









SYMPOSIUM ON

# Strengthening implementation of homebased records for Primary Health Care

2-NOV 2022 11:00-12:30 Agora conference Center Room L, Bogota & Hybrid





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- 1. History and Evolution
- 2. Planning and Development
- 3. Progress of Implementation
- 4. Challenges
- 5. Actions taken to address challenges
- 6. Next Steps

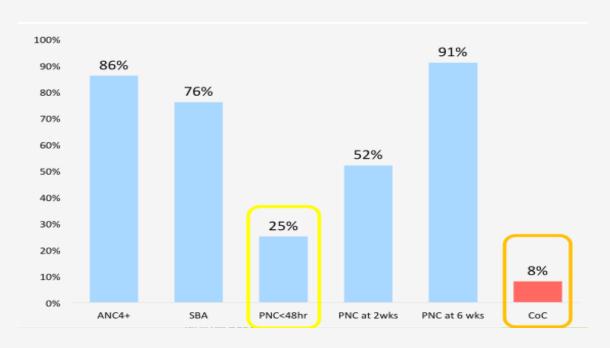
### **Evolution of combined book and rationale for integration**

- In the last few decades, Ghana has a a "Maternal Health Records" for pregnant women and mothers, and a "Child Health Records" for children.
- The separate books did not provide the essential linkage for the continuum of care from pregnancy to age five.
- To fill the gaps in of maternal and child health services with better coverage a new combined bookwith technical and financial support from Japan International Cooperation Agency (JICA).
- Findings/Evidence from Ghana Embrace Implementation Research
- High cost of printing two separate books
- Low continuum of care coverage despite the high antenatal care coverage

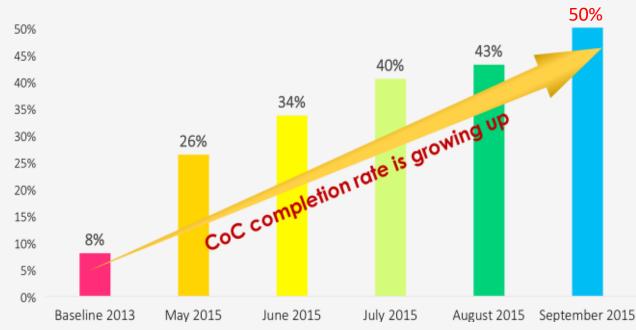
#### **EMBRACE PROJECT: CoC Completion Rate Before & After the Intervention**



#### Poor Continuum of Care completion rate



# **Achievements:** CoC completion rate identified in monitoring



### Key features of the MCHRB



- A) FAMILY IDENTIFICATION
- B) PREGNANCY RECORDS
- C) HEALTH MESSAGES DURING PREGNANCY
- D) HEALTH MESSAGE FOR DELIVERY
- E) DELIVERY RECORDS
- F) POSTNATAL RECORDS FOR MOTHER
- G) CHILD IDENTIFICATION
- H) POSTNATAL RECORDS FOR CHILD
- I) HEALTH MESSAGES FOR MOTHER AFTER DELIVERY
- J) HEALTH MESSAGES ON FAMILY PLANNING
- K) HEALTH MESSAGES FOR NEWBORN BABY (LESS THAN 1 MONTH)
- L) HEALTH MESSAGES FOR CHILD (AGE 1 MONTH UP TO 5 YEARS)
- M) RECORDS ON CHILD GROWTH AND DEVELOPMENT
- N) LOOK OUT FOR THESE SIGNS
- O) STAGES OF GROWTH (DEVELOPMENTAL MILESTONES)
- P) **SWEET MEMORIES**
- Q) COC CARD



**During Pregnancy** 

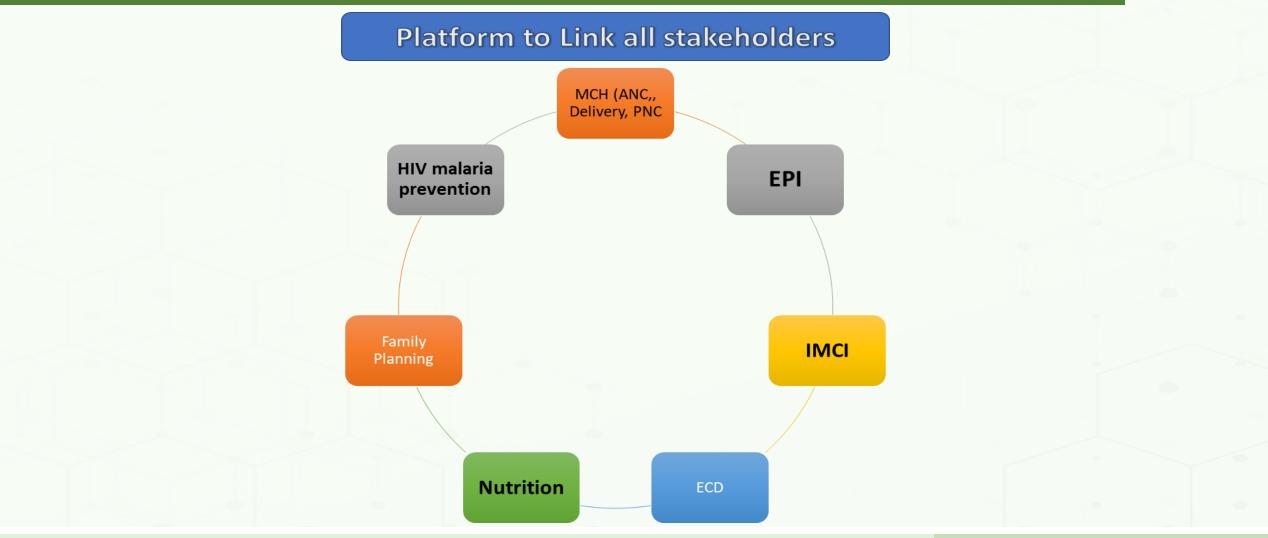
**During Delivery** 

Postnatal period

**Childhood (up to 5 years)** 

# Role of the MCH RB in Primary Health Care





## Role of the MCH RB in Primary Health Care





# Implementation/Operational Challenges



- High expectation/demand and time lag for printing and distribution
- Lack of funding for continued capacity building activities-training, mentoring and supportive supervision.
- Quality Assurance: Challenges with the adherence to the standard and integrity of printing esp. with the private sector
- Mal-distribution at the sub national level due to poor accountability systems and proper forecasting

### **CHALLENGES CON'T**



- Implementation of new services introduced for quality RMNCAH&N services due to lack of the requisite logistics eg: Anthropometric equipment for nutrition assessment
- Incomplete filling of the books

# ACTIONS TAKEN TO ADDRESS CHALLENGES AND ENSURE SUSTAINABILITY



### 1. Development of Management Guide

Provides reference and guidance for decision making related to the use and rollout of the MCH RB for all managers at all levels of service delivery

2. Logistic Management and procurement 1. Printing, Protecting Copy Right, Standard/Quality assurance **Production** Distribution GUIDE 5. Periodic monitoring to ensure standard Data for review & Use for Service decision-making 3. Capacity and skill development of 4. Operational: Capacity of HWs to fill and health workers utilize data in MCH RB and for decisionmaking regarding RMNCAH&N programs

### **ACTIONS TAKEN CON'T**



# 2. Advocacy for continued and timely reproduction using approved processes by key stakeholders

4,465,000 MCH RB have been printed by GOG, private sector and partners.

	JICA	DFID	GOG/WB	UNICEF	GOG/NHIA	Regions /Districts	PPP-Ghana Gas	USAID
2017	116,000							
2018	332,000	130,000	593,000					
2019	330,000		0				10,000	
2020	1,004,500					500		
2021	150,000			160,000	500,000			
2022					1,000,000			139,000
	1,932,500	130,000	593,000		1,500,000		10,000	

Ghana MCH RB Project

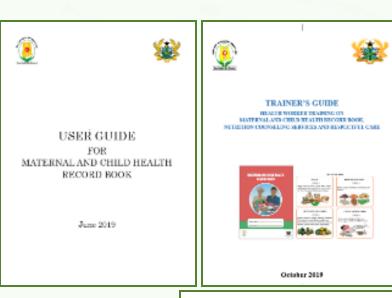
## Actions taken: Institutionalization and Sustainability

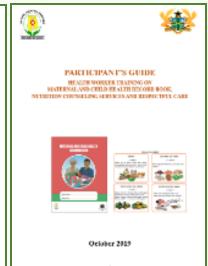


### 3. Capacity Strengthening 1: Standardized Training Developed

# A package of training developed and certified as a national standard

- 1. Operational Guidelines for NC &RC
- 2. User Guide of MCH RB
- 3. Trainer's Guide
- 4. Participant's Guide
- 5. 4-day training curriculum
- 6. Job-Aid Flipchart







# Actions Taken: Institutionalization and Sustainability



# Capacity Strengthening 2: Audio Visual learning materials developed for self paced learning

#### For Health Workers Self-Learning

- 1. "Dear Mother": Respectful way for introduction of MCH Record Book to mother (for health worker)
- 2. What is Continuum of Care (CoC) and How to use CoC card
- 3. Developmental Milestone
- 4. Height/Length and weight measurements and plotting,
- 5. BMI calculation and desired weight at Expected Date of Delivery (EDD)
- 6. Counseling skills and steps including demonstration on both pregnant women and caregiver

#### For pregnant women/mother

- "Dear Mother": Respectful way for introduction of MCH Record Book to mother
- 2. Danger signs



## Institutionalization and Sustainability



### **Capacity Strengthening 3: Monitoring & Supervision**

# Different Types of monitoring approaches used:

- Program specific monitoring and supportive supervision
- Integrated Supportive Supervision
- On the job mentoring and coaching/Peer to peer mentoring and coaching

#### Monitoring conducted at different levels

- National –Biannually
- Regional-Quarterly
- District-Monthly
- Sub district –Biweekly

# M&S checklists developed for the various administrative levels

- Regional level
- District level
- Facility level
- Team Composition (Mixed cadres are deployed)
  - Nutrition
  - RCH/PH
  - Health Promotion
  - Disease Control Officers
  - Reps from partner organizations

# Monitoring and Supervision (M&S) tools



- Monitoring sheet: for facility, for district and for region.
- Summary sheets is used for data collection after the monitoring.
- Ashanti

				Basic Inf	ormation									
	Date of monitoring	Name of Facility	Name of District	Name of Region	Bed capacity for HF		ANC registrants per month	e ner	CWC attendanc e per month	Deliveries per month			Number	Elect
1	16-Oct-18	Kaneshie Policlinic	Okaekue	Greater Accra	40	12					1	11	11	
2		Achimota Hospial	i	Greater Accra	88	12	348	1521	128	223	1	2	2	
3														
4														
5														
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9														
10														
11							]							
12														
13														
14														

A. Basic informati	on	140	mity leve	•				
Date:			Name of Re	egion:				
Name of District:			Name of Fa	icility:				
Hed capacity for health for	icility:		Hed capaci	ty for maternity unit:				
ANC registrants for past	month:	( )	ANC attend	dance for past month:	( )			
CWC attendance for past	( )	Deliveries for past month: ( )						
When did your facility at	art using MCH.B	B7						
Monitoring team: full na	me/designation							
Staff trained	Total	Number w	he received	Number trained	Number who received			
	number	formal	training	on the job	brief orientation			
PHN								
Nutrition officer								
Enrolled Nurse								
Midwife								
CHN/CHO								
Other 1								
( )								
Other 2								
( )								
Other 3								
( )								
<ul> <li>Did the formal to Remarks on details of tra</li> </ul>				/ No )				
Ask about challenges a	nd way forward	f for future to	raining					

Monitoring and Supervision Checklist for MCH RB implementation

## Supportive supervision



- The findings include.
  - Data Management: There are still challenges with filling the ANC parts. The Nutrition counselling tables are rarely filled.
  - Skills and competencies: Counselling skills had generally improved, and anthropometric measurements were well done. On the job coaching was carried out
  - Logistics and equipment management: stock management of the MCHRB had improved. Out of the 387 facilities visited nation wide only 202 (in Ahanti region and as part of the MCHRB project) had adequate equipment and logistics.
  - Supervisory Teams: Multi-disciplinary teams to ensure that all components of the MCHRB are covered.

# **STRENGTHS (Management)**



- The MCH RB has been largely successful in Ghana.
  - Contributing factors include:
    - Stakeholder consultation and consensus is critical for ownership and partner commitment
    - Leadership and long term commitment by GOG, at management and implementation levels.
    - Extensive capacity building-Training, mentoring and supervision, provision of equipment
    - However there is need to advocate for more funding and support to sustain the gains made.

### **NEXT STEPS**



- Distribution of MCH RB to be integrated into the existing Ghana Integrated logistics management information systems(GhILMIS) for proper accountability and management
- Integration of key accepts of the standardized training materials into the preservice curriculum for the different cadres of health staff
- Continuous engagement of key stakeholders including the NHIA and private sector for timely reproduction and distribution of the books
- Digitalization of the MCH RB-Pilot initiated in the Ashanti through a PPP with the Ajinomoto Foundation and NEC, Japan.
- The MCHRB is to be a critical document for the Early care nurturing programs, national records like the National Identification Card







# THANK YOU