Chapter 6
Safe Motherhood Clinical Skills:
A Self-Paced Learning Intervention in Ghana

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ABSTRACT

This case explores the challenges of providing training to health care personnel in Ghana that is appropriate 1) in terms of training content to enable them to perform well in their positions, and 2) in terms of training delivery to take into account the geographic, social, and economic circumstances in Ghana. The approach taken uses self-paced learning modules, paired learning teams, clinical practice with feedback, and supervision. The strategy is illustrated through an example of a learning package that was evaluated for effectiveness, efficiency, and acceptability. The evaluation demonstrated that this approach produced greater learning gains than a traditional approach and was cost-effective. The case proposes solutions to strengthen pedagogy and a strategy for ensuring that the learning design is effective before it is deployed via technology.

ORGANIZATION BACKGROUND

This case study is based on a public health project undertaken in Ghana by the Ghana Ministry of Health (MOH) and a non-governmental organization (NGO) based in the United States. The project was developed to improve health outcomes for mothers and babies by improving the skills of Ghanaian nurses and midwives in remote areas of northern Ghana.

As in many developing countries, Ghana's economic and social progress depends upon adequate health care. The Ministry of Health is the governmental organization with responsibility to improve the health status of all people living in Ghana, thereby contributing to the government's vision of transforming Ghana into a middle-income country by 2015. The Ministry of Health works in partnership with its agencies and stakeholders to improve human capital, thus "creating wealth through health" through the development and implementation of

proactive policies that will ensure improved health and vitality among Ghanaians.

Government policies and strategies aim at contributing to the socioeconomic development of the country by ensuring access to quality health, population, and nutrition services for all people living in Ghana and by promoting the development of the local health industry. The Ministry of Health also ensures that services are delivered in a humane, efficient and effective manner by well-trained, friendly, highly motivated, and client-oriented personnel (Ghana Ministry of Health, 2009).

The NGO involved in planning and executing is based in the United States but at the time of the project described in this case had an office and operations in Accra, Ghana. This NGO has served the public health needs of developing countries for 30 years from its beginning at the School of Medicine at the University of North Carolina through its incorporation as an independent non-profit NGO in 2003. It has worked in more than 50 countries, with the support of the U.S. Agency for International Development, foundations, corporations and individuals. The NGO provided technical support and assistance to ministries of health in several developing nations with a focus on improving the performance of health care providers, especially those focusing on reproductive health, as a means to enhancing the overall health status of these countries.

SETTING THE STAGE

Ghana's Ministry of Health (MOH) was committed to scaling-up post abortion care/life-saving skills/family planning (PAC/LSS/FP) services as part of the National Safe Motherhood Program to reduce high levels of maternal and neonatal mortality and morbidity. Maternal mortality was estimated at 740/100,000 live births in 1998, according to the Ghana Demographic and Health Survey (DHS), (2003). The risk of unwanted pregnancy in Ghana

is also high. Although the use of modern contraceptive methods has increased substantially over the last decade, unmet need for family planning was still 34 percent for women of reproductive age. In addition, 36 percent of women interviewed for the DHS stated that their last pregnancy was either unwanted or mistimed, with increased percentages among younger women.

The strategy for expanding and scaling up PAC/LSS/FP services in Ghana was built on a pilot project implemented in three regions and several key lessons learned during the pilot about training health care providers. Notably, in traditional training, trainees were away from their facilities for a substantial amount of time (at least 3 weeks, all at once), thus restricting access to services at their clinics, and many trainees were not able to complete their practical training due to a combination of low numbers of appropriate clients/patients and the presence of multiple trainees at the training sites at one time. A Self-Paced Learning (SPL) approach was designed to address these issues, as well as the significant challenge of sustainability. The goal was to establish an effective approach to preparing health care providers to offer PAC/LSS/FP services consistent with performance expectations and service standards that could be sustained within the social and economic realities of Ghana. Traditional training approaches had failed at doing this, and the need for this training remained.

The project that is described in the next section of this article was developed as a paper-based prototype to test a pedagogical approach. At the conception of the project, it was planned that the instructional content could eventually be deployed via technology that was not yet widely available in rural Ghana, Africa, where improved knowledge and skills were needed by nurse-midwives providing prenatal, labor and delivery, postpartum, and newborn care in rural clinics and hospitals. Technologies considered for eventual use were laptop computers and PDAs.

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