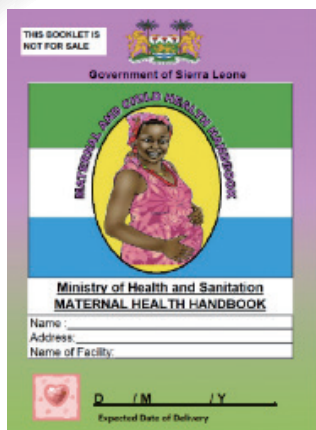




SIERRA LEONE: Insights from a pilot test on the promotion of continuum of care through effective use of MCH Handbook



Maternal and Child Health Handbook, Sierra Leone, 2022

Background

Sierra Leone had made progress in maternal, newborn and child health (MNCH) but there was still a lot to be done as the country moved toward the Sustainable Development Goals. At the time of the initial introduction of the Maternal and Child Health (MCH) Handbook in 2019, the maternal mortality ratio was 717 per 100,000 live births, the neonatal and the under-five mortality rates were 31 and 122 per 1,000 live births, respectively. Reproductive, maternal, newborn, child, and adolescent health was an urgent priority for the government.

In Sierra Leone, several home-based records, including antenatal care (ANC) card and under-five card, were utilized. However, these cards intended for use by health workers, and much needed information for expectant mothers and families such as potential risks or how to prepare for medical emergencies were not provided in the way that they understand what to do. There were delays in seeking health services, and putting mothers and children at serious risks.

The Ministry of Health (MOH), in collaboration with Japan International Cooperation Agency (JICA), United Nations Children's Fund and other partners, developed the MCH Handbook in 2018. It was designed to educate

mothers and family members on pregnancy, essential child care at home, and danger signs and to encourage them seeking MNCH services on time. The MOH and JICA tested the draft at pilot facilities in 2018–2021, and the MOH launched it for national rollout in 2022.

Design and Objectives of the Pilot Test

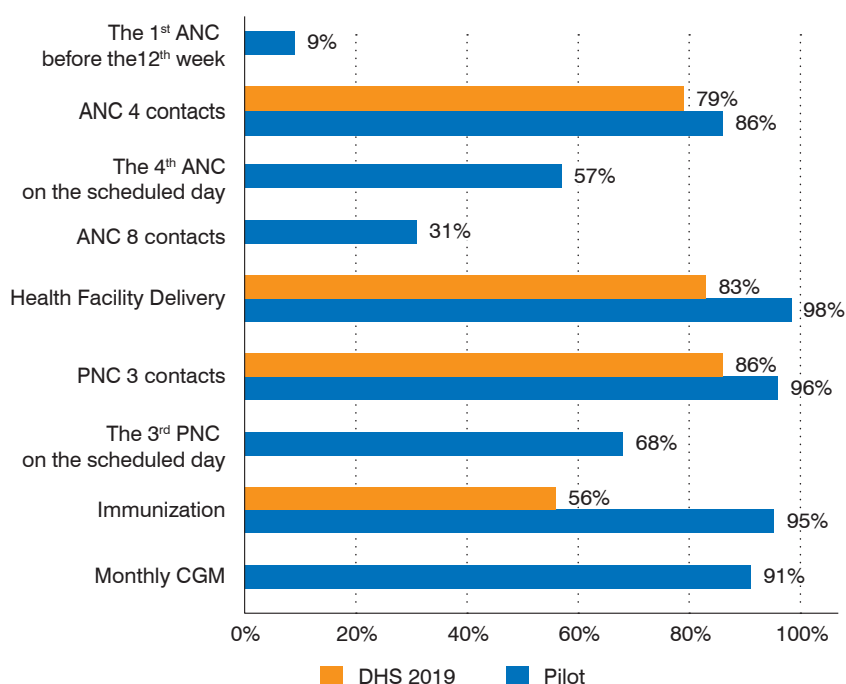
The pilot test was conducted at three Peripheral Health Units (PHUs) in Pujehun District and one PHU in Moyamba District. The selected districts and PHUs were in similar rural settings and provided similar level of services. The objectives of the pilot test were to assess the effectiveness of the MCH Handbook in improving the mothers' knowledge and practices related to pregnancy and child health and their care-seeking behavior, to examine if the health workers used the MCH Handbook effectively and to gain recommendations for the national implementation of the MCH Handbook.

Health workers received the orientation on how to use the MCH Handbook. A total of 280 women who agreed to participate in the study received the MCH Handbook at their first ANC and used it for a maximum of 22 months (during the pregnancy and 12 months after the birth of a child). Twenty-seven percent of women dropped out from the study due to the following reasons: death of a woman (1/280), death of a child (13/280), stillbirth (8/280), abortion (5/280), relocation to another area (10/280), or other unknown reasons. A structured questionnaire was administered to the remaining 203 women at the child's 12-month checkup.

Results of the Pilot Test and discussion

The mean age of women was 24.71 years old (± 6.36), 19% were first-time pregnancies, 19% were unmarried, and 71% had a primary school education or less.

The coverage of ANC, facility delivery, postnatal care (PNC), and vaccination was higher than the national average. Eighty-six percent received ANC 4 times or more, 57% received the 4th ANC on the scheduled day and 68% received the 3rd PNC on the scheduled day. Only 9% women received the first ANC before the 12th week of pregnancy, which affected the lower coverage of ANC 8 contacts (31%). Coverage of facility delivery, PNC, children who received all age-appropriate vaccinations, and attendance at monthly child growth monitoring were over 90% (Figure 1).



▲ Figure 1. Coverage of MCH Services

ANC: Antenatal Care; PNC: Postnatal Care; Immunization: Received all age-appropriate vaccinations; Monthly CGM: Attended Monthly Child Growth Monitoring



Mothers and Children with the MCH Handbook in the PHU. The front cover shows the maternal records. The back cover shows the child records.

Forty-six percent of women self-reported that they understood all the health education messages in the MCH Handbook such as danger signs, birth preparation, and child feeding. Most women knew the date and the purpose of the next visit (96% and 95%, respectively). However, 23% reported that they had difficulties understanding malaria prevention messages and 11% on the message of the child development milestones. The MOH revised these messages by using simple words and graphics to make them easier for women to understand.

Male participation was promoted as health workers encouraged women to read the MCH Handbook with their husbands/partners at home and to bring them to their next appointment. Sixty-five percent of women discussed pregnancy issues and 45% discussed child health issues with them. Husbands/partners accompanied women to health facilities at least once for ANC (70%), delivery/PNC (62%), and child growth monitoring (44%). Ninety-eight percent of women reported that they prepared for the delivery during pregnancy. Women reported that the list of necessary items for delivery with pictorials in the MCH Handbook was useful to discuss the birth preparation with their husbands/partners. Thirty-six percent of women prepared all 12 items listed in the book. However, about a half of them could not prepare a blood donor and money for emergency transport (Figure 2).

The completion rate of the records by health workers was low: 4% for ANC, 7% for delivery, and 21% for PNC, respectively. This was partly because some essential tests were not conducted due to the lack of test kits and medical equipment at the PHUs. Additionally, some health workers did not know how to fill it at the health

facilities other than the target health facilities and other health workers could not fill the records due to the lack of motivation and/or skills even after attending the orientation.

Insights from the Pilot Test

The pilot test yielded valuable insights for the national rollout of the MCH Handbook. It proved effective in educating and reminding women and their husbands/partners about the importance of seeking health services in a timely manner. In Sierra Leone, male involvement was critical because men usually dominated decision-making. It was assumed that women would receive more support from their husbands to seek services on time after they had read the MCH Handbook. Seeking care on the scheduled day increased the likelihood of receiving essential care in rural area PHUs, where vaccines and other cold-chain materials were only available on scheduled days.

The low coverage of the 1st ANC contact before the 12th week of pregnancy suggested the need to educate the entire community about the importance of attending an ANC early on. Community can also provide support in finding blood donors and means for emergency transportation. Health workers and community volunteers should conduct community sensitization activities to detect and follow-up pregnant women who have delayed or missed ANC appointments.

The low filling rate of the MCH Handbook indicated the necessity of health system support and capacity building of the health workers to provide quality services. The MOH and District Health Teams should address health system gaps and ensure that each health facility has the necessary supplies and equipment. District Health Nurses and supervisors should conduct training and follow-up coaching for health workers in the early stages of MCH Handbook implementation to build their skills and motivation.

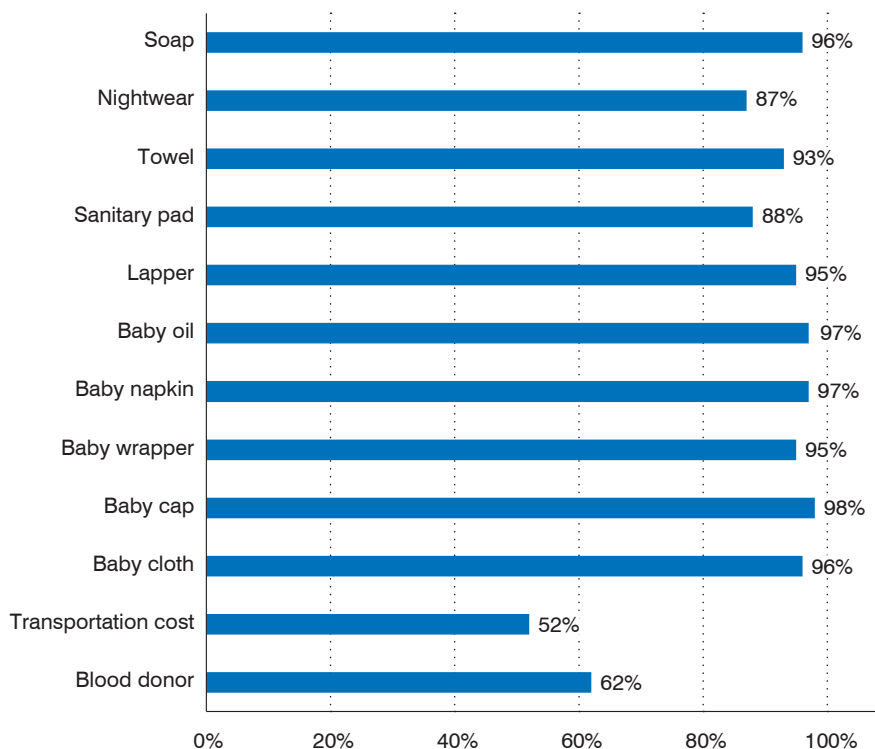
Mary Augusta Fullah¹, Yoshimi Nakata²,
Lynda Farma-Grant¹, Kiyomi Koroma³, Akiko Hagiwara⁴

¹ Ministry of Health of Sierra Leone, Freetown

² JICA-MOH Project for Strengthening Continuum of Care for Maternal, Newborn and Child Health through Maternal and Child Health Handbook, Freetown

³ Japan International Cooperation Agency, Freetown

⁴ Japan International Cooperation Agency, Tokyo



▲ Figure 2. Items prepared by women/family for the Birth/Delivery

Further readings:

1. Statistics Sierra Leone (Stats SL) and ICF. 2020. *Sierra Leone Demographic and Health Survey 2019*. Freetown, Sierra Leone, and Rockville, Maryland, USA: Stats SL and ICF.