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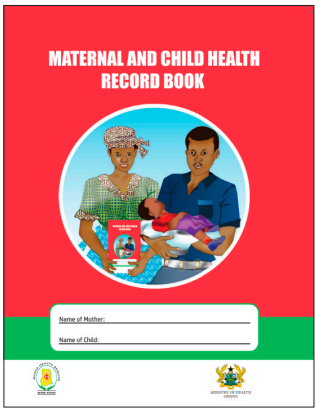
GHANA: Applying the WHO Quality of Care Standards in the provision and experience of care for the promotion of the effective use of the MCH Record Book in Ghana – Results of monitoring



Maternal and Child Health Record Book, Ghana, 2023

Capacity building of health workers on the effective use of MCH RB

Following the launching of the Maternal and Child Health Record Book (MCH RB) in 2018, the Ghanian official MCH Handbook, Ghana Health Service (GHS) and Japan International Cooperation Agency (JICA) addressed the needs of capacity building of health workers on the effective use of the book.

Capacity building was conducted with training, monitoring and supervision (M&S) and on-site coaching. Two levels of training were conducted for facilitators and for other frontline health workers. From all 16 regions and 260 districts, 939 health workers, mainly midwives and nurses, were selected and trained as facilitators to conduct training of frontline health workers, M&S and coaching at designated districts.

Facilitator training and health worker training were prepared to improve specific QOC indicators: accurate recording, effective communication and respectful care, and covered how to introduce the MCH RB and the importance of the continuum of care for maternal and child health, how to deliver health and nutrition messages effectively and respectfully to a woman, how to fill the record with standard manners, and how to conduct anthropometric measurement, growth monitoring and nutrition counseling. In addition, the facilitator's training covered facilitation, monitoring, and coaching skills.
GHS/JICA selected 11 districts in Ashanti Region as model districts and supported facilitators to train 990 health workers and conducted 3 phases of M&S and on-site coaching at a total of 331 health facilities in the model districts in 2019-2021. Furthermore, GHS/JICA procured weighing scales, height/length boards, and hemoglobin measuring equipment for selected health facilities in model districts, and finally, GHS/JICA supported the model districts to conduct social, behavioral change communication (SBCC) activities, such as community events and local radio programs to deliver the essential MCH messages to the community.

In the 249 non-model districts, GHS/JICA supported facilitators to train 652 health workers and to conduct 2 phases of M&S and on-site coaching at a total of 241 health facilities in 82 districts selected from all regions in 2019-2021.

Effective use of MCH RB for the provision of care

Table 1 shows the results of the M&S III in 144 facilities in the model districts and M&S II in 146 facilities in non-model districts in 2021. MCH RB was used in all 290 health facilities where the M&S team visited including the public, private, and NGO facilities in the model and non-model districts. The date of birth, birth weight, and postnatal care records, which were poorly recorded before the introduction of the MCH RB, were filled well in both model and non-model districts.

Recording of estimated desired weight at expected date of delivery was relatively low both in model districts (53%) and non-model districts (14%). It was because many pregnant women came to the first antenatal care (ANC) after 12th week of pregnancy and thus health workers could not use women's weight for the estimation of desired weight gain according to the protocol. However, the proportion was higher in model districts, possibly because women and community residents were made aware of the importance of early and regular ANC with the SBCC activities such as local radio program and community events. While the plotting of the child's weight was high in both model and non-model districts, the plotting of the child's length/height was high in model districts (93%) and low in non-model districts (23%). Length/height measurement was the new service started with the MCH RB and it required skill training/coaching and the availability of functional equipment. Similarly, the recording of the nutrition counseling table was high in model districts (87%) and low in non-model districts (9%) as this was also new service and required repeated on-site coaching. More health facilities in model districts changed organizations/flow of services to adopt new growth and nutrition services into routine MCH services to ensure efficiency and privacy.

These results indicated that the use of the MCH RB for better provision of care required a combination of inputs of the capacity building of health workers, equipment, and client's better service-seeking behaviors. All indicators of the provision of care improved in model districts, where the combination of efforts was taken, which stressed the capacity building of health workers with repeated on-site coaching. It was also worth noting the recording of birth date and birth weight have improved nationwide, which may be due to the design of the MCH RB and the capacity building of health workers.

Effective use of MCH RB for the experience of care

The counseling and health education were conducted effectively with MCH RB with respectful manners in both model districts and non-model districts. Most health workers used listening skills and referred to the relevant pages of MCH RB and most women felt free to ask questions during counseling both in model and non-model districts. Majority of health workers welcomed women and ensured privacy during ANC and most women were satisfied that health worker explained procedures well in both model and non-model districts. Consequently, almost all women recalled what health workers advised during counseling, knew the date of the next visit and at least five danger signs during pregnancy in both model and non-model districts.

Although all indicators of experience of care were higher in model districts, indicators in non-model districts were also satisfactory, which may be attributed to the user-friendly

On-site training on effective use of MCH RB for nutrition counseling and respectful care for pregnant women and care givers in Tamale, Northern Region, Ghana

design of the MCH RB for both health workers and the clients and the impact of the capacity building on effective and respectful communication and counseling skills. It was also possible for the clients to read the MCH RB at home with partners and family members, which contributed to more knowledge and satisfaction among women.

Implications for the promotion of MCH RB for QOC

The M&S results showed the potential value of the MCH RB for selected QOC standards. We found that the MCH RB with the capacity building of health workers contributed to effective communication and respectful care which were the components of the "experience of care". We also found that the actionable recording which was the component of the provision of care improved with the combination of capacity building of health workers and other related inputs, such as provision of equipment and efforts to encourage clients' service-seeking behaviors. Capacity building of health workers with a specific focus on the QOC indicators was a key to promoting effective use of MCH RB for both provision and experiences of care.

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Further readings:

1. World Health Organization. *Standards for improving quality of maternal and newborn care in health facilities*. Geneva: WHO; 2016.
2. Hagiwara A, et.al. GHANA: Testing comparative advantages of a new combined MCH Record Book to the existing separate record books. Vol 7. July 2016. Japan International Cooperation Agency, Tokyo.
3. Project for Improving Continuum of Care for Mothers and Children through the introduction of Combined MCH Record Book. Home Page (https://www.jica.go.jp/project/english/ghana/010/index.html): Japan International Cooperation Agency

▼ Table 1. Results of the baseline survey and monitoring and supervision

Quality of Care Indicators	Ashanti Baseline (Aug 2019) 9 health facilities* (observation/valid cases)+	Ashanti Model Districts M&S III (May-July 2021) 144 health facilities** (observation/valid cases)+	Non-model Districts M&S II (Feb-Oct. 2021) 146 health facilities (observation/valid cases)+
% of health facilities which used MCH RB	100% (9/9)	100% (144/144)	100% (146/146)
1. Provision of Care			
% of MCH RB with date of birth recorded	48% (102/210)	93% (118/127)	83% (91/110)
% of MCH RB with baby's weight at birth recorded	41% (88/210)	98% (314/321)	83% (91/110)
% of MCH RB with Uterus size/fundal height at PNC recorded	24% (52/210)	77% (92/120)	46% (53/115)
% of MCH RB with estimated desired weight at EDD recorded	8% (18/210)	53% (63/118)	14% (18/127)
% of MCH RB with the plotting of weight-for-age growth chart	45% (95/210)	99% (338/342)	62% (72/116)
% of MCH RB with plotting of length/height-for-age growth chart	8% (18/210)	93% (259/278)	23% (26/114)
% of MCH RB with nutrition counseling table recorded	7% (15/210)	87% (215/247)	9% (11/124)
% of health facilities which changed organization/flow of services	not assessed	83% (117/141)	39% (54/139)
2. Experience of Care			
% of health workers who welcomed a woman at ANC	not assessed	94% (115/122)	51% (47/92)
% of health workers who ensured privacy for counseling at ANC	not assessed	80% (113/142)	72% (98/137)
% of health workers who used listening skills at ANC	not assessed	94% (116/123)	71% (89/125)
% of health workers who referred to relevant page of MCH RB during counseling	not assessed	91% (129/141)	61% (87/143)
% of women who received nutrition counseling	not assessed	99% (140/141)	81% (98/121)
% of women who felt free to ask questions	70% (148/210)	98% (137/140)	91% (109/120)
% of women who were satisfied that health worker explained procedures well	73% (155/210)	99% (369/371)	92% (111/121)
% of women who recalled what health worker advised	73% (155/210)	98% (349/355)	96% (95/99)
% of women who knew the date of next visit	48% (101/210)	99% (349/353)	95% (114/120)
% of women who knew five danger signs during pregnancy	18% (38/210)	99% (136/138)	87% (104/119)

+ The number of missing values varied between questions, and so did the denominator; we report the final sample size for each indicator after removing missing data.
** 210 MCH RB and 210 mothers were assessed at the baseline survey*
*** Some denominators exceeded the number of facilities visited as we reviewed more than one book and interviewed more than one mother per facility in Ashanti M&SIII.*
MCH RB: maternal and child health record book; ANC: antenatal care; EDD: expected date of delivery; PNC: postnatal care