



MCSP GHANA

THE CHALLENGE

In Ghana, there are over 40,000 health training students who will serve a population of about 28 million people in all 10 regions of the country.

However, these future health providers of Ghana did not have access to adequately-equipped skills labs or tutors trained in the management and use of anatomical models. There were too many students per classroom and they had limited access to quality materials for learning.

MCSP'S APPROACH: Prepare and equip the midwifery and nursing workforce

The Maternal and Child Survival Program (MCSP) in Ghana worked to prepare the midwifery and nursing workforce with knowledge and skills to provide high-quality HIV, malaria, nutrition, family planning (FP), and maternal, newborn, and child health (MNCH) services. Key interventions included:

Equipping skills labs with anatomical models and medical equipment



Training tutors to demonstrate clinical practice using models



Developing and deploying e-Learning modules



RESULTS



73

skills labs equipped



300

tutors trained in management of skills lab and e-learning platform



27

e-Learning products developed for malaria, nutrition, FP, MCH, IPC, HIV, and community health

Students' average skills assessment scores improved significantly between baseline and endline ($n=120$ students from 4 community health nursing schools)

■ Baseline ■ Endline

Family Planning Methods Counseling – Implant

33%

44%

Home visit counseling on correct latching during breast feeding

48%

61%

Clean cord care

17%

77%

Rapid Diagnostic Test for Malaria

40%

87%

Avg. test score

THE CHALLENGE

Lack of healthcare standardization and challenges reaching rural populations have led to inequalities and inequity in health outcomes for over 15 million people in Ghana.

MCSP'S APPROACH: Ensure that the National Community-based Health Planning (CHPS) strategy, guidelines, training materials, tools, and monitoring systems are standardized and approved

MCSP used a health system strengthening approach to support the Ghana Health Service and partners to harmonize CHPS activities. MCSP also worked to standardize and scale up CHPS materials for maximum reach. Key interventions included:

Upgrading model CHPS compounds



Leading the development process of national CHPS manual



Contributing to national task force, CHPS iTWG



Training community health officers (CHO) and volunteers in CHPS



Providing FAAs (fixed amount awards) to 5 regions to implement CHPS priority activities



RESULTS



3

national CHPS resources were developed with MCSP support:

- Costing and planning tool
- CHO training material
- CHPS implementation guidelines

These resources are now in use **nationwide**.

Through 5 regional FAAs, MCSP improved capacity of regional health teams through RMNCH, community outreach, disease surveillance and community mobilization refresher trainings of **598** CHOs and training on roles/responsibilities of **5,323** community health management committee members. These efforts strengthened and enabled the environment for better access to quality care at the facility and community level by improving provider skills and community structures that provide care to community members.



300+

CHOs and over 2,800 CHMC members were trained on new CHPS tools. The updated material will ensure that trainees are technically up to date on international and Ghana-specific guidelines for maternal, newborn, and child health, family planning, malaria, and best practices for community mobilization.



8

model CHPS compounds were upgraded, serving around 900,000 people

Images to right and below: Photos of CHO and volunteers from CPHS doing health outreach in communities.



1

CHPS iTWG established with members representing the government and stakeholders across all regions. MCSP supported the task force to finalize and disseminate CHPS training materials and improve data reporting in DHIMS 2.

