The 6th International Conference on Maternal and Child Health (MCH) Handbook

Tokyo, Japan - November 8 to 10, 2008

Conference Proceedings

世界の母子手帳

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The 6th International Conference on Maternal and Child Health (MCH) Handbook

November 8 to 10, 2008
Tokyo, Japan

This proceedings is based on the speeches, reports and discussions during the 6th International Conference on Maternal and Child Health Handbook, held in Japan on November 8 to 10, 2009. The conference was jointly organized by the International Collaboration Division, School of Human Sciences, Osaka University, Japan and by the Nonprofit Organization HANDS (Health and Development Service). The views expressed in this proceedings are those of the invited speakers and guests and do not necessarily reflect those of the organizers.

The front cover was designed with the MCH Handbooks from selected countries.
It was designed by Miyako Shinohara and Izumi Kurihara.
The conference logo was designed by Izumi Kurihara.

Preface

We are very pleased to have hosted the 6th International Conference on Maternal and Child Health (MCH) Handbooks in Tokyo, in the same year as the 4th Tokyo International Conference on African Development (TICAD IV) and the G8 Hokkaido Toyako Summit.

Recently, the concept of MCH handbooks has been warmly welcomed and appreciated by many countries, thanks to projects run by governments, UN agencies, the Japan International Cooperation Agency (JICA), and NGOs. More than 350 health professionals, government and donor organization officials, academics, researchers, NGO/NPO representatives, and university students, from over 15 countries, participated in this international conference on MCH handbooks.

In the 21st century, MCH Handbooks are being reevaluated from a global health perspective, partly because MCH Handbooks can guarantee the kind of continuum of care needed to improve maternal, neonatal and child health. MCH Handbooks, by their very nature, enforce the message that child care should start during pregnancy while maternal care should continue after delivery. Thus they can promote a harmonized mélange of MDGs 4, 5 and 6 in order to improve child health care, maternal health care and infectious disease control. They can also strengthen human security by enabling people to develop the capacity to cope with difficult conditions.

The 6th International Conference on MCH Handbooks facilitated the exchange of information and strengthened solidarity between professionals who were keen to advocate the use of MCH Handbooks. MCH Handbooks are the starting point and a basic tool for promoting maternal and child health. In a multiplicity of cultures and customs, we will pursue maternal and child health to ensure an improvement in the quality of lives of mothers, children and families around the world.

We would like to express our deepest gratitude to the UNFPA and UNICEF, as well as many individual contributors and organizations, for their invaluable support in hosting this conference.

Prof. Yasuhide Nakamura, MD, PhD
Chair, The 6th International Conference on Maternal and Child Health Handbooks
Professor, Osaka University
Executive Director, Health and Development Service (HANDS)

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Conference Report

Continuity of Maternal, Neonatal and Child Health Care through MCH Handbook for Ensuring the Quality of Life

(Child Research Net: http://www.childresearch.net/RESOURCE/RESEARCH/2009/exfile/BHUIYAN_NAKAMURA.pdf)

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Key words: Maternal health, child health, neonatal health, handbook, continuum care, developing countries, Japan

Comprehensive approaches of health promotion and the quality of reproductive health care have been identified as key elements of MCH handbook development strategy. After adopting the strategy and getting experience from Japanese MCH handbook some countries have been implementing handbook system in its regular MCH program. Since 1998 International symposium and conference on MCH handbook multidisciplinary experts contributed their valuable thoughts, which were focusing mainly on MCH handbook initiatives, development, expansion as well as approaches to its utilization and research scopes. Specific actions are proposed for advocacy, communication, networking, collaboration, and partnerships for the development, implementation, monitoring, evaluation and sustainability of MCH handbook program in the world. The successful outcome of model projects and or field researches i.e. community based and hospital based survey find out the effects of utilization of handbooks in various countries. Up until now, International collaboration symposium and conference on MCH handbook experts have exchanged and shared evidence from several countries. Experts also have suggested that development of MCH handbook has been successful in making policy out of practice and vice versa through effective approach. MCH handbook therefore, could be an effective tool for continuity of maternal, neonatal and child health care to ensure the quality of life.

Introduction:

The maternal and child health (MCH) handbook is one of the comprehensive health promoting home-based booklets which includes birth planning, pregnancy related health check up schedules and emergency care, delivery information, postnatal care, family planning, immunization, neonatal and child care guide and acts as a two way communication tools

between health care provider and pregnant mother & their families to raise awareness on safe motherhood and quality maternal and child health services.

The purpose of MCH handbook is to incorporate information that ranges from primary health care to specific issues of reproductive health, pregnancy and child care; acts as a motivational tool for health care providers and pregnant mothers' family to assist and encourage to empowerment of pregnant mothers to seek medical care, where and how, when needed; provides with home base medical records, referral documents of pre and post natal mother and child health care services to assures the continuum of care.

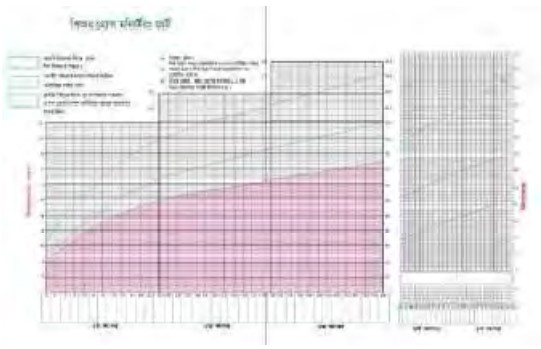
Cover of Selected MCH Handbooks in the world

MCH Handbook Conference:

This report summarizes the recent past and current international development on maternal and child health (MCH) handbook activities and opportunity as well as challenges it poses. Comprehensive approaches of health promotion and the quality of reproductive health care have been identified as key elements of MCH handbook development strategy. After adopting this strategy and getting experience from Japanese MCH handbook, some countries have been implementing MCH handbook system in its regular MCH program, Indonesia, Vietnam, and Thailand are among the few.

Selected content pages from Bangladesh MCH Handbook 2008: Birth Planning

Oral rehydration salts (ORS) preparation instruction for diarrea treatment at home



Child Health Growth Monitoring Graph

However, several difficulties have been experienced by some of the developing countries in the way to achieve successful development and utilization of MCH handbook in its national health system, due to lack of budgets, human resources, and awareness among people. International collaboration, one of the strategies for handbook development, is expected to alter the problematical situation by assembling health personals, policy makers, and donors together under one roof.

International symposiums and conferences are regarded to be initiatives which enhance international collaboration. The first International symposium on MCH handbook was started in 1998 in Tokyo followed by Manado, Bogor in Indonesia, ASEAN Institute for Health Development (AIHD), Mahidol University in Thailand and Ben Tre in Vietnam by the year 2001, 2003, 2004, and 2006 respectively. Up until now, nearly 200-350 participants from 10-16 countries have shared their knowledge and experiences in each international symposium and conference.

The multidisciplinary resource personnel's contributed their valuable thoughts, which were focusing mainly on handbook initiatives, development, expansion, as well as the approach to its utilization and research scopes. Specific actions are proposed for advocacy, communication, networking, and collaboration, partnerships for the development, implementation, monitoring, evaluation, and sustainability of MCH handbook program around the world.

The 6th International Conference on MCH Handbook, Tokyo Nov 8-10, 2008

The 6th International Conference on Maternal and Child Health (MCH) Handbook held from November 8-10, 2008 in Tokyo, Japan. The conference hosted by International Collaboration Division, Osaka University, Japan and Health and Development Service (HANDS) with other international collaborative support partners i.e. UNFPA Tokyo office, UNICEF Tokyo, and Japan International Cooperation Agency (JICA). The theme of the 6th International Conference was "MCH Handbook for the Promotion and Maintenance of Maternal, Neonatal and Child Health Care and the Integrated Achievement of Millennium Development Goals (MDGs) 4, 5 and 6: Ensuring the Quality of Life through MCH Handbook". It was attended by 350 participants representing 16 countries around the globe.

During three-day conference, 4 panel speaker presentations, 9 countries oral country report presentations, 3 plenary presenter entitled "Introduction and evaluation of MCH handbook program, International collaboration and MCH handbook, Research evidence on

MCH handbook program" as well as a daylong field visit at Hitachiomiya city, Ibaraki prefecture was taken place.

Opening Speech(s):

In the opening session Prof. Keizo Takemi of Harvard School of Public Health stated that maternal and child health care had been identified as an important agenda on the global health. He added Japanese role to the world at large to strengthen health care system underlining the concept of human security and protection by human empowerment through MCH handbook. Mr. Yoshihisa Ueda of JICA emphasis on international assistance to improve maternal and child health and initiatives to develop country focused MCH handbook and its management training in accordance to local needs. Dr. Kiyoko Ikegami, Director, UNFPA Tokyo Office pointed out the most lagging Millennium Development Goal 5-Maternal health and UNFPA is working on MDG 5 to improve maternal health through safe motherhood initiatives. Mr. Dan Rohrmann, Deputy Director UNICEF New York Office welcome conference delegates from 16 countries and finally, Professor Dr. Yasuhide Nakamura, Ph.D., Representative of HANDS and Professor, Department of International Collaboration & Research Center for Civil Society, Graduate School of Human Sciences, Osaka University, Japan delivered an opening speech entitled "MCH Handbook in the World" and presented remarks on Japanese experiences and global needs in the 21st century towards continuum of care for pregnant mother, newborn babies, infants and child health care.

Panel Discussion and Country Report:

In the first day afternoon 4 panelist were presented in panel discussion (presentation title and presented by as below) under the sessionentitled "Ensuring the Quality of Life through MCH Handbook".

1. MCH Handbook in an effort to achieve MDG 4& MDG 5 by Dr. Budihardja of the Republic of Indonesia 2. 23 years of MCH Handbook in Thailand Since 1985 by Associate Professor Sirikul Isaranurug from Thailand 3. Handbbok on Maternal and Child Health - Toward its Use in Vietnam by Dr. Dinh Thi Phuong Hoa of MoH, Vietnam 4. Improvement of Maternal, Neonatal & Child Health in Bangladesh through MCH Handbook by Dr. Shafi U. Bhuiyan, from Bangladesh.

The session was concluded by Prof. Dr. Azrul Azwar (Indonesia) as follows:

It was a very comprehensive and informative presentation with regards to the MCH handbook program from each country and from the presentation it is clear for us that the use of

MCH handbook has contributed to a lot of benefits not only to the health provider, we could use it as a tool, and use it to monitor the patient; but also for the health consumers, the mothers and families, because they can use this book as a source of information, so then their knowledge and attitude can be improved.

The use of MCH handbook have contributed for the progress of maternal and child health in the country. Such as improvement of immunization and nutrition education, iodine deficiency reduction which in turn contributes the quality of the services. As we know the quality is important now because the level of education of people has increased, so all the educated people need quality services. So these are the benefits of using the MCH handbook in MCH program.

However there are still a lot of challenges. The most important challenge is how to keep the program sustainable. So, sustainability of the program is really important for this and a lot of advice had been given. The most important thing is to include the government, and the government should include the program into the routine activities on MCH activities implemented in the country.

On the second day of conference 9 countries' reports were presented, presentation title and presenters names are as follows-

1. MCH Handbook -Rational in Mongolia by Dr. *G.Soyolgerel,* Mongolia 2. Child Health Handbook in Mahajanga Madagascar by Dr. *Norotiana Rabesandratana*, Madagascar 3. Country Report on MCH situation and MCH Hand Book in Lao PDR by Dr. *Chandavone Phoxay*, Lao PDR 4. Maternal and Child Health and the MCH Handbook in the Philippines by Assoc. Prof. *Marilyn Crisostomo*, Philippines 5. Cambodian MCH Handbook by Mr. *Hang Vuthy*, Cambodia 6. Maternal and Child Health Program in Dominican Republic by *Maria Morfe*, Dominican Republic 7. Development of MCH Handbook in Palestine by *Assad Ramlawi*, Palestine 8. MCH Handbook of Utah: Baby Your Baby Health Keepsake by *Marie Nagata*, USA 9. Maternal and Child Health Handbook in Japan by *Noriko Toyama*, Japan.

Plenary Session:

There were 3 plenary speakers at the 6th International Conference on MCH Handbook; Presentation title and Presenter(s) as follows- 1. Introduction and Evaluation of MCH Handbook Program presented by Dr. *Agustin Kusumayati* of Indonesia 2. MCH Handbook and International Collaboration presented by *Keiko Osaki*, from JICA 3. Research Evidence on MCH Handbook presented by Dr. *Rintaro Mori from* Japan.

Hitachiomiya Field Visit:

Hitachiomiya city was created in 2004 by merging of two towns and three villages. The city has a population of 46,435 people (male 22,715; female 23,720 as of October 2008), with an area of 348.38km2 and a total of 16,292 households. Hitachiomiya is located on the northwest side of Ibaraki prefecture and within 2 hours driving distance from Tokyo.

Hitachiomiya launched the Maternal and Child Health Plan (2007-2011) with the purpose of "Developing a community of healthy mothers and children". In this city parents are encouraged to obtain their "Parents and Children Health Handbook (PCHH)" by week 11th of the pregnancy and to comply with all the health checkups during pregnancy and breastfeeding; besides, the city conducts healthy child-rearing classes and public health nurses and nutritionists provide orientation during home visiting on a permanent basis.

The opportunity for mothers to pass wisdom and culture to their daughters is rare nowadays. With the idea of "rearing" parents while they are raising their children Hitachiomiya developed their version of PCHH. A multidisciplinary group of professionals related to maternal and child health (public health nurses, nutritionists, and nursery and special education teachers) gathered together to develop the handbook. The process took one year; they also received valuable advice from Ms. Masako Kobayashi from the National Institute of Public Health. The PCHH is being used since July 2004.

Characteristics of the Hitachiomiya City "Parents and Children Health Handbook"-It's 112 pages (a) kept some pages to record growth until the user becomes 20 years old (b) there are more spaces than usual for parents to write down messages for their children (c) a page for father's message has been included to foster fathers' participation (d) contents are indexed by period: pregnancy, breastfeeding and infancy. At present, the PCHH is being used as an educational material for all junior high school students. In the near future, all primary and junior high school students will use their handbooks with their personal health information as an educational material.

Purpose of the Field Visit:

The purpose of the field visit are to learn from the opinions of people from different backgrounds with regards to the use of the Parents and Children Health Handbook (PCHH) and to observe its current usage in the community; to learn the experience in developing the PCHH for long-term usage; to observe the actual situation of the Healthy Infant Checkup system in Japan and to consider the implication in the participant's country; to learn about the Japanese maternal and child health problems (breastfeeding, low birth weight babies, child rearing, etc.) and to consider the implication in each country.

Total 45 international delegates visited Hitachiomiya Saiseikai Regional Hospital.

After a brief lecture on Pediatric Medical Services in a Regional Institution by Dr. *Hideki Kumagai* MD, PhD, participants visited different facilities of that hospital. Followed by the hospital visit participants moved to a community health center to observe MCH handbook activities at health center level as well as witness of other related activities there. Cordial welcome and hospitality were offered by Hitachiomiya City Mayor Mr. Mitsugi Shinichiro. Local Health Promotion Center Chief Mr. Osamu Yokoyama and other local staff also briefly demonstrated regarding ongoing activities providing by the center. Latter all participants observed 8-month old children orientation visit activities and enjoyed chat with parents who are long-term users of the PCHH.

Future Challenges:

MCH handbook program, as evidence indicates, would be the most effective information tool when health professionals and health volunteers show active participation and when health care delivery systems exist. The contents should be appropriate according to the community, so that it can be introduced into the community, self-reliance and self determination of community workers should be at place, and the written message should be understandable by majority of the workers. Moreover, when there are many illiterate people, MCH handbook should have many pictures and figures. Utilization, training and management of MCH handbook program as well as collaboration between stakeholders i.e. GO-NGOs, professional and development partners are also crucial to expand and sustainable development of MCH Handbook initiative in the world for ensuring the quality of life through MCH Handbook.

The next 7th International Conference on MCH Handbook will be held in Dhaka, Bangladesh in

2010. We also plan to establish an international committee for promoting MCH handbook to ensure the quality of lives of mothers and children in near future.

If you are interested in MCH Handbook Program, please contact us for more details:

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Conference Report

第 6 回母子手帳国際会議レポート
―母子手帳を通じた国際協力―

(Child Research Net: http://www2.crn.or.jp/blog/report/01/35.html)

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中村 安秀（特定非営利活動法人 HANDS 代表理事、大阪大学大学院人間科学研究科 教授）

1. はじめに

HANDS（Health and Development Service）は、保健医療の仕組みづくりと人づくりを通して途上国を支援している NGO です。現在、スーダンやインドネシア、ブラジル、ホンジュラスなどで、コミュニティ住民への保健サービス向上を目的とする活動を行うほか、日本の母子手帳や母子保健制度を参考にして自国での母子手帳普及をめざす人々を支援するため、国際シンポジウムや研修を実施しています。本稿では、2008 年 11 月に開催した第 6 回母子手帳国際会議と、世界に広がる母子手帳の取り組みについてご紹介します。

※母子手帳は正式には「母子健康手帳」と言いますが、本稿では通称にならい「母子手帳」と記述します。

2. 母子手帳は日本発のコンセプト

妊娠したら母子手帳を受け取り、妊婦検診の結果を記入してもらい、赤ちゃんが生まれたら子どもの体重や身長、予防接種の記録を書いてもらいます。日本では当たり前の光景ですが、妊娠中から幼児期までの健康記録をまとめた 1 冊の手帳をもっている国は世界でも数少ないのが現状です。

日本で母子手帳の配布が始まったのは、戦後の復興さなかの 1948 年。当時の母子手帳は、手書きでガリ版刷りの手帳に粉ミルクの配給記録が記載されており、紙質も悪く、わずか 20 ページのものでした。しかしこの母子手帳は、戦後めざましい改善を見せた日本の乳児死亡率の減少にも大きく貢献したといわれています。

母子手帳の特長は妊産婦、新生児、小児に対して一貫した継続的ケアを受けられる利点のほかに、記載された健康記録を保護者が管理できる、医療機関を変更する際にも利用できる、保健医療サービス提供者と利用者のコミュニケーションの改善に役立つ、母親や父親の知識・態度・行動の変容を促す健康教育教材など種々の側面があります。

この日本独自のシステムとも言える母子手帳が、いまアジアやアフリカをはじめとする世界の国々から関心を集めています。

3. 途上国がかかえる母子保健の問題

現在途上国では、かつて日本が経験した乳幼児死亡、そして妊産婦死亡の削減課題に直面しています。

国連ミレニアム開発目標（MDGs）では、グローバルな課題として、8 つの目標の中に母子保健に関する目標「乳幼児死亡率の削減」（MDG4）、「妊産婦の健康の改善」（MDG5）を掲げ、2015 年を期限に目標達成をめざしています。しかし折り返し地点を過ぎ、一部には改善が見られますが、母子保健の 2 つの目標、特に妊産婦の健康改善については進捗の遅れが指摘されています。

母子手帳は MDG4・5 を包括した、母親と子ども双方の健康を守るツールとしても高い期待が寄せられています。

ミレニアム開発目標（MDGs：Millennium Development Goals） 達成期限：2015 年	
目標 1	極度の貧困と飢餓の撲滅 1 日 1 ドル未満で生活する人々の割合を半減させる
目標 2	普遍的な初等教育の達成 すべての子どもたちが、男女の区別なく初等教育の全課程を修了できるようにする
目標 3	ジェンダーの平等の推進と女性の地位向上 初等・中等教育において、すべての教育レベルで、男女格差を解消する
目標 4	乳幼児死亡率の削減 5 歳未満児の死亡率を 3 分の 2 引き下げる
目標 5	妊産婦の健康状態の改善 妊産婦の死亡率を 4 分の 3 引き下げる
目標 6	HIV/ エイズ、マラリア、その他の疾病の蔓延防止 HIV/ エイズの蔓延を防止し、その後減少させる
目標 7	環境の持続可能性の確保 安全な飲料水と基礎的な衛生施設を継続的に利用できない人々の割合を半減させる
目標 8	開発のためのグローバル・パートナーシップの推進 OECD/DAC ドナー諸国の ODA 純額の対国民総所得（GNI）比を、 ODA 全体としては 0.7%、後開発途上国向けには 0.15~2% を目標とする

ミレニアム開発目標とは
2000 年 9 月国連ミレニアム・サミットで 147 の国家元首を含む 189 の加盟国代表により、21 世紀の国際社会の目標として採択された「国連ミレニアム宣言」と、1990 年代に開催された主要な国際会議やサミットで採択された国際開発目標を一つの共通の枠組みとしてまとめられたものがミレニアム開発目標です。

4. 第 6 回母子手帳国際会議レポート

2008 年 11 月 8 日－10 日、HANDS は大阪大学大学院人間科学研究科国際協力学講座と共に、「第 6 回母子手帳国際会議」を主催しました。本会議は母子手帳に関する経験や知識を共有することを目的とし、1998 年に東京で「第 1 回母子手帳国際シンポジウム」を開催して以降、インドネシア・タイ・ベトナムと継続、そして 10 年目を迎え、母子手帳の誕生から 60 年目となる 2008 年に再び日本での開催となりました。

回を重ねるごとに参加国も増え、今年はアジアを中心に日本を含め 16 ヵ国の代表者が出席。さらに、ユニセフや国連人口基金からの協力や、外務省・厚生労働省・JICA・日本医師会・日本小児科学会・日本助産師会・母子衛生研究会から後援をいただき、企業や医療機関などからの協賛・寄付のご協力を得て、6 回目の開催で初めて一般参加登録を受け付けました。

第 1 日目（11 月 8 日）は、国連大学を会場に、秋篠宮妃殿下 紀子様にもご臨席賜り、福田前総理ご夫人 貴代子様、参議院議員 南野知恵子氏をはじめ、300 名を越える多くの参加者が席を埋めました。

第 1 部オープニングセレモニーでは、母と子の健康を守る国際的な情勢について国際機関などが講演。第 2 部パネルディスカッションでは、タイ、インドネシア、ベトナム、バングラデシュの代表が各国の母子手帳の取り組みや課題について発表し、その後会場からの質疑応答を受け付け、母子手帳のさまざまな意義や役割について理解を深める機会となりました。また会場前のホールでは、HANDS が保管する世界の母子手帳を展示。カラフルで各国の特徴が表れた母子手帳を手にとり興味深く閲覧する姿が多く見られました。

なお、この 1 日目の会議の模様は NHK ニ

ュースや NHK 衛星放送で報道され、国内外へのアピールともなりました。

第 2 日目(11 月 9 日)は、会場を JICA 東京国際センターに移し、参加国の中からモンゴル、マダガスカル、ラオス、フィリピン、カンボジア、ドミニカ共和国、パレスチナ、米国（ユタ州）、日本の代表による、母子手帳取り組み状況の国別レポートが行われました。

文化や民族、地理的な問題など、国によってさまざまな事情があり、母子手帳にもどのような違いが表れているのか、多くの参加者が関心を持って耳を傾け、積極的に質疑応答が展開されました。また、現在試験的に母子手帳の開発・普及を進めている国では、主に手帳の内容に関する試行錯誤が行われていました。それに対し先行国から「AIV/AIDS やマラリアなどの感染症に関する情報も入れてはどうか?」、「母子の死亡を減少させるという視点からは、いろんな情報が有益である」などの発言があり、活発な意見が交わされる場面も見られました。

一方、すでに自国の母子手帳を普及させ検証・改訂を重ねている国でも、全ての母子に安定した保健サービスを提供する仕組みづくりや、母親（両親）側のさらなる活用促進など、より母子手帳の利用効果を高めるための課題に直面していることがわかりました。

最後に、全体会議としてインドネシアの Dr. Agustin、尾崎敬子氏（JICA）、森臨太郎先生（大阪府立母子保健総合医療センター）が講演。森先生の講演「研究調査と母子手帳」では、政策立案者への説得材料ともなる明確なエビデンス（evidence）を集めるため、母子手帳の効果を疫学的に検証するという新たな提案がなされ、まずはモンゴルで調査をはじめることが紹介されました。2 日間を通し、国や立場によって異なるさまざまな知見や経験が多くの参加者に共有され、第 6 回母子手帳国際会議は成功裏に終了しました。

5. フィールド視察の現場からー日本の母子手帳の変化ー

会期３日目となる 11 月 10 日は、日本の医療施設と保健センターの現場における母子手帳の使用状況や保健サービスの視察研修を目的として、茨城県常陸大宮市の常陸大宮済生会病院と総合保健福祉センター「かがやき」を訪問しました。（本視察は、海外ゲスト 45 名と主催者のみが参加。）

常陸大宮市の母子保健と親子健康手帳

常陸大宮市では「母子ともにすこやかに育つまちづくり」を目標として、母子保健計画（2007～2011 年）を策定。とくに、母子の健康づくりでは、「親子健康手帳」を妊娠 11 週までに取得するように推進し、妊娠期から乳幼児期にかけての健診の充実、子育て健康教室の実施、保健師や管理栄養士などによる訪問指導などが実施されています。

また、「母から娘へと伝えられていた子育ての知恵や文化がなくなりつつあるなかで、お母さんにもお父さんにも、子育てしながら親として育ってもらいたい」という思い

から、2004 年 7 月から「親子健康手帳」の使用を開始しています。

常陸大宮市の親子健康手帳には、次のような特徴があります。

1）112 ページと、厚生労働省の標準版よりもページ数が多い

2）子どもが 20 歳になるまで使えるように、20 歳までの成長記録のページがある

3）親から子どもへのメッセージを書き込めるようにした

4）お父さんの参加を前提に、父親のメッセージを盛り込んだ

5）使いやすいように、妊娠経過、乳児期、幼児期と項目ごとのインデックスを付けた

さらに、現在では中学生を対象にした性教育の場においても、親子健康手帳が健康教育教材として使われています。

このように行政と地域が一体となり積極的に母子保健施策の取り組みを実施していること、全国的に見ても優れた母子手帳（親子健康手帳）を活用されていることなどから、常陸大宮市の活動を途上国の参加者に見てもらいたいと思い、フィールド視察を実施しました。

最初に訪問した常陸大宮済生会病院では、小児科部長 熊谷秀規先生より、基幹病院として保健センターとの連携、小児科医から見た日本の子どもの状況について講演があり、その後 2006 年に開院したばかりの新しい施設内を、小児科病棟を中心に見学させていただきました。

その後訪問した総合保健福祉センター「かがやき」では、まず常陸大宮市長 三次真一郎氏から歓迎のご挨拶をいただき、保健センターの概要を常陸大宮市健康推進課課長の横山治氏より、親子健康手帳の開発経験について保健師の金子さない氏より説明いただきました。その後、館内見学と共に、栄養指導や 8 ヶ月乳児相談を参観し、親子健康手帳を使用している保護者達との懇談会に参加。乳児やその両親と触れ合い、直に母子保健サービス利用者側の意見を聞く機会が得られました。

また、保護者から実際に使用中の親子健康手帳を見せてもらい、愛情深いメッセージや写真、シールなどで隙間無く埋められたメモ欄を見てはその活用法に関心したり、成長した子どもに見せる日を夢見て楽しみながら使っているとのお母さんの話に興味深く耳を傾ける海外ゲスト達の姿も見られました。

乳幼児死亡率が世界で最も低い現在の日本では、母子手帳は母子の健康記録というこれまでの役割に留まることなく、育児を通しての親の成長記録、親から子への愛情を伝え家族の絆をつなぐツールとしての新たな意義を持った活用が広がっていることを実感しました。

6. 世界に広がる母子手帳

世界の国々では、日本の母子手帳に触発され、各国の文化や社会経済状況を反映した様々な母子手帳の取り組みが始まっています。タイでは、1980 年代に母子手帳が開発され、現在ではカラー漫画を取り入れた楽しい母子手帳が活用されています。アメ

リカ合衆国ユタ州では「親から子どもへの贈りもの」という意味を込めて、アルバムと見間違うような重厚な母子手帳が開発されました。21 世紀最初の独立国家である東ティモールでは、ユニセフが中心になり復興に立ち上がる人びとのシンボルとして母子手帳を導入しました。

世界の母子手帳の使用状況

すでに一般的に母子手帳が使用されている国・地域	日本、インドネシア、コートジボワール、ニジェール、セネガル、韓国、タイ、チュニジア、ブルキナファソ
JICA や国際機関、NGO などによって、母子手帳プロジェクトが展開されている国・地域	アフガニスタン、バングラデシュ、ブラジル、カンボジア、ドミニカ共和国、東ティモール、ラオス、マダガスカル、パレスチナ、フィリピン、ユタ州（米国）、ベトナム
導入を検討している国・地域	ブータン、ブルネイ、インド、モンゴル、ナイジェリア、トルコ

世界で母子手帳の導入が広がる中で、その多くの国において JICA やユニセフ、NGO などによる国際的な支援が行われています。第 6 回母子手帳国際会議の参加国から、バングラデシュ・ベトナム・インドネシアの取り組み状況についてご紹介します。

●バングラデシュでの取り組み

バングラデシュでは妊産婦死亡率と乳幼児死亡率がまだ依然として高く、その背景には、多くの妊産婦が医療施設での検診を受けていないことや、90%の割合で自宅出産が行われているなどの問題があります。また保健医療サービスを受けるために、母親には診察カードや検診カード、予防接種記録など、複数のカードが配布されていますが、利用者側の識字率の問題もあり、個々のカードのメリットなどがきちんと理解されずに、ほとんど活用されていません。

その状況を改善する手段として母子手帳に着目したのが、大阪大学大学院人間科学研究科博士課程に留学中のバングラデシュ人医師 Shafi Bhuiyan 氏でした。Shafi 氏は母国の医師や看護師、NGO などと協力して、2002 年に母国語の母子手帳を開発。2007 年から JICA や大阪大学などの支援・協力の下、一部地域での試験配布を開始し調査を行いました。その結果、78%の利用者が「親にとって健康や義務、責任に対する意識が高まる」として母子手帳に期待を持っていることが分かりました。さらに、83%の母親が保健師への相談の際に手帳を携帯し、84%の母親が内容を理解できているとの結果も確認されました。紛失することもほぼ無く、栄養等の知識も向上、さらにコスト面でも現在の各種カードの使用よりも安く済むため、母と子の双方への継続した良質なケアの提供という観点から、母子手帳の普及に政府も前向きになっています。

今後は、さらに多くの利用者にとってわかりやすい母子手帳への改訂、保健関係者に対するトレーニング、利用を促すための母/両親への動機付けなどが課題になっています。

バングラデシュの母子手帳

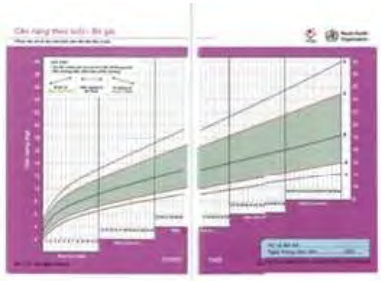
●ベトナムでの取り組み

ベトナムでは、この 10 年の間で妊産婦死亡率、5 歳以下の幼児死亡率ともに大きく削減されました。栄養不良の改善や 95%を超える予防接種率、ポリオの撲滅、妊産婦・新生児破傷風の排除などにより、2015 年までに MDG4 の達成が見込めるとの期待もあります。

しかし、一方、現在問われているのが地域格差の問題です。熟練した分娩介助者による出産率が都市部の半分である北部山岳地域では、都市部に比べ妊産婦や新生児の死亡率が非常に高く、また少数民族など貧困層における乳児死亡率の高さも目立ちます。全ての地域において死亡率を削減するためには、遠隔地からもアクセスしやすい母子保健システムが必要であり、そのためには地域とのパートナーシップの強化が重要視されています。

ベトナムでは日本の NGO「ベトナムの子ども達を支援する会」が協力し、1998 年に初めて母子手帳が試験配布されました。さらに 2006 年には第 5 回母子手帳国際シンポジウムを開催し、日本など他国の先行経験を学ぶ機会を得て、母子保健の基礎的アプローチとしての母子手帳の効果が政府に認められ、全国普及に向けた取り組みがはじまったところです。

今後は、ベトナム保健省承認の全国版母子手帳を作成し、JICA に支援を申請して 3 つの県で 1 年間のパイロット・プログラムを実施、その結果と経験を踏まえ最終版母子手帳を完成させ保健省の制度に組み込みさらなる全国普及をめざすといったロードマップが立てられています。



ベトナムの母子手帳

●インドネシアでの取り組み

インドネシアの母子手帳は、日本政府の協力により 1993 年に開発され 1994 年から試行されました。その後 5 年間の JICA 技術協力プロジェクトを経て、2003 年には母子手帳の保有率が全国で 48%に達し、さらに 2004 年には保健大臣令が発令され、母子手帳システムの構築が全国的な取り組みとして進められ、現在は全国 33 州で使用されるまでに至りました。

さらに、2006 年 10 月からは JICA の援助で、母子手帳を母子保健サービス統合の手段として機能させることを目的として、「母子手帳による母子保健サービス向上プロジェクト（すこやか親子インドネシアプロジェクト）」が実施されています。その活動の一環として行われた本邦研修では、JICA との協働で HANDS も企画・運営に携わり、インドネシアの母子保健関係者を招いて日

本の母子手帳の活用や母子保健サービスの理解促進のために現場視察等を実施しました。

母子手帳導入による実質的な効果も認められています。
「母子手帳は医療従事者や保健関係者にとって患者を診察する際の便利なツールとなるだけで無く、使用する母親や家族にとっても医療・育児情報の基ともなり、実際彼らの知識や態度に変化が生じている。栄養や予防接種の知識向上によりヨード不足の減少なども見られ、さらに母子保健サービスの質向上にも貢献している。国民の教育普及が進む中、より質の高いサービスが求められてきており、母子手帳の活用には多いに意義を感じている」とインドネシア大学の Azrul Azwar 教授は指摘します。

しかし、政府主体で全国的な母子手帳の普及が行われているインドネシアでも、まだ多くの課題が残っています。居住地域、社会経済状況、母親の教育レベルなどによって、母子手帳や母子保健サービスの利用に差が生じ、乳児や妊産婦の死亡率にも影響を及ぼしています。そのため、地域での母子手帳活用の徹底に向けて、多くの病院や診療所などでの利用拡大や、継続的なサポートを地方自治体に提言していくことなどが現状の課題となっています。

インドネシアの母子手帳

途上国で母子手帳を持続的に活用し母子保健の向上をめざしていくには、まだ多くの困難があります。予算の確保、保健サービスを提供する助産師や保健師などの人材育成、利用する母親／両親の意識づけなど課題は山積みであり、今後も国際的なサポートが不可欠といえます。

7. 日本も途上国から学ぶ

確かに、戦後の日本において、妊産婦や小児の栄養向上や健康増進に果たした母子手帳の役割は大きかったと思います。しかし、21 世紀になっても、60 年前のモデルをほとんどそのまま踏襲している現在の母子手帳は、親にとっても子どもにとっても大きな魅力はありません。

今回の母子手帳国際会議で印象的だったことは、日本に学び母子手帳を導入した国のほとんどが、母子手帳の効果を評価し、毎年のように改訂版を作成していることでした。また、乏しい予算を切り詰めて、カラーの絵や写真を入れる、マンガを入れるといった工夫をしていました。母子手帳は医療関係者のものではなく、親や子どもが手にとって楽しくなるようなものにしたいという共通の思いが伝わってきました。

日本でも、世代が変われば、母子手帳に対するニーズも変化していきます。21 世紀にふさわしい母子手帳にするために、大胆に母子手帳を改訂する時期が到来したと思います。子どもたちの視点から見直せば、母子手帳は胎児時代からの自分の成育史。子ども自身が書き込めるように工夫してみる、子どもが持ちやすいように大きさを変える、もっと絵やマンガを入れてみる、いろんなアイデアが湧いてくるはずです。学校で受けた予防接種の記録を、子どもが自分で書き込めば、最高の健康教育教材になるでしょう。いまは、市区町村で独自の母子手帳を作ることが可能です。未来を担う子どもたちといっしょに、子育て支援のツール（道具）としての母子手帳の改訂にチャレンジしてみませんか？

★第 6 回母子手帳国際会議のプログラム（各国のカントリーレポート掲載）をご希望の方は、HANDS（info@hands.or.jp）までお問い合わせください。
また、第 6 回母子手帳国際会議の詳細については公式ホームページをご覧ください。
http://www.hands.or.jp/mchtokyo08/

Conference Program

Time	Activities
DAY 1: Conference Opening: November 8, 2008 (Saturday) Venue: U Thant International Conference Hall, UN University, Tokyo	
13.00 - 14.00	Registration
14.00 - 15.00	OPENING CEREMONY: "MCH Handbook in the World" Facilitator: Ms. Tomoko Sakota (NHK) Speakers • Mr. Keizo Takemi (Harvard School of Public Health) • Mr. Yoshihisa Ueda (JICA) • Ms. Kiyoko Ikegami (UNFPA Tokyo Office) • Mr. Dan Rohrmann (UNICEF) *via* Video • Prof. Yasuhide Nakamura (Osaka University /HANDS
15.00 - 15.15	BREAK
15.15 - 17.00	PANEL DISCUSSION: "Ensuring the Quality of Life through MCH Handbook" Chair: Prof. Azrul Azwar and Prof. Yasuhide Nakamura Speakers • Dr. Sirikul Isaranurug (Thailand) • Dr. Budihardja (Indonesia) • Dr. Dinh Thi Phuong Hoa (Vietnam) • Dr. Shafi Ullah Bhuiyan (Bangladesh) • Plenary discussion wrap-up by: Prof. Azrul Azwar
18.00 - 20.00	Reception Dinner
DAY 2: Country Reports: November 9, 2008 (Sunday) Venue: JICA Tokyo International Center (TIC), Tokyo *MCH Handbooks and the Continuity of Maternal, Neonatal and Child Health*	
09.00 – 09.30	Registration

9.30 – 12.00	Country Report Session I: Chair: Dr. Dang Van Nghi and Dr. Lourdes Herrera Speakers • Mongolia • Madagascar • Lao PDR • Philippines • Cambodia
12.00 – 13.00	LUNCH BREAK
13.00 – 15.00	Country Report Session II: Chair: Dr. Kaosar Afsana and Dr. Chandavone Phoxay Speakers • Dominican Republic • USA (Utah State) • Japan • Palestine
15.00 – 15.30	TEA/COFFEE BREAK
15.30 – 17.00	PLENARY SESSION Chair: Dr. Sirikul Isaranurug and Dr.Shafi Ullah Bhuiyan Presentation by: • Dr. Agustin Kusumayati, University of Indonesia *"Introduction and Evaluation of the MCH Handbook Program"* • Ms. Keiko Osaki, Japan International Cooperation Agency *"International Collaboration and MCH Handbook"* • Dr. Rintaro Mori, Osaka Medical Center and Research Institute for Maternal and Child Health *"Research Evidence on MCH Handbook"* Comments by participants from Brunei Darussalam and Turkey Closing by: Prof. Yasuhide Nakamura
DAY 3: Field Visit: November 10, 2008 (Monday) Venue: Hitachiomiya City, Ibaraki Prefecture	
07.30 – 18.00	Field Trip for International Participants Hospital and Public Health Center Visit

Opening Speech

"MCH Handbook in the World"

Facilitator: Tomoko Sakota (NHK)

- **MR. KEIZO TAKEMI**
  Research Fellow
  Harvard School of Public Health

- **MR. YOSHIHISA UEDA**
  Vice-President
  Japan International Cooperation Agency (JICA)

- **MS. KIYOKO IKEGAMI**
  Director
  UNFPA Tokyo Office

- **MR. DAN ROHRMANN**
  Deputy Director of Program Division
  UNICEF

- **PROF. YASUHIDE NAKAMURA**
  Conference Chair
  Osaka University and HANDS

Opening Speech

Mr. Keizo Takemi

Research Fellow, Harvard School of Public Health

I am delighted to have the presence of such distinguished members. I am truly delighted and would like to congratulate the organizers for successfully opening of the 6th International Conference on the Maternal and Child Health Handbook. As Ms. Sakota has said, Japan hosted the Toyaka G8 Summit, under the excellent leadership of the then Prime Minister Fukuda. We have his wife, Mrs. Fukuda in this conference too.

Maternal and child healthcare is identified as an important agenda in the global health arena. Prime Minister Yasuo Fukuda and Foreign Minister Masahiko Komura had actively advocated for this cause in their speeches. They emphasized Japan's commitment of strengthening healthcare worldwide. In 2000, the G8 Summit Meeting was held in Okinawa. The summit addressed a new initiative on health, particularly on infectious diseases: AIDS, tuberculosis and malaria. The Global Fund was established. Infectious disease-specific programs were initiated. This process may be referred to as a vertical approach, of which specific infectious diseases are being addressed. The roles of healthcare professionals, such as caretakers, midwives, nurses and physicians, were also raised. I believe that it is about time to revisit the roles of these professionals and to strengthen the entire healthcare system, in a consistent and integrated manner. I believe that this is the new challenge for the global community. The G8 Toyako Summit called for the strengthening of healthcare, which included maternal and child healthcare, under the spotlight of different perspectives.

Having said that, I would like to share some of my personal experiences and perspectives. Health is essential for the survival of the human being. It has something to do with dignity and it is very basic to allow the comfortable lifestyle of human being. It is the vital core. Health is a value in itself and for humans to protect and

guard and enjoy it as a right. We would have to agree that it is a right of humans to enjoy health. Japan, for many years, has deployed a foreign policy which focuses on human security. We believe that it is indeed consistent with the philosophy of Japan. In 2003, together with the United Nations, we have set up the human security committee, with concepts and policies put together. Now we have clearer definition of the concept. We have to honor and secure freedom of individuals and allow people to make decisions from a variety of opportunities so that everyone could lead a worthwhile, gratifying life. Underlining that is the concept of human security. To realize this, there are two approaches we conceive: one is human empowerment and the other is human protection. The focal point of the approach was the community and the people; it is a community-driven approach. We believe that would help to enhance the freedom of the people the policies are now put in place theoretically to allow the promotion of freedom.

Now, one of the reasons why this is now being addressed from the point of view of public health. This is because that this year, 2008, is the midyear towards 2015, the MDG year. If you look at Goals 4 and 5, we talk about mothers' and children's health. Compared to Goal 6 on infectious diseases, Goals 4 and 5 have more chance of being attained. We have come to realize this. Potentially, the efforts in sub-Saharan Africa had been delayed. Safe delivery must be secured, which means that skilled professionals, midwives, should be able to assist mothers at times of delivery to again and enhance human security. This has been discussed again. The public health system itself must be looked at. This is just one example when we address the question of public health.

From the total approach, the government has a role to play. The government came up with the handbook as a tool and promoted the universal distribution as a result of top-down decision making. For the meantime the MCH handbook, to serve its original goal, there must be at the community level, activities and cooperation, and motivation as you will, to be sure that we are capitalizing on this handbook. That is the bottom up approach.

After the WWII with the spread of the handbook, which was a result of the top-down decision, concurrently, there have been a number of activities, bottom-up, to promote the use of the handbooks. For example the establishment of the "aiku" groups, a child-rearing association. It was a community volunteer group that promoted child-rearing and the group was also instrumental in fighting against tuberculosis. The community level volunteer group activities supplemented the government efforts. So there was a good combination of concerted effort which in turn promoted the maternal and child health handbook. Maternal health is common to all community. I think it is now time to revisit this grand goal. I think the Toyako summit proved to be a very important summit that shed light in

this very important challenge.

The MCH handbook would educate mothers about safe delivery and would record the growth and the health of the newborn and those under five years old, while it also assures the continuum of care. I think that the body of these activities may be separated but an integrated approach.

But the handbook is not just a mere tool in the Japanese society. And I thought about it very keenly about two years ago. In March 2006, my mother passed away. I went to my mother's house together with my siblings to clean up and organize. In the Buddhist altar, I found my own MCH handbook that my mother has kept for many decades and written on the center of the handbook was the name "Keizo." My father was busy working, so all of the handwritings were that of my mother's. But it was placed on the household Buddhist altar. I think it signifies the importance of the values my mother attached to the handbook, symbolic of the ties or bond between the mother and the child. So, the significance of the value of the handbook is worthy of discussion from different perspectives. The international community can work together for the advances in the global health, particularly on maternal and child health. So that everyone in this planet can enjoy a worthy and worthwhile life. Thank you.

About the Speaker:
Keizo Takemi is a senior fellow at the Japan Center for International Exchange and research fellow at Harvard University's School of Public Health. He was a member of the House of Councillors (Liberal Democratic Party) in the Japanese Diet for twelve years until August 2007 and served in the Abe cabinet as senior vice minister for health, labor, and welfare. His legislative posts include chairman of the House Standing Committee on Foreign Affairs and Defense. Prof. Takemi is known for his expertise on foreign policy, ODA, human security, health system reform, and the United Nations system. In 1999, as state secretary for foreign affairs in the Obuchi cabinet, he led the initiative to establish the UN Trust Fund for Human Security, and in 2006 he was named by Secretary-General Kofi Annan to serve as a member of the High-Level Panel on UN System-Wide Coherence in Areas of Development, Humanitarian Assistance, and the Environment. His many legislative accomplishments include the 2006 restructuring Japan's ODA system.

Opening Speech

Mr. Yoshihisa Ueda

Vice-President, Japan International Cooperation Agency (JICA)

Thank you very much for the introduction. My name is Yoshihisa Ueda. In front of the wonderful experts, as an aid organization, I would like to share our experiences.

Around the world, there are about 2.5 million expectant mothers, with 9.7 million infants dying. Most of these are happening in the developing countries. The international community and the developing countries continue their efforts to reduce the maternal and infant mortality rates, but in reality it is not that easy. We are halfway through the Millennium Development Goals of 2015. Goal 4, which is to reduce the infant mortality rate, has some positive outcomes. But achieving Goal 5 by 2015, which is to improve maternal health, is said to be in despair. There are a variety of causes for this predicament among mothers. It cannot be explained by biological factors alone, but by social and cultural factors as well. Maternal deaths cannot be reduced by dealing with just one of these, but a combination of all.

Prenatal aid providers are acting without any proper training, which might be one reason to the delay the achievement of the target. Under these circumstances, JICA is trying to provide assistance to improve the maternal and child health. From pregnancy to delivery, we are trying to continuously provide assistance. We are also trying to increase the government's administrative capability, as well as the capabilities of individuals', communities', health and medical services, and other organizations. Such collaborations are important towards the one goal of maternal and child health. We have to integrate a variety of stakeholders, as an approach to enable continuous care in terms of time and space.

What is receiving a lot of attention in the world is the mother and child health assistance program, focusing on the MCH handbook. The MCH handbook system in Japan is to grasp the existence of the expecting mothers and to urge them to take antenatal check-ups. But after the

war, in 1947, it was used not only as a record on the information of the expecting mothers, but also the guideline function was added to provide guidance from expecting mothers to infants as well. That is how the MCH handbook was born. The handbook is used not only for the data about the delivery and pregnancy, but also to promote antenatal check-ups, and to contribute to the reduction of maternal and infant mortality rates. In Japan, the municipal government is issuing the handbooks, not only medical institutions, but also families can take part in the development of maternal and child health.

Here, I would like to present on the initiatives taken by JICA related on the maternal and child health, focusing on the MCH handbook. The Japanese MCH handbook is not just translated into local languages but we try to reflect to the sociocultural backgrounds of each country. We try to work to provide assistance so that people in those countries can take initiative to develop their own MCH handbook in accordance to the local needs. Various developing partners are assisting the distribution of the MCH handbook in collaboration. JICA is trying to be close to the local people to understand the local needs from their perspective in the developing countries as a bilateral aid organization. We also use the channel of the governmental assistance to strengthen in the countries and organizations.

In this symposium there would be a country presentation and I want to briefly explain JICA's program in Indonesia and Palestine. JICA started developing and introducing the MCH handbook in 1994 in Indonesia. At that time there were multiple cards, including the children's growth record, immunization record and maternal health record. By integrating these cards and adding the health information into the MCH handbook, all the records and information can be in the hands of the mothers themselves. The development and introduction of the MCH handbook started in one of the cities in Java in the central area. Thanks to the cooperation of Dr. Nakamura, by now the MCH handbooks had been distributed in all provinces all over Indonesia. Over 3 million expecting mothers have the handbook annually. This was due to the ministerial ordinance issued by the Ministry of Health in Indonesia in 2004 about the MCH handbook. According to this ordinance, receiving this MCH handbook is the right of the expecting mother and under-5 infant. The central and local governments have the obligation to supply these handbooks. Also, healthcare professionals have the obligation to use these handbooks in their services. This ministerial ordinance is an effort in establishing the position of the MCH handbook in the health system. This is something in between the top-down and bottom-up approaches, as Dr. Takemi mentioned. There is high ownership, currently in Indonesia. People are trying to make better use of the handbook. In Indonesia there are professional groups, such as the Midwife Associations, as well UNICEF, WHO, EU, USAID and other development partners operating in Indonesia contributing to the

supply of the MCH handbook and a variety of programs to improve maternal and child health. They are beginning to actively use the handbook: for safe delivery, expansion of immunization programs, community IMCI, public subsidies and assistance to the poor people, registration of the birth. The handbook is used in many increasing purposes.

In 2006, through the training of JICA in Indonesia representatives from Palestine, Vietnam, Lao, Bangladesh, Afghanistan and Morocco have been invited to Indonesia to share the experience of the Indonesian MCH handbook. Particularly the trainee from the Gaza region from Palestine, the trainee is playing a very important role in the dissemination of the handbook in the region. The Palestine Authority expressed their gratitude to JICA's program. In 2005 and onwards through the Palestine Mother and Child Health Project by JICA, the MCH handbook had been developed and distributed to the people under the technical assistance by JICA experts. Palestine authority, UN, NGO and other officials got together. In over two years, made trials and revisions to create first regional MCH handbook in Arabic in April 2008 in the entire West Bank. Also in August 2008, in some parts of Gaza as well. Conflict is continuous in Palestine, but the MCH handbook is doing the role as a passport to life. Because of conflict and poverty, women and children are suffering a lot in Palestine. There are more than 500 checkpoints and the number is increasing relentlessly. The roads to workplaces, schools and health centers are closed and in some cases people can not go to hospitals or public health centers and there are long lines for check-ups. Some of the women even have to give birth while waiting in line while at check point. As long as they have the handbook, even if they can not go to the public health center, they can receive continuous and appropriate healthcare at other medical institutions. Because their records are in the handbook: pregnancy, delivery, medical actions being taken, immunization, and growth of children. The MCH handbook developed became a criterion, commonly used at medical institutions in the region. In November 2007, Palestine Authority's Ministry of Health commemorated the completion and the distribution of the handbook and declared that this handbook must be held by all mothers for the sake of all children in Palestine. The health authority decided to do its best to take this challenge. By linking Gaza and the West Bank, which are politically and physically separated and also by distributing the handbooks to refugees, the handbook is becoming a passport to life and health, thanks to many international organizations and local NGOs including UNICEF, UN Palestine, Refugee Aid Organization, overcoming the political confrontation there with be a consistent MCH handbook system in the Palestine area. So, the handbook is now introduced and is contributing to the improvement of the maternal and child health.

Like in the cases of Indonesia and Palestine, the

introduction of the MCH handbook is for the country to create the system to protect the maternal and child health to guarantee the protection of their health. MCH handbook is the very first handbook for the child to be born in society. It is also a tool to enable the baby's health. So the handbook will serve as a welcome to children with the handbook. So that, mothers can prepare for their birth. We also provide the ability of individuals to acquire the right to health and to take the initiative on their own actions. Also, the country can be responsible for the health of the people, allocate the budget and build a system to that end. In other words, the development and distribution of the MCH handbooks would empower the individuals and community and also recognize the nation, about their obligations to protect the health and safety of the people. This is to realize human security, a major pillar of JICA's project.

In Indonesia, ten years had passed from the start of the development of the handbook. It is now a system taking root on the national system. In Palestine, it might take some time and effort to achieve this. Assistance to developing countries through MCH handbook is not just by distributing the handbook after printing them, but to create a security system in the health area in one country. We need a long-time effort by many people involved and this should be recognized by the international community. JICA, in October this year, made a fresh start as one of the world's largest aid organization to be responsible for technical assistance, as well as most cooperation projects and the programs provided by JVIC under Ms. Ogata's leadership. With the new vision of inclusive and dynamic development, the new JICA announced its four missions: including tackling the new global challenges such as climate change; provision of water, food and dealing with nutrition concerns; poverty reduction; and governance improvements for policy in developing countries in realizing human security.

In the health area, by taking advantage of the new JICA, we try to operate the three methods of assistance. So that people in the developing countries can live a healthy and safe life by trying to provide assistance to that end. Together with the participants and the officials here we will try to work with them as developing partners, share experiences and contribute together in realizing a rich society. Thank you very much.

About the Speaker:
Born on March 17, 1951

Academic Curriculum:
1974 Law Degree at Tokyo University

Professional Background:
April 1974
Joined the Ministry of Finance (Tax Bureau)
July 1980
District Director, Nobeoka Tax Office
March 1982
Executive Director, African Development Bank
May 1984
First Secretary, Embassy of Japan, Washington
June 1986
Deputy Director of the Corporation Finance Division, Securities Bureau
June 1988
Fukuoka Local Finance Bureau
June 1989
Special Officer for Research and Planning, Minister's Secretariat
July 1990
Special Officer for Research and Planning, International Trade Negotiation
July 1992
The Export-Import Bank of Japan
July 1994
Director of the International Capital Division, International Finance Bureau, the Ministry Finance
Sept. 1995
Representative, IDB Office in Japan, Inter-American Development Bank
July 1998
Controller for Financial Systems' Stability, Kanto Local Finance Bureau
July 1999
Director General, Kobe Customs
June 2000
Deputy Director General, International Bureau, Ministry of Finance
July 2001
Executive Director, Inter-American Development Bank
June 2005
Vice-President, Japan International Cooperation Agency (JICA)

Opening Speech

Ms. Kiyoko Ikegami
Director, UNFPA Tokyo Office

Good afternoon everyone. I am Kiyoko Ikegami, from the UNFPA Tokyo Office. We are here today to take part in the 6th International Conference on Maternal and Child Health Handbook. It is indeed a pleasure to speak before you all. Strengthening the public health system has already been discussed. The previous speakers have also discussed how Japan has endeavored to promote maternal and child health. This afternoon, I would like to share with you how the world is doing in this context of maternal and child health. The time is short and I would like to spend the next short period of time to think about this issue. I will now be showing the slides.

The previous speakers mentioned the Millennium Development Goals within the context of development. It is an important framework. They have eight targets. Of the eight targets, three and a half have to do with public healthcare. I say three and a half, because Goal 4 has to do with child health, Goal 5 with mother's health, Goal 6 is on infectious diseases, and Goal 7, which is ensuring environmental sustainability, calls for safe drinking water. So, I included a part of Goal 7. Of the eight goals, three and a half have to do with the public health system. So this concern is of tremendous importance in the society. The due date of the MDG is in 2015. We have already passed half of that period and we are at the midpoint. What have been the achievements and what did we miss? There was a review recently and it was pointed out that what is most lagging is Goal 5 – maternal health. They believed that the goal would be difficult to achieve. The Secretary General of the United Nations, Ban Ki-moon, in September released the MDG Report of 2008. The Secretary General of the UN talked about this report and said that, as a matter of fact this is a data of 2005, 563,000 mothers died during pregnancy. He pointed out that of the 500,000 deaths, this figure, is the same as that of 20 years ago. Notwithstanding the efforts, when it

comes to maternal deaths there has not been any meaningful improvements. What is even more serious is that 99% of such deaths were in developing nations.

There was a safe motherhood initiative that was launched twenty years ago. Twenty years had passed and the situation has not improved. Given this reality, what are we doing? UNFPA is working on MDG 5, improving on maternal health; while UNICEF is working on Goal 4, the health of children, reduction of child mortality. UNFPA, other UN agencies, governments and members of civil society, NGOs are working to improve the maternal health in developing nations and to promote reproductive health rights. We are trying to increase the emergency humanitarian aid. What is shown here is target 5B. In January this has been added anew in MDG 5. That by 2015, there should be universal access to reproductive health; anyone should be able to enjoy the reproductive health services.

Mr. Ueda talked about this and I would like talk about two points here. To your left, is the MCH handbook in Palestine that was already introduced. Now let me draw your attention to the right-hand side, the Moroccan handbook. JICA is also active in Morocco and with the support and understanding of the Queen of Morocco; JICA is promoting the women's health handbook. UNFPA is also supporting this initiative. To talk about its origin, there was a Moroccan midwife who came to Japan for training. During the training, this midwife was inspired by the Japanese MCH handbook. It covers all the reproductive lifestyle of a woman from puberty to menopause. The owner of the handbook can record everything herself. It is not free but it is not expensive either. It is only 50 yen. But the woman has to pay to produce this handbook and then she can record everything in this handbook, from the days of adolescence to menopause.

MCH Handbooks are usually distributed to pregnant women and it is used as a tool for maternal and child health. This Moroccan Handbook is distributed to every female, irrespective of whether they are pregnant or not. It allows each woman to monitor their health in her entire lifespan. Keeping herself healthy is an integral part of her human rights. It helps in enhancing her awareness of her rights in enjoying a healthy lifestyle. There are two important points on the utilization of the handbook. Even before pregnancy, women are capable of preparing themselves for pregnancy. It allows proper maternal care. Another is that it helps in improving and enhancing the health of the woman beyond the prenatal stage. There are also some new ideas and information included. A woman becoming pregnant and delivering her child are very important events in her life. The MCH Handbook allows women to become empowered individuals.

The other two speakers talked about two important diplomatic meetings Japan had hosted. One was TICAD IV and another is the G8 Toyako Summit in July. Mrs. Fukuda talked

about the importance of the handbook, before the first ladies of the global leaders. As a matter of fact, Mrs. Fukuda during the meeting invited the first ladies of the leaders of the African nations and the ambassadors, held a huge luncheon meeting. This is a photograph from that occasion. Mrs. Fukuda gave a speech and talked about the handbook and showed some MCH handbooks. As a matter of fact, the executive director of UNFPA, Thoraya Obaid, also participated in this event and talked about the health of woman in this occasion.

So, the MCH handbook was born in Japan but it crossed oceans in the world. Now it is evolving and adapting in the inherent needs in each community in terms of culture and society. New ideas had been added, so we have reached the point where we are entering in the new stage of world development. This international conference and which starts today and will last for two more days, I am sure, is a significant occasion to share information and experiences, so that we could collectively contribute in achieving the MDG 5. We can continue to contribute to increase and improve the health system at large.

Two days ago, there was an academic society that talked about Japanese motherhood. UNFPA also took part and emphasized two important things. One is that stakeholders, mothers and children must work as partners. How can we build such a partnership? The challenges upon us are how we can strengthen and reinforce the public health system so that it assures the universal accessibility; and how we can enrich the program and also nurture the people who provide such services. I look forward to the deliberations of the following days of the conference. I am glad to be a part of it. Thank you!

About the Speaker:
Ms. Kiyoko Ikegai received Doctor of Human Sciences from Osaka University. She worked in Resettlement at UNHCR and in Office of Personnel Services of the United Nations Headquarters in New York, then for the Japanese Organization for International Cooperation in Family Planning (JOICFP), and for the International Planned Parenthood Federation (IPPF) in London. She has served as Director of UNFPA Tokyo Office since its establishment in September 2002. Her efforts have included various issues such as NGOs networking and women's health in developing countries, reproductive health/rights, population and development, HIV/AIDS. She has served as a member of the External Advisory Committee on ODA Policy and Advisory Committee on Evaluation in the Ministry of Foreign Affairs, Advisory Council on Assistance to Women in Afghanistan, and a member of the subcommittee on policy to cope with Work-Life Balance under low fertility of Chief Cabinet Secretary. She contributed to several publications, including *Population Guidebook with Yuko Arimori*, International Development Journal co., 2004 and *Introduction to International Cooperation for Seniors*, Akashi-shoten co., 2004.

Opening Speech

Prof. Yasuhide Nakamura

Conference Chair, Osaka University and HANDS

Ladies and Gentlemen, I am truly excited and grateful that we can open the 6th International Conference on MCH handbook.

Let me start with the Japanese experience. Japan was also a developing nation. Immediately after WWII, there were no Sony Corporations or Toyota Motors. Japan had a high prevalence of infectious disease, such as tuberculosis. Many babies died without celebrating their first birthday. In the interest of time, I would be skipping some slides. This is the crude birth rate in Japan. Please note that in 1966 was the year of the horse of the zodiac calendar. There was a drop in the birth rate by 26% compared to the previous year. Why is it? We did not have a war, a dispute, calamity or famine. No other country has experienced such a certain drop in this manner. It was because there was a belief in Japan, girls born in this time, Hinoe-Uma, will have a bad fortune. There was no scientific evidence, just a belief, but still it happened. The maternal and child healthcare is an area which is one of the most conservative fields because every ethnic group preserves their traditions and customs. So there are similar beliefs in other parts of the world, because pregnancy, delivery and child rearing, all have to do with the workings of nature.

This is the infant mortality rate in Japan, after the war. The United States and Japan made comparisons of IMR in the world. In 1950, the rate was twice that of the United States. But thereafter, it declined very smoothly. In 1954, the rate was below that the United States. The per capita GNP was not so much, only 180 dollars. In that same year, Japan had to take a loan from the World Bank and constructed the bullet train. Japan was still an aid/assistance recipient. So economically, we are still poor. But nevertheless, people were able to enjoy healthy lives. I wish to attract your attention to the scenario of that fact. Now, why is the IMR in Japan so low? This was the subject that triggered the US-Japan research. The study

came up with five findings. Narrow social economic distribution, national health insurance was another – but one of the reasons they mentioned has something to do with the MCH handbook.

The handbook came into being in 1948 just after the war. As Dr. Takemi had already mentioned, I would like to skip for the discussion about this part. Today, it is the local municipalities that are responsible for implementing the handbook. Some have a different way of promoting the handbook to mothers and children. According to our investigation, 97% of parents have filled in the records themselves and 87% of parents were very satisfied with the handbook. It is a handbook from pregnancy to infancy; this is a record of the health. This is not something practiced in the western world and was truly unique to Japan. It has the whole record for the entire continuum: pregnancy, delivery, newborn babies, infancy, mother's class, medical check-ups, vaccination and infant medical check-ups – all kinds of services are being provided to mothers and children. The services may be individual but covered and recorded into one book. So this handbook assures a continuum of care provided by health professionals. It has a holistic coverage of the services.

The role of the MCH handbook is particularly important in developing nations. Many different donor organizations are conducting different projects. The midwife in a health center may have to engage with more than a dozen projects, but once the handbook is introduced into such developing nation, not only the mothers, but also the healthcare worker very close to the community, could appreciate the value of it. We hear so many words of praises. In Japan, in cooperation of many stakeholders, came up with this system. The Ministry of Health, Labour and Welfare combined things which are common nationwide, while the local government is responsible in funding and distributing the handbook. Midwives, obstetricians, health workers, pediatricians, and other healthcare providers have a contribution to this handbook. I have recorded some of the voices of some of the mothers:

"I wrote down the new words which my child learned and the new things which she became able to do on MCH Handbook. Reading them again later, I could remember how she has grown and feel the power of child-rearing."

(A mother with two girls)

"I received my MCH Handbook from my mother when I turned 20 years old. Now I became a mother and often compare my child's handbook to my own."

(A mother with one boy and one girl)

The midwives and healthcare workers are the ones who really contributed to the promotion. The lady here was born in a remote island in 1929, obtained a license to practice midwifery and assisted 200 births. She was the first lady to

have a motorbike in the village. Using this handbook, she was a link between the traditional society and contemporary healthcare. She promoted dialogues between the two. The trust from the villagers really encouraged her most.

The MCH handbook is spreading worldwide. In these countries, UNICEF, UNFPA, JICA and also the developing nations' governments are working to promote this program. We have 45 participants from 14 countries outside of Japan. We are engaged in international collaboration in the developing nations. We just don't automatically translate the MCH handbook, we try to look at cards and pamphlets which are already developed and available, and try to use those as ingredients to come up with the handbook best for suited for that country. We collect all the information. Let me cite a case from the Indonesia. Parents were interviewed, the multiple cards present were cumbersome for them but for the parents the handbook is a collection in one of everything that is formerly used separately. They can also record their health themselves and can also be used as a referral document or record, like the one in the United States in Utah. But of course there are some challenges. It costs to print the handbook and it requires the support of health professionals. But in many countries, a distribution of three different cards would be more expensive than to create an MCH handbook. This is an example of Thailand. There are many illustrations and it is easy to understand. You can just look at it and appreciate and get the message. When there is a healthcare system, and if it is something that could be understood by the community, we are confident that people can also accept the handbook.

In 1998, we organized the first international conference on the MCH Handbook in Tokyo. We later went to Indonesia, Thailand and Vietnam, with the support of JICA, Toyota Foundation, the Ministry of Health of Indonesia, Mahidol University's ASEAN Institute for Health Development and Ben Tre Province Peoples' Committee.

During these meetings, we were able to maintain international dialogue. We are back here in Japan. We have enjoyed tremendous support and understanding.

In the 21st century, expectations have risen from the global perspective. The MCH Handbook provides the continuum of care: from pregnant women, newborn babies to infants. It also helps in achieving Goals 4, 5 and 6. It is truly a holistic approach. Individual's and community's needs are met. This serves as a tool which embodies the very concept of human security. For the health of mothers and children, however, this handbook is just a starting point. There is a need to respect the environment and to consider the cultural background of different countries. At the same time, we should try to meet the needs and take advantage of the handbook so that we can truly enrich the lives of mothers and children.

This little child of 4 years of age was holding

her own handbook tightly. She was here to receive the medical check-up. So once you start the promotion, there is a tremendous attachment and affinity to this handbook by both mothers and children. It was born in Japan, but now taken for granted. Not everyone appreciate it as much. When one gets pregnant this is the first document that they will be provided. As compared to the Japanese, those in the developing nations, have truly colourful, vivid, easy to read and user-friendly handbooks. Perhaps in Japan, there is a need of revisiting the mechanism of the handbook once again. The women who have decided to give birth of their child, mothers and fathers, are aimed at conveying this encouraging and inspiring message. Such a message should also be a part of the handbook. We are here to learn from the experiences of other countries so that we can share the views of parents and children so that we can come together in achieving more from the handbooks in different parts of the world. Thank you!

About the Speaker:
Dr. Yasuhide Nakamura is a Professor of International Collaboration, Graduate School of Human Sciences, Osaka University. After he worked at hospital as a pediatrician in Japan, he worked to encourage maternal and child health in Indonesia as a Japan International Cooperation Agency (JICA) expert (1986-88) and to promote refugee health program in UNHCR Pakistan Office (1990-91). He was Takemi Fellow (1996-97) in Harvard School of Public Health for international health. He is widely interested in promoting research through multidisciplinary approach in the spirit of fieldworker; Maternal and Child Health (MCH) in developing countries, MCH handbook in the world, and humanitarian relief for refugees and natural disasters in developing countries. He is the leader of the research team of effectiveness and impact of international collaboration in MCH funded by Ministry of Health, Labour and Welfare, Japan.
Dr. Nakamura is the representative of Health and Development Service (HANDS) and deputy representative of Japan Platform (JPF). He was a technical advisor of the Japanese delegation to United Nations General Assembly on Special Session (UNGASS) on HIV/AIDS in 2001 and World Summit for Sustainable Development in Johannesburg in 2002.

Opening Speech

Mr. Dan Rohrmann

Deputy Director of Program Division, UNICEF

Hello and welcome to Japan. We are really glad you made it and we are looking forward to this conference. Welcome to Japan!

Let me say that perhaps this conference could have not taken place in a more important time than now. So now your participation is crucial. The reason is, you may have been aware that we had this year the Tokyo International Conference on African Development and we had the G8 Summit in Hokkaido in July, and right now, G8 development health experts are meeting to discuss how to take the recommendations of the G8. The key theme for this is the maternal, newborn and child health. The reason for this is quite obvious. When you look at these MDGs or the Millennium Development Goals and look at the progress we have so far, the situation is quite bleak. Nine million children die from mainly preventive diseases every year. Fifty percent of those are from Africa and 40% are in Asia. On the maternal side of the situation is not looking much better. In fact, there is not much progress that can be seen in maternal health. We know that more than half a million women die every year from pregnancy-related causes and more than 10 million women suffer other types of illnesses related to maternal health. So, it is really important that we galvanize international action on maternal, newborn and child health. Now, much of the debate have been going on is on the essentialness of providing continuum of care for mothers, newborns and children. And it is not a question of whether of vertical approaches, disease-specific approaches, or whether it is of integrated approaches or one should invest on health system strengthening.

The deliberations that we've had fromTICAD, G8 and afterwards, have been actually crucial to continue in providing vertical and horizontal and strengthening health systems at the same time. So coherence between those approaches, so that you intervene of mother, young girl, adolescent, or when she becomes pregnant or

during pregnancy, at delivery and also for the newborn and later on the child – to provide the continuum of care. You do so at critical points. So it is not just the health facilities, it should also be provided in homes, in the community, at the health facility, as well as in the hospital. We need to provide this continuum of care at critical points of delivery.

This is where your experience in terms of the maternal and child health handbook comes in because you have promoted this in countries where the numbers of maternal and child health are big. We have lots of experience. Because the experiences of these countries are different from that of fragile states, where you have a country which is either in conflict or post conflict situations. The entry point is quite different. But we know from experience that the MCH handbook is key, both in the countries where the numbers are big, as well as those where we are talking of fragile states. This is because the MCH handbook is not only key for keeping records at key points in time where the mother and the child need to visit the health center. But it is also a very strong communication tool between the health worker and the mother. But at the same time, the mother uses the handbook at home to communicate with the rest of the family. The MCH handbook is actually key for health system strengthening. But we don't know is all the lessons learned, the good ideas, the hints that you bring to the table today. So we are quite excited that we have a broad variety of experts that have experiences from either MCH handbooks in countries with lots of experiences, as well as newer countries with not so much experience. Because we can actually learn from both sides.

We welcome you again. We are really happy that you are here. We look forward to your contribution because it is key in this point in time. Thank you so much and best wishes!

About the Speaker:
Mr. Rohrmann was appointed to Director of UNICEF Tokyo office in March 2007. He has been working for UNICEF for 10 years and prior to his current appointment, he served as Special Representative of UNICEF occupied Palestinian Territory from 2004 to 2007 and as Senior Programme Funding Officer and later as Deputy Director in Programme Funding Office, New York, Headquarters from 1998 to 2004. Before joining UNICEF, Mr. Rohrmann worked with UNHCR for a total of seven years respectively, with five years in Geneva and two years in Kampala; six years with UNEP in Nairobi; and two years with UNDP in New York. In addition to his donor relations experience, he has worked with implementation of refugee assistance programmes and technical cooperation for improved environmental management in developing countries.

Panel Discussion

"Ensuring the Quality of Life through MCH Handbook"

Co-Chairs: Prof. Azrul Azwar and Prof. Yasuhide Nakamura

- **23 YEARS OF USING THE MCH HANDBOOK IN THAILAND (1985-2008)**
  Sirikul Isaranurug, MD, MPH
  Professor, ASEAN Institute for Health Development, Mahidol University

- **MATERNAL AND CHILD HEALTH HANDBOOK: INDONESIAN COUNTRY REPORT**
  Budihardja, MD, DTM&H, MPH
  Director General, Community Health, Ministry of Health

- **THE MATERNAL AND CHILD HEALTH HANDBOOK TOWARS ITS NATIONAWIDE USE IN VIETNAM**
  Dinh Thi Phuong Hoa, MD, PhD
  Vice Director, Department of Maternal and Child Health, Ministry of Health

- **IMPROVEMENT OF MATERNAL, NEONATAL & CHILD HEALTH (MNCH) CARE THROUGH MCH HANDBOOK IN BANGLADESH**
  Shafi Ullah Bhuiyan, MBBS, MPH, PhD
  JSPS Fellow, International Collaboration Division, Osaka University

- **SUMMATION OF SESSION**
  Azrul Azwar, MD
  Professor, University of Indonesia

23 YEARS OF USING THE MCH HANDBOOK IN THAILAND (1985-2008)

Sirikul Isaranurug, MD, MPH
Professor, ASEAN Institute for Health Development, Mahidol University

1. Maternal and Child Health (MCH) Status in Thailand Before 1985: Before 1985 maternal and infant mortality were the main health problems in Thailand. Despite the incomplete reporting system, the maternal mortality ratio (MMR) in 1964 was 374.3 per 100,000 live births (LBs). It gradually declined over the next 2 decades, so that by 1984 it was 48 per 100,000 LBs. The infant mortality rate (IMR) also substantially declined over this same time period, from 84.3 per 1,000 LBs in 1964 to 40.7 per 1,000 LBs in 1984. At that point in time, however, other important MCH indicators were not available.

2. Initiation of the MCH Handbook: Before 1985 each health program, related to the provision of mother and child health care, had its own individual recording system. This included an antenatal care (ANC) card, a growth chart for children less than 5 years of age, an immunization card, and a child health card. Most cards, except for the immunization care, were kept at health units. These cards only indicated the specific services provided, but not any other relevant MCH information. In 1985 the Department of Health (DOH), of the Ministry of Public Health (MOPH), initiated the MCH Handbook. The objectives of this handbook were as follows:

(1) To provide parents with essential MCH information,
(2) To motivate parents to use the various MCH services,
(3) To serve as a tool for self care, primary health care, and continuation of MCH care,
(4) To serve as a monitoring tool for assessing quality of MCH care, and
(5) To enhance a holistic approach in the provision of comprehensive MCH services.

The MCH handbook was given, free of charge, to every pregnant woman at the time of her first ANC visit, and was used continually until her child reached six years of age. In 1988 the MCH handbook was widely used in all Ministry of Public Health hospitals throughout the country.

3. MCH Status after 1985: The MMR has continued to decline from 48.0 per 100,000 LBs in 1984 to 9.8 per 100,000 LBs in 2006. The IMR also declined from 40.7 per 1,000 LBs in 1984 to 11.3 per 1,000 LBs in 2005. The child mortality rate (CMR) has also declined over this same time period. From 1995 to the present basic immunization coverage has been very high, and as such the incidence of vaccine-preventable diseases (per 100,000 population) has been dramatically reduced. There has not been any reported poliomyelitis cases for 10 years (1997 to 2006). However preventing morbidity among pregnant women still remains a challenge for Thailand. The trend of Iodine Deficiency Disease has been on the increase, from 34.5 % in 2000 to 57.4% in 2005, and the rate of low birth weight (LBW) babies has not significantly declined. Using the MCH handbook may not be the only solution to help reduce mother and child mortality and morbidity. Health officials nevertheless unanimously agree that the MCH handbook has been an important strategy to increase MCH care coverage, and thus has greatly reduced preventable MCH problems.

4. Revision the MCH Handbook: The first handbook consisted of 12 pages, each of which was 5 X 7 inches in size. Its format included records of ANC examinations, pertinent information related to delivery, records of post-partum examinations, a child growth chart, early child development information, and an immunization history. The MCH handbook has been periodically revised since 1985. The current version (2008) consists of 52 pages. The additional records include a high-risk pregnancy check list, a LBW baby monitoring curve, and an anthropometric measurement child growth chart calibrated for height and age as well as for weight and height. Additional information includes the risk of Thalassemia and Iodine Deficiency Disease.

5. From Coverage to Quality of Care: At present the MMR, IMR and CMR in Thailand are quite low when compared to other ASEAN and SEARO countries. The overall coverage for MCH services is over 90% [e.g. ANC, delivery care, Well Child Care (WCC), and immunization]. However the quality of care is not uniform at all health facilities providing these services. A study by Isaranurug S. et. al. revealed that some MCH services are omitted and communication between clients and health providers is less than optimal. As such the utilization of the handbook is an important tool to ensure that clients obtain all basic MCH services. The Department of Health is giving high priority to this matter. It has recently launched a pilot project in 5 provinces in 2008 focusing on The New ANC recommended by the World Health Organization (WHO), as well as the provision of high quality WCC as recommended by the Royal College of Pediatricians of Thailand.

6. MCH handbook and Millenium Development Goals (MDGs): MDGs are milestones of Health for ALL that have to be achieved by 2015. Goals 4 and 5 address child and maternal health issues. The MCH handbook can serve as a useful tool to promote MCH coverage to help ensure that MDGs are achieved within the scheduled timeframe.

7. Challenges of the MCH Handbook: Although the MCH handbook was developed 23 years ago its utilization, in several aspects, has been low. It has primarily been used in public sector hospitals. As more and more people begin to access health care at private hospitals and clinics, the MCH handbook should be promoted in all health facilities in the country. The MCH handbook should also be included in the pre-service curriculum for all medical and nursing students.

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23 years of MCH Handbook in Thailand Since 1985

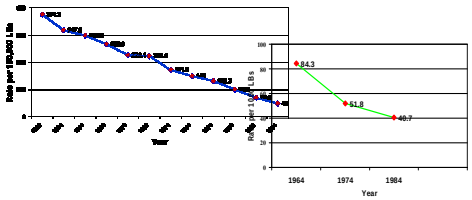
Presented in The Sixth International Conference on
Maternal and Child Health Handbook
November 8-10, 2008

By Associate Professor Sirikul Isaranurug
ASEAN Institute for Health Development
Mahidol university

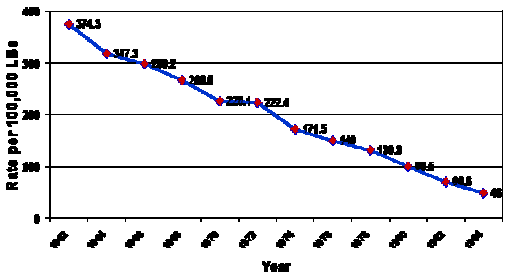
Scope

- MCH Situation before 1985
- Initiation of MCH Handbook
- MCH Situation after 1985
- Revision of MCH Handbook
- From coverage to quality of care of MCH services
- New ANC and WCC in Thailand
- MCH Handbook and MDGs
- Challenges of MCH handbook

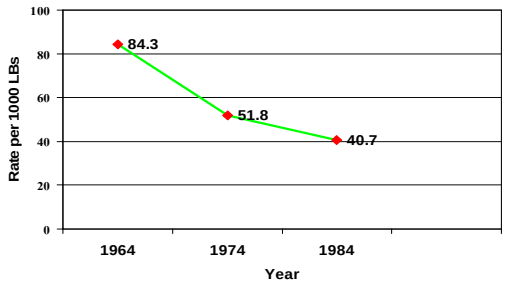
MCH Status before 1985



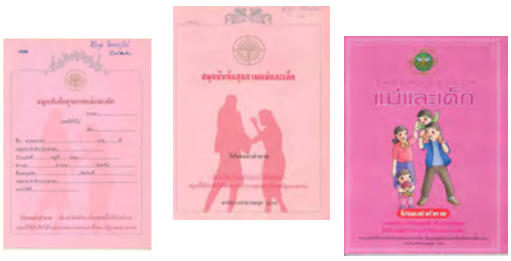
Maternal mortality ratio (per 100,000 LBs)



Infant Mortality Rate (per 1000 Livebirths)



Initiation of MCH Handbook



Initiation of MCH Handbook

Before 1985 each health program related to mother and child had its own individual record. For Example

- •ANC card
- •Growth chart for children less than 5 years of age
- •Immunization card
- •Child health card

Initiation of MCH Handbook

In 1985 MCH handbook in Thailand was initiated by the Department of Health, MOPH.

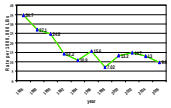
The objectives of MCH handbook are

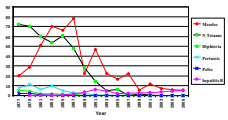
- •To provide parents with essential MCH information
- •To motivate parents to use the various MCH services
- •To serve as a tool for self care, primary health care screening and continuation of MCH care
- •To serve as a monitoring tool for assessing quality of MCH care
- •To enhance a holistic approach in the provision of comprehensive MCH services

Initiation of MCH Handbook

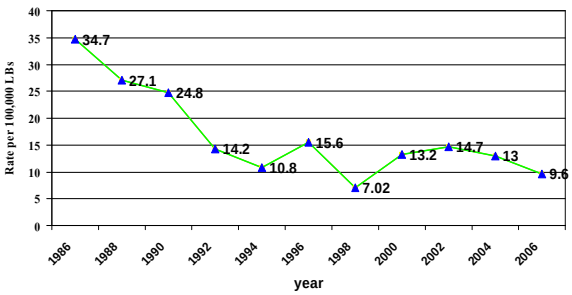
- •The MCH handbook is given to pregnant woman at the time of her first ANC visit and is used continually until her child reaches 6 years of age.
- •In 1988 the MCH handbook was widely used in all the Ministry of Public Health hospitals.
- •Present situation
  - produced 700,000 copies per year
  - by the MOPH
  - free of charge

MCH Situation after 1985

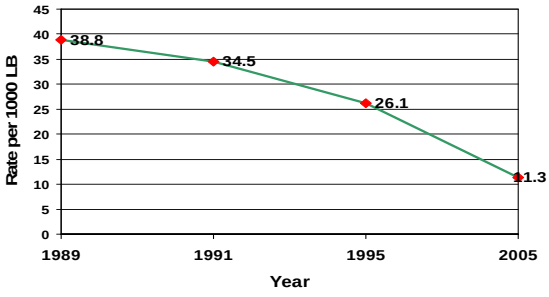




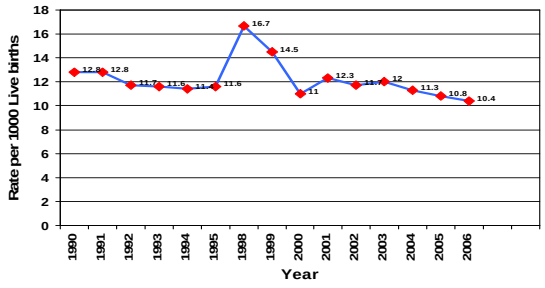
MMR



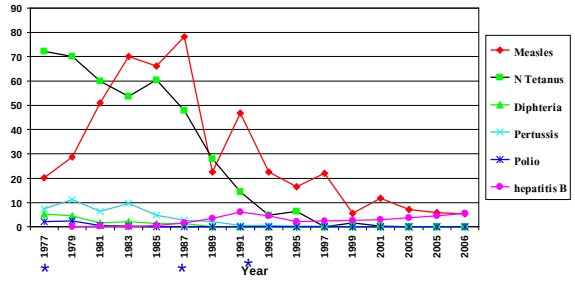
IMR



Child Mortality Rate

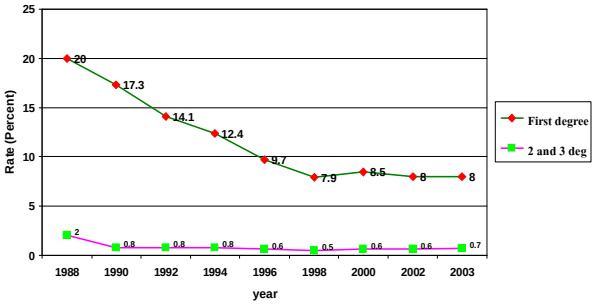


Incidence of Vaccine-preventable Diseases (rate per 100,000 population)

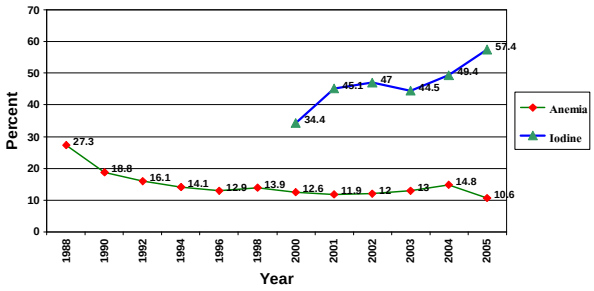


1977 Start EPI
1987 Start Measles Vaccine
1992 Start Hepatitis B Vaccine

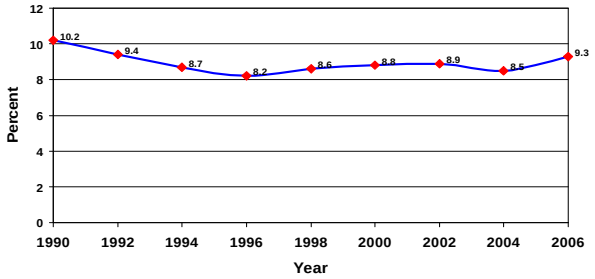
Situation of under nutrition among children aged 0-5 years



Percentage of anemic pregnant women (Hct <33%) And pregnant women iodine deficiency

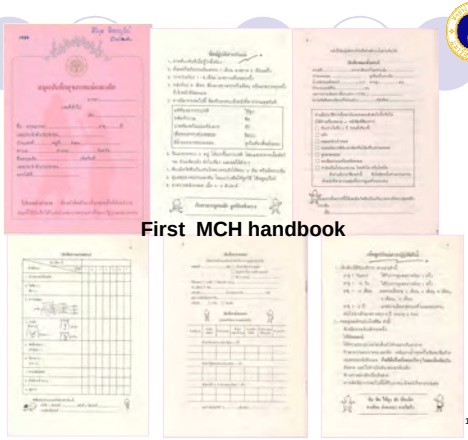


Percentage of Low Birth Weight

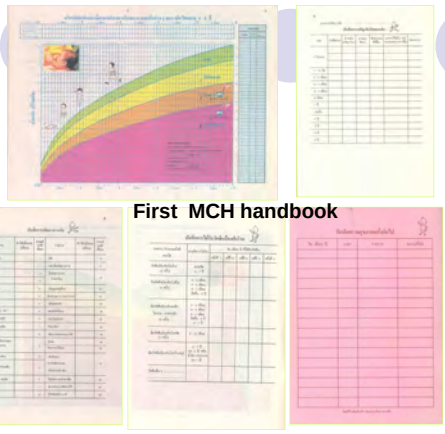


Revision of MCH Handbook

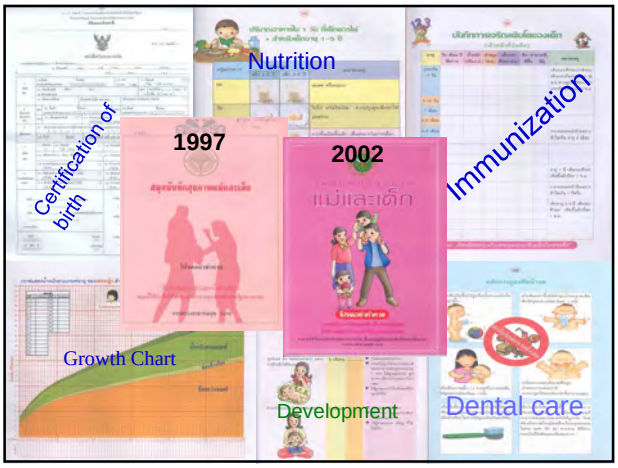
1985



First MCH handbook



First MCH handbook



Revision of MCH Handbook 2002

Revision of MCH Handbook 2008

From coverage to quality of care of MCH services

Quality of ANC (Isaranurug S et al 2006)

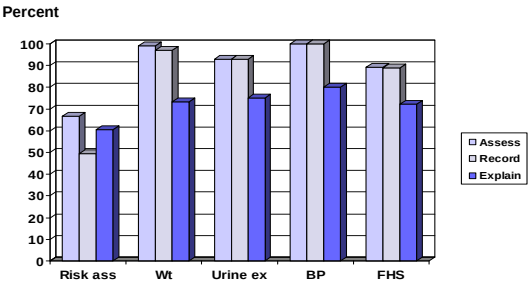
Work load for ANC:	HC	CH	GH
•Client: Health provider ratio	5:1	9:1	15:1
•Frequency of ANC per month	4	4	16
•Average number of clients per day	10	45	70

Note: HC = health center, CH = community hospital
GH = General hospital

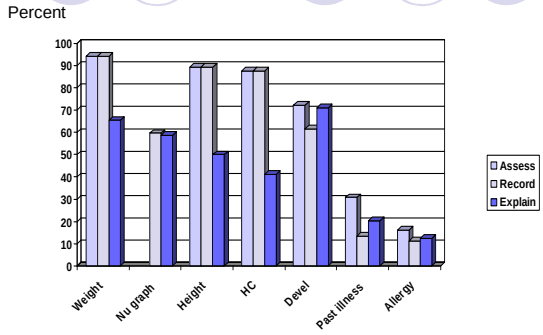
Quality of WCC (Isaranurug S et al 2006)

Work load for WCC:	HC	CH	GH
•Client: Health provider ratio	15:1	7:1	14:1
•Frequency of WCC per month	2	4	4
•Average number of clients per day	38	35	68

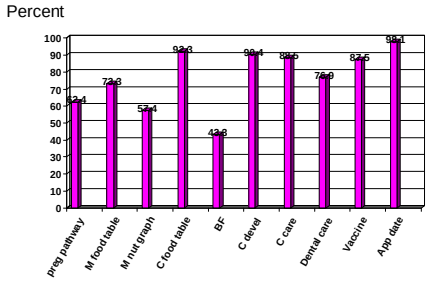
Quality of ANC: assessment, record and explanation (Isaranurug S et al, 2006)



Quality of WCC: assessment, record and explanation (Isaranurug S et al, 2006)



Percentage of reading the contents in MCH handbook (Isaranurug S et al, 2006)



New ANC and WCC in Thailand

Principle of new ANC

•Use **classifying form** to classify pregnant women for basic component of the new ANC model
•ANC check-up **5 times** for low risk pregnant women
First visit before 12 weeks of gestation
Second visit at 20 weeks of gestation
Third visit at 26 weeks of gestation
Fourth visit at 32 weeks of gestation
Fifth visit at 38 weeks of gestation
•Use **check list** to monitor the quality of service

Additional services in New WCC

•Eye screening	at 6 m, 4 y
•Hearing screening	at 2, 4, 6, 12, 18 m, 2, 3, 4 y
•Dental examination	at 9 m, 2 y, 4 y
•Meet dental health personnel or dentist	at 12m, 3 y
•Blood test for hemoglobin	during 6-12 m
•Iron supplementation	during 6m to 3y
•Blood pressure	at 4 y
•Urine test	at 4 y
•Meet doctor or specialist nurse	at 12m, 4 y

Millennium Development Goals (MDGs) are milestones of Health for All that have to be achieved by the year 2015.

Goal 4: Reduce child mortality
•Reduce the under five mortality rate by two-thirds, between 1990 and 2015.

Goal 5: Improve maternal health
•Reduce MMR by three quarters
•Universal access to reproductive health

Challenges of MCH handbook

Handbook utilization

	1995(1)	2001(2)	2006(3)
Have MCH HB	89.1	na	na
Ever read HB	85.5	97.0	73.3
Complete ANC data	80.4	99.5	85.1
Complete delivery data	74.3	96.0	na
Complete vaccine data	88.2	98.0	100.0
Complete child growth	30.1	75.5	33.7
Complete child devel.	18.2	37.5	26.9

Sources: 1= Pongpaiboon S, 1995
2= Isaranurug S, Mekmok S, 2001
3= Isaranurug S, et al, 2006

Challenges of MCH handbook

Expansion to university and other public hospitals
Expansion to private hospitals
Teaching in medical and nursing schools
Family's book, not a doctor's book

MATERNAL AND CHILD HEALTH HANDBOOK: INDONESIAN COUNTRY REPORT

Budihardja, MD, DTM&H, MPH
Director General, Community Health, Ministry of Health

1. Background: The Level of infant mortality in 2007 according to the Preliminary report of Indonesia Demographic and Health Survey (IDHS) 2007 was 34 per 1000 live births, while the under-5 mortality rate during the same period was 44 per 1000 live births. More than three-fourth of all deaths occurred during the first year of the child's life. The majority of infant deaths occurred during the neonatal period. The decline in infant and under-5 mortality has slowed down in recent years. There is a high infant and under-5 mortality differential across the provinces. According to Preliminary report of IDHS 2007, 26 out of 33 provinces still have levels of infant and under-5 mortality above the national levels.

IDHS 2002-2003 revealed that some factors influencing child mortality are socioeconomic, environmental, biological factors, living area, educational background of mother, mother's age, birth intervals, and numbers of births per woman. Child mortality is generally lowest among children of mothers who received antenatal care and were assisted by a medical professional at delivery; and highest among women who had neither antenatal care nor assistance at delivery by a trained provider. Women's status has been found to influence infant and child mortality levels through a woman's ability to control resources and make decisions.

According to IDHS 2002-03, the Maternal Mortality Rate (MMR) of Indonesia was 307 per 100 thousand births. In 2007, MMR was 228 per 100,000 live births (Statistic Centre Board, 2007). The most common direct cause of death was obstetric hemorrhage, generally occurring during post-partum followed by puerperal infections, often the consequence of poor hygiene during delivery or untreated reproductive tract infections and hypertensive disorders of pregnancy particularly eclampsia (convulsions). An in-depth analysis of IDHS data 2002-03 found that women's socio-economic status correlates with receiving maternal health care (antenatal care, postnatal care, and delivery care) from a medical professional. It also discovered a close association between complications during pregnancy and delivery with poverty, employment status, birth spacing, and abortion of a previous pregnancy. Various health programs have been implemented in order to accelerate the efforts to achieve two of the Millennium Development Goals (MDGs); reducing Child Mortality and improving Maternal health, These efforts are made to realize the vision of the Ministry of Health (MOH), that is having self-motivated community towards better health under the goal of making people healthier.

In accordance with the MOH's vision, one of the four grand strategies is community empowerment towards a healthy lifestyle. This includes partnership with potential non-governmental organizations (NGOs). One of the activities of the community empowerment in Maternal, Neonatal and Child Health (MNCH) is using the MCH handbook. The MCH handbook is a tool to integrate MNCH services which provides comprehensive records of the mother's health (pregnancy, childbirth, and post-partum) and child's health (newborn, infant up to five years of age) and equipped with information on how to maintain the health of mother and child.

2. Development of the Utilization of MCH handbook: The MCH handbook was first introduced in Indonesia through a pilot project in one district in Central Java in 1994. In 1997, the MCH handbook was adopted at the national level. During the period from 1997 to 2005, the MCH handbook was gradually expanded throughout most of the country of Indonesia. By the end of 2005, all provinces in Indonesia had started utilizing the MCH handbook.

A technical cooperation project "Ensuring the quality of MCH services through the MCH handbook" was implemented by MOH, the Republic of Indonesia and Japan International Cooperation Agency (JICA) during the period

from 1998 to 2003. This was followed by the 2nd phase project from 2006 until 2009 in order to increase the quality of MCH handbook use within MNCH services and strengthen the sustainability of the handbook use.

The Ministerial Decree 284/Menkes/SK/III/2004 on the MCH handbook utilization has given a solid foundation for the continuation of its use. This has shown a high level of commitment by the MOH. The decree stated that the MCH handbook is the only health record for mothers and children. It states that the provision of the handbook is the responsibility of the government and the utilization is the responsibility of the health providers.

Currently, All 33 provinces have been using the MCH handbook program, although the degree of activities differs from one province to another. Some districts have allocated part of their budget to print handbooks for all pregnant women, while some districts have just implemented a trial use. Many stakeholders are taking part in the MCH handbook use. That includes central and local governments, other sectors such as Ministry of Home Affairs (MOHA) through the Community Conditional Cash Transfer Program, local NGOs such as Women's Empowerment for Family Welfare (PKK), and professional organizations such as midwives, obstetricians, pediatricians, nutritionists, or nurses associations. Donors/UN agencies/NGOs such as the World Bank, ADB, European Union, GTZ, USAID, WHO, UNICEF, UNFPA, WFP, WVI, PCI, ADRA, Save the Children, Perdahki, and JICA[1] are also contributing.

In 2006 and 2007, approximately three million copies of the MCH handbook were printed in Indonesia. That is roughly equivalent to 60% of the number of pregnant mothers in Indonesia. In 2008, So far, the contribution of the MOH has been to print and distribute 1.7 million MCH handbooks for poor pregnant woman; this is approximately 30% of the total number of pregnant woman (Data on total number of the MCH handbooks prepared in 2008 has not been collected).

While the MCH handbook has been used in a geographically larger area of the country, its quality use and sustainability are serious issues. Activities to promote a sustainable system include dissemination of "good practices"; that is sharing experiences from successful cases with other parties. The implementation of Mothers' Class is an example of a process towards good practices. This is a group learning effort at the community level to enhance the quality of the utilization of the MCH Handbook. This helps to increase health awareness among people in the communities. As another effort to promote sustainability of the handbook, a study on the effectiveness of the MCH Handbook to support the utilization on MNCH services is ongoing in West Java.

3. MCH Handbook in the Indonesian Government's Policy: Within the framework of the grand strategies of the Ministry of Health, the MCH handbook is functioning as:

1. A tool for social mobilization and community empowerment in MNCH

This relates to "Village Alert (Desa Siaga)" program; a nationwide comprehensive community health program. The MCH handbook should be used in "Desa Siaga" by the mothers and her families in order to;

- increase their knowledge and awareness on MNCH
- increase their readiness in the event of an emergency on MNCH
- increase their awareness of nutrition and healthy lifestyle

In Program "Birth Preparedness and Complication Readiness (P4K)" the MCH handbook is used as a tool for counseling for family to prepare for delivery with support by the community.

2. A tool to improve the health service performance

The MCH handbook helps to implement optimal MNCH interventions, such as Vitamin A provision, immunization provision, counseling for child development. MCH handbook is used as a counseling tool in Integrated Management of Childhood Illnesses (IMCI)".

3. A tool to improve surveillance, monitoring, & information systems

- The MCH handbook is a home-based health record covering the period from pregnancy until the child reaches five years of age.
- The MCH handbook is a reminder for health personnel to provide appropriate health services at appropriate timings.
- By using MCH handbook as a performance indicator, it will facilitate health personnel to fill in institution-based health records.

4. Present Challenges and Futures Opportunities: There are some challenges ahead for the progress of the MCH Handbook use in Indonesia.

- The MCH handbook activities could be influenced by economic crisis or decentralization of the health sector.
- Expansion of the utilization of MCH handbook to hospitals and the private sect**o**r is one of the biggest challenges. Handbook's credibility suffers when people think that it is use only in rural areas.
- Advocacy to local governments to continue supporting the utilization of the MCH Handbook.
- not enough socio marketing on the MCH handbook
- There are some opportunities for the implementation of the MCH handbook.
- High political commitment from relevant sectors, programs, and a private sector for increasing availability and distribution of the handbook.
- Systematical implementation of orientation on the MCH handbook in pre-service education and in-service education for or for increasing availability and distribution of the handbook.
- Implementation of orientation on the MCH handbook for health volunteers.
- National monitoring and evaluation system is required for the optimal use of the MCH handbook

[1]ADB: Asian Development Bank, WVI: World Vision International, GTZ: Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, USAID: United States Agency for International Development, WHO: World Health Organization, UNICEF: United Nations Children's Fund, UNFPA: United Nations Population Fund, WFP: United Nations World Food Program, PCI: Project Concern International, ADRA: Adventist Development and Relief agency International, Perdhaki: Cathoric Health Services Indonesia

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MCH Handbook in an effort to achieve MDG 4& MDG 5

Dr. Budihardja, DTM&H, MPH
Director General of Community Health
Ministry of Health
of the Republic of Indonesia

Tokyo, November 8-10th, 2008

MAP OF INDONESIA

Islands : 17.508
Length : 5111 km
Area : 1.89 million km²
- 33 provinces
- 493 districts/cities (Permendagri 2008)
- 4,918 subdistricts
- 70,460 villages

INTRODUCTION

- ✓ >220 million inhabitants (2005)
- ✓ Pop. Growth: 1,59% (2003)
- ✓ Multicultural and heterogeneous
- ✓ Health is not expenditure, it is part of the development process.

HEALTH OUTCOME

INDICATOR	2003	2007	TARGET 2009
IMR	35	34	26
MMR	307	228	226
UNDER NUTRITION	25.6	21.9	20

The MCH handbook and National Health Policy

Vision: Self-reliance of Communities for a Healthy life

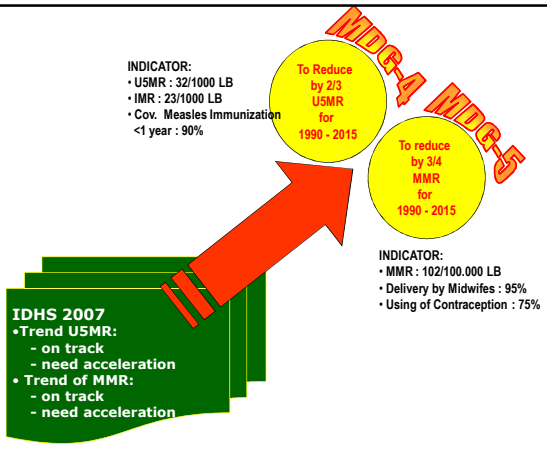
Mision: Healthy Communities

Strategies

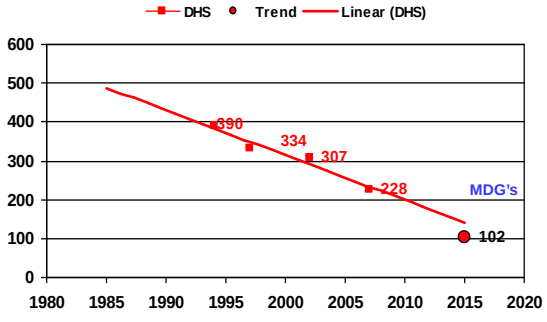
1. Community mobilization and empowerment for a healthy life
2. To increase communities' accessibility to quality health services
3. To improve health surveillance, monitoring, and information systems
4. To improve health finance

The MCH handbook as:

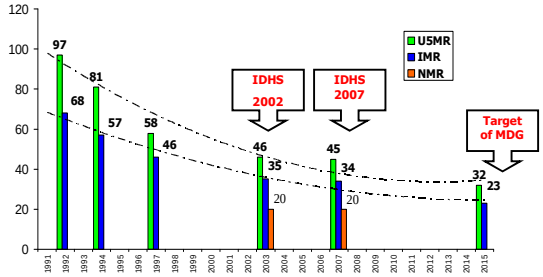
1. A tool for social mobilization and community empowerment
2. A tool to increase quality of MNCH services
3. A tool to improve health surveillance, monitoring, and information systems
4. A tool for advocacy to improve financing which reach directly to people



Maternal Mortality Ratio



Progress of IMR and Under 5 MR to MDG 2015



IDHS: Indonesia Demography Health Survey

Current policies & strategies to promote effort to achieve MDG4 and MDG5

1) Empowering the communities.
2) Improving the provision of, and universal access to, quality MNCH care including FP services by strengthening primary health care.
3) Strengthening the referral system.
4) Strengthening district health planning and management of MNCH care including FP services.
5) Advocating for increased commitment and resources for MNCH and FP.
6) Intensification of local area monitoring.
7) Improvement of death registration
8) Fostering partnerships.
9) Promoting the household to hospital continuum of care.

DIRECTORATE GENERAL RURAL AND COMMUNITY EMPOWERMENT CONTRIBUTION IN HEALTH DEVELOPMENT SECTOR

Role and Function:

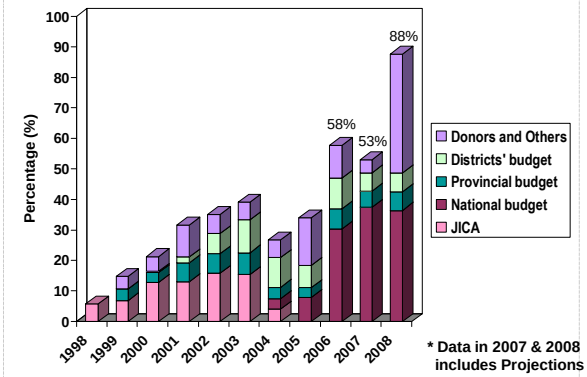
- Activator team of Family Welfare Movement (TP. PKK) in Indonesia.
- Operational work group on Integrated Health Post (Pokjanal Posyandu)
- National Program on People Empowerment for generation improving (PNPM Generasi)

MCH handbook in Indonesia - A tool to integrate MNCH services-

The MCH handbook in Indonesia

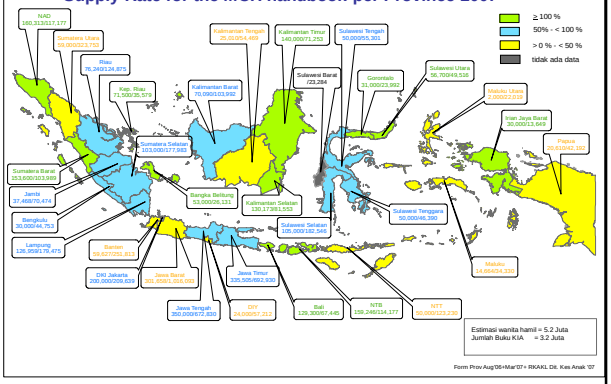
1993-4	Pilot test in Salatiga city, Central Java
1994-6	Expansion within Central Java Prov.
1997	Became to a National program
1998-2003	MCH handbook Project, Phase I Expansion throughout the country
2004	Issued Ministerial Decree
2005	Covered all 33 provinces
2006-2009	MCH handbook Project Phase II

Transition of Supply Rate for the MCH handbook against Estimated number of pregnant women in Indonesia



* Data in 2007 & 2008 includes Projections

Supply Rate for the MCH handbook per Province 2007



*** Data includes projections**

Evaluation of the MCH handbook in Indonesia 2007

Coverage* in children under five	36%**
Coverage in babies 6-11 months	40.5%**
Coverage in pregnant women	data analysis in process***

* Coverage: Percentage of children/ babies/ pregnant women having the MCH handbook

** Preliminary report of the National Basic Health Survey 2007

*** DHS 2007

The Project for Ensuring Maternal and Child Health services with the MCH handbook

Phase I (1998-2003)
Dissemination (Quantitative)

Phase II (2006-9)
1. Quality use
2. Ensure the Sustainability (Exit strategies)

1. MCH services with the MCH Handbook become available at every health facility
2. All of pregnant women and children under five have their own health records

1. MCH handbook functions as a tool to integrate MCH services,
2. A system to sustain MCH services with the MCH handbook is strengthened

Accessibility	Orientation System & Monitoring System	Quality use (Models)	Policy & System Support	Desemination
• For Poor • Hospitals & Private Sector • Advocacy for L.Gov. • MOHA	• Pre-service education • Integration in progs • Routine orientation • Prof. Org • Reporting system	• Mothers' Class • Invo. of Kader • Hospitals & Private sec. • Birth Registration	• Study on the effectiveness • Revision • Evaluation	• TCTP • NWS

Progress up to Nov. 2008 MCH handbook in Indonesia

1. Gained Ministerial Decree, and Commitments from professional organizations
2. Developed system of orientation on the MCH handbook for health personnel and health volunteers within MOH & professional organizations
3. Strengthened reporting system on MCH handbook distribution
4. Developed Mothers class models (NTB, West Sumatra)
5. Integrated in many related programs in MOH and other relevant sectors
6. Study on effectiveness of the MCH handbook (West Java, on progress)
7. The 1st and the 2nd TCTP with ICTP (East Java & West Java)

THE FUNCTION OF MCH HANDBOOK RELATED TO MOH STRATEGY

1.A tool for social mobilization and community empowerment

- To improve family and community awareness on the rights to receive standard of care → to create demand for MNCH services.
- Increase awareness on nutrition and healthy lifestyle.
- To increase family and community alert and readiness on risk and emergencies on MNCH

The sticker of Birth Preparedness and Complication Readiness in MCH handbook is a counseling tool from health worker to the family for preparation in delivery and organize readiness in complication if any helped and supported by the community.

Birth Preparedness & Complication Readiness

Mother's name	:
Estimated Date of Confinement	:
Labor Helper Provider	:
Place of Labor	:
Buddies of Labor	:
Transportation	:
Blood Donor Candidate	:

Toward Save & Safety Delivery

2. A tool for improving quality of MNCH services and health system performance

- Continuum of care
- Reduce missed opportunity : MCH handbook helps one time visit for multiple used (children growth monitoring, medical services, vitamin A & immunization, counseling for child development, home care for sick children, etc).
- Encourage health facility to comply on MNCH standard of care

3. A tool for improving surveillance, monitoring, & information systems

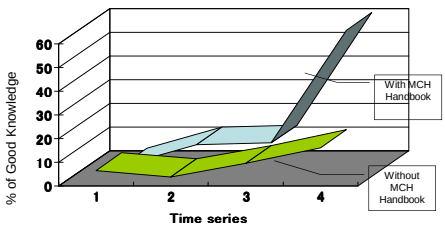
- MCH handbook as a reminder for health personnel, so that they provide appropriate health services
- By using MCH handbook as a performance indicator, it may facilitate health personnel to fill in the health record

4. A tool for advocacy to improve financing which reach directly to people

By using MCH handbook as a performance indicator, increase advocacy and partnership to fulfill the provision of budget to reach the target indicators.

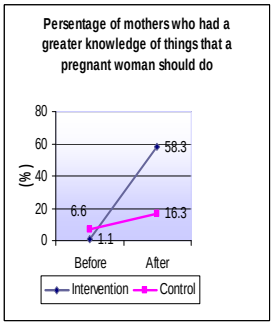
Some results on achievement

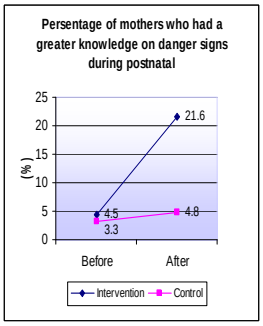
As media for health information



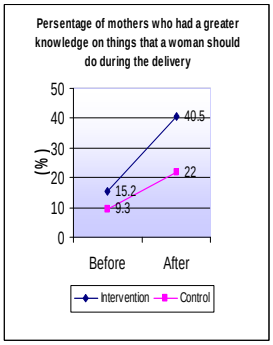
"Improve pregnant mother's knowledge and attitude towards maternal and child health"

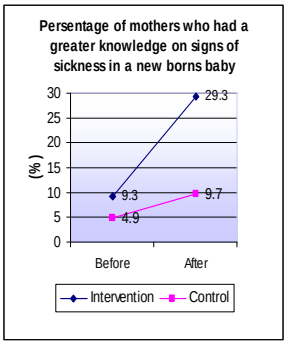
Data source : Airlangga University and East Java Provincial Health Office research, 2004





Data source : Airlangga University, East Java Provincial Health Office, WHO, and JICA, Study on the effects impact of implementing a comprehensive MCH intervention involving IMCI approach and the MCH handbook in East Java Province, Indonesia, 2004





Data source : Airlangga University, East Java Provincial Health Office, WHO, and JICA, Study on the effects impact of implementing a comprehensive MCH intervention involving IMCI approach and the MCH handbook in East Java Province, Indonesia, 2004

According to your experience, what are the benefit of having MCH Handbook? (N=60)

As information on maternal and child health	55	91.7%
Increase knowledge on nutrition for pregnant women	44	73.3%
Increase knowledge on nutrition for under-5 children	38	63.3%
Able to identify dangerous signs in pregnancy	36	60.0%
Monitoring tools for child growth and development	28	46.7%
Improve growth monitoring	17	28.3%

JICA Project Formation Study in the Health Sector 2004

What do you do after reading MCH Handbook? (N=59)

Breastfeed baby until 6 months old	41	69.5%
Prepare nutritious meal	38	64.4%
More frequent visit to midwife or health centre during pregnancy	30	50.8%
More attention to various and quality baby food	28	47.5%
Taking iron tablets	24	40.7%
More attention from the family in preparation for delivery (such as transportation)	13	22.0%
Stimulate infant development	10	16.9%

JICA Project Formation Study in the Health Sector 2004

THE MATERNAL AND CHILD HEALTH HANDBOOK TOWARS ITS NATIONAWIDE USE IN VIETNAM

Dinh Thi Phuong Hoa, MD, PhD
Vice Director, Department of Maternal and Child Health
Ministry of Health

1. Situation of Maternal and Child Health in Vietnam: In Vietnam, health care is of great concern to the society, and the maternal and child health care is specially paid attention to. There is a very strong political will and commitment among policy makers and also a community awareness, enabling the whole society to work together in order to improve maternal and child health and thereby achieve a reduced maternal and child mortality and morbidity.

In the last decades, the maternal mortality ratio declined from 200 per 100.000 thousand live births in 1990 to 75 in 2006. The under-5 mortality rate has also decreased substantially, from 117 per 1000 in 1980 to 93 per 1000 in 1990. An important contribution to the improved child survival in Vietnam is the reduction of child malnutrition. So far, the prevalence of undernutrition has decreased gradually with an annual reduction rate of 2.6%; from 45% in 1990 to 21.2% in 2007. In addition, Vietnam maintains a high rate of childhood immunization (>95%). Polio was eradicated in 2002, and maternal and neonatal tetanus was eliminated in 2005. With these achievements, Vietnam is on track to meet the MDG4 in 2015.

However, these achievements are not yet equally provided to mothers and children who need them most. For instance, in average, the vast majority of women in Vietnam give birth with skilled assistance (88%), but in the Northern mountainous areas this figure is only half of that (44%). According to a study on maternal mortality conducted by MoH in 2002, the maternal mortality rate in the mountainous provinces were 8 times higher than that in delta provinces. The maternal mortality in the rural areas was 2 times higher than in the urban ones, and among minority ethnic groups the maternal mortality was 4 times higher than in the Kinh group which is the main group in Vietnam. It is painful to note that the main causes of maternal deaths, which are bleeding, infection, eclampsia, and unsafe abortion, can easily be prevented. Of these unfortunate mothers, 40% die at home, 8% die en route to health facilities. Subsequently, many infants of these mothers also died due to maternal complications during pregnancy and/or delivery, since lack of immediate care after birth, lack of breastfeeding, early malnutrition and/or other diseases.

While overall progress on child survival has been impressive, the MDG4 goal is far from met in all parts of the country. The mortality rate of children in mountainous and rural areas or of poor families is three to four times higher than that of children in lowland areas or of better-off families. Although child mortality has declined in all income groups, the gap between the richest and the poorest fifth of society is increasing. While, overall child mortality has declined, there is minimal progress newborn survival and this is far from satisfactory. Limited access and/or low quality of obstetric and newborn care, particularly in remote, minority communities has resulted in the high rates of neonatal mortality, which now represents about 70 per cent of infant mortality and more than 50 per cent of under-five mortality rate.

In order to meet the MDG4 and 5 in the whole country, further effort is needed to assure universal access to high-impact packages of essential mother and child survival interventions. Every mother and child must be reached, especially in remote areas. This can be done by strengthening health systems and community partnerships; providing a continuum of care for mothers, newborns and children; by packaging life-saving interventions at every key points in the life cycle; mobilizing sufficient resources to accelerate and sustain progress for safe motherhood and child survival; expanding the data, research and evidence base on mother and child survival issues for better programming and interventions; and improving leadership and policies required in taking the lead and own the

solutions to the country's maternal and child health problems.

2. Rationale for introduction of MCH Handbook in Viet Nam: (1) The 5th International Symposium on MCH handbook was organized in 2006 Vietnam so we had chance to learn and share the experiences from Japan and other countries. The implemented MCH handbook showed very clearly that it has been used as an essential tool for a primary health care approach in maternal and child health care. While there are many kinds of cards, record note, handbook available in each provinces making people confused and lost important data, the use of MCH handbook will support the collaboration between maternal and child health care becomes closer; increasing the coverage of maternal and child services and thereby reducing morbidity and mortality of mothers and children. On the way to reach the goals of MDG 4 and 5, Vietnam needs to put the MCH handbook in to use.

(2) The impact of use MCH handbook has had in some provinces in Vietnam support the strategy to expand its use in the whole country. With the support of Japanese NGO, the MCH Handbook over 40 pages was first used in Province of Ben Tre in 1998. It was clearly shown that uptake of knowledge and practice of community/families increased and maternal and child health improved.

(3) Vietnam has a comprehensive health care system that covers the entire population. The system has four levels of health care delivery: central, provincial, district, and commune levels. At the central level in Ministry of Health there are several departments with functions relevant to maternal and child health, especially the Maternal and Child Health Department which is mainly responsible for mother and child health in the areas of policy; development and supervision of national standards and guidelines; and collaboration with other departments within MoH. At Communal level, all of communes in Vietnam have at least one Commune Health Center and around 4 - 6 trained medical staff work. Also trained Health Volunteer worker is working at each hamlet. This is important base to exercise the effect of MCH handbook in the community network.

3. Road map to use MCH Handbook nationwide: (1) Based on the comments from the provinces that have used the MCH handbook, the MCH handbook issued by MoH Vietnam must be revised and compiled. The process is supported by Prof. Yasuhide Nakamura, University of OSAKA and Ms. Bando, Japanese NGOs.

(2) Apply a proposal to JICA to support the implementation of the MCH handbook in 3 provinces: one in the North, one in the Center and one in the South of the country.

(3) With experiences from implementing the MCH handbook in these three provinces for 1 year, make a final revision of the MCH handbook and get approval from MoH to certificate the MCH handbook as the standard of MoH.

(4) To organize dissemination workshops for implementation MCH handbook in the whole country.

Correspondence:

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E-mail: phuonghoa55@yahoo.com

HANDBOOK ON MATERNAL AND CHILLD HEALTH - TOWARD ITS USE IN VIETNAM

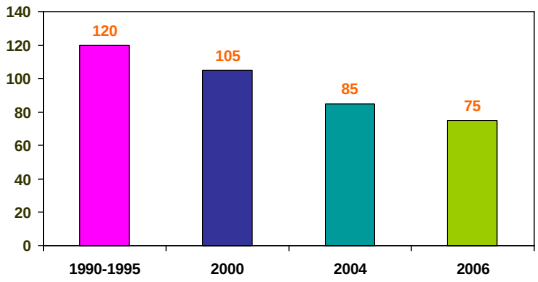
Dr. Dinh Thi Phuong Hoa
Vice-director of MCH dept.
MoH, Vietnam

Outlines of presentation

- Current situation of Maternal and Child health in Vietnam
- Rationale for introduction of MCH handbook in Vietnam
- Road map to use MCH handbook nationwide

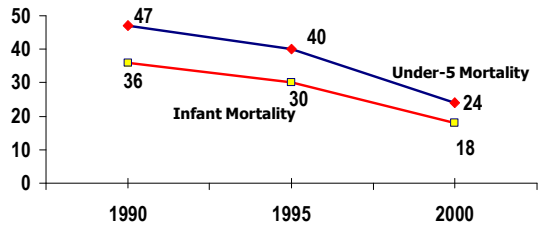
Current situation: Achievements

Current situation: Reduction of the maternal mortality(／100,000)



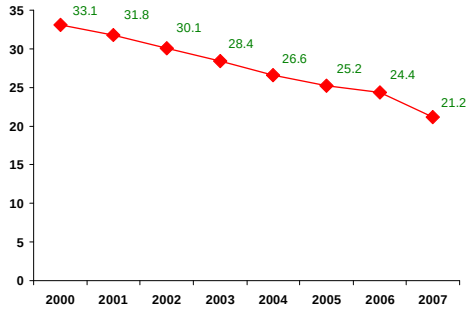
Source: MoH- Year Book

Current situation - Rapid Improvements in Child Survival (／1,000)



Source: VDHS 2002

Current situation – Reduction of Child malnutrition (%)

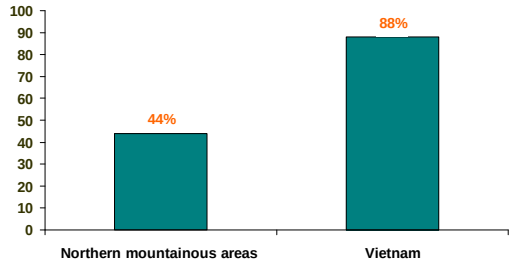


Current situation good coverage of Immunization
in whole Vietnam average

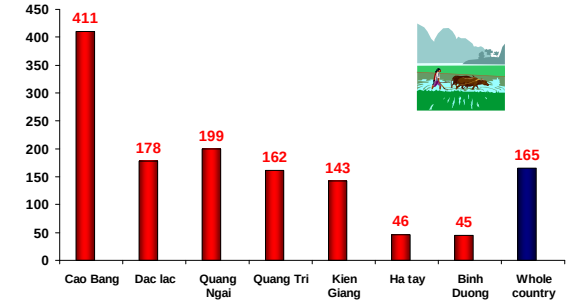
- Fully vacinated for children < 1 year old: > 95%
- > 60% of provinces provide Hepatitis B vaccine
- Elimination of maternal and neonatal tetanus in 2005
- Eradication of polio: 2000

Current situation - Challenges

Percentage of deliveries assisted by trained health workers

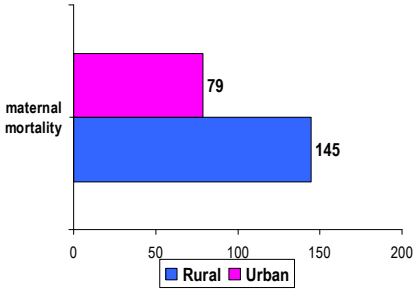


Maternal mortality: disparity between areas (／100,000)

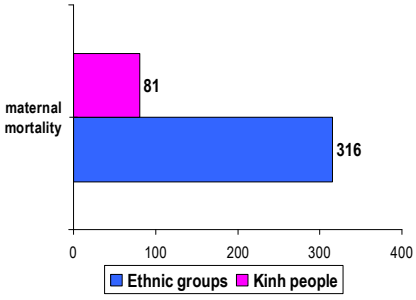


Source: MOH's survey 2002

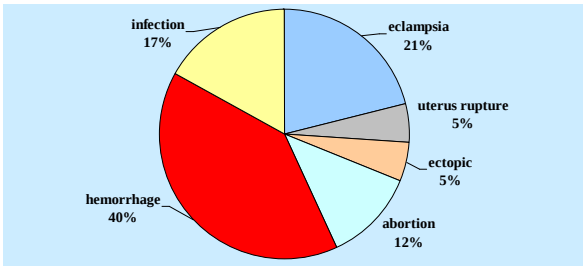
More Rural mothers Are Still Dying (／100,000)



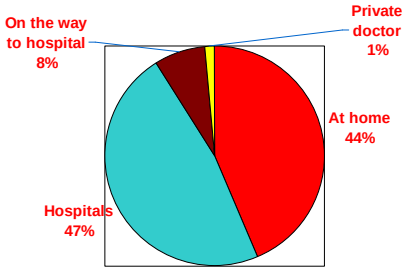
Women in ethnic minority groups have 4 times higher of maternal mortality (／100,000)



Leading causes of maternal mortality

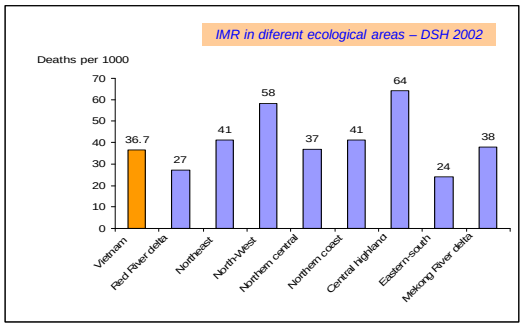


Where the maternal death happened?

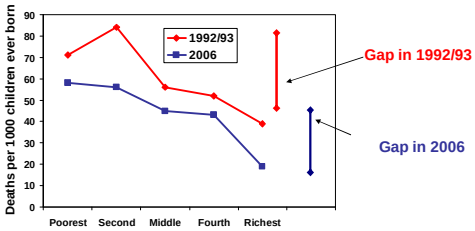


Source: MOH's survey 2002

Improvements in Child Survival are not in all parts of the country

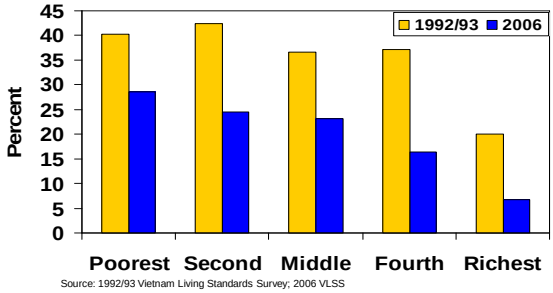


Inequity in Child mortality is not decrease



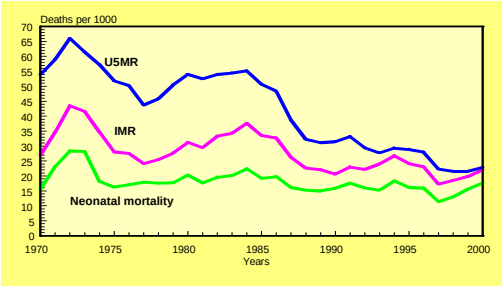
Source: MoH- UNICEF 2007

Under weight children are still high among poor families



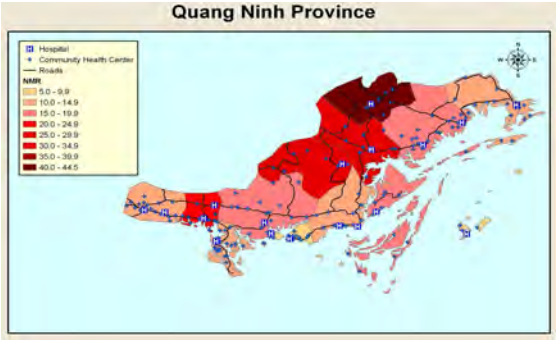
Source: 1992/93 Vietnam Living Standards Survey; 2006 VLSS

Potentials for change: *improved child survival but persistent neonatal mortality*

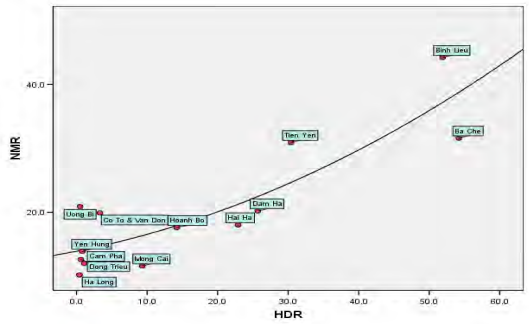


Hoa et al 2006

Neonatal health: there is a clear socioeconomic inequity



Neonatal mortality: risks of home delivery (／1,000)



Rationale for introduction of MCH handbook in Vietnam

Maternal and Child Health Handbook from the viewpoint of international health

The 5th International Symposium on MCH handbook in Bentre Province Vietnam Nov. 2006

National Conference on Maternal and Child Health Handbook, Hanoi, March 2008

- MCH handbook has been used as an essential tool for a primary health care approach in MCH health care

- Reducing morbidity and mortality of mothers and children

Rationale for introduction of MCH handbook

The impact of use MCH handbook in some provinces:

- uptake of knowledge and practice community/families increased
- maternal and child health improved

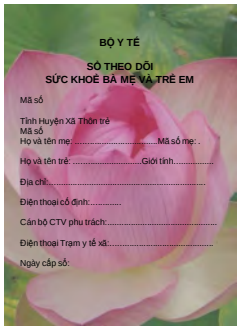
Rationale for introduction of MCH handbook in Vietnam

Viet Nam has a comprehensive health care system with four levels of health care delivery:

- **central: MoH (MCH, Population – FP and other related departments)**
- **provincial: RH center, hospitals**
- **district: Preventive dept.., hospitals**
- **commune levels: CHS and Village health workers in almost all hamlets**

Road map to use MCH handbook nationwide

1. Based on the MCH handbook used in some provinces, MoH revise and issue a MOH MCH handbook for the whole Vietnam step by step from 2009



Road map to use MCH handbook nationwide

2. Apply a proposal to JICA to support the implementation of the MCH handbook in 3 provinces

- Dienbien Prov. in the North
- Thanhhoa Prov. in the Center
- Angiang Prov. in the South

Road map to use MCH handbook nationwide

3. Make a final revision of the MCH handbook and get approval from MoH to certificate the MCH handbook as the standard of MoH

4. To organize dissemination workshops for implementation MCH handbook in the whole country

IMPROVEMENT OF MATERNAL, NEONATAL & CHILD HEALTH (MNCH) CARE THROUGH MCH HANDBOOK IN BANGLADESH

Shafi Ullah Bhuiyan, MBBS, MPH, PhD
JSPS Fellow, International Collaboration Division, Osaka University

1. Background for introduction of MCH handbook: To reduce alarmingly high infant mortality rate (IMR) and maternal mortality ratio (MMR) in achieving MDG 4 (reduce child mortality) and MDG 5 (improve maternal health) in Bangladesh is crucial. Data shows 63% pregnant women do not receive any care from medical facilities & over 90% mother delivered at home often in unsafe and unhygienic conditions. Factors potentially influencing low utilization of services are lack of information, awareness, motivation, empowerment of mothers and also communication between providers and clients. The existing communication tools in Bangladesh are used as one-way communication, such as treatment card, EPI card, antenatal card, etc. There is no such evidence that mothers are being persuaded of these cards' merit. Despite findings related to usefulness of providing information to client, research oriented tool has not has been established yet which could satisfy clients' need to decrease IMR & MMR.

2. The process of the introduction: In 2001, as an International Collaboration Ph.D. student from Bangladesh at Osaka University started communicating with the government, non-government and NGOs of Bangladesh to work on this specific issue. In lieu of this, lessons learnt from Japan under the auspices of Professor Yasuhide Nakamura of Osaka University, the idea of development of this MCH handbook came to young fellow's mind. Later with the help of government medical officers, nurses, NGO health workers, donor agencies and policy makers, the subject matter and contents of this handbook were developed. These issues are integrated on the basis of the information gathered from seminars, workshops and dialogues during the group discussions and key informants interviews. Providers' trainings on how to use this book, its application as well as how to conduct survey on service receiving mothers were also demonstrated, so that they can receive information from the mothers and can make these women understand the objectives, application and usage of this handbook. It should be noted that before distributing this handbook to the mothers, the primary knowledge on healthcare was determined by pre intervention survey. Later, the handbook was given to some selected pregnant women. They were selected through a random selection process from the outdoor department of Maternal and Child Health Training Institute (MCHTI) Dhaka. The rest of the women were given traditional health cards. The assessment of this handbook was evaluated among the women who were given this handbook when their babies were one and half a month old.

3. The development of MCH handbook: In 2002 the MCH handbook was developed in Bangladesh, which also reflects the experiences & concept of other countries like Japan, Thailand, and Indonesia. The possibility, application and acceptance of this handbook were tested through a pilot study at MCHTI Dhaka conducted by Osaka University. In 2007, an operational field research was conducted by OGSB at MCWCs in four districts in four different divisions supported by JICA Bangladesh as a part of community based safe motherhood project. It should be mentioned that another community based field research supported by JSPS is under process by Osaka University (2007-2009) entitled "Empowerment of women in Islamic society: through MCH handbook in Bangladesh".

4. The advantage of MCH handbook: In Bangladesh MCH handbook research showed, 78% users believe that this handbook can be a useful way to increase awareness about parental health, duties and responsibilities. This study showed that pregnant women in the case group had higher knowledge on MCH issues, better practices in MCH care, and higher utilization of MCH services than mothers in the control groups who used alternative health cards. Moreover, there is no correlation between mothers' education level, age, economic condition and the usage of this handbook. 88% users believe that

handbook system is a very easy method and it will improve the quality of mothers and children's health. This study also found that 83% mothers keep with handbook with themselves during the consultation with healthcare providers. 84% mothers are able to read this book and 76% mothers are capable of writing their opinion inside the handbook. In another research conducted in four MCWCs in various districts, a high demand for this handbook among the pregnant women is recognized. 91% mothers can read, understand and give their opinion and keep the book during the consultation with the healthcare providers. It should be mentioned that in both of the researches, it was found that the chance of losing this handbook is only 0 .05%. In both of the MCH handbook study cases, great enthusiasm was seen among the users and health care providers.

5. The challenges of MCH handbook: Although, the contents of this handbook seem quite simple but it has a wider impact on the present and future healthcare of the mothers and children. Also, the cost of this handbook is much lesser than 4/5 other health cards that are being used currently. So, government initiative to disseminate this handbook can be a profitable option. There is a necessity to make the content easier and up-to-date, so that the users can get more benefit from it. If the maternal and child health (MCH) handbook is developed with a focus on utilizing a problem–oriented approach and involving the recommendations of end-users, it is anticipated that the handbook will contribute significantly to ensuring the quality of life of women and their children. It is compulsory to train the heath service providers to ensure the distribution and proper utilization of this handbook. The current health cards systems are expensive on the government part and it is also difficult for the illiterate people to make the best use of it. This MCH handbook seems to be better than any other cards which help to maintain a continuity of care, qualitative health care for both the mothers and children. Handbook will help to have a safe motherhood by providing information on family health issues, prevention of diseases, and improved health care services facilities utilization. This will eventually decrease the mortality rate in long run and have a positive impact on sustainable health care development in Bangladesh.

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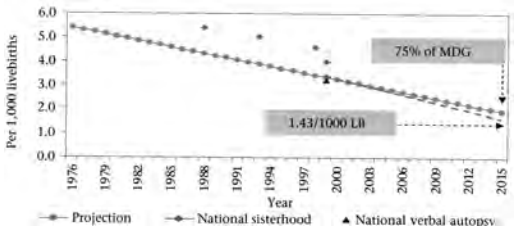
Improvement of Maternal, Neonatal & Child Health in Bangladesh through MCH Handbook

母子手帳を通した 母子保健の改善 -バングラデシュ-

Shafi Bhuiyan, MBBS,MPH, PhD, JSPS Post Doctoral Fellow
大阪大学大学院人間科学研究科 国際協力論
2008年11月08日 Tokyo, Japan

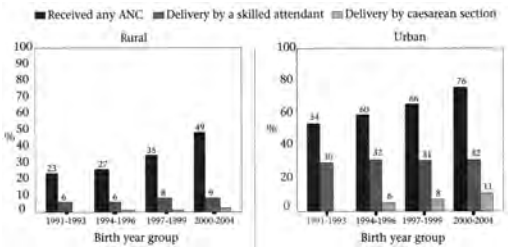
MMR in Bangladesh

-projection 1976-2015



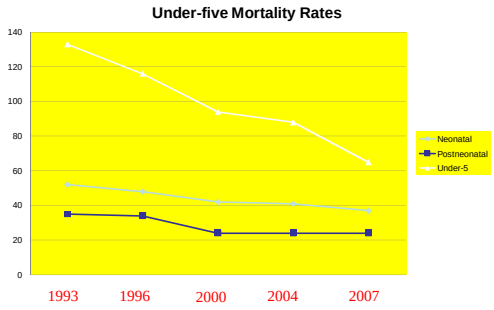
Maternal Health Services

-trends in the use



IMR Trends in Bangladesh

1993-2007



Child Health Services

-programs in practice

- Safe delivery and post natal care through skilled birth attendants (SBA)
- Prevention and management of acute respiratory tract infection (ARI)
- Use of oral rehydration solution (ORS) in Diarrhea case management
- Exclusive breast feeding practice
- Immunization and vitamin A campaign

Maternal & Child Health

Situations

- Home Delivery 90% (SBA 13%)
- ANC 56% and PNC 18%
- Malnutrition 50% ,Anemia70%
- LBW 50%
- MMR 320 / 100,000 LB
- IMR 65 /1000 LB

- MCWCs Expanded to 64 Districts as WFHI / BFHI (UNFPA/UNICEF)
- SBA and C-B Midwifery Training for Safe Motherhood (WHO/JICA)

Expectations

1. Ensure accessibility , availability of maternal health services (EOC,SBA)
2. Strengthening IEC/BCC activities & advocacy to ensure roles, responsibilities of family, community for Safe Motherhood
3. Improvement of maternal and child nutrition
4. Address 3 delays and
5. Ensure quality of care

Source: MMS & BDHS2004

Maternal and Child Health

-challenges in Bangladesh

Maternal Health>> MDG 5	Child Health>> MDG 4
Increase skilled birth attendants	Strengthening implementing program
Improve access on antenatal care to pregnant women	Counseling to pregnant and lactating mother
Quality emergency obstetric care coverage in rural community	Sustained EPI improvements
Strengthening family planning	
Strengthening Health System for Continuum of Care for Quality of Life	

Existing Health Care Cards

Parents tend to lose home-based records

The Potential of MCH Handbook

1 **Source of knowledge**, tool for health education and communication (provider, mother-family)
2 Home-based **health recording tool**
3 **Tool for monitor** to health status of pregnant mothers health & development of the children
4 Tool for **referral document** for certain health treatment for mothers and children

↓

Increase awareness and improve utilization of health facilities for the quality of MCH services

Source: 2nd International Symposium on MCH Handbook, Indonesia 2001

Why MCH Handbook in Bangladesh

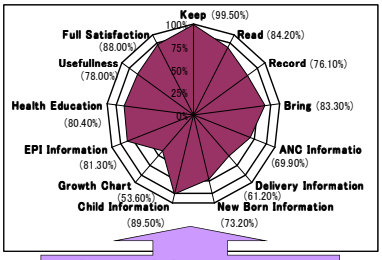
1 **Two way communication tool**
utilized a problem-oriented approach
2 **Promotion of health education**
mothers' class and fathers' class
3 **Integration of health records**
4/5 mother and child health cards
4 **Strengthening MCH services**
increase utilization of facilities

MCH Handbook History in Bangladesh

1. 2002 Bangladesh started pilot MCH handbook program at MCHTI supported by International collaboration Division, Osaka University, Japan; Prof. Yasuhide Nakamura MD, PhD was the guide and Dr. Shafi Bhuiyan was the focal point in introducing MCH handbook in Bangladesh;
2. In 2006 Strengthening of MCH services in Mother and Child Welfare Centre with the aid of MCH handbook- research was supported by OGSB/JICA Bangladesh;
3. 2007-2009 JSPS Grant Aid Research on MCH handbook is now on going at Pubail (rural area) in Bangladesh

I. Preliminary Assessment on Handbook Utilization

-Assessment Results



The outer circle represents 100% MCH handbook utilization & colored zone represents actual achievement

Utilization of MCH Handbook

"We are now able to understand how to take good care of our children and of ourselves during & after pregnancy."

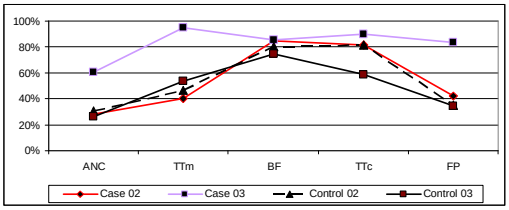
-A 21 year old pregnant mother at M.C.H.T.I

" Aside from it's medical purpose it's a very good historical record for our kids."

-A 24 year old pregnant mother at M.C.H.T.I

Intervention Result

MCH Handbook Results on Mothers' Practice



II. Strengthening of MCH services at MCWCs through MCH Handbook

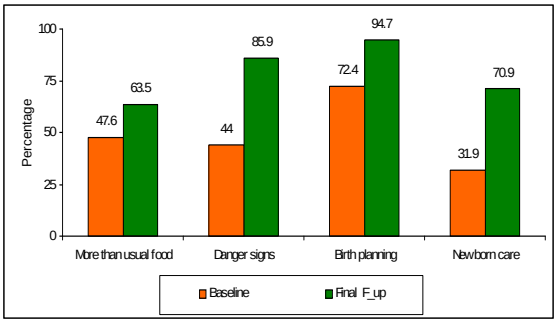
Total No of MCH Handbook used by	4,950
Pregnant mother	3,823
Under 5 Children	1,127

- MCH Handbook Initiative has been conducted at MCWCs
- MCH Handbook Study conducted at 4 selected sites in 4 Divisions in Bangladesh
- MCH Handbook Used by Mother and for their children

Source: OGSB MCH Handbook Report 2008, Dhaka

Change in Knowledge

of Antenatal Mothers



MCH Handbook in MCWCs

- The results were encouraging in bringing changes in knowledge, and skills of service providers & clients regarding MCH related issues
- Health Providers also realized that MCH is an effective tool for quality MCH services
- But it was just a tip of an iceberg, the effort of the project could just establish the roadmap for utilization of MCH Handbook in Bangladesh
- Further inputs in rural setting is needed for successful utilization of MCH Handbook in all health facilities

III. Utilization of MCH Handbook in Rural Bangladesh

- **Area/Site:** Pubail, Gazipur
- **Population: 38,074**
- **Pregnant Mother: 869**
  (July 06-June 07)
- **MCH Handbook Study in rural Bangladesh**

Starts- from July 2008

New Version of MCH Handbook 2008

Rural MCH Handbook Survey

-Initial Results

Knowledge

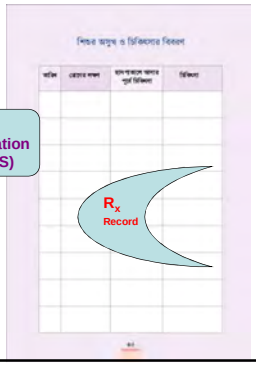
- ❑ ANC visit 67%
- ❑ Mothers' TT 93%
- ❑ Breast Feeding 90%
- ❑ Family Planning 74%

Practice 2008-2009

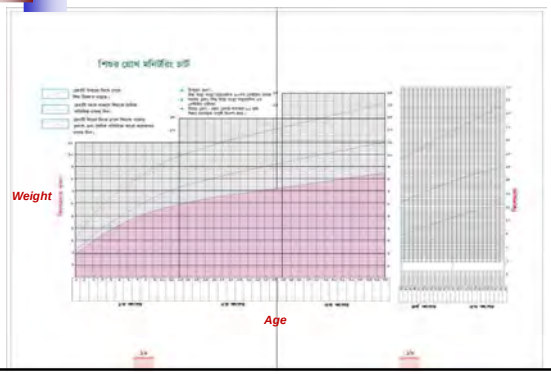
- ✓ Bringing Rate
- ✓ Reading Rate
- ✓ Writing Rate
- ✓ Utilization and Satisfaction etc.

Birth Planning

ORS and Treatment Record



Child Growth Monitoring Chart



Discussions

The MCH handbook study produced the following evidence-based results-

1. **Handbook changes mothers health knowledge and practice on safe pregnancy & child care**
2. **It helps parents and family with simple health information, education and health communication matters to avoid false believes and misguided information on health;**
3. **Home base record and referral document to ensure continuity of care;**
4. **Providers are enthusiastic about quality care support towards all handbook users**

Challenges

The MCH handbook study shows the following challenges in Bangladesh-

1. **Acceptable handbook contents for illiterate mother**
2. **Handbook cost, distribution & training of health staff**
3. **Integration of health care tools i.e. MIS tool kits, Home based record, and IEC materials etc.**
4. **Strengthen the network; GO-NGO, Donors and Professionals for future MCH handbook expansion**

Acknowledgement:
Japan Society for the Promotion of Science (JSPS), Osaka University , Japan and MOH&FW, Bangladesh

PLENARY DISCUSSION
SUMMATION OF THE SESSION

Prof. Azrul Azwar
University of Indonesia

We have listened to a very comprehensive and informative presentation with regards to the MCH handbook program from each country. And from the presentation it is clear for us that the use of MCH handbook has contributed to a lot of benefits not only to the health provider, he could use it as a tool, and use it to monitor the patient; but also for the health consumers, the mothers and families, because they can use this book as a source of information, so then their knowledge and attitude can be improved.

The second conclusion is that the use of MCH handbook have contributed for the progress of maternal and child health in the country. We see the immunization improved, nutrition education, iodine deficiency reduced, everything the improved, but also in the contribution on the quality of the services. I think the quality is really important now because the level of education of people increased, so all the educated people need quality services. So these are the benefits of using the MCH handbook in our program.

However we know that there are still a lot of challenges. The most important challenge is how to keep the program sustainable. So, sustainability of the program is really important for this a number of advices had been given. The most important thing is to include the government, and the government should include the program into the routine activities on MCH activities implemented in the country.