



## GHANA: Applying the WHO Quality of Care Standards in the provision and experience of care for the promotion of the effective use of the MCH Record Book in Ghana – Selection of QOC indicators



Maternal and Child Health Record Book, Ghana, 2023

### Background

Quality of Care (QOC) has received increased attention in global health in the context of the Sustainable Development Goals and Universal Health Coverage (UHC) efforts. In 2016, World Health Organization (WHO) published “Standards for improving quality of maternal and newborn care in health facilities” highlighting the importance of the quality beyond the coverage of maternal and newborn health services and care (the QOC standards). The QOC standards comprise eight domains of QOC with two linked dimensions: “provision of care by health workers” and “experience of care by mothers and children”.

In Ghana, QOC is one of the focused areas in the UHC Roadmap 2020-2030 and the Integrated Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition Strategic Plan 2020-2025. Client’s positive experiences were one of the strategic goals of Ghana National Healthcare Quality Strategy 2016. Ghana is one of the eleven pathfinder countries of the Network for Improving Quality of Care for Maternal Newborn and Child Health (QOC network), supported by WHO, UNICEF and UNFPA.

The Ministry of Health and Ghana Health Service (GHS) developed the Maternal and Child Health Record Book (MCH RB), the Ghanaian official MCH Handbook, in 2016-2018, with technical and financial support from Japan International Cooperation Agency (JICA). MCH RB is a home-based health record which contains personal health records and educational messages to promote the health and wellbeing of women and children. The objective of the MCH RB was to promote continuum of care for maternal and child health with quality.

### Effective use of MCH RB for the QOC Standards

GHS/JICA expected the effective use of the MCH RB could contribute to some QOC domains and operationalize quality statements, e.g., “actionable information system”, “effective communication” and “respect and preservation of dignity” (Figure 1) with the following rationales.

The MCH RB can be a source of actionable information system as the book contains personal health records of a woman and her child if the health workers fill all

records in a standardized way and a woman brings the book for every health service for herself and/or for her child. It can complement registers and patient records at facilities and ensure the personal health records readily available at the point of care for continuous monitoring, early detection, early treatment and referral. To promote recording by health workers with accuracy, completeness, and efficiency, GHS/JICA designed the book with a color-coded template that goes with the facility registers.

Ghana MCH RB can also promote communication between health workers and a client. It has various health and nutrition messages with simple language and illustrations, and a Continuum of Care Card to motivate and remind women/mothers to use all relevant care and services. Health workers can use the MCH RB for counseling and health education, while a woman can read the book with her partner and family members and get reminded of the messages and date for the next visit. Therefore, the MCH RB may contribute to better understanding, adherence, and positive experiences among clients.

The book also includes “Dear Mother” messages, with which a health worker (mainly a midwife or nurse) congratulates a pregnant woman and guides her with respectful manners on the importance of continuum of care, and how to use the book and take care of her and her child.

### Selecting QOC indicators for monitoring the effective use of MCH RB

GHS/JICA selected indicators for the monitoring and supervision (M&S) of the effective use of the MCH RB from two major WHO standards documents i.e., “Standards for improving quality of maternal and newborn care in health facilities”, and “Standards for improving the quality of care for children and young adolescents in health facilities”. Selected indicators were tested at the first phase of M&S and modified for the subsequent M&S (Figure 1).

For the provision of care, indicators related to “Actionable Information System”, “The MCH RB with the date of birth recorded”, “The MCH RB with baby’s weight at birth recorded”, “The MCH RB with uterus size/fundal height at postnatal care recorded” and “The MCH RB with estimated desired weight at the expected date of delivery (EDD) recorded” were selected. Although all the



On-site training on effective use of MCH RB for nutrition counseling and respectful care for pregnant women and care givers in Atwima Kwanwoma District, Ashanti Region

records were essential, GHS/JICA selected a few which were low at baseline. "The MCH RB with the weight-for-age growth chart plotted", "The MCH RB with the length/height-for-age growth chart plotted", and "The MCH RB with nutrition counseling table recorded". "Health facilities which changed organization and the flow of nutrition and MCH services" was also selected as GHS had a strong intention to integrate growth and nutrition monitoring and counseling into the routine MCH services. The M&S team checked the MCH RB and the service flow at the facilities for these indicators.

For the experience of care, "Health workers who welcomed a woman at the antenatal care (ANC)", "Health workers who ensured privacy for counseling at ANC", "Health workers who used listening skills for counseling" and "Health workers who referred to relevant pages of the MCH RB during counseling" were selected to monitor health worker's skills on the effective communication and respectful care. The M&S team observed the actual service for these indicators. "Women who received nutrition counseling", "Women who felt free to ask questions during the counseling", "Women who felt satisfied that health worker explained procedures well", "Women who recalled what health worker advised", "Women who knew the date of next visit", and "Women who knew at least five danger signs during pregnancy" were selected to monitor women's experiences and knowledge. The M&S team conducted exit interview to women/mothers at the facilities for these indicators.

GHS/JICA selected indicators through the above-mentioned procedures and used them for the training of health workers as well as for the M&S conducted at 572 health facilities in 2019-2021. The QOC standards were useful to set clear target for training and M&S. GHS continues to use these indicators as standards for the M&S of the effective use of MCH RB to promote continuum of care of MNCH with quality in Ghana.

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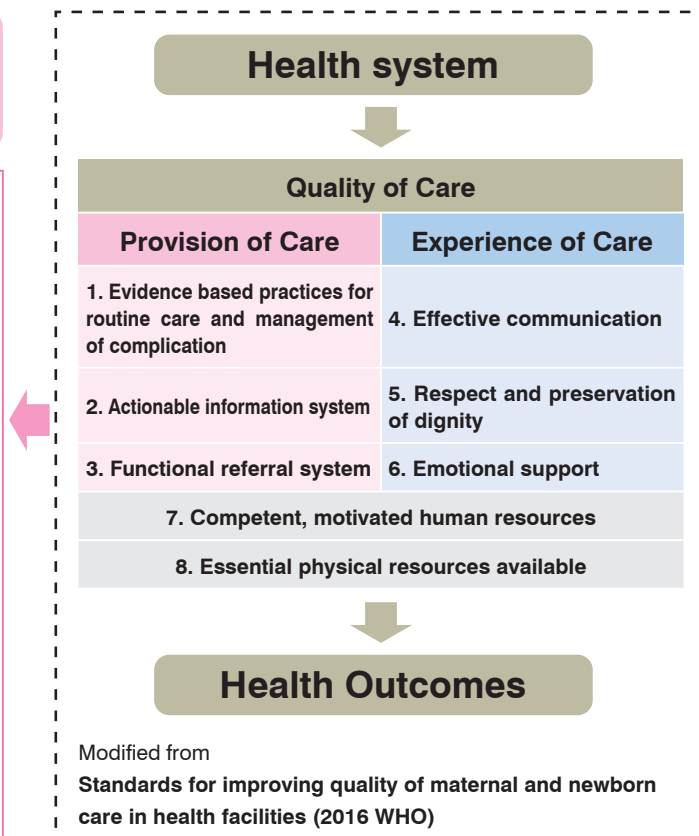
<sup>3</sup> GHS-JICA Project for Improving Continuum of Care for Mothers and Children through the introduction of Combined MCH Record Book, Accra

**Further readings:**

1. World Health Organization. *Standards for improving quality of maternal and newborn care in health facilities*. Geneva: WHO; 2016.
2. Hodgson A, et.al. GHANA: Roles of COC Card as an icon for continuum of care. Vol 7. July 2016. Japan International Cooperation Agency, Tokyo.
3. World Health Organization. *Standards for improving the quality of care for children and young adolescents in health facilities*. Geneva: WHO; 2018.

**Indicators used for M&S of Ghana MCH RB (Provision of Care)**

- % of MCH RB with date of birth recorded
- % of MCH RB with baby's weight at birth recorded
- % of MCH RB with Uterus size/fundal height at PNC recorded
- % of MCH RB with estimated desired weight at EDD recorded
- % of MCH RB with the plotting of weight-for-age growth chart
- % of MCH RB with plotting of length/height-for-age growth chart
- % of MCH RB with nutrition counseling table recorded
- % of health facilities that changed organization/flow of services



**Indicators used for M&S of Ghana MCH RB (Experience of Care)**

- % of health workers who welcomed a woman at ANC
- % of health workers who ensured privacy for counseling at ANC
- % of health workers who used listening skills for counseling at ANC
- % of health workers who referred to relevant page of MCH RB during counseling
- % of women who received nutrition counseling
- % of women who felt free to ask questions
- % of women who were satisfied that health workers explained procedures well
- % of women who recalled what health worker advised
- % of women who knew the date of next visit
- % of women who knew 5+ danger signs during pregnancy

MCH RB: maternal and child health record book; ANC: antenatal care; EDD: expected date of delivery; PNC: postnatal care

▲ Figure 1. QOC indicators modified from the WHO QOC standards for M&S