

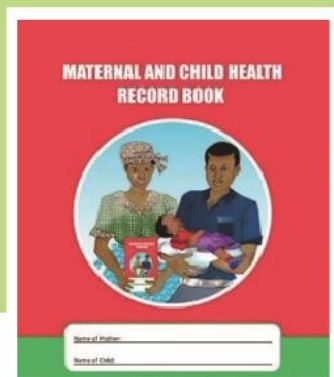


MANAGEMENT GUIDE

FOR

MATERNAL AND CHILD HEALTH RECORD BOOK

2021



Issued by MOH and GHS | 2021



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ABBREVIATION

ANC	Antenatal Care
CHPS	Community-based Health Planning and Services
CMS	Central Medical Store
CoC	Continuum of Care
CSO	Civil Society Organizations
DHMT	District Health Management Team
ECD	Early Childhood Development
FCA	Framework Contracting Agreement
FHD	Family Health Division
GAQHI	Ghana Association of Quasi Government Health Institutions
GHS	Ghana Health Service
GhILMIS	Ghana Logistic Management Information System
HQ	Headquarter
ISS	Integrated Supportive Supervision
JICA	Japan International Cooperation Agency
LMD	Last Mile Distribution
MCH RB	Maternal and Child Health Record Book
MMDA	Metropolitan, Municipal, and District Assemblies
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
M&S	Monitoring and Supervision
NHIA	National Health Insurance Authority
PNC	Postnatal Care
RHMT	Regional Health Management Team
RMNCAH&N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
RMS	Regional Medical store
SDHT	Sub-district Health Team
UNICEF	United Nations Children’s Fund

FOREWORD


Ghana has used two separate client-held record books for Maternal and Child Health Services over the last few decades. These record books have evolved over the years to respond to emerging challenges by expanding the package of services for maternal and child health. The Ministry of Health (MOH) and the Ghana Health Service (GHS) have developed the Combined Maternal and Child Health Record Book (MCH RB), which is an integrated home-based record for both mother and child, with technical and financial support from the Japan International Cooperation Agency (JICA).

Emerging evidence shows that critical elements of one's wellbeing in adolescence and adult life are laid during pregnancy and the first two years of life. Children who do not receive adequate nutrition, early stimulation, learning opportunities, supportive care and protection, which are labeled as elements of 'nurturing care', tend to have lowered cognitive, language and psychosocial outcomes. These could translate into poor academic performance in primary school and ultimately increase school dropout rates.

The new MCH Record Book covers all services and health records of the mother and the child from pregnancy until the child turns age 5 thereby promoting the continuum of care. The book employs the use of very simple language and has more pictorial illustration for all families and individuals; especially who are unable to read. The design of the book has also been strategically done to empower women, engender family support, especially male involvement in maternal and child healthcare and also make recording by health workers more efficient.

To assist service providers and managers at all levels as well as key stakeholders in the rollout and use of the MCH RB, the Ghana Health Service in collaboration with key health partners have developed the Management Guidelines for the book. This document provides reference and guidance for the management of the MCH RB at all levels.

It is envisaged that all health staff, managers and all other relevant stakeholders will give a tangible effect to the guidelines' overall goal to make the use of the MCH Record book relevant and interesting to mothers and caregivers as this will



ultimately translate into improved health outcomes.

DR PATRICK KUMA-ABOAGYE
DIRECTOR GENERAL
GHANA HEALTH SERVICE

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ACKNOWLEDGEMENTS

The Ghana Health Service/ Ministry of Health wishes to express our deepest appreciation to all stakeholders who supported in the development of the Management Guide for the Maternal and Child Health Record Book.

Our thanks go to the regional health administration teams of the Ghana Health Service and the technical teams of our various health partners for the contributions and inputs during the development and validation stages.

The Service also acknowledges the supervisory role of the leadership of the Family Health Division and the immense work done by the core technical task team who consolidated all the feedback and inputs to finalize the document.

They include:

Dr. Patrick Kuma-Aboagye	Director General, GHS
Dr. Ernest Asiedu	Ministry of Health
Dr. Kofi Issah	Director, Family Health Division, GHS
Ms. Esi Foriwa Amoafu	Family Health Division
Dr. Isabella Sagoe-Moses	Family Health Division
Dr. Chris Fofie	Family Health Division
Mrs. Gladys Brew	Family Health Division
Mrs. Vivian Ofori Dankwah	Family Health Division
Mrs. Gifty Ampah	Family Health Division
Ms. Cynthia Obbu	Family Health Division
Ms. Veronica Quartey	Family Health Division
Dr. Mrs. Alberta Biritwum-Nyarko	Policy, Planning, Monitoring and Evaluation
Mrs. Araba Kudiabor	Supply, Storage, Distribution and Management
Dr. Stephen Ayisi Addo	Public Health Division
Ms. Ozawa Maki	JICA Ghana office
Dr. Akiko Hagiwara	JICA/MCH RB Project
Ms. Mayumi Omachi	JICA/MCH RB Project

Ms. Kyoko Sakurai	JICA/ MCH RB Project
Ms. Catherine Adu-Asare	JICA/ MCH RB Project
Ms. Lilian Selenje	UNICEF, Ghana
Dr. Mrunal Shetye	UNICEF, Ghana
Ms. Ruth Situma	UNICEF, Ghana

We are particularly grateful to the JICA/ MCH RB project for the technical and financial support during the drafting and consensus building process for the guideline.

CHAPTER 1

INTRODUCTION OF THE MANAGEMENT GUIDE

1. INTRODUCTION OF THE MANAGEMENT GUIDE

BACKGROUND

Ghana is committed to attaining the Sustainable Development Goals and Universal Health Coverage to shape the future of healthcare and health services delivery in Ghana and ensure that they are comprehensive and continuous as well as universally accessible to all persons living in Ghana.

In line with Ghana's move toward strengthening the Continuum of Care and ensuring a comprehensive delivery of health services, the Ministry of Health and Ghana Health Service have developed a new combined Maternal and Child Health Record Book (MCH RB) with the aim of improving maternal and child health services and outcomes by ensuring the continuum of care. Following the national launch, training of trainers and health worker training have been conducted and the distribution of the MCH RB is ongoing at health facilities in all regions across the country.

In order to ensure the availability of and effective use of the book the MCH RB Management Guide has been developed. This document provides reference and guidance for the management of the MCH RB at all levels. The Guideline explains key processes for procurement, distribution, monitoring, and reproduction of the book as well as the decision-making process for the MCH RB program.

Although this guide covers only the issues related to the use and rollout of the MCH RB, it is important to note that the use of the MCH RB cannot independently promote quality services and CoC. Improvement of health care delivery requires a deliberate focus on providing effective, efficient, equitable, safe, integrated and people-centered care that is timely. This can be achieved through an enabling

policy environment, good governance; a skilled and competent health workforce that is supported and motivated; financing mechanisms that enable and encourage quality care; information systems that continuously monitor and learn to drive better care; medicines, devices and technologies that are available, safe and appropriately regulated; and accessible and well-equipped health care facilities.

The operationalization of these guidelines in the rollout of the MCH RB together with the implementation of other key initiatives and strategies under the UHC Framework are diligent attempts by the Ghana Health Service and the Ministry of Health to improve health outcomes by harmonizing and building on previous efforts with a system-wide approach.

1.1. OBJECTIVE OF THE MANAGEMENT GUIDE

This Management Guide provides reference and guidance for decision-making related to the use and rollout of the book for all managers at all levels of service delivery.

Specifically, this document provides guidelines on the procurement, distribution, monitoring, and reproduction of the book as well as the decision-making process for the implementation of the MCH RB program.

It is expected that the leadership at the various levels of management, will be guided by this document in the operation and rollout of the MCH RB.

1.2. TARGET USERS OF THE MANAGEMENT GUIDE

The Target users of this Management Guide are managers and decision makers at all levels of service delivery and other key stakeholders involved in the use of the book.

1.3. WHAT IS MATERNAL AND CHILD HEALTH (MCH) RECORD BOOK

The Maternal and Child Health Record Book (MCH RB) is a home-based health record for mothers, newborns and children. It contains essential information to promote and maintain their health and that of their family.

The Ghana MCH Record Book intends to directly meet the needs of reproductive, maternal, newborn and child health (RMNCH) in Ghana. The objectives of the combined MCH Record Book are:

1. To promote Continuum of Care (CoC)
2. To empower mothers and family members
3. To increase knowledge of mothers, fathers, families on MNCH and Nutrition
4. To improve communication between health providers, clients, and clients' family members
5. To link maternal and child health, nutrition, EPI, PMTCT, TB and Malaria control, and ECD
6. To provide the requisite information for referral and counter referral
7. To improve work efficiency of health workers

As a home-based record, it is important that the client keeps the MCH RB to refer to the contents of the book as well as to be reminded of the date for the next visit. The MCH RB should not be kept at health facilities once the book is issued to the client. As the information filled in the MCH RB is important for the medical services, health care providers may want to keep the MCH RB at health facilities as a facility-based record book for safety. It is essential, therefore, to explain to every client to keep the book in a safe place at home, take good care of the book and bring the book along, every time they visit health facilities for consultation and checkups.

Table1. Facility based records and home-based records

Facility-based records	Home-based records
Registers and other source of patient records at facility	MCH RB
Contains aggregated data of clients for each health facility	Personal individualized data of the mother and or child
To be kept at facilities	To be kept at home to be used by the client, the family and the community and brought to the facility during every visit.
Can be used to examine the population trends and health indicators	Can be used to track past records and study the causal relationship with the current and past conditions
Data collected can be used for decision-making related to RMNCH&N at the population level and inform policy shift	Can be used as a birth cohort in research

1.4. SCOPE OF THE MANAGEMENT GUIDE

The Management Guide is designed to outline the overall management and operational processes in line with the use and rollout of the MCH RB at all levels. It details the roles of managers at the various administrative levels as well as other key stakeholders. The guide explains the standard procedures for production, distribution, utilization and reporting for the MCH RB. The provisions of the guidelines apply to all managers at the various administrative levels as well as key stakeholders involved in the use and rollout of the book.

The document is organized into five chapters. The first chapter discusses the background, objectives and rationale for the development of the management guide. Chapter 2 focuses on the procedures for the production and reproduction of the MCH RB. The specification for the MCH RB, such as the type of printing material, paper quality and colour are spelt out in this chapter. The chapter also focuses on the standard procedures for the application and approval for third party printing.

Chapter 3 outlines issues on management of logistics in the rollout of the MCH RB, forecasting and planning for supplies, distribution criteria and stock management.

Chapter 4 describes the coordination mechanisms for the rollout of the book including the roles of the Ghana Health Service at the national level, the health administration units at the various levels and all other key stakeholders. Chapter 5 of the guide focuses on the key operational issues to ensure effective use and rollout of the books at all levels. It outlines key issues such as the provision of essential logistics, monitoring and supervision, replacement policy and data protection issues.

This Management Guide however does not replace the MCH RB User Guide which provides step by step technical guidance on how to use and record in the MCH RB. The User Guide is used for training and supervision as well as reference material to better understand and use the MCH RB.

Table2. Key Highlights of the User Guide and Management Guide

	User Guide	Management Guide
Target Users	For trainers, supervisors and health workers	For managers and all other decision makers at all levels
Purpose	Instructional manual for health workers on how to complete and interpret data captured in the MCH RB and take the necessary action	Guidelines for the management and operational processes in the rollout of the MCH RB.
	Reference document for service provision for health workers	Reference document for management level procedures

In summary, the guide sets the objectives for, and provides the framework within which, the rollout and use of the MCH RB is managed in the health sector.

1.5. MANAGEMENT ARRANGEMENT FOR THE MCH RB

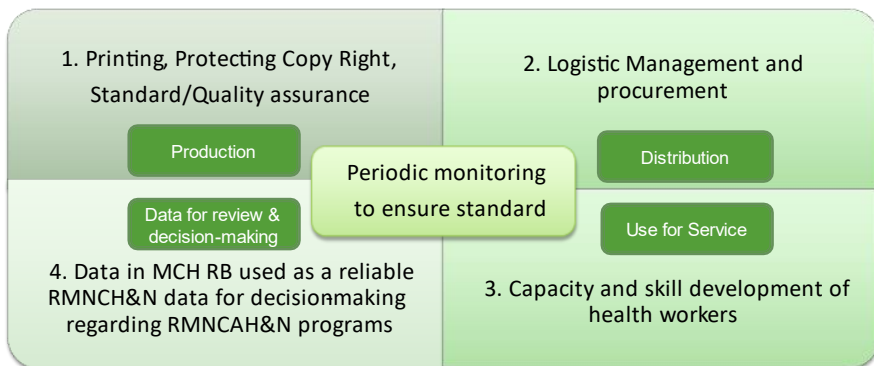
Management arrangement of the MCH RB program describes the processes involved from the production, distribution to the utilization of the MCH RB for service delivery. These arrangements ensure that the key processes are identified, defined, and implemented in a common way to sustain and improve the quality of services delivered using the MCH RB. The framework outlines a potential “roadmap” for implementation including the production, distribution, capacity

development, and using data for decision making. The framework also stresses the importance of monitoring each of the processes to ensure that the standards of the MCH RB itself and services rendered using the book are adhered to.

Periodic coaching or monitoring is also necessary to allow for adjustment of the implementation process as well as the utilization of the MCH RB for quality MNCH and Nutrition services.

The data filled in the MCH RB is essential lifelong information for the individual mother and child as well as a source of health information for planning, decision making and even for further operational research. The framework therefore focuses on the importance of the appropriate capture and utilization of the data captured in the MCH RB.

Figure 1. Managerial Arrangement of the MCH RB Program



CHAPTER 2

PRODUCTION AND PRINTING OF THE MCH RECORD BOOK

2. PRODUCTION AND PRINTING OF THE MCH RECORD BOOK

2.1. PRINTING AND PROCUREMENT

MOH and GHS will lead and coordinate the advocacy and fund-raising activities for financing the procurement of the MCH RB. RHMT, DHMT, Public Hospitals (teaching hospitals, CHAG, Quasi-government facilities) and Private hospitals are encouraged to advocate and raise funds to support procurement of their annual estimates at their respective levels. The procurement strategy to address the inefficiencies of erratic supplies, non-uniform pricing, standardization among others is the Framework Contracting Agreement (FCA). The FCA is a procurement arrangement where call-offs are made from predetermined suppliers against negotiated price and service conditions over a specified period. Procurement will be done on an annual basis or when the need arises. The tendering process for the selection of the suppliers will follow the existing procurement system through an open tender to attract commercial responsiveness of large firms with financial, technical, and professional competencies. All procurement at the sub-national level must be sent to the headquarters for the requisite approvals and guidance prior to printing.

2.2. FINANCING AND RESOURCE MOBILIZATION

The Ministry of Health and the Ghana Health Service remain committed to efforts to improve the maternal, child health and nutrition status in the country. To ensure that adequate numbers of the books are available at all times and to safeguard continuity and access to services in line with Ghana's Universal Health Coverage (UHC) agenda, the MOH/GHS shall continue to implement actions and put in place systems that will ensure timely financing and procurement of the MCH RB. To facilitate the financing for printing and distribution of the MCH RB together with the procurement of the required logistics and equipment, the

government through the Ministry of Health and the Ghana Health Service will advocate and lead the resource mobilization activities. The National Health Insurance Common Fund, Local governments, MP common fund and the Public Procurement Authority (PPA) are all potential sources of funding through the public sector. The MOH/GHS shall continue to engage the private sector and other corporate institutions at the national and sub-national levels for possible Public Private Partnerships to ensure the provision and sustainability of the book.

2.3. SPONSORSHIP /PRINTING BY THIRD PARTY

Private Organizations, NGOs and other stakeholders are encouraged to support the printing of the MCH RB. Prior approval from the GHS is required for such entities to print the MCH RB. To initiate printing, the sponsoring entity must submit a written letter of intent to the Director General of the GHS with the cost implication and proposed distribution plan. The sponsoring entity must also indicate the rationale for the support. These may include donations due to corporate social responsibility, sponsorship based on the request for support, opportunity for advertisement amongst others.

Upon approval or consent from the Ghana Health Service, the sponsoring entity may initiate printing directly or may request the Ghana Health Service to facilitate the process. In the instance where the sponsoring entity prints directly the following processes are recommended:

- Following the submission of the request, the Director of the Family Health Division of the Ghana Health Service will review the application to ensure adherence to recommended standards and the absence of conflict of interest and adherence to recommended standards.
- The request will be recommended for approval to the Director General.
- Successful entities will be provided a soft copy (master copy) of the MCH RB with the requisite guidance on branding, advertisement where applicable, copyright and specifications or connected with approved printing firms based on the GHS framework of contracting.
- The proof or first print document will be submitted for review by the Family Health Division to ensure that the sample is correct and suitable for use.

The Director Family Health Division will approve and sign off sample and provide the batch numbers for bulk reproduction. The proof version reviewed by the Ghana Health Service shall not vary with the final products reproduced.

CONFLICT OF INTEREST

Conflict of interest may arise in a number of different circumstances within procurement of the books. For purposes of this guide, the Ghana Public Procurement Code of Conduct which offers guidance on the main ethical issues faced during procurement processes will be used as the reference document to address all conflict-of-interest issues.

The code provides those involved in the procurement process with a clear statement of mutual expectations to ensure a common understanding throughout the process.

This regulation also includes a clear definition of conflict of interest, a clear process of how conflict of interest will be managed, publication of a register of interest of decision-makers (including past interests and positions to be updated regularly), as well as CONFLICT OF INTEREST IN PUBLIC PROCUREMENT 3 provisions for trainings on integrity issues.

BRANDING

The Family Health Division of the Ghana Health Service will review all applications for reproducing the MCH RB to ensure that the corporate identity of the book is maintained. All copies of the MCH RB reproduced must maintain the brand identity of the generic MCHR. This includes:

- **Name:** The name of the book shall remain as the Maternal and Child Health Record Book. It shall not bear the name of any health facility or sponsor printing the book.
- **Logos:** All logos and icons must be arranged in the right order and size. The official logos on the front cover of the MCH RB includes the logo of the Ghana Health Service and the Ministry of Health. These logos shall not

be combined with any other logo except it has been approved by the Ghana Health Service and the Ministry of Health.

- **Colour palette:** primary and secondary colours must be maintained
- **Typography:** font sizes, styles and spacing must be preserved
- **Other imagery:** all photos, illustrations and artwork must be maintained
- **Voice and Tone:** the use of language and emotions in the book must be maintained.

The names of the sponsoring entities or organizations who support with the printing will be stated in the inner page of the back cover of the MCH RB. Deviations from the corporate brand identity of the MCH RB or additions of any form must first be approved by the Ghana Health Service to ensure adherence to existing protocols and ensure there is no conflict of interest.

Applications that meet the requisite criteria will be recommended by the Division for approval by the Director General. All approved applications will be given a specific batch code for reproduction.

ADVERTISEMENT

The custodian of the corporate image of the Maternal and Child Health Record Book is the Ghana Health Service and the Ministry of Health. The Ghana Health Service therefore reserves the right to approve or decline advertisement in the MCH RB.

- Any type of advertisement that is damaging to the brand of the book and the Service or is inappropriate to the content held in the MCH RB will not be approved.
- Additionally, the Ghana Health Service will not accept advertising for products or services known to be harmful to health such as tobacco or alcoholic products.
- The review process for all advertisements will not be compromised by current or potential sponsors' commercial or financial interests.
- Once an advertisement is approved and included in the content of the MCH RB by the Ghana Health Service, it will be withdrawn once there is a breach in the terms of engagement.

- All advertisements for drug specific campaigns must comply with the relevant legislation and agency that regulates that advertisement and not be misleading.

Applications that meet the requisite criteria will be recommended by the Division for approval by the Director General. All approved applications will be given a specific batch number for reproduction.

2.4. SPECIFICATIONS

All MCH RB shall be printed or reproduced by the Government or Third-party entities in compliance with the stipulated provisions and standards.

The specifications of the MCH RB will be:

- Both text and cover printed in full color.
- Finished size: 7"x9.5"
- Number of pages: 64¹
- Type of paper: bond 80 grams
- Type of cover: Art card 350 grams
- The cover spot varnished and inside cover also varnished
- Binding: Saddle stitch (3 pins) or sewn binding

The Catalogue, batch or serial number issued by the Ghana Health Service shall be indicated.

Specification of the book shall be retained as a minimum standard. Only the approved corporate colors, typefaces and fonts can be used during printing.

As an exception, MCH RB for educational purposes can be printed by GHS, MOH or training institutions with the watermark of "Educational Purpose Only". A PDF version with the watermark of "Educational Purpose Only" will be provided to training institutions by GHS upon formal request.

2.5. REVISION OF THE MCH RECORD BOOK

To bring policy priorities in line with current trends, the MCH RB will be reviewed periodically, notably on the expiration of various strategic policies,

¹ Number of pages subject to change upon revision

protocols and guidelines in maternal, child health and nutrition. Modifications to the content of the book can be effected immediately or over a period of time with prior approval from the Ghana Health Service. The Family Health Division will lead the revision of the MCH RB in a consultative process with all key stakeholders.

Major Revisions such as the addition of a new content area or the removal of an existing content area due to a policy shift will be made every five years or upon necessity. Minor modifications including change of photo/picture or an illustration, editing texts, typing errors, rewording etc., will be made before every bulk printing. Minor modifications will also be facilitated by FHD GHS in collaboration with other stakeholders. The batch code will be updated upon every modification.

All revisions and modifications of the MCH RB shall be communicated to the respective administrative units of the Service and amongst all key stakeholders. Where necessary, capacity building activities such as training and on the job mentoring and coaching shall be implemented following the revisions.

2.6. COPYRIGHT STATEMENT

The Ghana Maternal and Child Health Record Book is registered and Copyright © 2019 by the Government of Ghana under the MOH and the GHS. All Rights Reserved. No image or information from the Ghana MCH RB may be reproduced or copied in part or in whole, reviewed or translated without the prior, express written permission of the MOH and the GHS.

No part of this document may be stored in a retrieval system or transmitted in any form or by any means - electronic, mechanical, or other without the prior permission of the GHS and MOH. Additionally, the copyright statement and other notice found at the end of the MCH RB shall not be altered or deleted during reproduction of the content. The contents of the MCH RB including the cover page may not be altered during printing or distribution and should not be commercially exploited.

Any contravention is an infringement of the Ghana Copyright Act and its amendments and may be subject to legal action.

CHAPTER 3

LOGISTICS MANAGEMENT

3. LOGISTICS MANAGEMENT

Logistics Management is an important component of Supply Chain activities. The supply chain decisions are informed by logistics data and information. The logistics information, therefore, serves as the fulcrum of the supply chain operations of the Service. Like the other essential health products, the MCH RB would be fully integrated into the commodity stock list of the service and managed on the GHILMIS platform.

3.1. QUANTIFICATION AND FORECASTING

The forecasting and quantification process is enhanced by the use of the GHILMIS platform. The MCH RB distribution data can be drawn from the system to aid the quantification exercise. The Family Health Division with support from the Stores Supply and Drug Management Division and regional focal persons for the management and distribution of the MCH RB will form the Product Quantification team responsible for forecasting the quantities of MCH RB needed on an annual basis. The team may also include other key users that would be determined by the Ghana Health Service and MOH to assist the assumption-building process for sound forecasting and quantification outcomes.

The quantification meeting will be conducted annually, before the commencement of the procurement process. It is to ensure that procurement decisions are rationally made on data and scientific assumptions using relevant medical trends, hospital or ANC attendance. Regions may propose potential sponsors or advocate for potential sponsors to support the printing of their annual estimates. Identified sponsors shall follow the proposed procedures for printing as stated in Chapter 2 of this guideline.

3.2. RECEIPT, STORAGE AND DISTRIBUTION

RECEIPT AND STORAGE

The distribution of the MCH RB would be integrated into the existing warehousing and distribution system of the Service. For maintenance of appropriate stock levels, the inventory record shall be managed using the Ghana Logistics Management Information System (GHILMIS) platform. This will ensure full accountability of the MCH RB issued to the region.

The Storage of the MCH RB shall be guided by the Logistics Management Standard Operating Procedure of the Service. The books will be kept at the medical stores in inventory after the store record documentations including GHILMIS are completed for issues and distribution.

DISTRIBUTION

The books shall be received and issued through GHILMIS. Distribution would be done through the Last Mile Distribution (LMD) with the appropriate documentation. However, pick-ups at the RMS would be allowed when necessary.

ELIGIBILITY CRITERIA

The MCH RB shall be distributed exclusively to ANC registrants at the health facility (government or private owned) during the first visit after pregnancy is confirmed. In providing the books the following considerations should be made:

- Pregnant women from outside the area who are visiting temporarily should be provided with the book if they do not already have one
- Mothers with multiple pregnancies or births shall be provided with the requisite number of books in accordance with the number of babies.
- Labor/delivery clients should be provided if they did not receive it during their pregnancy
- PNC clients if they do not receive it during their pregnancy and delivery

3.3. QUALITY ASSURANCE SYSTEM

The supply chain actors involved in the procurement, distribution and management of the MCH RB shall work within the appropriate legal and regulatory framework. The processes shall be documented for auditing and assessment. A yearly monitoring and supervisory visit would be done to drive compliance with the supply chain processes of the MCH RB and not only the procurement aspect of operations.

3.4. TRACKING

To support continuing service delivery and provide the necessary accountability, all administrative levels must maintain authentic, reliable and usable record keeping systems for tracking the distribution of the MCH RB. Tracking of the MCH RB distributed at all levels will be through the existing logistics management and information systems within the service. In order to tackle some misalignment in the logistics channel it is recommended for regions to ensure the existence of a localized manual or automated system for tracking and tracing of books distributed at all administrative levels. This may include bar coding, provision of serial or batch numbering at the regional or district and unit numbering of the books at the facility level.

CHAPTER 4

IMPLEMENTATION AND DECISION MAKING STRUCTURE

4. IMPLEMENTATION AND DECISION MAKING STRUCTURE

The successful implementation and utilization of the MCH RB, depends on a well-structured implementation and coordination framework within which the operations on the rollout will be carried out. The most crucial component to have best outcomes in implementation is the presence of strong leadership and strong coordination at all levels. The roles of key stakeholders involved in the rollout and utilization have therefore been outlined in this session.

4.1. ROLES AND RESPONSIBILITIES OF THE STAKEHOLDERS

The following outlined roles and responsibilities shall guide the collaboration among key stakeholders in the rollout and utilization of the MCH RB.

Ministry of Health

The MOH is responsible for providing the overall leadership and oversight for the effective implementation of the program.

Specifically, the MOH will:

- Ensure the existence of an enabling environment to effectively carry out the activities and operations within the implementation plan
- Coordinate activities of the Ghana Health Service and other agencies, including teaching hospitals, CHAG, quasi-government facilities, private hospitals and clinics
- Engage in advocacy and resource mobilization activities for the procurement and distribution of the book
- Develop a legal framework and policy backing to ensure the sustainability of the book
- Ensure compliance in the procurement and utilization of the books

- Enhance the visibility of the MCH RB to other MMDAs and deepen the awareness and utilization of the book

Ghana Health Service

The Ghana Health Service within its overall framework for health service delivery shall be primarily responsible for the national rollout of the MCH RB. The technical oversight will be led by the Family Health Division

Specifically, the Ghana Health Service will

- Provide the technical leadership for the implementation of the MCH RB
- Coordinate with the respective divisions for competent staff, adequate logistics and supplies for the effective delivery of services within the book
 - Facilitate the procurement of MCH RB and equipment necessary for MCH RB services
 - Facilitate the printing and distribution of User Guide and Trainers' guide (downstream training manual)
 - Coordinate commodity management at the CMS and RMS
- Work with the Ministry of health to map out strategies to advocate and mobilize resources for the procurement and distribution of the book
- Conduct timely review of the content of the book
- Engage relevant stakeholders and organizations to provide technical updates and dialogue to deepen awareness and also serve as opportunities for advocacy and dissemination.
- Coordinate and supervise implementation activities in all 16 regions to ensure the provision of quality health services to all women and children under five years.
- Plan, review and discuss major issues in the implementation of the national program on MCH RB
- Under the aegis of the MOH, supervise and provide authorization for third party printing or printing at the sub-national level
- Advocate for the development of standards for the provision of quality RMCNAH&N services for all
- Ensure compliance in the development and utilization of the books
- Organize annual review to assess the progress of implementation

- Provide direction for the day-to-day programming for the MCH RB

Regional Health Management Teams

The regional health management teams through their respective DHMTs, SDHTs and CHPS Zones will be mainly responsible for the smooth implementation of MCHN interventions in the book and provision of quality patient centered services at all service delivery points.

Specifically, the RHMTs and by extension the DHMTs will:

- Provide technical oversight for implementation activities
- Be responsible for capacity building activities for the district and sub district level
- Monitor implementation and program activities at all levels
- Document best practices and conduct operational research on the utilization of the book
- Be instrumental in identifying low performing districts and facilities and provide the necessary assistance
- Engage relevant stakeholders and organizations to provide technical updates, dialogue and advocacy to deepen awareness and also serve as opportunity for advocacy and dissemination.
- Work with the national level to map out strategies to advocate and mobilize resources to support district and sub district level plans including the procurement and distribution of the book
- Coordinate with the national level for printing of the books by third parties
- Ensure the provision and distribution of other logistics relevant for the delivery of quality services
- Conduct supportive supervision and mentoring at all service delivery points
- Forecast annual estimates of the MCH RB in collaboration with the national level
- Coordinate commodity management at the CMS and RMS
- Provide timely reports on implementation and utilization of the books
- Organize mid-year reviews to assess the progress of implementation

Other Agencies under the MOH

The Service delivery agencies or organizations under the MOH shall support the MOH and the Ghana Health Service to leverage investments and available resources to ensure that the MCH RB and services offered in the book are made universally available at all levels of service delivery. These agencies include National Health Insurance Authority (NHIA), Christian Health Association of Ghana (CHAG), Ghana Association of Quasi Government Health Institutions (GAQHI), Society of Private Medical & Dental Practitioners and the Ahmadiyya Muslim Health Service amongst others.

Specifically, these agencies and health delivery entities will:

- Collaborate with the GHS at all levels to ensure the effective rollout and utilization of the books at service delivery points
- Liaise with the Ghana Health Service to conduct capacity strengthening activities for their staff
- Mobilize resources for the procurement and distribution of the book
- Support the GHS and the MOH to ensure compliance in the development and utilization of the books
- Participate in the review and revision of the MCH RB
- Participate in other coordination meetings on the rollout and utilization of the book
- Ensure adequate supply of the books and requisite logistics for the provision of quality services
- Monitor the use and distribution of the books

Development Partners and Civil Society Organizations (CSO)

The support of development partners and CSOs are key in ensuring universal access to the MCH RB and MCHN services. The roles of this critical group shall include:

- Provide technical and financial assistance to the execution of national and sub-national plans in line with the rollout of the MCH RB.
- Support the Ministry of Health, the Ghana Health Service and other agencies to map out strategies to advocate and mobilize resources for the procurement and distribution of the book
- Participate in coordination meetings and other technical meetings on the

implementation of the book

- Support in the deployment of the requisite logistics and supplies for service delivery
- Contribute to enhancing the visibility of the MCH RB to deepen the awareness and utilization of the book and increase resource mobilization efforts

CHAPTER 5

OPERATIONAL CONSIDERATIONS FOR SUSTAINING THE EFFECTIVE USE OF THE MCH RB

5. OPERATIONAL CONSIDERATIONS FOR SUSTAINING THE EFFECTIVE USE OF THE MCH RB

5-1. KEY ISSUES FOR EFFECTIVE USE OF MCH RB

The following are key in ensuring the effective use and rollout of the MCH RB

Training of service providers

A national team of facilitators will be responsible for training regional level resource persons who will in turn train district level staff. Cascaded training will be conducted at the district and sub district levels periodically for newly recruited staff or as refresher for existing staff. Training or on the job mentoring and coaching will also be initiated following major revisions of the MCH RB.

Stakeholder engagements

Periodic multi-stakeholder consultations are recommended to sustain the awareness and acceptance level of the book. The objectives of the stakeholder engagements may include planning and mapping out strategies for mobilizing resources, provision of technical updates, to understand prevailing health and nutrition challenges and propose solutions, advocacy amongst others.

Stakeholder engagements should be prioritized to maintain good partnerships and for the sustainability of the book and services rendered.

Provision of essential logistics

The provision of the services in the MCH RB requires additional logistics and supplies. Key amongst them include:

- Length Boards
- Weighing scale
- Hemoglobin Measurement Machine
- Star stamp with stamper
- Chairs and a table for counselling
- User Guide as a reference
- Trainer's guide
- Participant's Guide
- Tally sheet
- Job Aid Flipchart

The National, regional and district health teams together with partners will work to ensure the provision of these essential logistics and supplies to promote the delivery of quality services.

5-2. TRANSFER OF THE DATA FROM THE OLD RECORDS TO COMBINED MCH RB

The MCH RB as a home-based record has been designed to complement the facility-based record systems. Beyond these critical roles, as a medical record, the data fields in the MCH RB also serve as a prompt to initiate a discussion between health workers and caregivers and take appropriate actions.

In order to fulfil the functional purpose of the MCH RB, health workers at each point-of-service delivery must fill in and update the MCH RB to maintain a complete, up-to-date health and nutrition record of the mother and child. Illegible or improperly completed records and lost or damaged records undermine efforts to maintain quality of service provision and improve the continuum of care. Properly completed and regularly referenced books are also likely to convey the value of the MCH RB to caregivers. Conversely, an unmarked or incomplete MCH RB may inadvertently communicate to caregivers that the MCH RB, or a particular recording area in the MCH RB, is not important.

Pregnant women with the old maternal health records must have their data transcribed into the combined book before handing over to the clients. Other

materials used as the health record book in the absence of the MCH RB must be replaced with data transcribed completely once eligible and upon receipt.

5-3. REPLACEMENT POLICY

Eligible clients including pregnant women or mothers at the point of delivery who report loss or damage to their MCH RB must be issued with a new book. Caution must be taken to avoid issuing more than one book for one child or mother by tracking the registration.

5-4. PROTECTION OF THE PRIVACY OF PERSONAL DATA

Personal data in the MCH RB shall be utilized exclusively for the sake of health services for the owner of the records. Consent of the woman who possesses the MCH RB shall be taken, prior to the utilization of the data for any other purposes, such as school entry or research. Health education messages in the MCH RB shall be shared with family members with the consent of the woman. A mother can release the ownership of the MCH RB to a child when the child attains an age where he or she is responsible for their personal health record.

5-5. COORDINATION

An effective and efficient institutional arrangement is necessary to ensure results-oriented procurement and utilization of the MCH RB. The coordination of the rollout of the MCH RB must be integrated into existing technical coordination structures within the maternal, child health and nutrition programs. The Family Health Division under the leadership of the Director will coordinate and collaborate with relevant departments, divisions, partners and MMDAs to ensure smooth implementation with the existing Child Health and Newborn Technical Working Group serving as the secretariat. Key issues arising from implementation will be tabled by the Secretariat through the Director Family Health to the appropriate technical committee for review and coordination.

All regional and district level coordination will take place through similar existing decentralized structures of government and technical committees within the Ghana Health Service and relevant MMDAs.

CHAPTER 6

MONITORING AND SUPERVISION

6. MONITORING AND SUPERVISION

Effective and efficient procurement, distribution and utilization of the book depends on accurately tracking progress and performance, evaluating impact and ensuring accountability at all operational levels.

The monitoring and supportive supervision on the rollout of the books will follow the existing national monitoring framework which requires the national level to provide oversight to sub-national levels in terms of planning, implementation and reporting. This system utilizes existing mechanisms for collecting routine program and service data obtained from the Policy, Planning, Monitoring and Evaluation Division which is the statutory division with direct responsibility for program monitoring and supervision.

In monitoring the implementation of the MCH RB, three categories of monitoring will be carried out:

- **Program specific Monitoring and Supportive Supervision (M & S) at all levels**
- **Integrated Monitoring and Supervision**
- **On-the-job monitoring and coaching.**

Program specific M&S: Supportive supervision is a process of helping staff to improve their own work performance continuously and serves as an excellent opportunity to provide follow-up training, improve performance, and solve other systemic problems. Supportive supervision is recognized as a critical part of human resource management for the delivery of quality health care services. It is especially important for maternal, child health and nutrition related health services, as the scope and the coverage of the services are rapidly expanding. In addition, the use of the combined MCH RB offers health service providers the opportunity to take on new and complex roles at a rapid pace, while continuing to provide the comprehensive health care services to the populations they serve. In this regard, the importance of supportive supervision and mentoring at all levels, cannot be overemphasized for the delivery of quality MCHN services. Program specific monitoring and supportive supervision should be conducted by the

national level team at least twice a year. Regional level teams are expected to conduct quarterly visits while district teams provide at least monthly visits to facilities.

Integrated Supportive Supervision: Integrated Supportive Supervision (ISS) is defined as a process which encourages the delivery of quality service for optimal outcomes through better communication, team spirit to resolve identified problems, and mentoring to motivate health workers to supervise, monitor and improve their individual and collective performance.

ISS improves the knowledge and skills of peripheral health workers in order to ensure the delivery of quality health services through direct contact with health workers for on-site observation of health delivery processes, reviewing of registers and other documents, immediate orientation of health workers on observed gaps in knowledge and or skills and the provision of documented feedback on issues, challenges and jointly agreed action points.

The Ghana Health Service has employed ISS as one key approach for ensuring quality of service provision. The monitoring of the MCH RB will be integrated into the existing ISS Checklist for sustainability and quality purposes.

On-the-job coaching and mentoring: On the job mentoring and coaching may be more sustainable and effective and should be conducted as a part of routine services. Mentoring provides a system of practical training and consultation that fosters ongoing professional development in order to yield sustainable high-quality clinical care outcomes. It should be recognized as part of the continuous education that is required to create competent health care providers at the district, sub district and facility level. It is recommended that health service providers who participate in formal MCH RB training in turn provide on the job mentoring and coaching for their facility level colleagues.

All the three categories of monitoring are complementary activities that are necessary to build a continuum of care and support. It is therefore recommended that these activities are conducted by different teams in a synergistic manner. The expectation is that the results of all the categories of monitoring are utilized for decision-making at all levels of the management.

FINAL NOTES:

Management Guide is a working document that will be reviewed and revised upon the necessity.