



GHANA: Roles of CoC Card as an icon for continuum of care

Continuum of Care (CoC) Card, Ghana, 2014

Continuum of Care for the left-behind population

Continuum of care (CoC) is key to improve maternal, newborn and child health (MNCH). However, a number of women and newborns are missed out from the MNCH services mainly due to a dual challenge of poor care seeking behavior as well as poor geographical and financial access to care. To accelerate universal health coverage (UHC) in MNCH, two types of approaches could be employed: (i) empowering the left-behind mothers and newborns to seek essential care; and (ii) strengthening the health system.

Poor CoC completion rate: 8% in rural Ghana

The Ghana Ensure Mothers and Babies Regular Access to Care (EMBRACE) Implementation

Research Project defined CoC completion as the status where all MNCH services from pregnancy to postnatal period have been accessed and received as recommended by the National Safe Motherhood Service Protocol of Ghana, i.e.: (i) at least four antenatal care visits; (ii) delivery assisted by a skilled birth attendant; and (iii) three postnatal cares within initial 48 hours, on seventh day, and on sixth weeks postpartum. It was found that only 8% of mothers completed CoC in rural Ghana in 2014.

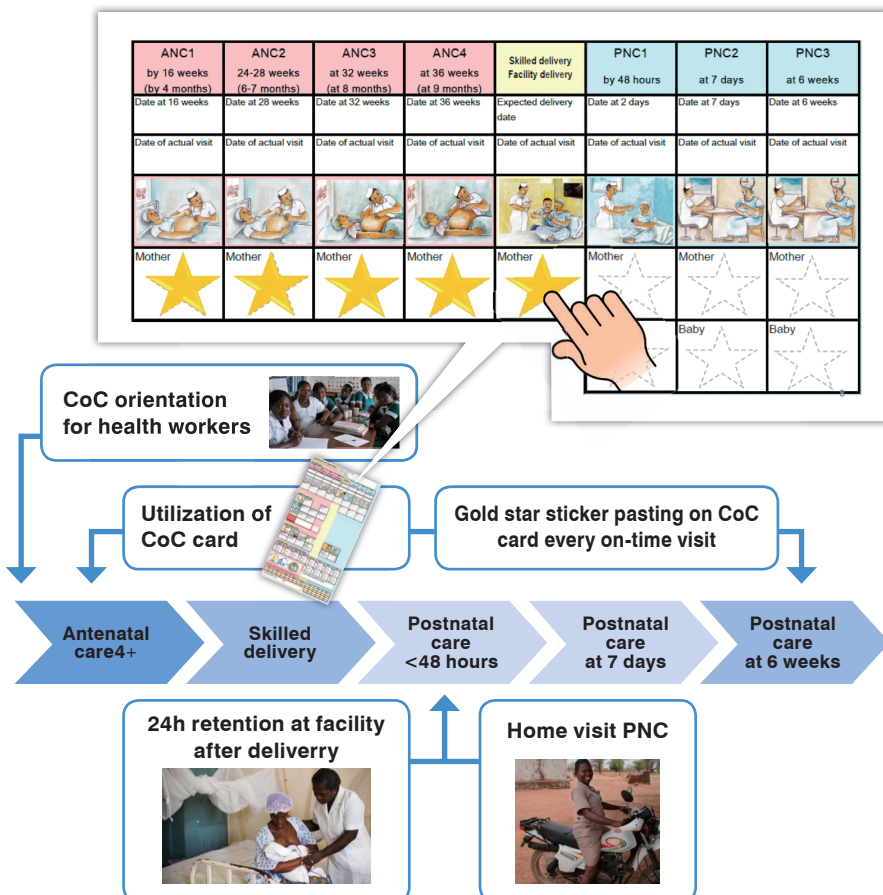
What is Ghana EMBRACE?

The Ghana EMBRACE is a trilateral research project conducted by Japan International Cooperation Agency, Ghana Health Service, and The University of Tokyo. The project aims primarily at improving MNCH through strengthening CoC from pregnancy to sixth week postpartum. A cluster randomized controlled trial was conducted using an effectiveness-implementation hybrid design. The trial targeted about 11,000 pairs of mothers and their newborns who lived in the northern (Navrongo), the middle (Kintampo), and the southern (Dodowa) parts of Ghana, during the period from October 2014 to December 2015.

The intervention package was developed based on the results of a formative research. The package was composed of four intervention elements: (i) training health workers on CoC; (ii) encouraging mothers to use the CoC cards; (iii) retaining mothers and newborns at facility for at least 24 hours after delivery; and (iv) providing home-visit postnatal care within initial 48 hours after delivery.

CoC Card: a one-page MCH Handbook

The CoC card is the tool in which the minimal information is embedded in easy wording with simple pictures, namely one-page MCH Handbook. As two separate types of home-based records (i.e. maternal handbook and child



▲ Figure 1. Function of CoC card

handbook) are operationalized in Ghana, the CoC card is designed to serve as the supplementary tool that strengthens linkage of use of these two home-based records for maternal and child health. Using the CoC card, a mother and a health worker can share the mother's CoC status at a glance. For example, a health worker gives a scheduled date for the next visit. If a mother comes back for the service as scheduled, the health worker puts a gold star sticker on the CoC card to reward her on-time visit. The health worker also provides health education, and records the results of essential services and danger signs in the card. Through the intervention, significantly, CoC completion rate has risen from 8% in the baseline to 50% in September 2015. What are the potential mechanisms through which the CoC card promotes CoC?

Connects mother with health workers

The CoC card has significantly helped improve mothers' attitudes on health. Mothers began to ask health workers health-related questions, trust in them, and come back on time to receive care. An interesting phenomenon was that mothers even demand a gold star sticker from health workers when they found it was missed. Such positive changes in mothers' attitude stimulated health workers to provide better quality of care. The CoC card plays a crucial role for educating mothers what they are supposed to do.

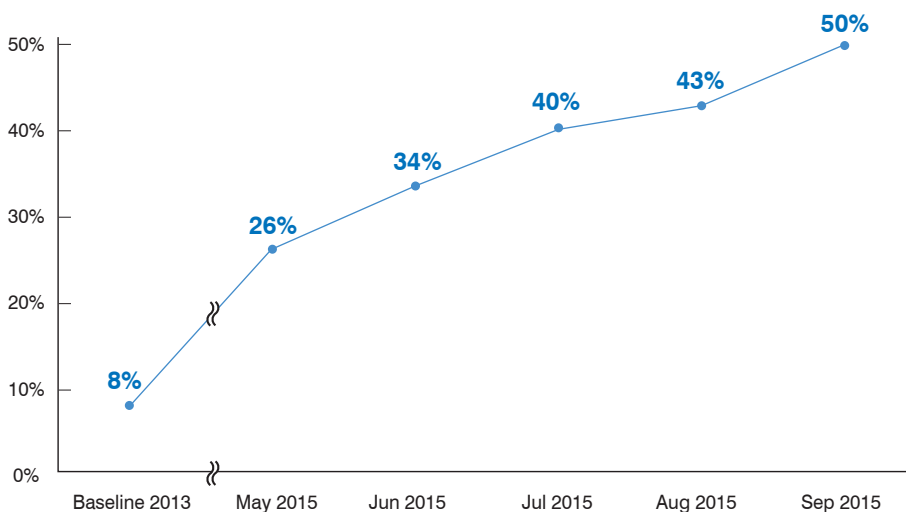
Connect mother, family, community- and facility health workers

Moreover, the CoC card has changed people's linkage to mothers. Family members became more supportive to prepare for delivery and achieving CoC. Community health officers (CHOs) undertook greater responsibilities in their catchment area for identifying pregnant women at the first trimester and distribute the CoC cards to mothers at the earliest manner, and follow them up. CHOs and facility-based health workers became mutually supportive to provide postnatal care to every mother and newborn at the right timing.

Conclusion

Refocusing on continuity of care with a tool like the CoC card is a potential solution to providing MNCH services to every mother and every baby, and accelerate UHC.

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▲ Figure 2. CoC Completion rate identified in monitoring

Further readings

1. Kikuchi M, et al. Ghana's ensure mothers and babies regular access to care (EMBRACE) program: study protocol for a cluster randomized controlled trial. *Trials* 2015; **16**:22.
2. Yeji F, et al. Continuum of Care in a maternal, newborn and child health program in Ghana: low completion rate and multiple obstacle factors' *Plos One* 2015; **10**(12): e0142849.
3. Kikuchi M, et al. Effective Linkages of Continuum of Care for Improving Neonatal, Perinatal, and Maternal Mortality: A Systematic Review and Meta-Analysis. *Plos One* 2015; **10**(9): e0139288.
4. Okawa S, et al. High incidence of neonatal morbidity and its implications for postnatal care in Ghana: a cross-sectional study. *Plos One* 2015; **10**(6):e0130712.