

# Results of Baseline Surveys and Situation Analysis for the Intervention of MCHRB Project in Ashanti Region

## Objectives of Study

The main objective of the baseline assessment and situational analysis study was to provide insights on gaps to help strategic packaging of the project interventions and provide detailed information on the status of MCHN service provision and utilization before the start of the project intervention. Specifically, the study sought to:

### 1. Baseline Assessment

- Assess the level of effective utilization of MCH RB by health workers and mothers (pregnant and lactating women) before introduction of the project interventions.
- Assess the experience regarding uptake of the MCH and Nutrition services and utilization of MCH RB among health workers and mothers. Assess dietary intake of pregnant and lactating women and feeding of children.

### 2. Situational Analysis

- Explore main barriers to achieve expected health and nutrition behaviour changes to make recommendations to feed into strategies and activities

## Methodology

### Date of the survey

Training and pre-test: 8<sup>th</sup> to 12<sup>th</sup> July 2019

Data collection: 22<sup>nd</sup> July to 2<sup>nd</sup> August 2019

### Study Design

Quantitative approach was employed for both the Baseline Assessment and Situational Analysis study. In addition, a qualitative approach (including Focus Group Discussions and In-Depth Interviews) was employed in the intervention districts to complement the Situational Analysis study.

### Study site

Study districts	Control districts
◆ Adansi North	◆ Asante Akim South
◆ Amansie Central	◆ Ejisu
◆ Atwima Nwabiagya	◆ Kwabre East

### Target Population and Sample size

[Quantitative: baseline survey and part of situation analysis]

- 300 women each in study districts and control districts
- 60 Health workers in study districts and control districts

[Qualitative: situation analysis]

- 60 women for Focus Group Discussion (FGD) and 30 for in-depth interview
- 60 Health workers for in-depth interview

District and facilities were randomly selected. This is facility-based survey. Incidental sampling was adopted for interviewee; interviewee are pregnant women and mothers who came to facilities for services. Also, health workers who are working at ANC, delivery, PNC and CWC were interviewed. All interviews were conducted using pretested data collection tools uploaded on Survey CTO. Quantitative data were analyzed using STATA and qualitative information transcribed and key themes summarized. At end-line survey, same number of interviewees will be recruited incidentally from the same population group.

## Main Results of Study

### Utilization of MCHRB

- Utilization of the MCH RB in both intervention and control districts is generally low; especially records on BMI, estimated desired weight range at EDD, plotting on length-for age chart, nutrition tables, ECD checked (less than 20 %)

### Experience and satisfaction

- Self-introduction from health workers to mothers during first time visit are less than 30% at intervention districts.
- 47.5-71.1% of mothers are given the opportunity to ask any questions during visits. 71-91.1% of mothers felt they were adequately informed about care and examinations.

### Diet and feeding

- Exclusive breastfeeding practice is 43-53%.
- Meeting the consumption of animal source foods is 44-56% among pregnant women.
- More than 75% of pregnant women are meeting the MDD (5+ Food Groups) and MMF (3+)
- More than 70 % of children are meeting the MDD (4+ Food Groups) and MMF (3+), and consuming animal source food.

### Health Workers

- Most health workers are satisfied with the MCH and Nutritional services they are providing.
- Most of health workers cannot tell the 3 As (assessment, analysis and action) of nutrition counselling and the rights of patients.

### Nutrition and barriers for child

- More doer mothers than non-doer mothers know that feeding a baby with at least four of the different food groups daily leads to the baby getting sufficient nutrition for brain development and stronger immunity development.
- More doer mothers than non-doer mothers noted that supports from family members, caregivers and/or health care giver make it possible for them to feed their babies at least 3 meals daily.
- More doer mothers than non-doer mothers noted that support and education provided by health workers makes it easier or possible for them to exclusively breastfeeding babies for 6 months. (See Table 1.)

**Table 1: Factors which make it easier/possible for mothers to exclusively breast feed babies for 6 months**

	Doers (N=52)		Non-Doers (N=68)		Difference	
	Props.	Std. Error	Props.	Std. Error	Props.	Std. Error
Support and education provided by health worker	0.54	0.07	0.28	0.05	0.26***	0.000
I can stay home for first 6 months (Maternity leave)	0.08	0.04	0.06	0.03	0.02*	0.086
I can take the baby to school/work place	0.02	0.02	0.06	0.03	- 0.04***	0.009
I know the benefits	0.67	0.07	0.19	0.05	0.48***	0.000
My family/relatives and I understand the importance	0.23	0.06	0.06	0.03	0.17***	0.000
Able to give expressed-breast milk	0.17	0.05	0.09	0.03	0.08***	0.002

\*\*\* p<0.01, \*\* p<0.05, \* p<0.1

### Nutrition and barriers for mother

- More doer mothers than non-doer mothers know that their fetus get all the necessary food and strong immunity if they eat at least 5 of the different food groups daily.
- More doer mothers than non-doer mothers noted that they feel strong and health and develop strong immunity when they feed from at least one animal protein source daily.

## Conclusion

MCH RB was not fully utilized in health services yet and issues on quality of service provider interaction to be highlighted in health workers training and barriers to change health and nutrition behaviour were identified.

*The end-line survey is going to be conducted in December 2020.*