

2 Progress of National Rollout

Health worker trainings have been expanding widely with GHS's managerial support/arrangement.

6 National Facilitators

63 Regional Facilitator trained

800 District Facilitator Trained

1,826 health workers trained at least.

Others to be trained

Expanding widely

The Project

2 batches of training (Complete)

19 batches of training (Complete)

29 batches of training at 11 districts (Complete)

Training for HW at major hospitals

1,269 HW

Trainings by CHPS for life project

73% of districts conducted training for health workers

Training with World Bank fund (Complete)

557 HW

UNICEF Project

**GHS self generated fund/
partner's support**

Acquisition of Skills for the effective utilization of MCH RB among health workers

	The skills which can be used shortly after obtaining the knowledge at the training with some practices at actual working places	The skills which need a lot of practices at actual working places with repeated on-site coaching
Message	Introduction of the MCHRB and health education messages to mother	
Measurement	Measurement of weight of mother and child Measurement of height of mother	Measurement of length of child Plotting on the growth curve
recording	Recording on MCHRB (general information)	Recording on counseling table
counseling	Utilization of counseling skills	Conducting counseling with standard counseling flow

Some preliminary findings on how Nutrition Counseling integrated to MCH services equip and empower mothers to adopt optimal nutrition practices

- 90% of mothers at ANC and CWC responded that they were told how to eat well by health workers (111 mothers responded)

(Discussed with HW) “Complementary feeding is a gradual process. Don't force children to eat”

(Discussed with Health worker) “Eat well to help you your baby grow well. Eat more fruit. Eat balanced diet. Food iron rich content”

- 89.5% of mothers at ANC and CWC responded that they will practice one thing discussed with health workers (95 mothers responded).
- Some health workers reported that the counseling services helped in improving dietary and feeding practices of clients, and/or helped to improve their nutritional status.

“We used the book (MCHRB) to counsel a client whose child was not thriving and there has been an improvement in the weight”

“It works. Mothers are able to prepare variety of food for their babies using four-star diet. There is weight gain in subsequent visit.”

“a client at Krokrom has had her Hemoglobin improved after nutrition counseling services”

QOC indicators applied in setting the Project targets

	QOC indicators for MCH RB Project Targets
QOC indicators for the national roll-out of MCH RB	<ul style="list-style-type: none"> • 70 percent of all births are recorded in the MCH RB (nation wide) • 50 percent of pregnant women and children who receive nutrition counselling at least once. (nation wide)
	<ul style="list-style-type: none"> • 90% of trained facilitators has competency to facilitate and supervise health workers (nation wide) • 90% of trained health workers show their knowledge and skills on MCH RB are satisfactory (nation wide)
QOC indicators for the monitoring and supervision at model health facilities	<ul style="list-style-type: none"> • 90 percent of children have a plotting of weight recorded correctly in MCH RB in 11 focus districts • 50 percent of children have a plotting of length/height recorded correctly in MCH RB in 11 focus districts • 80 percent of health workers who participated in the training improve skills on filling and utilizing MCH RB correctly in 11 focus districts
	<ul style="list-style-type: none"> • 80 percent of women/caregivers can answer the date of next visit by utilizing MCH RB in 11 focus districts • 70 percent of women report that health worker explained procedures and services they provide in 11 focus districts • 50 percent of women/caregivers can recall recommended action by health worker in 11 focus districts