midwifery Training school struggled to catch the attention of their tutors in an average class size of 470 students, making learning frustrating. By contrast, when asked to sum up her impressions about the usefulness of the new program, Mercy says: "it's a quick approach to learning."

The initiative is being funded under USAID's flagship Maternal and Child Survival Program (MCSP), which is tasked with introducing and supporting high-impact health interventions with a focus on 24 high-priority countries, including Ghana. Its ultimate goal is to end preventable child and maternal deaths within a generation.

MCSP aims to ensure that those women, newborns and children most in need have equitable access to high-quality health care services. The Program is collaborating with UNFPA, Intel, and the World Health Organization through content development–which will be openly licensed soon—as well as the provision of an electronic platform to realize this vision.

The program, which has already been piloted in six schools, will be initially scaled up to 10 midwifery and 2 community schools by the end of this year. By 2017, the program is expected to be extended to 83 midwifery, nursing and community health and selected allied health training institutions.

To set the program in motion, the Ghana Investment Fund for Electronic Communication—in collaboration with the MOH—provided desktop computers and accessories to all midwifery schools under the program. In addition, more than 7,000 laptops were procured for students and tutors to "rent to own."

The MOH expects the program will reduce the overwhelming workload placed upon health instructors and will curtail high student-instructor ratios—issues that are compounded by realities such as outdated teaching materials and methods.

"Though not everything in the curriculum is covered under the eLearning program," says Mercy, "the fact that it is convenient and easy to use makes it easy to combine with classroom lessons."

A national eLearning integration program is being drafted to ensure standardization of the program modules in pre-service and in-service education. And the MOH intends to overcome key IT challenges, such as internet connectivity, by increasing technical support to the schools.

Ms. Narki Doku, the Principal at Hohoe Midwifery School, speaks positively about the potential of the program: "It is often difficult to memorize the textbook definitions of complex clinical procedures as compared to the eLearning versions. Because it's simple and tells you exactly what to do in any given situation, you're able to explain to students better."

Fauster Kofie Agble
MCSP/Ghana

Photo: IT tutor instructing students on the use of eLearning at Hohoe Midwifery Training School (Courtesy of Jhpiego)

Stakeholders in Ghana Join Forces to Improve Community-based Programming

August 12, 2015 at 10:22pm

by: Fauster Kofie Agble, MCSP Communications Officer/Ghana

"The Community-based Health and Planning Services (CHPS) program is like a pick-up truck filled with tools, but without the adequate fuel to move them to a desired destination."

This is how one participant described the finance challenges facing the CHPS program—designed to send primary health care to the doorsteps of rural communities in Ghana—during a recent "Best Practice and Innovation Scale Up" seminar in Accra. With the aim of establishing a national blueprint for CHPS administration and management, attendees met over two days to share best practices and innovations among CHPS communities.

Traditional chiefs made a strong claim for their engagement. Photo credit: Fauster Agble

The event, organized by the Ghana Health Service, brought together a diverse group of attendees: traditional chiefs, district chief executive donors, development partners, and CHPS personnel. The feeling was collegial as participants shared their passion and determination to strengthen CHPS, listening, critiquing and questioning the practices and innovation concepts proposed. And they left the event with concrete plans to build on each other's strengths, weaknesses and opportunities to develop best practices and solutions to scale up the CHPS concept.

Many participants stressed the need to actively involve communities in all aspects of CHPS programing – from finance to governance and leadership issues, through service provision and supervision of community health nurses (CHNs) and community health volunteers. Specific recommendations included:

- Establishment of a common fund for CHPS;
- Revision of the Ministry of Health's policy on the National Health Insurance Authority (NHIA) mandate to include more than the provision of curative care, training and designing of guidelines;
- Use of community scoreboards as a monitoring tool;
- Institution of a community reward and sanctions system to enhance service utilization; and
- Use of quarterly community feedback durbars to inform communities about service delivery performance.

A section of participants raptly listening to presentations. Photo credit: Fauster Agble

Participants also stressed the need for technology, including mobile devices, as tools to improve clinical performance, supervision, learning opportunities and connectedness among health workers in CHPS compounds. This includes the desire for community registries and use of eHealth systems to ensure adequate capturing of real-time data at the community level, and the identification of community health officers and CHNs to be mentored to become leaders at the community level.

Progress made at the seminar is expected to culminate in the implementation of a strategy to establish CHPS in underserved areas of the country. The strategy was to be developed through a National Technical Implementation Working Group, which was given backing by participants to strategize and support the implementation of a revised policy on the program.

A participant asking a question on CHPS. Photo credit: Fasuter Agble

The technical working group aimed to: share and document experiences, lessons learned and best practices from CHPS implementation; and discuss issues that will impact on CHPS implementation, especially in the area of decentralization, NHIA and capitation. Other priorities included finalizing the implementation guidelines, strategic plan development, CHPS performance monitoring, and the development of basic package of services.

Participants then build consensus on the harmonization of the implementation process as well as the development of training manuals to prevent duplication to ensure the efficiency and effectiveness. These efforts are critical to ensuring greater health coverage in Ghana and, ultimately, the realization of the Millennium Development Goals.

Learn more about MCSP/Ghana at: http://www.mcsprogram.org/where-we-work/ghana/

Annex III: MCSP Ghana Learning Questions

QUESTION NO.	LEARNING QUESTION(S)	WHY IMPORTANT?	LEARNING METHODS	STATUS
MCSP Ghana SO1: 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.				
1.1	How does the current job description of CHOs compare to CHO-training and actual delivery of services by CHOs? Does this vary between regions or rural versus urban areas?	As the project will support revisions to CHPS guidelines and training curriculum, as well as support the development of regional CHPS action plans, it is critical to understand any existing discrepancies between job preparation, expectations and realities on the ground.	Jhpiego's standardized Task Analysis, adapted to Ghana context for Community Health Officers.	Protocol approved by USAID and GHS ERC and deemed not human subjects research (NHSR) by Johns Hopkins School of Public Health (JHSPH) IRB. In process of implementation.
1.2	Does the availability of eLearning and equipped skills labs improve midwifery student clinical decision-making, knowledge, competencies and confidence on target technical area evidence-based interventions?	This topic is relevant not only for the MOH / HRHD but also for any government body or program that conducts clinical training as eLearning and/or skills labs can be used to provide a diversity in learning methods, simulation practice, and post-training follow-up at a lower cost than refresher or other facilitator-based re-training programs.	MCSP Global PMP Annex A: Influence Decision Makers > project-based monitoring with elements of special study. Quantitative, longitudinal study. Midwifery schools with a range of eLearning and skills lab capacity will be selected. Three classes of 3rd year midwifery students at these schools will be randomly sampled before, during, and after introduction of the skills labs and eLearning. Their skills, knowledge, and competencies will be assessed.	Protocol to be developed year 2.

QUESTION NO.	LEARNING QUESTION(S)	WHY IMPORTANT?	LEARNING METHODS	STATUS
1.3	Does the availability of mLearning materials lead to student utilization?	To support mLearning activities, most projects provide mobile phones or even mobile phones with credit. This question seeks to determine whether students (and others) will be willing to pay out of their own pocket to access the mLearning materials on their own phones. The findings of the pilot roll-out in three midwifery schools will be shared with the ministry of health, other stakeholders and Jhpiego as it could have policy implications for future mLearning implementation in pre-service education.	Quantitative methods include analyzing usage data from the mLearning mobile application.	Concept note was submitted for approval by USAID on October 19, 2015.
MCSP Ghana SO2: The national CHPS strategy, guidelines, training materials, tools, and monitoring systems are standardized and approved & MCSP Ghana SO3: 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.				
2.1	What is the current situation of CHPS zones in terms of human resources, physical resources (compound, equipment, supplies), case load, case mix, and current needs? Does this vary by region or by urban versus rural areas?	Results of this assessment will inform development of regional CHPS action plans which will be the basis for the administration of fixed amount awards.	Rapid assessment/survey to a representative sample of CHPS zones.	Jhpiego has requested access to the data from the Evaluate for Health (E4H) baseline study in order to do a secondary data analysis to answer this question.

QUESTION NO.	LEARNING QUESTION(S)	WHY IMPORTANT?	LEARNING METHODS	STATUS
2.2	CHPS Implementation Case Study Series to include at a minimum 2 of the following 5 case studies: 1. What are the best practices for implementing a Community Health Action Plan in CHPS? 2. What are the benefits of Home Visits as part of CHPS? 3. How can capitation funds be used most effectively to provide appropriate curative, promotive, and preventive services at the CHPS-level? 4. How can local political structures support CHPS? 5. What are the best CHPS implementation management practices of DHMTs?	CHPS is currently in the national limelight and policy makers are in the process of reviewing policy and implementation recommendations. There is existing practical implementation experience in CHPS, but this experience varies widely across the country. By documenting this and future experience through a strategic series of case studies, these experiences and recommendations from the field could be shared with stakeholders and policy makers to influence changes and revisions resulting in a strengthened CHPS nationwide.	MCSP Global PMP Annex A: Influence Decision Makers > Small-scale, special studies. Small-scale case studies, with both qualitative and quantitative data collection. Purposive sampling of CHPS zones and other informants.	MCSP has decide to wrap the case study series into the Best Practices Seminar and have working groups come out with best practices on different themes.
2.3	What is an appropriate model for urban CHPS?	Rural and urban differences in healthcare access, utilization, services and provider retention are well documented. In addition, health needs of urban and rural populations may vary based on demographic, socioeconomic, and environmental contexts. To optimize utility and performance of CHPS, it is critical to understand these differences to be able to provide the optimum care via CHPS.	Qualitative: In-depth interviews PLUS Quantitative: primary data collection (baseline survey) and secondary data analysis of routine service statistics from DHIMS2 and DHS.	Planned for Year 3.

QUESTION NO.	LEARNING QUESTION(S)	WHY IMPORTANT?	LEARNING METHODS	STATUS
2.4	How do different methods of scaling-up CHO training impact CHO confidence and competence in implementing the complete CHPS model, especially in terms of community engagement?	The current, standard 12-day CHO training package is costly, and inconsistently conducted. This leaves many CHPS staffed by CHNs or others who have not been trained in this model of health service delivery. It is important to determine a more efficient way to prepare future cadres of health workers, as well as to bring current CHPS staff up-to-standard in delivery of this effective model.	Experimental, non-inferiority design. Quantitative assessment of skills (competence) and confidence. Four arms: Arm 1 – Standard 12-day, in-service, group-based training Arm 2 – Truncated in-service, group-based training Arm 3 – Technology-based (mobile device, tablet, or computer) in-service training Arm 4 – Strengthened pre-service training at CHN school	Alternative methods to be developed in Year 3.