



SENEGAL: MCH Handbook enabling maternal and child health, and beyond



Maternal and Child Health Handbook,
Senegal, 2016

Background

The population in Senegal was estimated at 15.9 million as of 2017, having been characterized by the greater proportion of children under 15 years of age (44%). As represented by its high annual number of births (524.4 thousand) and maternal mortality ratio (315 per 100,000 live births), maternal and child health is a top priority health agenda of the Senegalese Ministry of Health and Social Action (MoHSA).

To ensure quality and continuity of maternal and child healthcare, monitoring pregnancies, postpartum, child immunization and child growth is crucial. When monitoring key milestones of maternal and child health, two types of home-based records (i.e. maternal health record and immunization records) used to be implemented in Senegal until 2000s. Yet, less coordinated and harmonized designs of the two home-based records ended up not effectively supporting a continuum of maternal and child health care. For instance, some parts of maternal and child health services were missed out in both home-based records.

In view of the inadequacy of the two home-based records, the MoHSA developed the Maternal and Child Health (MCH) Handbook, an integrated home-based record that covers key recording items for all MCH stages: (i) antenatal care; (ii) delivery; and (iii) postnatal and infant care. In 2016, the MCH Handbook was revised so as to further cover preschool child and teenager health care, in line with the ministry's policies.

Design and nationwide scaling-up of the MCH Handbook

The MCH Handbook was designed as a home-based record for recording the results of maternal and child health service utilizations, helping mothers be aware of upcoming necessary health services at all stages from pregnancy to delivery and child care. In addition, the MCH Handbook is designed to contribute to creating health service demand through key messages, and thereby

to improving health seeking behaviors. The MCH Handbook is aimed at also enhancing the quality of care, by making health workers review and abide by clinical standards. Illustrations are employed in the MCH Handbook, to enable less literate pregnant women and mothers to better understand the contents of messages and further reinforce communication among family members. Moreover, the MCH Handbook is expected to promote better relationship between health workers and mothers. With these functions of the MCH Handbook in mind, its operation guide for health workers was developed and is readily available, to ensure its appropriate use and adequate effectiveness. Thus, the MCH Handbook serves as the comprehensive and integrated health care tool that covers: (i) multi-programs (e.g. reproductive and maternal health, child immunization, child nutrition and growth monitoring, adolescent health, infectious diseases control such as malaria and HIV, and oral/dental health); (ii) multi-sectors (e.g. health, civil registration, education, and social welfare); and (iii) multi-development-partners (e.g. JICA, WHO, UNICEF, UNFPA, USAID, KOICA, AFD, Helen Keller International, and Micronutrient Initiative). One of the innovations of the Senegalese MCH Handbook is to cover adolescents as its target age group by going beyond children under five years of age, in view of a need for pre-empting their parental preparedness. Another innovative element is to cover even religious leaders as a target group for messaging. The MCH Handbook attempts to enable community religious leaders to promote good behaviors across the different life stages (e.g. pregnancy, delivery, early breast feeding, weaning and child development).

In 2015, implementation of the MCH Handbook started in three regions of Senegal (Dakar, Tambacounda and Thiès). In 2016, its nationwide scaling-up took place in collaboration with development partners, for the purpose of ensuring health equity in line with Universal Health Coverage. To engage private health facilities in the operation of the MCH Handbook, a strategic dialogue with the National Private Health Alliance was opened, too.



A young married couple sees a midwife, bringing the MCH Handbook

A quick evaluation of the MCH Handbook operation

In June 2017, a cross-sectional survey was conducted, targeting 180 pregnant women and mothers of infants in five regions (Dakar, Tambacounda, Kolda, Sédhiou and Ziguinchor), and 90 health facilities in three regions (Kolda, Sédhiou and Ziguinchor). Availability, distribution mode, recording completeness, and users' satisfaction of the MCH Handbook were assessed through structured interviews.

At all 90 health facilities (100%), the MCH Handbook was readily available for its distribution to pregnant women/mothers with sufficient stock and freely distributed to them. These were found through interviewing health workers (Figure 1) and later through interviewing pregnant women/mothers of children (Figure 2). Of 180 MCH Handbooks pregnant women/mothers had, 135 (75%) met required completeness in recording clinical data. Moreover, 135 pregnant women/mothers (75%) thought that their MCH Handbooks had adequate MCH-related information. One hundred seventy-one pregnant women/mothers (95%) carefully kept their MCH Handbooks at home, by storing them in pre-designated location

(e.g. in a specific drawer of a cabinet at home). All the MCH Handbook users (i.e. both pregnant women/mothers and health workers) (100%) expressed satisfaction with contents, design and use of the MCH Handbook (Figure 1 and Figure 2).

Recommendations and way forward

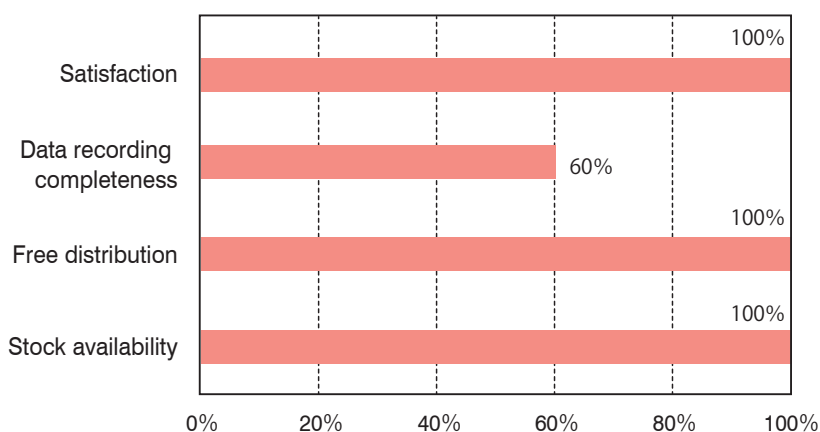
To maintain and further increase the levels of availability of, recording completeness in, and satisfaction with the MCH Handbook, the following action points are recommended:

- Either laminate covering pages of the MCH Handbook or produce a plastic cover for the MCH Handbook, for better protection and maintenance.
- Add column for recording birth certificate number in the MCH Handbook.
- Strengthen monitoring and supervision of health workers to increase completeness of data recording and facilitate communication between health workers and pregnant women/mothers.
- Ensure adequate extra copies of the MCH Handbook to prevent its stock-out.
- Report and share good practices and lessons learned on the MCH Handbook operation.
- Develop both technical and financial strategies for sustainability of the MCH Handbook.

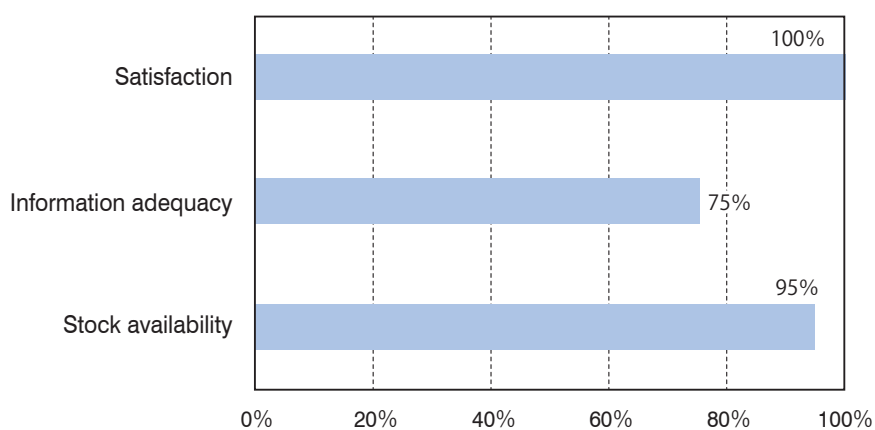
The following activities are already in pipeline.

- Conduct an external evaluation of the use and impact of the MCH Handbook.
- Further revise the MCH Handbook.
- Explore smart-phone-based digitized MCH Handbook.
- Ensure a budget-line in the MoHSA, for sustainability of the MCH Handbook operation.
- Encourage local governments to financially contribute to production and distribution of the MCH Handbook.

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▲ Figure 1. Health workers' views and observation on the MCH Handbook operation



▲ Figure 2. Pregnant women's/mothers' views and observation on the MCH Handbook operation

Further readings

Politique Normes et Protocoles (PNP) en Santé de la Reproduction et Survie de l'Enfant (SRSE). *Guide d'utilisation du carnet de santé, rapport de supervision et d'évaluation rapide du carnet de santé au Sénégal*. Dakar: Ministry of Health and Social Action; 2017.