

Pilot test for using MCH Record Book in GHANA

Dr. Patrick Aboagye (Director, Family Health Division, Ghana Health Service)

Dr. Abraham Hodgson (Director, Research and Development Division, Ghana Health Service)

Dr. Mercy Abbey (Research and Development Division, Ghana Health Service)

Dr. Akiko Hagiwara (Chief Advisor, MCH RB project, Japan International Cooperation Agency)

Background

Ghana has been utilizing two separate home-based record books for mothers and children over the last few decades. The results of the EMBRACE implementation research suggested the importance of linking mother's record and child's record; and educating mothers in promoting CoC (Continuum of Care)*. The Ministry of Health (MOH) and the Ghana Health Service developed a Combined Maternal and Child Health Record Book (MCH RB) with technical support from Japan International Cooperation Agency (JICA).

Prior to the national roll-out of the combined MCH RB, the book was pilot tested in selected facilities in three regions (Ashanti, Central, and Upper West) in Ghana from June 2017 to February 2018.



Aim and Objectives

Main aim

To test the comparative advantages of MCH RB to the existing separate maternal and child health record books.

Specific objectives

- 1) to assess if MCH RB promotes participants' Knowledge, Attitudes and Practices (KAP) related to MNCH, their uptakes of CoC, subjective feelings and health outcomes
- 2) to assess Health Worker's acceptance and satisfaction with utilization of the MCH RB.

Methodology

Selection of sites

This was an intervention study which employed a quasi-experimental design. From each of the three selected regions, two similar districts were selected and one district was assigned as intervention district and another as control district in each region randomly.

Study population

A total number of 1,200 women (600 from intervention districts, 600 from control districts) were selected for baseline and followed up at end line. 27% of the women were lost to follow up due to relocation from their original district. The panel was consisted with intervention group (N=440) and control group (N=442).

Intervention

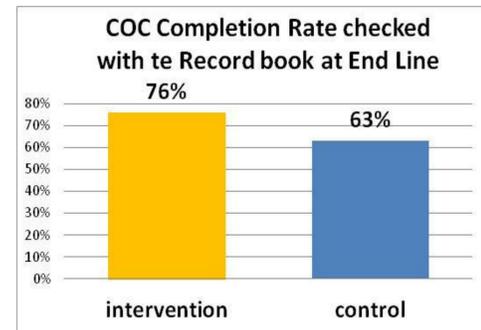
Intervention group used MCH RB for 6 months while the control group used the existing separate Maternal Record Book and Child Record Book for the same period.

Baseline and End line surveys

Baseline survey was conducted in June 2017. End line survey was conducted with the same women who were involved in the baseline study in February 2018. Survey was also conducted for the health workers (N=120) at intervention facilities. Data were collected using structured questionnaires, and analyzed using STATA and SPSS.

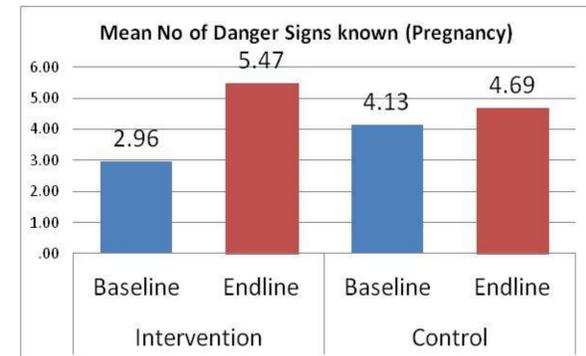
Results

CoC completion rate during last 6 months checked by the record(s) was higher among intervention group than in control group after intervention (Intervention 76%, Control 63%, $p < .001$).



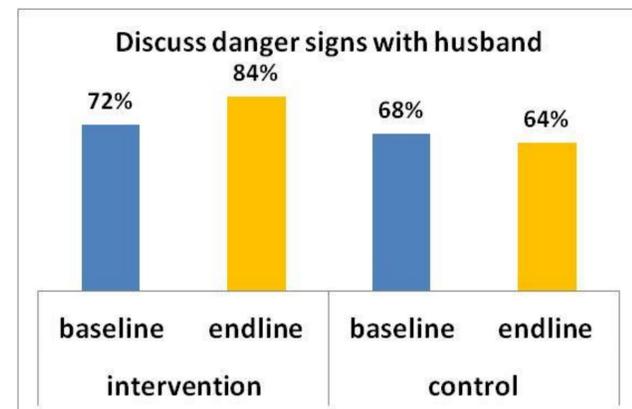
Knowledge

DID analysis confirmed that mothers with MCH RB increased knowledge on danger signs during pregnancy and child care, how to prepare for delivery, date of next visit, and the duration of exclusive breast feeding more than the control group.



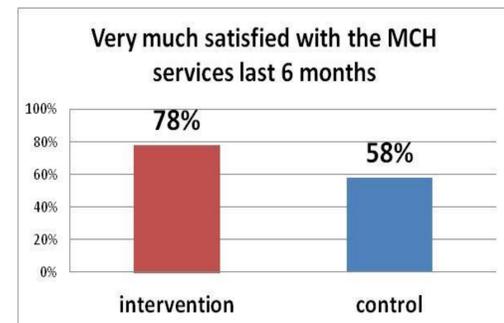
Practice:

More couples with MCH RB discuss danger signs of a child (Intervention 84%, control 64%, $p < .001$), "discussed delivery plan" (intervention 83.6%, control 64.3 %, $p < .001$), prepared for delivery (intervention 83.6%, control 64.3 %, $p < .01$)



Satisfaction:

More mothers with MCH RB were "satisfied very much with the services last 6 months" at the end line (Intervention 78%, Control 58%, $p < .001$).



Work Efficiency:

86% Health workers who used MCH RB evaluated that the new combined MCH RB makes their work more efficient than old separate record books.

Conclusion

Findings of the study confirms that the combined MCH RB promotes CoC by raising awareness on and preparation for risks related to MCH, encouraging women to seek essential services. The new book is also highly accepted by both mothers and health workers. Ghana MOH launched the MCH RB for national distribution on March 2018.

*EMBRACE stands for Ensure Mothers and Babies Regular Access to Care. The implementation research project was carried out from 2012 to 2016 based on the CoC concept.

*CoC (Continuum of Care) completion in this study comprises of at least four antenatal care (ANC), skilled birth attendance, postnatal care (PNC) within 48 hours, at two weeks and six weeks for mothers and newborns.