



Review of the Child Health Record in Ghana

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Inquiries should be directed to:

Chief of Party
Quality Health Partners
25 Senchi Street, PMP KIA
Airport Residential Area
Accra
GHANA

++233 (21) 778-558
++233 (21) 771-912
info@ghanaghp.org

The report will be available on-line at www.ghpghana.org

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TABLE OF CONTENTS

| | |
|---|-----------|
| LIST OF TABLES | 1 |
| ACKNOWLEDGEMENTS | 2 |
| ACRONYMS | 2 |
| EXECUTIVE SUMMARY | 3 |
| SECTION 1: BACKGROUND | 4 |
| 2.1 ROLE OF THE REVIEW TASK FORCE | 5 |
| 2.2 STUDY DISTRICTS | 5 |
| 2.3 STUDY DESIGN | 5 |
| 2.4 SAMPLING..... | 6 |
| 2.5 SUPERVISION OF THE SURVEY | 6 |
| 2.6 DATA MANAGEMENT..... | 7 |
| SECTION 3: RESULTS AND DISCUSSION | 8 |
| 3.1 CAREGIVER RESPONSES | 8 |
| 3.2 HEALTH WORKER RESPONSES | 10 |
| 3.3 SUMMARY OF COMMENTS ON THE CHR..... | 11 |
| 3.4 PRE-TEST OF THE REVISED CHILD HEALTH RECORD | 13 |
| SECTION 4: CONCLUSION | 14 |
| APPENDIX 1: SPECIFIC RECOMMENDATIONS RESULTING FROM THE PRE-TEST | 15 |
| APPENDIX 2: PICTURES OF THE OLD AND NEW CHILD HEALTH RECORD | 17 |

LIST OF TABLES

| | |
|---|----|
| Table 1: Regions and districts selected for study | 5 |
| Table 2: Education level of caregivers interviewed..... | 8 |
| Table 3: Usage of Child Health Record by educational background | 8 |
| Table 4: Main reasons for caretaker using the Child Health Record, by sex | 8 |
| Table 5: Source of Child Health Record and whether caregiver paid | 9 |
| Table 6: Reception of instructions on how to use the CHR, by sex and source | 9 |
| Table 7: Caregivers' perceptions of the main uses of the Child Health Record..... | 9 |
| Table 8: Use of Child Health Record in health counseling, by sex | 10 |
| Table 9: Types of health workers and their use of the Child Health Record..... | 10 |
| Table 10: Use of Child Health Record by health workers' years of service | 10 |
| Table 11: Health Workers' awareness and use of User Guide | 11 |
| Table 12: Summary of all comments from the review of the Child Health Record..... | 11 |

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ACRONYMS

| | |
|------|--|
| CHR | Child Health Record |
| CHS | Child Health Service |
| CWC | Child Welfare Clinic |
| GHS | Ghana Health Service |
| IEC | Information, Education, Communication |
| IMCI | Integrated Management of Childhood Illnesses |
| OPD | Out Patient Department |
| QHP | Quality Health Partners |
| SPSS | Statistical Package for Social Scientists software package |

EXECUTIVE SUMMARY

Quality Health Partners (QHP), in cooperation with the Ghana Health Service (GHS) and other bi-lateral partners, conducted this Child Health Record (CHR) review to assess and revise the existing CHR. The survey was conducted in three rural and three urban districts of three regions representing the three major ecological zones of Ghana. Survey teams collected data from caretakers of children under five years and health workers using separately designed questionnaires. Data were analysed using the Statistical Package for Social Scientists (SPSS) software program.

Results indicated that community health workers and midwives predominantly use the CHR for both sick and well child services (including growth monitoring and immunizations). Key findings for caregivers and health care workers follow:

Caregivers

- Caregivers perceived the main use of the book to be a record of the child's weight and immunizations.
- Caregivers who use the CHR to find information about their child's health have at least some education.
- Though men and women mainly use the CHR to find information on immunizations, men are more likely than women to use the CHR to find information about a child's illness.
- Although the CHR is supposed to be distributed free of charge, 88% who received the CHR through outreach programs paid either for the book or for a cover for the book.

Health Care Workers

- Almost all health workers interviewed had used the CHR, and most had found it to be a useful resource.
- The CHR is most commonly used at Child Welfare Clinics (CWCs) and least commonly used for nutrition counselling.
- Few health care providers knew there was a Users Guide for the CHR.

Caregivers and health workers also shared observations and recommendations for improving the CHR. Members of the task force discussed survey findings and made specific and general recommendations for changes to the CHR. Changes were implemented in line with these recommendations and then the revised CHR was pre-tested in two districts in two regions not selected for the initial survey. As in the survey itself, an urban and a rural district were purposefully selected in each region.

Results and data were collected from health workers and caregivers in the communities where the revised CHR was pre-tested, then recommendations were made for final revisions, based on both the initial survey and the pre-test. The final CHR has been agreed upon and formatted. Final printing and distribution throughout Ghana was to commence when the World Health Organization released its growth chart for African children.

SECTION 1: BACKGROUND

In recent years the GHS has introduced a number of new child health strategies and interventions, including:

- Integrated Management of Childhood Illness (IMCI)
- Two new vaccines: Hepatitis B and Haemophilus influenza type B (HiB)
- Vitamin A supplementation
- Roll Back Malaria Campaign

In order to incorporate these interventions into the routine health system, the GHS found it necessary to revise the previous child health record, which was called the “Road-to-Health” card. The new card was called the “Child Health Record” (CHR) and was introduced into the country’s health institutions between 2002 and 2004. Since the introduction of the CHR, it has been widely used. Still, Ghana’s health workers have offered numerous suggestions for how the card could be improved. Moreover, the change in the malaria treatment policy in early 2005 necessitated a revision of the CHR.

Thus, a task force composed of health experts from GHS and bi-lateral assistance organizations was formed. QHP took responsibility for the review and engaged a lead consultant to carry out the review, which included implementation of the survey, analysis, and pre-testing.

The review had three main objectives:

1. To assess the use of the CHR for the home management and prevention of childhood illness by caregivers.
2. To assess the use of the CHR for the management and prevention of childhood illness by health workers.
3. To incorporate views and comments from health workers and caregivers into a revised version of the CHR in order to make it more a more user-friendly Information, Education, Communication (IEC) tool for both the health worker and caregiver.

SECTION 2: ORGANIZATION AND METHODOLOGY

2.1 Role of the Review Task Force

A 12-member task force has overseen the revision of the CHR. The task force was comprised of representatives from the following agencies:

- EPI division of the GHS
- Health Promotion Unit of the GHS
- Institutional Care Division of the GHS
- Nutrition Unit of the GHS
- Reproductive and Child Health Unit of the GHS (two representatives)
- National Malaria Control Programme
- QHP (one representative and the lead consultant)
- UNICEF
- World Health Organization
- Independent Artist

Mrs. Mary Arday-Kotei, head of the Health Promotion Unit of the GHS, chaired the first task force meeting on July 21st, 2005. A number of integral decisions were made at that initial meeting. Specifically, the task force:

1. Came to general consensus on the scope of work for the review process and the timeline for completing the work
2. Decided the number and locations of the districts to be surveyed
3. Reviewed the survey tool itself
4. Agreed to review the findings from the research and work with the lead consultant to revise the CHR based on those findings.

2.2 Study Districts

Ghana's ten regions were divided according to the three prominent ecological zones: northern savanna, forest region, and coastal savanna. One region representing each of these three zones was randomly selected: the Upper East region for northern savanna, the Ashanti for the forest region, and the Greater Accra region for the coastal savanna. Then all districts in each of these three regions were categorized as urban or rural, and the task force randomly selected one urban and one rural district from each of the three regions. Please see Table 1 for regions and districts selected for the survey in each ecological zone.

Table 1: Regions and districts selected for study

| | | | |
|------------------------|------------------|---------------------|--------------------|
| Ecological zone | Northern savanna | Forest region | Coastal savanna |
| Region | Upper East | Ashanti | Greater Accra |
| Urban district | Bolgatanga | Kumasi Metropolitan | Accra Metropolitan |
| Rural district | Bawku-West | Ahafo-Ano South | Ga-West |

2.3 Study Design

The study used an exploratory design and used both in-depth interviews and a cross-sectional survey. In-depth interviews were conducted with caregivers with children below five years and key health providers who see sick children. The survey instrument was designed by the consultant, modified by the task force team, and pre-tested in the Awutu-Efutu-Senya District of the Central region (because it was not part of the official survey) prior to implementation. Trained interviewers administered the survey.

Both interviews and surveys collected the following information from the target groups:

Health Workers and Caregivers:

- What they liked about the CHR
- What they did not like about the CHR
- What recommendations they wanted to make

Caregivers:

- Whether caregivers use information on the CHR to treat children before seeking care
- Where the CHR was obtained
- Whether they paid money to obtain the CHR

Health Workers:

- How long a health worker had been working in his or her position
- Whether the CHR had been seen before
- Whether the CHR had been used for counseling before
- Whether the user guide had been seen before

2.4 Sampling

Interviewers reached a total of 780 respondents in the six targeted districts (130 respondents from each district). In each sub-district, purposeful sampling was employed to select caregivers with children below five years and health workers who see children.

The total sample of respondents selected in each sub-district was calculated based on proportionate sampling as follows:

$A/B \times N = C$, where

A = sub-district population

B = district population

N = number of questionnaires given to the district

C = total questionnaires to be distributed in the sub-district.

A pre-determined number (77% of C or n=100) of questionnaires were administered to male and female caregivers with children less than five years of age who live in communities in the sub-districts (and who were not also health center staff). Caregivers were randomly selected and interviewed based on who was easily available at the time of the survey. One limitation of this study was there was no systematic method for sampling caregivers: rather, it was a sample of convenience which included caregivers who were visiting a health facility and some caregivers who were in the community. Though this may have influenced the type of responses collected, it is unlikely that this caused significant difference in responses.

A pre-determined number (23% of C or n=30) of questionnaires were directed to the staff of district hospitals, CWCs, and sub-district clinics who treat or care for children. Respondents were randomly selected and interviewed based on who was easily available at the time of the survey.

2.5 Supervision of the Survey

Supervisors were recruited from the GHS, QHP, and the Malaria Consortium. They included a nutrition officer, a public health specialist, and a researcher. The supervisors received two days of training on research tools and data collection methods then assumed responsibility for supervising the data collectors during the survey.

Two data collectors were chosen in the Upper East, and the remaining data collectors were picked from a team of researchers based in Accra. Training of data collectors was held in Accra with the supervisors in attendance. Following training of data collectors, each team was formed and assigned to a district to administer the survey questionnaires.

2.6 Data Management

The questions on the survey were pre-coded for analysis. Data from the field was checked daily, post-coded as necessary, then numbered. Completed questionnaires were analyzed by the lead consultant using SPSS.

SECTION 3: RESULTS AND DISCUSSION

3.1 Caregiver Responses

The survey targeted caregivers from diverse educational backgrounds. Table 2 shows that 80% of caregivers interviewed had some form of education.

Table 2: Education level of caregivers interviewed

| | # of caregivers interviewed | % |
|-----------------------------|-----------------------------|-------|
| No education | 120 | 20.0 |
| Primary education | 315 | 52.5 |
| Post basic education | 165 | 27.5 |
| Total | 600 | 100.0 |

Of the 600 respondents, only 17.0% had ever used the CHR to seek information. However, almost 3 out of 5 respondents with a more than primary education used the CHR to seek information. **In fact, of the 102 caregivers who used the CHR to seek information, nearly all of them had attained more than a primary education.** It is interesting to note that of the caregivers with no education, none had ever used the CHR to seek information, which is likely due to their inability to read. See the table below for details.

Table 3: Usage of Child Health Record by educational background

| | # of caregivers interviewed | # of caregivers who used CHR | % of caregivers who used CHR |
|-----------------------------|-----------------------------|------------------------------|------------------------------|
| No education | 120 | 0 | 0.0 |
| Primary education | 315 | 7 | 2.2 |
| Post basic education | 165 | 95 | 57.6 |
| Total | 600 | 102 | 17.0 |

Caregivers most often referred to the CHR for immunization services. The most marked gender difference was that men were four times more likely to refer to the CHR when a child was sick (31.6% for men versus 7.8% for women). Only one respondent used the CHR to check on the child's growth (See the table below for more information.)

Table 4: Main reasons for caretaker using the Child Health Record, by sex

| Reason | Total (n) | % of Total | Female (n) | % | Male (n) | % |
|------------------------------------|-----------|------------|------------|-------|----------|-------|
| Immunizations | 78 | 76.4 | 53 | 82.8 | 25 | 65.8 |
| Sick child | 17 | 16.7 | 5 | 7.8 | 12 | 31.6 |
| Feeding of child | 4 | 3.9 | 4 | 6.2 | 0 | 0.0 |
| Confirm treatment at clinic | 2 | 2.0 | 1 | 1.5 | 1 | 2.6 |
| Growth of child | 1 | 1.0 | 1 | 1.5 | 0 | 0.0 |
| Total | 102 | 100.0 | 64 | 100.0 | 38 | 100.0 |

Table 5 shows that the majority of respondents paid for either the CHR booklet or for the cover, contrary to the policy that the CHR should be provided free of charge. Outreach points charged almost 9 out of 10 respondents for the booklet or the cover. The research did not investigate why this violation of policy occurred so frequently, but it is possible that

caregivers were asked to pay for the CHR because no senior staff supervised outreach activities. Also, the study did not ask how much the caregivers paid for the CHR.

Table 5: Source of Child Health Record and whether caregiver paid

| Source of CHR | # recipients | # who paid | % who paid |
|-----------------|--------------|------------|-------------|
| Health facility | 238 | 98 | 41.2 |
| Outreach | 362 | 320 | 88.4 |
| Total | 600 | 418 | 69.7 |

Table 6 shows that only approximately one in five caregivers were taught how to use the CHR by health workers, though those who received CHRs from health facilities were more likely to receive instructions than those who received CHRs from outreach points (35.7% compared to 19.3%). This finding was similar when controlled for gender of the caregiver.

Table 6: Reception of instructions on how to use the CHR, by sex and source

| Source | # received CHR | # received instruction on CHR | % total | # women who received CHR | # women who rec'd instruct. on CHR | % women |
|-----------------|----------------|-------------------------------|-------------|--------------------------|------------------------------------|-------------|
| Health facility | 238 | 85 | 35.7 | 212 | 79 | 37.3 |
| Outreach | 362 | 70 | 19.3 | 172 | 26 | 15.1 |
| Total | 600 | 155 | 22.1 | 384 | 105 | 27.3 |

Table 7 shows that the vast majority of caregivers cited either recording a child's weight or immunizations as the main uses of the CHR. A significant percentage of respondents also used the CHR for pre-school and to record sick child visits to health clinics.

Table 7: Caregivers' perceptions of the main uses of the Child Health Record (multiple responses possible)

| Use of the CHR | % |
|-----------------------|------|
| Recording Weight | 89.0 |
| Immunization | 87.3 |
| Pre-school | 23.0 |
| Attendance at clinics | 20.3 |
| Other | 3.2 |

Table 8 shows that 29.0% of caregivers said health workers used the CHR to talk to them about their children. However, there is a major gender difference in what health workers say to male and female caregivers. Male caregivers are much more likely to receive counselling on how to give treatments for a sick child and how a child should be fed, whereas women were much more likely to receive counselling on immunization from health workers. It is unclear exactly why this gender difference exists, though throughout the study it appears that men are more involved in their children's health when they are sick and women are more involved in routine health care activities such as immunizations and growth monitoring.

Table 8: Use of Child Health Record in health counseling, by sex

| | # respondents | # counseled | % counseled | Health topic |
|--------|---------------|-------------|-------------|---|
| Male | 216 | 52 | 24.1 | 69% - sick child treatment 23% - child feeding 8% - immunizations |
| Female | 384 | 122 | 31.2 | 81% - immunizations 13% - sick child treatment 6% - child feeding |
| Totals | 600 | 174 | 29.0 | |

3.2 Health Worker Responses

Almost all health workers interviewed (95%) said they had used the CHR and the great majority (93.6%) said they found it very useful. All public health and community health nurses had used the book and found it useful. Though medical assistants were the least likely to have used the book, the vast majority (87.9%) still had experience with it.

Table 9: Types of health workers and their use of the Child Health Record

| Type of health worker | # resp | % | # used CHR | % | # said useful | % |
|--|-----------|-------------|------------|--------------|---------------|--------------|
| General nurse / midwife | 69 | 38.9 | 66 | 95.6 | 63 | 95.4 |
| Public / community health nurse | 58 | 32.6 | 58 | 100.0 | 58 | 100.0 |
| Medical assistant | 33 | 18.0 | 29 | 87.9 | 23 | 79.3 |
| Medical doctor | 20 | 10.5 | 18 | 90.0 | 16 | 88.9 |
| Total | 180 | 100 | 171 | 95.0 | 160 | 93.6 |

When asked for what purposes they used the CHR, all but the most senior health workers reported that they mainly used the book to provide counselling related to immunization and growth monitoring at Child Welfare Clinics (CWCs). The most senior health workers mentioned using the CHR most often at the Out Patient Department (OPD). It is possible that most senior health workers interviewed were posted in clinics and hospitals and so spent most of their time with children during sick visits (instead of performing routine vaccinations or counselling on feeding). This finding also indicates the need to conduct a refresher training for senior health workers on the potential uses of the CHR. In fact, findings in Table 10 also indicate that all health care workers need a better understanding of uses of the CHR beyond activities conducted at CWCs. The training should include the potential of the CHR as a tool for recording medical history and providing counselling on feeding practices.

Table 10: Use of Child Health Record by health workers' years of service (multiple responses possible)

| Years of service | % Immunization (CWC) | % OPD/sick child | % Counseling on feeding |
|------------------|----------------------|------------------|-------------------------|
| 0-4 | 79% | 39% | 15% |
| 5-9 | 64% | 50% | 21% |
| 10-14 | 60% | 38% | 18% |
| >15 years | 26% | 65% | 26% |

Table 11 shows that only 22.2% of health workers were aware that a User Guide exists for the Child Health Record. Only 57.9% of those who were aware of the User Guide had actually used it, and no doctors or medical assistants had actually used it.

Table 11: Health Workers’ awareness and use of the Child Health Record User Guide

| Type of health worker | Aware of user guide | % Aware | Aware and used guide | % Aware and Used |
|---------------------------------------|---------------------|-------------|----------------------|------------------|
| General nurse/midwife | 12 | 17.4 | 6 | 50.0 |
| Public /Community health nurse | 25 | 43.1 | 16 | 64.0 |
| Medical assistant | 3 | 9.1 | 0 | 0.00 |
| Medical doctor | 0 | 0.0 | 0 | 0.00 |
| Total | 40 | 22.2 | 22 | 57.9 |

3.3 Summary of comments on the CHR

Table 12 summarizes the key findings from the in-depth interviews conducted with caregivers and health workers about the CHR. Overall, both caregivers and health workers were pleased with most aspects of the CHR. In general, the following suggestions were the most popular:

- Provide colour pictures (especially of food items).
- Invest in better quality paper for the cover and the pages.
- Add information about a child’s blood group and whether they were affected by sickle cell anaemia
- Increase and/or expand information to include side effects for vaccines, nutrition for children, and home management of basic illnesses.
- Provide recommendations for feeding children under two years who are not breastfeeding.

Table 12: Summary of all comments from the review of the existing Child Health Record

| Content | Liked | Disliked | Suggestions |
|-------------------------|--|---|--|
| Cover picture | 1. Green colour 2. Title of the book | 1. Boy is too big 2. Poor position of the baby on the breast | 1. Better positioning of baby at breast 2. Can we have real picture? |
| Vitamin A rich foods | 1. Variety of foods displayed 2. Nurse giving vitamin A | 1. Picture of foods is in black and white 2. Nurse not in nurses uniform | 1. Add liver to list of foods 2. Use coloured pictures of the food items or real photographs of foodstuffs 3. Change picture to same as nurse on page 4 4. Include messages on iron intake and anaemia prevention 5. Provide information on iodized salt |
| Immunization page | Everything on page | No information on side effects and responses | 1. List side effects of the vaccines 2. Provide information on what to do if side effects occur |
| Feeding recommendations | 1. Way age has been categorized 2. Display of pictures at the bottom of pages | Pictures of food are in black and white | 1. 0-6 months- remove 10 min and insert “allow the baby to breast feed until s/he releases the breast spontaneously” 2. 6-9 months- change family food to “4x” and stress that “food should |

| Content | Liked | Disliked | Suggestions |
|--------------------------------|---|--|---|
| | | | <p>be given in addition to breast milk”</p> <p>3. 6-9 months- Add animal source foods</p> <p>4. 9-12 months- remove supervise at 4th paragraph and insert “help”</p> <p>5. 12 months-2 years- Add, “if child is not breastfed</p> <p>-give 1-2 cups milk and</p> <p>-give 1-2 extra meals”</p> |
| Growth chart | Drawings showing developmental milestones | <p>1. Boxes are too small</p> <p>2. The absence of lines to help plot decimals</p> | <p>1. Increase size of charts</p> <p>2. Include 3rd flap</p> <p>3. Include small lines to allow plotting of decimals</p> |
| Family foods and snacks | Pictures of food items | <p>1. Pictures of food are only in black and white</p> <p>2. Porridge not very clear</p> | <p>1. Feeding after illness- add, “extra breastfeeding” at end of sentence</p> <p>2. Provide colour pictures of food items</p> <p>3. Clarify picture of porridge</p> |
| Home management of diarrhoea | <p>1. Pictures of bottles and ORS</p> <p>2. Picture of child breast feeding</p> | No comments | <p>1. Add “if exclusively breastfeeding, continue to breastfeed frequently”</p> <p>2. Add coconut to ORT</p> |
| Home management of fever | Information on what to do for fever | <p>1. Use of chloroquine</p> <p>2. Absence of table to explain paracetamol dose</p> | <p>1. Include dose of paracetamol</p> <p>2. Include information about drugs to treat malaria at home</p> |
| Assessment form for sick child | Information on key signs of childhood illness | No comments | No comments |
| Child feeding after illness | No comments | Information not visible | Display information for it to be seen |
| Quality of material | No comments | Paper is too light. | <p>1. Use a better quality paper for printing</p> <p>2. Not for sale should be clearly written</p> |
| General layout of the CHR | Well-designed | No comments | Should be hard to be protected from rain and children |
| Back cover of the CHR | Pictures showing danger signs | No comments | Use plastic sheet to protect from rain and oils |

3.4 Pre-Test of the Revised Child Health Record

The findings in this report (as described above) allowed the task force to develop a number of recommendations for changes to the original CHR. The majority of these recommendations were instituted, and then that revised CHR was pre-tested.

The general objective of pre-testing the booklet was to ensure that the final product adequately communicates correct messages that are well understood by the target audience (caregivers and health care workers) and thus that the booklet will be used. Specifically, the pre-testing aimed to:

- Determine the clarity of the content of the booklet, its suitability for assessing the child, and appropriateness as a dissemination channel for child health information.
- Assess the revised cultural relevance and appropriateness of the CHR.
- Identify potentially offensive aspects.
- Assess the language for appropriateness and comprehension.
- Check comprehension of illustrations.
- Solicit additional suggestions for improvement of the booklet.

Pre-testing consisted of in-depth interviews and focus group discussions with 89 members of the target audience (including both caregivers of children under five years and health care workers) in urban and rural districts in the regions of Brong Ahafo (representing the northern savannah ecological zone) and Volta (representing the coastal savannah ecological zone). The majority of respondents were female and health care service providers, including midwives, nutrition officers, and public and community health nurses. Caregivers included teachers, traders, housewives, students, hairdressers, telephonists, seamstresses and a few unemployed. Respondents ranged in age from 19 to 60 years. The majority (65%) were married. Most respondents (92%) were Christian, and the rest were Muslim.

Key findings from the Pre-Test are categorized as follows:

- All respondents said the booklet was attractive.
- No respondents found anything offensive in the booklet.
- All the respondents liked the font size of the text and the colour. They also said the size of the booklet was okay to be carried around.
- Caregivers said the text was educational and provided useful guidance for taking care of their children and record keeping.
- Health service providers found new and useful information in the booklet. They found it as a useful teaching aid for starting discussions in communities, CWCs, or health facilities.

Additionally, respondents, and especially the health care service providers, offered very specific suggestions to render the booklet more user-friendly. These are located in Appendix 1 of this report.

SECTION 4: CONCLUSION

QHP, in cooperation with the GHS, carried out a comprehensive review of the CHR. Through surveys and in-depth interviews with 600 caregivers and health care service providers in three regions, a wide range of commentary and suggestions were compiled. A task force consisting of health care professionals and an artist analyzed and reviewed recommendations, resulting in a revised CHR.

The revised CHR was then field-tested by 89 caregivers and health care service providers in two different regions. The pre-test resulted in additional specific recommendations for the final format (see Appendix 1), which were reviewed by the task force. For the final revised CHR, the task force and QHP recommend the following:

- All recommendations, including those listed in Table 12, Appendix 2, and in meetings by the task force, should be incorporated.
- The bold inscription “NOT FOR SALE” should be displayed on the front cover. This will deter health workers from selling the CHR. Reports of the sale of the CHR should be carefully followed-up, especially in the case of outreach staff.
- A water and oil resistant covering for the Child Health Record should be developed to serve as a deterrent to the sale of covers at clinics and outreach points.

To accompany the final, revised CHR, the task force and QHP suggest the following:

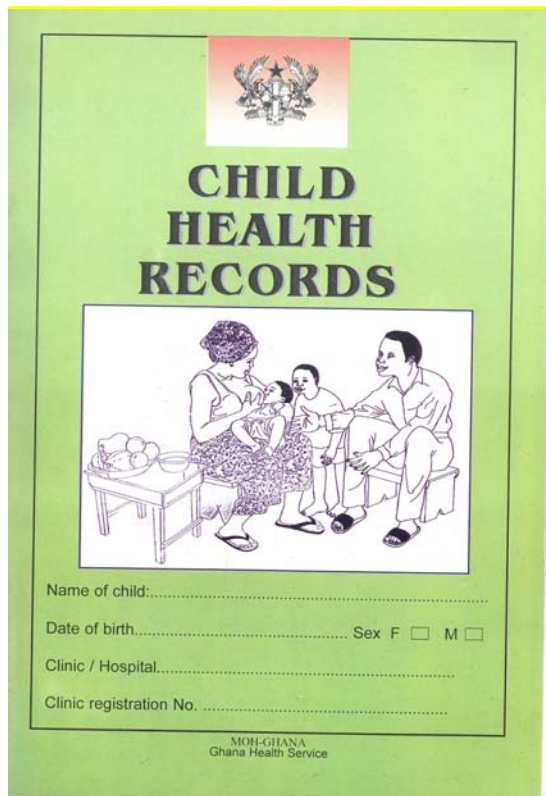
1. The User-Guide for the Child Health Record should be reviewed and revised to make it compatible with the revised Child Health Record.
2. All categories of health staff, especially all those who see children, should be trained in the use of the Child Health Record using the User-Guide.
3. The importance of the use of the Child Health Record as an education and counselling tool should be stressed in trainings of health care service providers.
4. Health care service providers must be trained to use information in the Child Health Record to educate caregivers on their children’s illness.

Appendix 1: Specific Recommendations Resulting from the Pre-Test

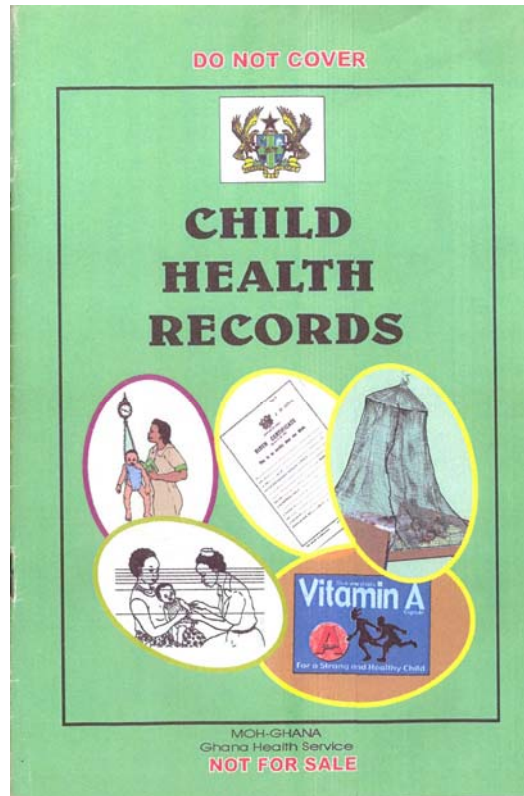
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| Cover page | <ul style="list-style-type: none"> • The inscription “Do Not Cover” was not understood by most mothers interviewed. (They did not understand what was not to be covered.) When it was explained to them that no wrapper should cover the cover pages, they said nurses sold covers to them. They could not suggest a clearer phrase, but said researchers should find a phrase that would be understood by mothers. • The musical lines on the picture of the nurse immunizing the child should be deleted. • The Vitamin A logo with children running is deceptive. It should be replaced with a picture of a nurse giving a Vitamin A drop. • The nurses interviewed preferred the present cover page to the two previous ones because they said it more accurately portrays the services provided during CWCs. |
| Back of cover page | <ul style="list-style-type: none"> • The mother and child sleeping under the mosquito net is not too clear, the picture must be made sharper. |
| Page 1 | <ul style="list-style-type: none"> • “Date first seen” should read “Date first seen at CWC or weighing centre.” • Under “Brothers and Sisters,” some mothers felt that there should be a column for names of brothers and sisters. Nurses felt it is okay the way it has been done. |
| Page 3 | <ul style="list-style-type: none"> • Respondents suggested that under “Immunisation and Vitamin A”, the vaccine and date area was rather confusing because it did not indicate clearly where the vaccines and date should be placed on the sheet. The vaccines and date should be clearly indicated as it was in the previous booklet. • Mothers interviewed in the Brong-Ahafo region indicated that a page should be used to explain the benefits of the various vaccines and when each should be received. |
| Page 4 | <ul style="list-style-type: none"> • The caption on page 3 should be repeated on page 4. • The woman giving the vitamin A drop should be a nurse. • The size of the food samples in the picture should be increased for clarity. • “Fortified” is too big a word. Instead use “oils and margarine with vitamins.” |
| Page 5 | <ul style="list-style-type: none"> • The heading “Feeding Recommendations and Health and Sickness” should be closer than it is or should be repeated on page 6. • The breast feeding woman in the first column from birth to 6 months should be replaced with the breastfeeding picture on page 13a. • One nurse in Sunyani suggested that the second-to-last sentence in column 2 should read “Introduce new food gradually” instead of “Feed new foods patiently.” • The last word was omitted in the last sentence in the second column under 6 to 9 months. It should read “feeds.” • There should be a sentence (footnote) under the page that says, “see pages 11 and 12 for varieties of food, drinks and snacks for your children.” |
| Page 6 | <ul style="list-style-type: none"> • The “f” in the often in the first sentence under 12 months to 2 years is not visible. |
| Page 7 | <ul style="list-style-type: none"> • The page number is missing. |

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| Page 8 | <ul style="list-style-type: none"> • The picture of the 18 month old baby looks sick. • The picture must be enlarged. • The picture of the 24 month old baby should look sharper. |
| Page 10 | <ul style="list-style-type: none"> • Page 10 and page 12 should be switched. • Under “seeing” bullet 4, squints should be in brackets after crosses. |
| Page 11 | <ul style="list-style-type: none"> • The “thick” under porridge should be bold for emphasis. • Under “Snacks in between meals” the brackets around Bofrot should be removed. |
| Page 13 | <ul style="list-style-type: none"> • The illustration on ORS should be made sharper. |
| Page 14 | <ul style="list-style-type: none"> • Under home management of fever, e.g. 1., after “room temperature”, we should put “Luke warm water” into brackets. |
| Page 15 | <ul style="list-style-type: none"> • The whole page should be in colour to clearly show the two different tablets. |
| Other | <ul style="list-style-type: none"> • The booklet should have a hard cover to make it last longer. • The malaria chart should be in colour to help mothers and guardians of children to know the differences in malaria drugs as well as the correct dosages. |

Appendix 2: Pictures of the Old and New Child Health Record



Old Child Health Record



Revised Child Health Record