Country Reports

"MCH Handbooks and the Continuity of Maternal, Neonatal and Child Health"

- **MONGOLIA**
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- **MADAGASCAR**
  Dr. Norotiana Rabesandratana (Mahajanga University Hospital)

- **LAO PDR**
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  Ms. Maria Guadalupe De Jesus Morfe (Ministry of Public Health)
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- **UTAH STATE, USA**
  Ms. Marie Nagata (Utah State Department of Health)

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- **PALESTINE**
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STRENGTHENING OF CHILD HEALTH INTERVENTIONS THROUGH THE MATERNAL AND CHILD HEALTH HANDBOOK

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Officer for Pediatric Service, Ministry of Health

MCH handbook is now in the introductory phase of the implementation.

1. Background and justification: Mongolia, the geographically fifth largest country in Asia, has a total area of 1567 million square kilometers and an overall population density of 1.5 persons per square kilometre, making it the least densely populated country in the world. The national under-five mortality rate is 24 per 1000 live births and the infant mortality rate is 20 per 1000 live births. Newborn deaths represent 62% of infant deaths.

Access to health services. In the last 5 years, 99 percent of births received skilled antenatal care and 99 % of deliveries were at health facilities. As for clinical services, 86 % of children with ARI were taken to health facilities for treatment and counseling, with the remaining 14 % of children were unable to receive any health service. The percentage of children who received health care for diarrhea is slightly higher in the urban areas (83%) than in rural areas (79%). Among regions, the central region appears to have the highest access to health services. (*RH survey report 2003 UNPFA NSO)*

Out of 1 097 576 population living in villages 736 893 (67.1%) are nomadic herders. Thirty five percent of nomadic population are 50-80 km from the health facility while 65% of nomadic population are less than 14 km from the health facility. There is universal access to a pharmacy in their living areas that is at least stocked with 83 essential drugs. The distance is most challenging issue in rural health service. Community health workers (bagh feldshers) are available for every household but their accessibility is also affected by the distance.

Utilization of health services. Utilization of health services differs in the urban and rural areas and is influenced by education of the mothers and infrastructure of the region or provinces. Child care services with public providers are not paid but essential drugs are charged. Free referral and tertiary level services are available for children up to 18 years old . Based on the MICS 2005 63% of children with suspected pneumonia were taken to an appropriate health provider; of which 28% were taken to a family physician or general practitioner; 27% to a soum / village health workers and the remaining to government health center staff. One out of every five children died was not able to access health care service.

The high rate of undernutrition in young Mongolian children is a serious issue. Stunting and iron deficiency anemia, particularly in children 6-36 months old have been identified as significant problems (NRC, 2002; UNICEF, 2003). Little improvement has been observed despite increased efforts on growth monitoring over the past 5 years. National reduction in stunting was only 5% among children under five, that is, from 24.6% in 2000 to 19.6% in 2004; generally, boys 6-23 months showed the highest levels of stunting by age group (22.2%). Also in 2004, studies showed that 0.6% of all children 6-59 months were severely malnourished and 6.7% were underweight.

The existing tools and information education materials within the health service are used as limited communication, such as child health card, immunization record, growth monitoring promotion chart , antenatal card used to be completed by health care providers , etc. There is no such evidence that parents are being persuaded of these cards' merit.

2. Introduction of the MCH Handbook: In 2005 WHO new growth chart has been introduced Ministry of Health decided to adapt MCH handbook which is used in Japan and include WHO new growth chart into MCH handbook. Officer in charge of child health, MOH, Mongolia discussed this idea Honorary consulate of Mongolia in Osaka Mrs. Sato Noriko who has been promised to support it.

Based on the MCH handbook which is used in Japan, later with assistance of professors of university and medical officers, doctors of MCH centers, the contents of the book has been developed.

In the process of initiation, Dr. Rintaro Mori came to Mongolia and suggested to conduct the survey on MCH handbook. Operational field research is planned to be conducted by National Center of Health Development with help of Dr. Rintaro Mori .

3. Expected outcome of usage of MCH Handbook: It is hoped that the handbook will help to have a child survival by providing information on family health issues, prevention of diseases, and improved participation of the parents in the child health and health care services facilities utilization. This wills eventually strength child survival interventions rate in long run and have a positive impact on sustainable health care development in Mongolia.

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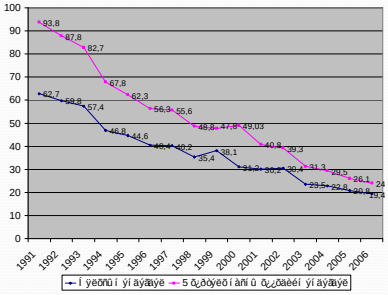
MCH handbook -Rational in Mongolia

G.Soyolgerel, MOH, Mongolia

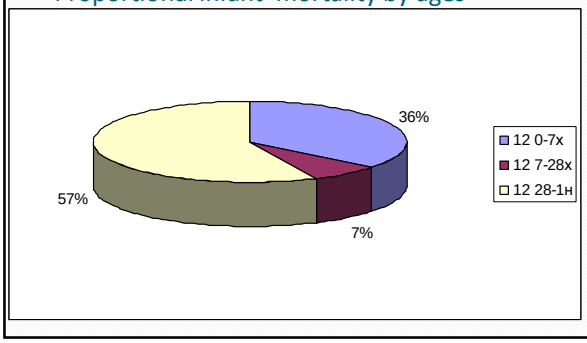
NATIONAL POLICY FOR IMR,U5MR

	2001	2005	2010	**2015 MDG**
/IMR/	30,1	28,0	25,0	22,0
/U5MR/	40,8	37,0	33,0	30,0

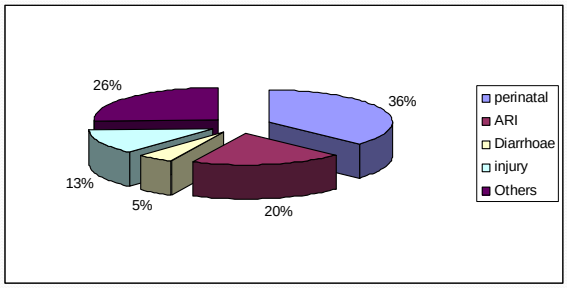
Trends of IMR and U5MR 1990-2006



Proportional infant mortality by ages



Proportional under 5 mortality by causes



Essential Package for Child Survival

- Skilled attendance during pregnancy, delivery and immediate postpartum
- Care of the newborn
- Exclusive breastfeeding until 6 month and appropriate complementary feeding
- Micronutrient supplementation
- Integrated management of sick children
- Immunization of children and mothers

Approaches to Child Survival

- Improving efficiency and quality of service delivery
- Engaging and empowering families and communities

Process of the introduction of MCH handbook

1. Introduction phase .
2. Development of the MCH handbook based on the Japanese, UK MCH handbook and WHO growth record (adaptation, translation ect.)
3. Study for evidence
4. Pretesting
5. Training of health care providers
6. Training of the parents
7. Monitoring and evaluation (knowledge of the parents on use, User's attitude on child caring, distribution of the hand book, link between mother and HCWs)

Content of MCH handbook

- Formal order of Ministry to use MCH handbook
- Family history , antenatal care
- Birth details
- Care for postpartum period
- Child details
- Feeding BF, Comp feeding, Vitamin A , Vitamin D
- Immunization?
- Growth chart
- Child Development
- Visits to primary clinic
- Home visits

Health education component

- Family planning
- Antenatal care
- Danger signs for ARI and other diseases
- Recommendations for feeding and care of children
- Key messages about care and development of the children

CHILD HEALTH HANDBOOK IN MADAGASCAR

Norotiana Rabesandratana, MD
Director, Department of Neonatology Center for MCH, Mahajanga University Hospital

1. Background: One of the most important national health policies of Ministry of health in Madagascar is reducing Mortality rate of Maternal and Child. This policy is an application of "the Madagascar Action Plan": reduce Maternal Mortality Ratio (MMR) per 100.000 live births from 469 in 2005 to 273 in 2012, Infant Mortality Rate (IMR) per 1.000 live births from 94 in 2005 to 47 in 2012, Neonatal Mortality Rate (NMR) per 1.000 live births from 32 in 2005 to 17 in 2012.

The objective of our activity is to set up the continuous care for child in Mahajanga. The babies who were born in Center for Maternal and Child Health "Complexe Mère et Enfant (CME) " in Mahajanga are starting their follow-up at CME. If there are not big problem, from 3rd months, the child health follow-up is transfer to basic health center. We hope that continuous care should be the standards. As a consequence, we have introduced the child handbook for follow-up tool to achieve continuous care from the newborn to five years old.

Nowadays, a program about decentralization from referral hospital such as CME to other basic health center is in progress in Mahajanga and then in Madagascar, especially in the training program for health personal (doctor, nurse, and midwife) or health agent (not certificated) in rural.

The health handbook is a tool to follow-up the child health and to correspond and share information between medical staff in different health facilities. In Madagascar, there are "National Child Health Handbook" and "National Maternal Health handbook" made by Ministry of health since many years ago. However "The National Child Health Handbook" has not enough pages for medical consultations, and not enough information for the caregiver.

Then our team, staff of Neonatology in CME, had proposed to make a new child health handbook adapted to the reality of the health condition of maternal and Child health in Mahajanga. One of the staff had a chance to participate the MCH training in Japan. After this training, on January 2007, we had started our project. We had referred to some Child health Handbook from France, Japan and private hospital in Madagascar then we had created our original new Health Handbook.

2. History of health handbook:
First step: "The note health handbook"
In Madagascar, usually people use a small notebook (around 90X150mm) to keep prescriptions and recommendations from the physician and midwife. For the first step, we modified this small notebook. The first handbook with the record of newborn has been started in Mahajanga on October 2007 after opened new building of CME, which constructed by Madagascar and Japanese Cooperation. In this note health handbook, we pasted and attached the newborn observational record, the examination record at discharge, the information of weaning food, and follow psychomotor development. Most of theses reports are not mentioned in Malagasy national child health handbook.

Second step: "The new original health handbook"
The new health handbook designed by staff of Neonatology on January 2008. The new information put on from other Maternal and Child health handbook in Madagascar (national and private). Some nutritional information was referred to child books in Madagascar and France, and the way of newborn care was cited from WHO guide.

This new handbook has developed by staff of Neonatology. It is printed in black and white, then staff colored with color pencils. Handbook is written in Malagasy and French languages,

with 48 pages and size are 200mm x 135mm. The price is evaluated as 1$ US per handbook (the handbook with color printed is five times expensive than black and white). When stocks are consumed, the staff makes an update of conception. At present, we are in the third update.

The handbook contains two sections: “record of follow-up” and “advice for parents”. “The record of follow-up” is including the report of delivery, examination at discharge, recommendation before go home, record of vaccination, vitamin A and Mebendazole, growth curve until 5 years old, follow-up of psychomotor development, dentition, and record of medical consultation. “The advice for parents” is composed by nutritional information (e.g. exclusive breast-feeding (EBF) until 6 months and weaning food), danger signs to go to hospital, kangaroo mother care, family planning methods, rights of children and information about Neonatology of CME (e.g. telephone number, consultation time).

At the beginning, the staff of Neonatology was financed by themselves making this new handbook. There is no grant from national or international organization. Now we requested to approve our health handbook to be an official child health handbook by the ministry of health in Madagascar.

3. Discussion: The new child health handbook designed by staff of neonatology has impact about taking care of child: the follow-up is easier, the continuous care is improved, every user keeps more information about child health and health education for family was strengthen. In Madagascar, “National maternal health handbook” is separated from “National child health handbook”. So next step, the CME team will conceive a “Maternal and child health handbook” for each baby from pregnancy to child follow-up until 5 years old. Furthermore, we should evaluate the impact of the new child health handbook in peripheral health centers for improvement and acceptance until our handbook will be a National official health handbook in Madagascar.

4. Conclusion: The new child health handbook of Mahajanga reinforces a better follow-up and care adapted for child health in Mahajanga, and it may contribute to decrease the child mortality rate in Madagascar. We are sure that maternal and child health handbook would be an effective tool for better continuous care.

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6th International Conference on MCH Handbook

Child Health Handbook In Mahajanga Madagascar

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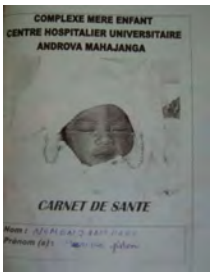
MADAGASCAR



MCH : Maternal and Child Health

Aims of Madagascar Action Plan reducing death rate

	2005	Objective 2012
MMR : Maternal Mortality Ratio (per 100.000 live births)	469	273
IMR : Infant Mortality Rate (per 1000 live births)	94	47
NMR : Neonatal Mortality Rate (per 1000 live births)	32	17

BACKGROUND

- Child follow-up: actually centered on special health center

➔ Necessity of decentralizing to the other basic health center

➔ Health handbook :
  - ❖ Tool to follow the child
  - ❖ Tool for the medical staff in different centers in Madagascar to correspond and to share the information

- Inspiration:
  - Reality in Mahajanga, Madagascar
  - Differents handbook (France, Japan, some private hospital in Madagascar)
  - After training about mother and child health in Japan in 2007
- National Child Handbook:
  - Information estimated insufficient
  - Not enough page for medical consultation

- **Objective**:
  - To provide continous care for newborn and child in every health center

➔ Making appropriate handbook

1st Step: « Note handbook »

started from Oct. 2007

- Newborn Observation
- Examination before leaving hospital
- Nutritional diet
- Follow about psychic and motor development

} attached in notebook

2nd Step: « New original handbook »
since January 2008

- 1st idea by medical director and head nurse
- Other ideas by staff meeting
- Preparation from different references:
  - Other MCH handbooks,
  - Nutrition for child books in Madagascar, France
  - WHO guide

New original handbook

- Print:
  - Input text by the secretary of the staff neonatalogy,
  - Print and copy in a printing work
  - Black and white
  - Languages: Malagasy and French
  - 48 pages, size: 200 x 135 mm
  - Price: 2000 Ar per handbook ➔ 1$ US
  - If using colour: it is too expensive (5 times)

New original handbook

- Update of conception while stocks are consumed (3rd update)
- Making the new handbook have been financed by member of staff
- There is no grant from national or international organism
- Approbation request to Ministry of Health in Madagascar

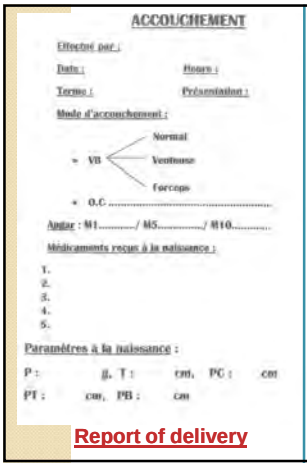
COMPLEXE MERE ENFANT
CENTRE HOSPITALIER UNIVERSITAIRE
ANDROVA MAHAJANGA

CARNET DE SANTE

Nom :
Prénom (s) :

Contents of handbook

- **Record of follow-up**:
  - Report of delivery
  - Examination at discharge
  - Recommendation before go home
  - Vaccination, Vitamine A, Mebendazole
  - Growth curve (newborn until 5 years),
  - Follow-up of psycho-motor development
  - Dentition
  - Record of medical consultation



ACCOUCHEMENT

Effectué par :
Date : Heure :
Terme : Présentation :
Mode d'accouchement :
Normal
VB
Ventouse
Forceps
O.C .....
Apgar : M1...../ M5...../ M10.....
Médicaments reçus à la naissance :
1.
2.
3.
4.
5.
Paramètres à la naissance :
P : g. T : cm. PC : cm
PT : cm. PB : cm

Report of delivery

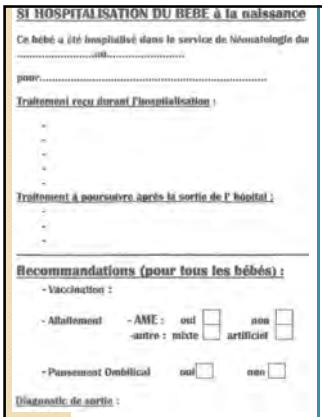
EXAMEN A LA SORTIE DE L'HOPITAL

Période Néonatale (de la naissance à 1 mois)
- DATE :
- PARAMETRES
Poids :.....g Taille :.....cm PC :.....cm
Groupe Sanguin-Rhésus :.....

	OUI	NON
Ictère		
Dyspnée		
Cyanose		
Souffle cardiaque		
Vésicules perçues		
Hépatomégalie		
Splénomégalie		
Tonus axial normal		
Tonus périphérique normal		
Motilité normale		
Vigilance normale		
Réaction aux stimuli sonores		
Etat scolaire normal		
Réflexe photomoteur		

- REFLEXES ARCHAIQUES
- AUTRES

Examination at discharge



SI HOSPITALISATION DU BEBE à la naissance

Ce bébé a été hospitalisé dans le service de Néonatologie du ..... pour.....

Traitement reçu durant l'hospitalisation :

Traitement à poursuivre après la sortie de l' hôpital :

Recommandations (pour tous les bébés) :

- Vaccination :
- Allaitement - AME : oui / non
  autre : mixte / artificiel
- Pansement Ombilical oui / non

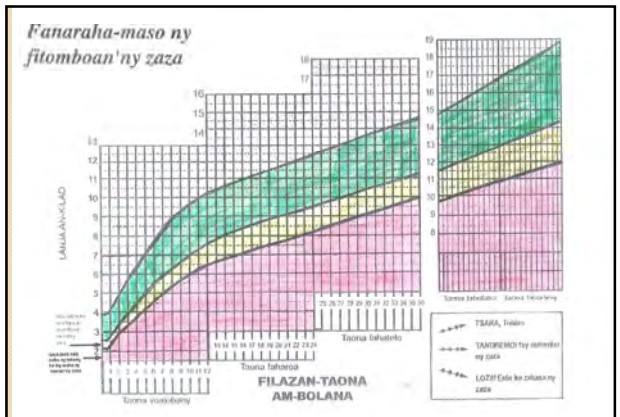
Diagnostic de sortie :

Recommendation before go home

VACCINATION

VITAMINE A et MEBENDAZOLE (M)

Vaccination – Vit A - Mebendazole



Fanaraha-maso ny fitomboan'ny zaza

FILAZAN-TAONA AM-BOLANA

Growth curve

EXAMEN AU COURS DU 3ème MOIS

DATE:

PARAMETRES:

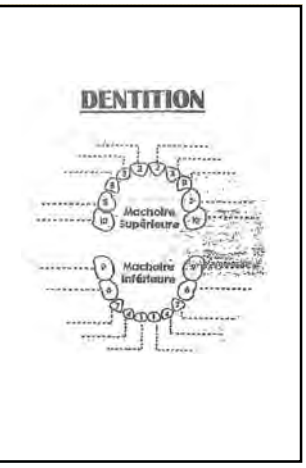
Poids : kg, Taille : cm, PC : cm

	OUI	NON
Joue avec les mains		
Sourire « réponse »		
Tourne la tête pour suivre un objet		
Attrape un objet qui lui est tendu		
Maintenu assis, tient sa tête droite		
Sur le ventre, soulève tête et épaules		
s'appuie sur les avant-bras		
Réagit aux stimuli sonores		
Strabisme		
Nystagmus		

CAT et OBSERVATIONS du médecin :

Prochain rendez-vous:

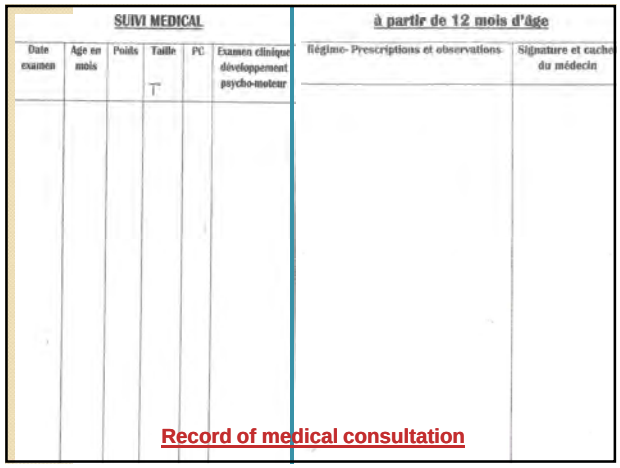
Follow-up of psycho-motor development



DENTITION

Mâchoire Supérieure

Mâchoire Inférieure



SUIVI MEDICAL

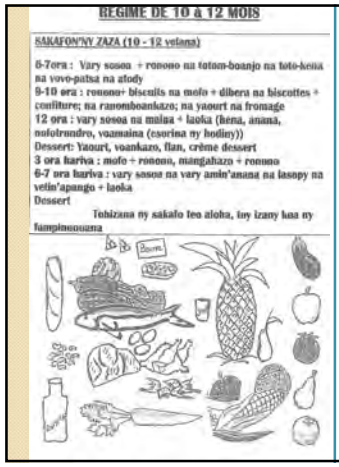
Date examen	Age en mois	Poids	Taille	PC	Examen clinique développement psycho-moteur
			T°		

à partir de 12 mois d'âge

Régime- Prescriptions et observations	Signature et cachet du médecin

Record of medical consultation

- **Advice for parents**:
  - Nutrition
    - Exclusive Breast Feeding (EBF) until 6 months
    - Weaning food
  - Danger sign required hospitalisation,
  - Advantage and benefit of kangaroo mother care
  - Family planning
  - Rights of children
  - Information about hospital (Tel)



REGIME DE 10 à 12 MOIS

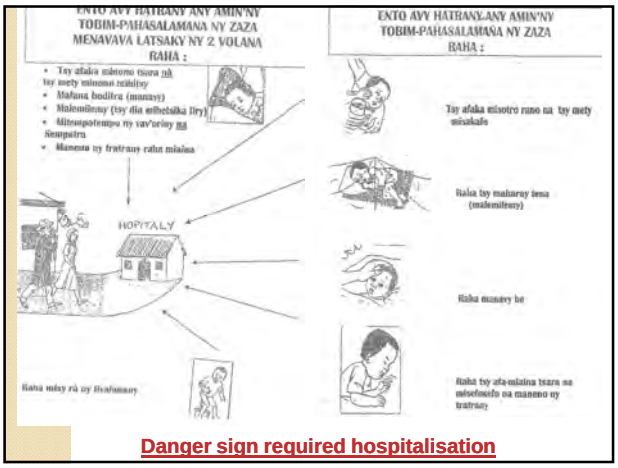
SAKAFON'NY ZAZA (10 - 12 volana)

6-7ora : Vary sosoa + rononon na totom-boanjo na toto-kena na vovo-patsa na afody
9-10 ora : rononon+ biscuits na mofo + dibera na biscottes + confiture; na ranomboankazo; na yaourt na fromage
12 ora : vary sosoa na mâsa + laoka (hena, anana, nofotrandro, voamaina (esorina ny hodiny))
Dessert: Yaourt, voankazo, flan, crème dessert
3 ora hariva : mofo + rononon, mangahazo + rononon
6-7 ora hariva : vary sosoa na vary amin'anana na lasopy na vetin'apango + laoka
Dessert

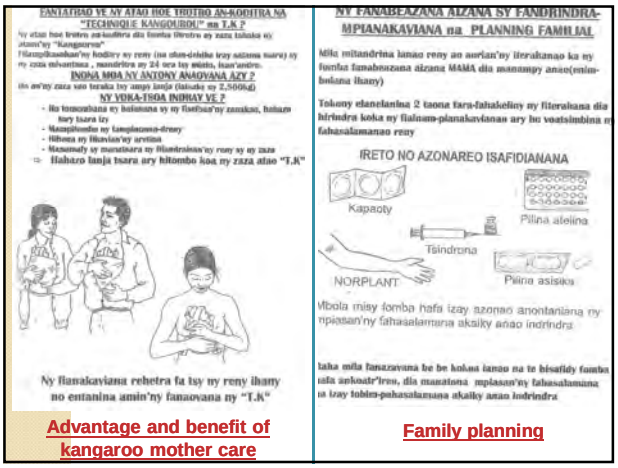
Tehizana ny sakafo teo aloha, ivy izany koa ny fampinonoana

Nutrition

Weaning food

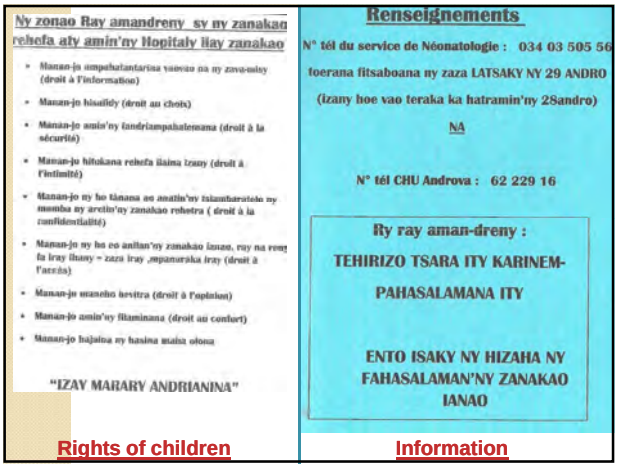


Danger sign required hospitalisation



Advantage and benefit of kangaroo mother care

Family planning



Rights of children

Information

Discussion

- Impact of new child handbook about taking care of child
  - Easier Follow-up
  - Better continuous care considered
  - More information about child health
  - Health education more easier for family

Conclusion

Child Health Handbook = success

→ Best follow-up and care adapt for child health in Mahajanga, Madagascar

Perspectives:

Maternal and Child Handbook = Continuous care

THE MATERNAL AND CHILD HEALTH SITUATION AND THE MCH HANDBOOK IN LAO PDR

Chandavone Phoxay, MD, MHSc, PhD
Secretary to the Minister, Deputy Director of Secretariat Division
Ministry of Health

1. Demography and health indicator in the 47 poorest priority districts and in the country: Despite of the Laotian health's improvement at certain level, there was only a slight decrease in maternal and child mortality rate compared in the 1990's. According to global estimates, Lao has potentially by 2015 to achieve target of MDG5 (IMR), however, it will be hard to attain MDG 4 (MMR) (see Table 1).

Table 1. Health Indicator achieved and Target

Indicator	1990	2000	2005	06-07	07-08	2010	2015 MDG
MMR /100000 LB	750	530	405			300	185
under 5 MR /1.000 LB			98	75*	NA	75	70
IMR /1.000 LB			70	59*	NA	55	45

Sources: * UNICEF 2006, Census 2005, Health Demographic Survey

Discrepancy of health status persists particularly among the 47 poorest priority districts and better of areas (see Table 2).

Table 2. Demography in comparison between 47 poorest priority district and countrywide

Population[1]	47 dist	Country
	1,284,719	5,621,982
Proportion of population in 47 poorest district (out of 140) comparing to the whole country[1]	23%	100%
Number of Health staff[2]	1,463	11,711
Number of medical doctors[3]	106	2,437
Proportion of 1 medical doctor/1000[3]	0.08	0.43
Proportion of 1 health staff /1000[3]	1.14	2.17
Number of District Health Office[2]	47	127
Number of Health Center[2]	226	789

Sources:[1]Census 2005; [2]MOH 2006; [3]Study of Human Resources 2007

2. National Plan in Lao PDR: To correct the discrepancy and to respond to the Eighth National Social Economic Development Plan, the Ministry of health has planned the following:

- 2020: Graduated from being the least developed country

  To ensure all Laotian irrespective of sex, age, economic status and ethnic group in the whole country:
  - Full health care services coverage
  - Modernized and comprehensive health services delivery
  - Health services delivery with equity
  - Health services delivery with justice
  - Health services delivery with quality
- 2015: Millennium Development Goals
- 2010: National Growth and Poverty Elimination Strategy (Midterm)

The Ministry of Health gives high priority to MCH, recalling health for all and all society contribution to health. Underlining 4 momentums: Healthy village, safe motherhood, child survival, preparedness for re-emerging diseases, putting MCH/EPI as entry point and core of all momentum.

3. Health Work Force: The limited number of qualified health workforce, skilled mixed and surpass, congestion of the highly qualified and its lacking particularly in rural communities is in need to be resolved. There are Midwives/Obstetrician 75 persons, Pediatrician 96 persons, an average Proportion of a medical doctor per 1000 population 0.43. HWF is really an issue to be tackled to deliver good health care to the Laotians in particular to ensure safe motherhood and child survival.

Table 3. Health Workforce in Lao PDR, 2007

Post Graduated level	582
Medical Doctor & equivalence level	2,063
College level	4,219
Primary level	4,707
Under primary level	140
Total	11,711 (Females: 6,751)

4. Coordination
Most health projects have been implemented in vertical oriented coordination that causes high demand on manpower and resources which are already limited. Inefficient coordination in national and international levels is also crucial. Integrated and sector wide coordination approaches are strongly addressed by the leaders of the Government of Lao and the Ministry of Health as "Vientiane Declaration Country Action Plan on Aids" and utilizing limited resources.

5. MCH Handbook in Lao PDR:

- In 1982 the Ministry of Health began to utilize MCH card
- In 1997 pilot MCH handbook was initiated
- In 2000 an assessment MCH hand book utilization was conducted by MCH Institute supported by Osaka University
- In 2002 up to now expansion MCH handbook through other provinces

6. Maternal Neonatal Child Health Package Services: The Ministry of Health in collaboration with UN System JICA are developing MNCH package to respond to the Vientiane Declaration and to integrate the MCH service delivery in order to improve MCH to achieve MDGs 4 and 5. The Package has 2 main components as following with changing sector wide coordination mechanism:

- Preventive Promotion component including providing IEC, MCH handbook etc. at the health facility, Community (community based prevention) and family (home based prevention)
- Care treatment services component including improvement:
  - Fixed services, equipped and training skilled birth attendance
  - Mobile/outreach services: community/home care services

7. Challenges: Amongst confrontation of MCH, amongst crisis of fuel, food, finance and climate change and environmental deterioration the high MMR and IMR countries, the handbook would play a substantial role in reducing MMR and IMR in such high MMR and IMR country in the global arena is our challenge.

Integration of MCH handbook in MNCH Package in both facilities and home based activities is to translate health care preventive education and promote better two-way communication between providers and mother and children in order to enhance safe mother-hood and child survival in Lao PDR. MCH handbook and beyond would collaborate to substantially contribute to MCH in the global arena.

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Country Report on MCH situation and MCH Hand Book in Lao PDR

The International Symposium on MCH Handbook Tokyo 8-10 November 2008

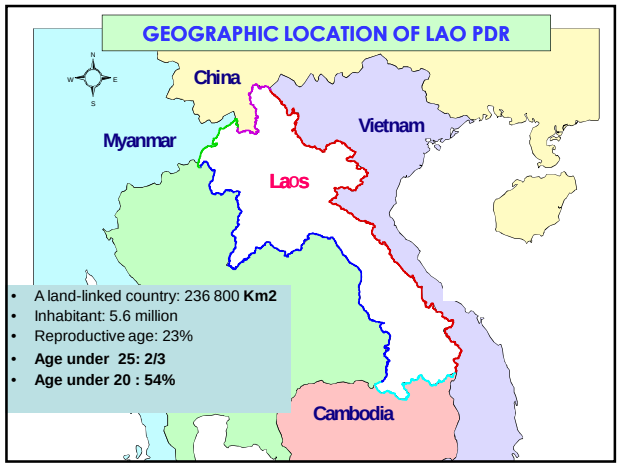
Chandavone PHOXAY MD, MHSc., PhD

Outline of presentation

I. Background
II. Challenges in Globalization Arena
III. MCH Situation
IV. Health System Strengthening
V. MCH Handbook
VI. Challenges & Way forward for the handbook

I. Background

GEOGRAPHIC LOCATION OF LAO PDR



- A land-linked country: 236 800 **Km2**
- Inhabitant: 5.6 million
- Reproductive age: 23%
- **Age under 25: 2/3**
- **Age under 20 : 54%**

National Health Plan in Lao PDR

- **By 2020: Graduate from the least developed country, in a health sector must achieve u**niversal coverage in health care through modern and comprehensive services with quality and equity
- **By 2015: Achieve the Millennium Development Goals relates to health**
- **2005-2010:**
  - **Implementing National Growth and Poverty Elimination Strategy (NGPES), 12 health programs (MCH)**
  - **Implementing the 5th National Socio-economic Development Plan (5th NSEDP). Recently it is carrying out a midterm review**

Maternal Child Health is the top priority in health sector

Global Recognition

- Certificate on Free from Polio since 2001 - in collaboration with JICA...
- On tract for elimination of Measles by 2012 (the 1st Measles campaign - 95%) in 2007 in collaboration with UNICEF-WHO-JICA...
- Significant accomplishment of Malaria program (declining Malaria disease) recent supported by GFATM
- Comprehensive Strategy and Preparedness for AHI

II. Challenges in Globalization Arena

Out break of Infectious/ Re-emerging disease

Diarrhea outbreak in the South in 2008

H.E Prime-Minister & Minister of Health visited the outbreak areas

Out break AHI in poultries in 2007

Poultry being culled at a farm in Nongnlew village. – photo Vichit

Climate changing (man made and natural disasters)

Flood in July 2008

- Affected areas : 10 provinces
- District affected: 53
- Villages flooded: 679
- Household affected: 26,122
- Population affected: 178,329
- Affected Health Center : 19

Flood in July 2008

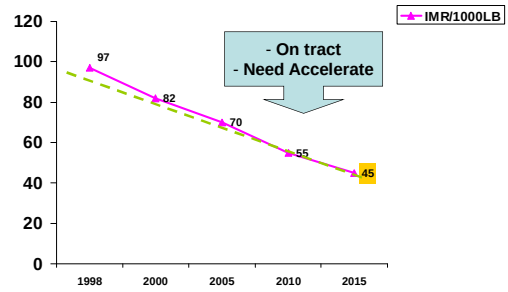
Key health indicators comparing between the poorest areas and the countrywide

17 provinces
47 out of 139 are the poorest districts

No		47 dist	country	Sources
1	Population	1,284,719	5,621,982	Census 2005
2	Proportion of population in 47 poorest district (out of 140) comparing to the whole country	23%	100%	Census 2005
3	Proportion of a medical doctor per 1000 population (12500/MD VS 2400/MD)	0.08	0.43	Study of Human resources of health, Laos MoH 2007
4	Number of Health Center	226	789	MOH 2006

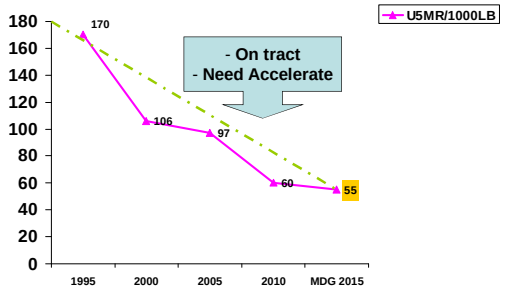
III. MCH Situation

Infant Mortality Rate in Lao PDR



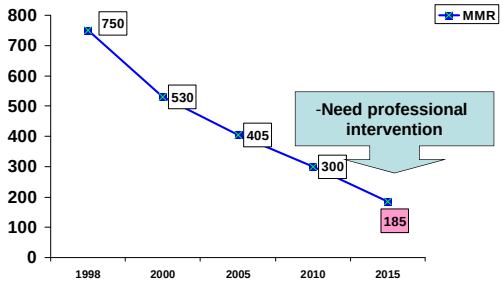
UNICEF, 2000; Census, 2005

Trend and Target of U5MR in Lao PDR



UNICEF, 2000; Census, 2005

MMR in Lao PDR

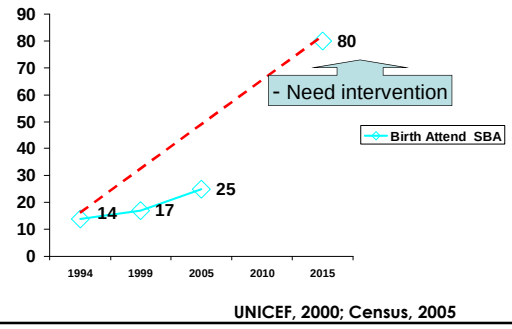


UNICEF, 2000; Census, 2005

Disparity of MMR in 2005 with in country

MMR (Nat) /100.0000 LB 2005	MMR		
	North	Center	South
405	464	410	209
MMR in different area			
Urban	Rural	**Remoteness**	
223	370	**444**	

Birth attended by Skilled Birth Attendant in Lao PDR



UNICEF, 2000; Census, 2005

Cause of Mother and Child Death

- Under 1 Y Death: 13000 /Year or 1100 / month or 36/day or 1-2 per/hour, more than half died during peri-natal period
- Mother death 785 /Y or 2 /day, of that 90% died within 4 hour after giving birth

Family planning
Emergency obstetric care (EmOC) Basic EmOC Comprehensive EmOC

trained on care for pregnancy & delivery for 18 months - attended delivery at least 20 time

Skilled Birth Attendant

*** HRS = Knowledge + Experience**
*** Environment (medical equipment, drugs, policy..**
*** Referral system**

Challenges (cont)

In our Nation:

- High demand but limited resources for fulfilling in health sector

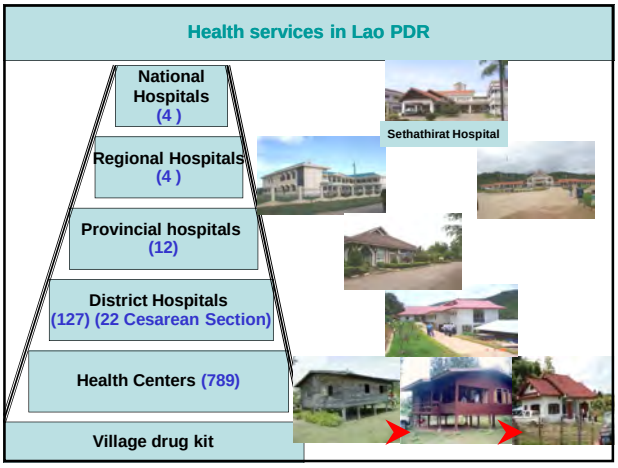
Those crisis deteriorate the high MMR and IMR country such Lao PDR

IV. Health System Strengthening / relates MCH services

Health System Strengthening

1. Strengthening Services Delivery in particular for MCH from the grass root to referral levels
2. Human Resources Development - in particular Skilled Birth Attendant
3. Logistic management procurement
4. Health information system (IEC, HIM...)
5. Health financing
6. Leadership-governance including coordination
7. Develop Maternal Neonatal Child Health (MNCH) Package Strategic Plan

Health services in Lao PDR

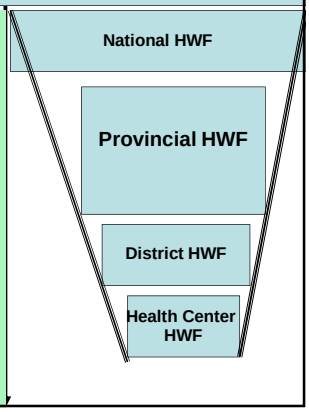


Health Workforce (HWF)

Œ Total: 11,711 (Female 6,751)
Post Graduated level: 582

- Midewives/Obstretician 75 pers,
- Pediatrician 96 pers.
- 0.43 MD per 1000 population (2400/MD)

Skilled Mix and surpass
Constraint in quality quantity



Dėvelop Maternal Neonatal Child Health (MNCH) Package Services:

– Preventive Promotion component: IEC
  - Health Facility
  - Demand creation
    – Community (community based prevention)
    – Family (home based prevention)

– Care treatment services component
  - Fixed services:
  - Mobil/outreach services: community/home care services

MCH intervention

- TBA trained, SBA training
- Health System Strengthening to deliver BEmNOC, CEmNOC, Referral system
- Promoting of utilization of Birth House at superstitous believed communities,
- Promoting of utilization of maternity wating Home and Silk- Home at remote communities
- MCH improvement project by NGOs

Vientiane Declaration on Aids Effectiveness

- Ownership
- Harmonization
- Alignment
- Accountability-Transparency
- Result / effectiveness

Rural development: Promoting Healthy Village Policy

A healthy village concept came from 8 components of primary health care as a healthy village criteria, alignment with group village development of the national policy in order to make significant changes from the bottom up levels

- Mobilizing community for developing and expanding healthy village,
- Mobilizing community including mothers and children for self-reliance on health care prevention

V. MCH Handbook in Lao PDR

(13)

Maternal and Child Handbook in Laos

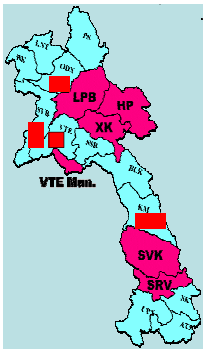
1995 Started at two provinces, Xiengkuang province and Vientiane Municipality supported by JOCV

2002 Revise MCH Handbook contents - Pilots in 6 provinces supported by UNICEF

2003 Assessment the effectiveness of MCH Handbook in 6 districts, supported by Osaka University

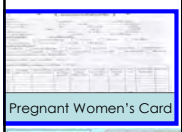
2004 Expansion support by The International District Rotary

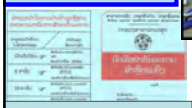
Up to now expansion MCH handbook to other provinces, Hospitals (District hospitals & Health Centers) supported by provincial health department, hospital, Nam Theun II Dam project, kid-smile project)



Previous Home-based Records for Mother and Child


Health Record Book


Pregnant Women's Card


Vaccination Card

Health record book

Card of child development and vaccination

It did not include any single health education information

VI. Challenges - Way forward to expand MCH Handbook

Challenges & way forward

- Integrated approach in MNCH Package:
  - in term of content - simple handbook but comprehensive and contended beyond pregnancy, delivery, newborn care (RH, male involvement, preventive care for re-emerging disease..)
  - In term of services - utilizing of the handbook in the package services in both facility-based and home-based activities
- Develop partnership: Convince stake holders - development partners, local authorities, NGOs, private-sectors to get their interest (mobilize resources) and financial support for expansion of the handbook- Mitigating printing cost of MCH Handbook

Message:

MCH handbook "beyond" or "Plus" would be highlighted (initiated) to substantially contribute to Mother and Children Health of our nation in the globalization arena and to assure our government attaining MDG 4 and 5 by 2015.

Thank you for your attention




MOH, LaoPDR. 2008

MATERNAL AND CHILD HEALTH HANDBOOK IN THE PHILIPPINES

Marilyn Crisostomo, MSPH, MPH, PhD Candidate
University of the Philippines
MEC Health Research and Statistics Consultancy

1. Background for introduction of MCH Handbook: The Philippines has an infant mortality rate (IMR) of 24 per 1,000 live births and a maternal mortality ratio (MMR) of 162 per 100,000 live births. The maternal mortality ratio in the country has declined very slowly since the 1990s. In addition to this, the rate of decline of under-five mortality rate, infant mortality rate band child mortality rate have been reduced but slowed down for the past decade. At these current rates it is unlikely for the country to reach the Millennium Development Goals by 2015.

2. MCH Handbook in the Philippines: The MCH Handbook was first introduced in the Philippines via the Philippine Department of Health and JICA's Family Planning/MCH (FP/MCH) Project (1992-1997). The project aimed at improving the FP/MCH delivery system and reinforcing the community health activities through enhanced community participation. The committee decided to adopt an improved Japanese handbook using more illustrations and translated into Filipino for greater ease of understanding. After evaluation, it was found to be bulky, difficult to manage, expensive to reproduce and in need of updating. From the initial handbook, in combination to other existing health cards in the country, the Mother-Baby book was created. The Philippine Department of Health revised the booklets and integrated all the record forms being used in health clinics into a simple, concise and most affordable material. The Mother and Child Book serve as the national template of MCH handbooks in the Philippines. The Department of Health nationally initiated and decentralized the handbook to local government units. Thirty provinces are currently using the handbook. There are plans of having the handbook subsidized by the Philippine National Health Insurance as part of the Maternity Care Benefit Package.

3. Development of Indigenous-specific MCH Handbook: Indigenous peoples numerous hindrances that block their access to an effective healthcare system. In instances where health services may be within reach, there is a perception among indigenous groups that the services tend to be inappropriate since they were developed in accordance to the majority of the population. Thus, indigenous peoples rarely avail health services. Current challenges in working with them have been the failure of public health interventions proven to be effective in the general population. Several strategies have been implemented in an attempt to rectify this situation, such as training traditional birth attendants in assisting mothers' delivery. This was unable to curb the increasing number of infant and maternal mortalities. In addition to this, there is a dearth of information on the present health situation of the indigenous groups. Thus in order to effectively address the indigenous peoples' predicament, it is necessary to set-up the baseline to the particular group and design a public health measure specific to the indigenous group.

A study entitled,"Ensuring Healthy Indigenous Mothers and Children in the Philippines: Feasibility of Utilizing an Indigenous Maternal and Child Health Handbook among the Tagbanua of Coron Island, Palawan," was initiated in August 2006. The study provides an overview of the current maternal and child health status of the indigenous peoples and presents an alternative strategy in improving the indigenous populations' health. The indigenous group selected for this endeavor was the Tagbanua of Coron, Palawan. Key-informant interviews were conducted among local health providers and indigenous leaders. Focus group discussions also among mothers and selected representatives of stakeholders were accomplished. Fifty indigenous mothers, with children five years and below, were also surveyed. From the preliminary results it was found that all of the mothers lack the basic and necessary maternal and child health

knowledge and practices. None of the mothers completed proper antenatal care with most seeking care and delivery from untrained, traditional birth attendants. Also, none of their children completed the required set of vaccination. The baseline study showed that the current knowledge and practices of Tagbanua mothers is in need of improvement and should be addressed upon.

Upon careful deliberation, the community and local health providers decided that the best way to improve their predicament is to increase mothers' awareness on health and to encourage them to use healthcare services in the area. They agreed that designing a home-based information and record keeping material would be a good start. The maternal and child health handbook was designed and developed by local health providers with the aid of Tagbanua leaders. Utilizing existing health recording materials, adapting information tools and written in their own dialect, the Tagbanua handbook was created. After the approval of indigenous elders, the handbook was introduced to the community through a mother's class. A year after its introduction, the handbook was able to increase the mothers' knowledge on antenatal, delivery, postnatal and proper child-rearing skills. The midwife also noticed a significant increase of mothers who bring their children for vaccination. The research showed that the handbook may serve as a feasible tool for health promotion. The handbook should be designed and developed according to their standards to create the sense of ownership and responsibility in the community.

4. The advantages of MCH Handbook: One effective public health measure used to aid in meeting the needs of mothers and their children is the MCH handbook. It functions as a health education material which contributes to the mother's knowledge and as a comprehensive health record book which integrates health records. It allows mothers and health service providers to easily address the maternal care and child health continuum, starting from pregnancy. They are provided with information as to the essence of seeking medical check-up during pregnancy. Health educational materials are also integrated, thus allowing parents to be knowledgeable of their MCH needs and be aware of MCH services available in their communities. As a comprehensive record book, it is used to chronologically record mother's condition from pregnancy to the post-delivery period and infant's growth, conditions and vaccinations. It also allows parents to monitor their child's development through the handbook's health recording system. It enables the integration of existing health cards which have been used for community health services. This was not possible with conventional health cards because each card served for a different purpose in a different period: keeping track of mother's health and child's development.

5. Challenges of the MCH Handbook: It should be noted that the success of the movement should not cease on a country's development of their version of the handbook, rather it should also be sustainable to be an effective public health tool. The MCH handbook alone cannot create miracles, such as reducing maternal mortality and infant mortality rates. It is most effective where there are adequate health care programs and services. There are numerous challenges regarding the sustainability of the program. Some of these concerns include lack of funding, research activities, human resources and the low educational levels of some mothers. It is necessary to address these matters to effectively promote the maternal and child health program.

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Maternal and Child Health and the MCH Handbook in the Philippines

Marilyn Crisostomo[1] and Calvin de los Reyes[2]

[1]Department of Epidemiology and Biostatistics, College of Public Health, University of the Philippines
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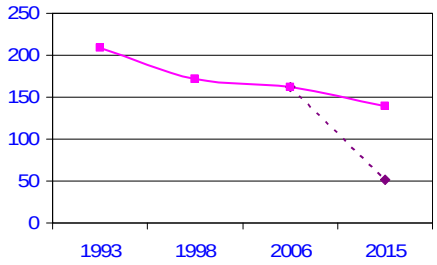


Figure 1. Maternal mortality ratio in the Philippines, 1990-1998, 2006, 2010 and 2015.
(Sources of data: 1990-1998 and 2006 – NCSB, 2007; 2010 and 2015 targets – DOH, 2005.)

Maternal Mortality by Main Cause
Number Rate/1000 Livebirths & Percentage Distribution
Philippines, 2003

Cause	Number	Rate	Percent
1. Other Complications related to pregnancy occuring in the course of labor, delivery and puerperium	811	0.5	45.1
2.Hypertension complicating pregnancy, childbirth and puerperium	479	0.3	26.6
3. Postpartum hemorrhage	319	0.2	17.7
4. Pregnancy with abortive outcome	189	0.1	10.5
* Percent share to total number of maternal deaths			
Last Update: January 11, 2007			

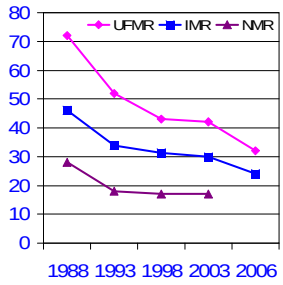


Figure 2. Child Mortality Trends, Under-5 mortality, infant mortality and neonatal mortality 1988 to 2006.
(Source of data: DOH, 2008.)

Infant Mortality: Ten (10) Leading Causes
Number & Rate/1000 Livebirths & Percentage Distribution
Philippines, 2003

Cause	Number	Rate	Percent
1. Other perinatal conditions	9,695	5.8	42.4
2. Pneumonia	2,314	1.4	10.1
3. Bacterial sepsis of newborn	1,439	0.9	6.3
4. Congenital malformation of the heart	1,127	0.7	4.9
5. Diarrhea and gastroenteritis of presumed infectious origin	984	0.6	4.3
6. Congenital Pneumonia	783	0.5	3.4
7. Other congenital malformation	550	0.3	2.0
8. Respiratory distress of newborn	462	0.3	2.0
9. Neonatal aspiration syndromes	440	0.3	1.9
10. Disorders related to short gestation and low birth weight	433	0.3	1.9
Source: THe 2003 Philippine Health Statistics * percent share from total infant deaths, all causes, Philippines			

Table 1. Maternal, neonatal and child health targets and MDGs 4 and 5

Goals	Baseline Indicators	Target by 2010	MDGs by 2015
Reduce MMR	209	90	52
Reduce U5MR	72	32	27
Reduce IMR	46	17	<17

(Source of data: Baseline indicator for MMR – NSO, 1990; U5MR and IMR – NSO, 1998.)

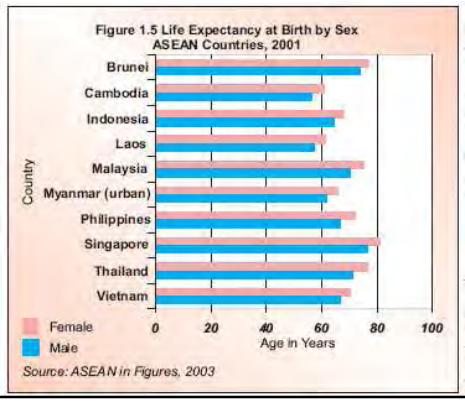
Comparison With Other Countries

Table 1.2 Average Annual Population Growth Rates ASEAN Countries, 1962-2000

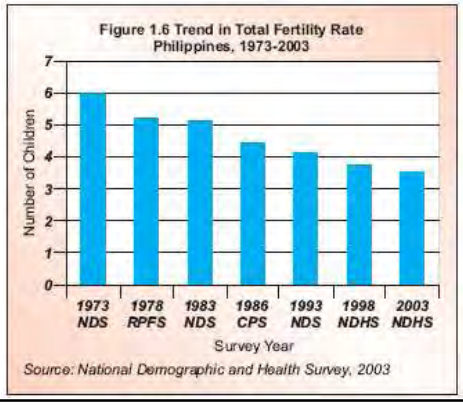
Country	Period	Growth Rate
Malaysia	1991-2000	2.6
Brunei	1991-2001	2.5
Cambodia	1962-1998	2.5
Laos	1985-1995	2.5
Philippines	1990-2000	2.3
Singapore	1990-2000	1.8
Myanmar	1973-1983	1.7
Vietnam	1989-1999	1.7
Indonesia	1990-2000	1.5
Thailand	1990-2000	1.1

Source: ASEAN in Figures, 2003

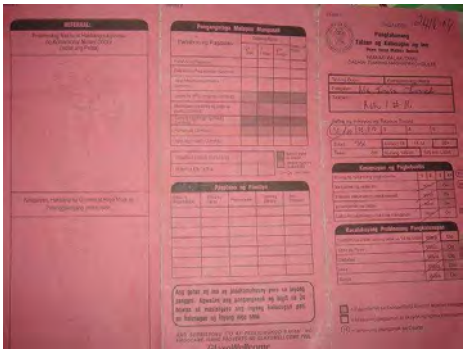
Comparison With Other Countries



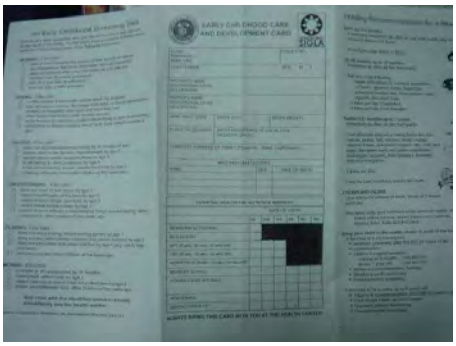
Total Fertility Rate



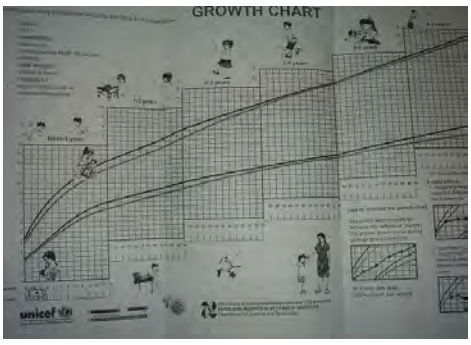
Existing Health Cards in the Philippines



Existing Health Cards in the Philippines



Existing Health Cards in the Philippines



The MCH Handbook in the Philippines

Mother-Baby Book

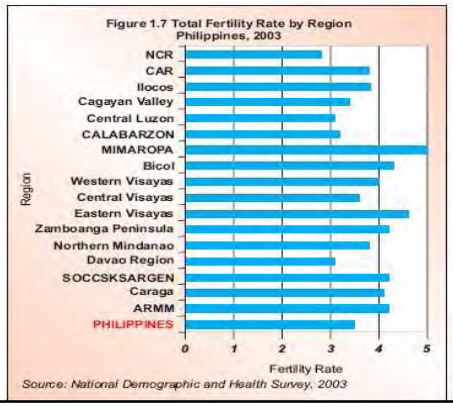
- The Mother-Baby book is a compilation of existing vital health information acquired from both the mother and the baby.
- Department of Health revised the booklets and integrated all the record forms being used in health clinics into a simple, concise and most affordable material.

The MCH Handbook in the Philippines

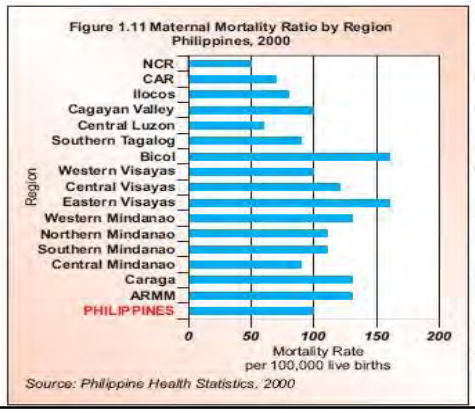
BOOKLET NI MOMMY AT BABY

- The MCHH is nationally initiated and decentralized to the provinces.
- Initially 500,000 copies were printed by the central office of the Department of Health, with reprinting as a responsibility of the local government unit.
- Each copy is estimated to be at $ 0.50.
- It is aimed to be a part of the National Health Insurance Maternity Care Benefit Package

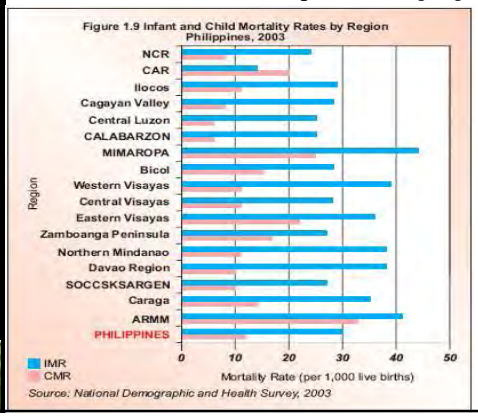
Comparison Among Regions



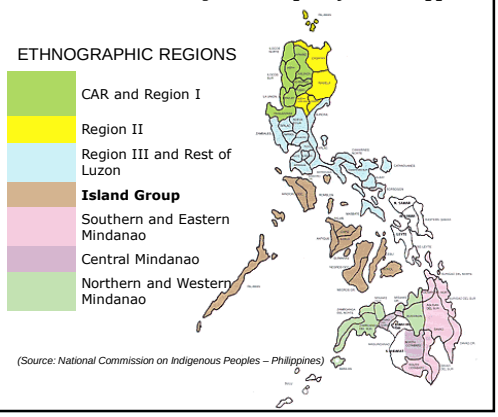
Comparison Among Regions



Comparison Among Regions



Indigenous Peoples of the Philippines



Indigenous Peoples of the Philippines

According to the International Labor Organization

"Peoples in independent countries whose social, cultural and economic conditions distinguish them from other sections of the national community, and whose status is regulated, wholly or partially by their own customs or traditions or by special laws or regulations."

National Commission on Indigenous Peoples

"In modern times, they are known as cultural minorities, or tribal Filipinos, lately been lumped in the generic term 'indigenous cultural communities' or the more politically correct term 'indigenous people' of the Philippines."

(Source: Cadiogan, 2004)

Issues faced by IP in the Philippines

- displacement from their ancestral land and land-grabbing
- non-recognition of indigenous social, political and cultural systems
- commercialization of indigenous culture to the extent of exploitation by tourism-related industries and even by the government
- discrimination and misrepresentation in statistics
- neglect of both local and national government

(Source: Cadiogan, 2004)

Issues Faced by IP in the Philippines

- In addition, health facilities are often located in areas that are not easily accessible to the poorest families, who tend to live in more remote areas.

(Source: Cadiogan, 2004)

Palawan

Barangay Cabugao, Coron Island, Palawan

Development of MCHJ Handbook for Indigenous Peoples

General Objective

To determine the feasibility of utilizing the maternal and child health (MCH) handbook and assess its influence on the MCH of Tagbanua mothers and children in Coron Island, Palawan one year after the introduction of the handbook (August 2007 to August 2008)

Development of MCHJ Handbook for Indigenous Peoples

Specific Objectives

- To determine the knowledge, attitude and practice of Tagbanua mothers regarding MCH at baseline
- To develop and introduce an indigenous-specific MCH handbook suited to the needs of the community
- To assess the influence on the Tagbanua mothers' MCH knowledge after the introduction of the MCH handbook
- To assess the influence on the Tagbanua mothers' MCH practices after the introduction of the MCH handbook

Development of MCHJ Handbook for Indigenous Peoples

Study design:
Cross-sectional study composed of qualitative and quantitative methods

Location:
Barangay Cabugao, Coron Island, Coron Municipality, Palawan Province, Philippines

Population and subject:
Tagbanua indigenous population of Palawan
The subjects consisted of: Tagbanua mothers, pregnant and or have been pregnant for the last 6 years; Tagbanua fathers, elders and TBAs; Local municipal health officers, midwife and health volunteers.

Development of MCHJ Handbook for Indigenous Peoples

Quantitative Method
Interview guided by semi-structured questionnaires (Fifty Tagbanua mothers, pregnant or with children under 6 years old (with ages 15-49 years old) were interviewed before and one-year after the introduction of the MCH handbook)

Qualitative Method
- Key-informant Interview (MHO, Public health nurse, local midwife and health volunteers)
- Focus group discussion (Pregnant and new mothers; Women (experienced); Fathers; Community elders (TBAs)

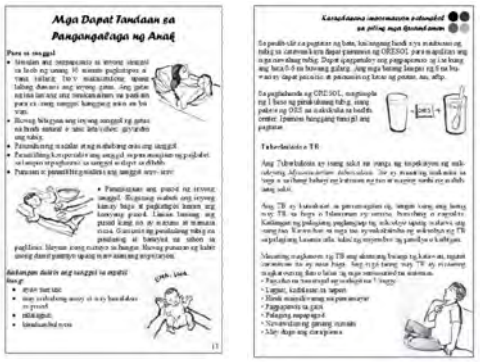
Data collection, handling and analysis:
Data were collected from Tagbanua mothers through interview, guided with semi-structured questionnaires
Epi Info and Stata (ver10) for quantitative data at the Department of Biostatistics and Epidemiology, College of Public Health

The MCH Handbook in the Philippines

- **Antenatal Care Card**
- **Immunization Card**
- **Family Planning Card**
- **Growth Card**
- **Health Information Leaflets**

Contents of Tagbanua-MCH Handbook

Contents of Tagbanua-MCH Handbook



Introduction of Tagbanua-MCH Handbook

Introduction of Tagbanua-MCH Handbook

Results of the Evaluation

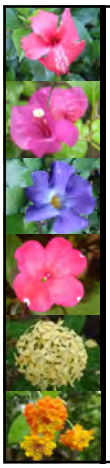
Maternal Characteristics (n=50)

Socio-economic Indicators	No.	%
Age (in years)		
< 20	4	8
21-25	17	34
26-30	12	24
31-35	11	22
36-40	3	6
> 40	3	6
Religion		
Catholic	28	56
Baptist	14	28
Other Christian Sect	9	18

Results of the Evaluation

Maternal Characteristics (n=50)

Socio-economic Indicators	No.	%
Formal Education		
No formal education	3	6
Elementary level	33	66
Elementary graduate	13	26
High school level	1	2
Type of Occupation		
None	19	38
Farming	28	56
Fishing	2	4
Retail	1	2



Results of the Evaluation

Description of some indicators of reproductive function (n=50)

Indicators of reproductive history	No.	(%)
Children living with them		
< 2 children	23	46
3-4 children	8	16
> 4 children	19	38
Children under 6 years of age		
Pregnant with first child	5	10
1 child	13	26
2 children	26	52
3 children	6	18

Results of the Evaluation

Maternal Health Knowledge of Mothers (n=50)

Maternal Health Knowledge	Pre- (%)	Post- (%)
Knowledge of pregnancy risk factors	10	84
Antenatal Care Consultation		
First prenatal care consultation within the 1st tri.	26	74
Consultation ≥ 4 times during pregnancy	38	58
Care during pregnancy		
Need for tetanus toxoid vaccination	72	92
Proper number of vaccination (≥2 times)	24	90
Appropriate care during delivery		
Appropriate birth attendant (Skilled)	36	90
Traditional birth attendant	44	10
Postnatal consultation	44	44

Results of the Evaluation

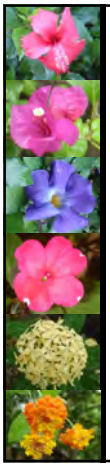
Maternal Health Practices of Mothers (n=50)

Maternal Health Practices	Pre- (%)	Post- (%)
Pregnancy at risk		
Mother's age is <20 or >35 years old	**20**	
Mother has delivered >4 times	**48**	
Antenatal Care Consultation		
First trimester prenatal care consultation	**12**	**24**
Consultation of at least 4 times	**6**	**16**
Care during pregnancy		
Completed tetanus toxoid vaccination (5 times)	**2**	**10**
Amount of food should be greater during pregnancy	**20**	**34**
Appropriate care during delivery		
Appropriate birth attendant (Doctor and Midwife)	**4**	**12**
Traditional birth attendant	**96**	**88**
Postnatal consultation	**4**	**12**

Results of the Evaluation

Child Health Knowledge of Mothers (n=50)

Child Health Knowledge	Pre- (%)	Post- (%)
Infant Nutrition		
On breastfeeding within 30 minutes after birth	60	98
Period of exclusive breastfeeding (6 months)	66	98
Introduction of solid food (6 months)	20	66
Child Immunization	**76**	**94**
BCG (Tuberculosis)	**10**	**86**
DPT (Tetanus) X 3 shots	**4**	**76**
OPV (Polio) X 3 shots	**2**	**72**
AMV (Measles)	**12**	**80**
Vitamin A Supplementation	64	96
Treatment of diarrhea (Oresol treatment)	64	90
Family Planning (Named at least one method)	46	90



Results of the Evaluation

Child Health Practices of Mothers (n=50)

Child Health Practices	Pre- (%)	Post- (%)
Infant Nutrition		
On breastfeeding within 30 minutes after birth	**64**	**90**
Period of exclusive breastfeeding (6 months)	**0**	**68**
Child Immunization		
BCG (Tuberculosis)	**6**	**38**
DPT (Tetanus) X 3 shots	**2**	**32**
OPV (Polio) X 3 shots	**0**	**34**
AMV (Measles)	**0**	**30**
Treatment of diarrhea (Oresol treatment)	**6**	**66**
Family Planning	**6**	**24**
Pills	**2**	**8**
Condom		**1**
Injection	**2**	**4**

Results of the Evaluation

Utilization of the MCH Handbook (n=50)

Reading the MCH Handbook	No.	(%)
Reading		
Read the whole book	29	58
Read parts of the book	16	32
Never read the book	5	10
Completing the handbook		
Completed	40	80
Completed some parts	7	14
Lost handbook	3	6
Bring during consultation		
Always	8	16
Sometimes	28	56
Never	11	22
Lost	3	6

Results of the Evaluation

Useful information in the MCH Handbook (n=50)

Information	Useful	Somewhat useful	Not so useful	Didn't read
Pregnancy and antenatal	44 (88)	3 (6)		3 (6)
Childbirth and postnatal	43 (86)	3 (6)	1 (2)	3 (6)
Family planning	43 (86)	4 (8)	1 (2)	3(6)
Newborn care	43 (86)	3 (6)	1 (2)	3 (6)
Immunization	43 (86)	3 (6)	1 (2)	3 (6)
Nutrition	43 (86)	3 (6)	1 (2)	3 (6)
Growth Monitoring	43 (86)	3 (6)	1 (2)	3 (6)
Endemic diseases	43 (86)	3 (6)	1 (2)	3 (6)

Results of the Evaluation

Utilization of the MCH Handbook (n=50)

Utilization of the MCH Handbook	No.	(%)
Reader other than the mother		
Husband	40	80
Elder offspring	2	2
None	9	18
Over-all impression/satisfaction		
Satisfied	46	92
Moderately satisfied	1	2
Missing	3	6
Over-all impression on improving health		
Satisfied	46	92
Moderately satisfied	1	2
Missing	3	6

Discussion

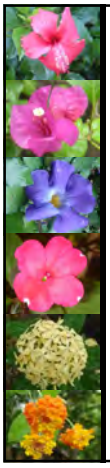
Maternal Health Knowledge	Pre	Post	p-value	Remark
First trimester prenatal care consultation	13 (20)	37 (74)	0.0001	Significant
Antenatal visits should be 4 or more	19 (38)	29 (58)	0.0213	Significant
Pregnancy risk factors	5 (10)	42 (84)	0.0001	Significant
Tetanus toxoid vaccination	36 (72)	46 (92)	0.0020	Significant
Maternal Health Practice	**Pre**	**Post**	**p-value**	**Remark**
Antenatal Care Consultation First trimester prenatal care consultation	6 (12)	12 (24)	0.0312	Significant

*Note: If p-value is less than alpha or level of significance (usually =0.05) then reject Ho (null hypothesis and conclude the alternative hypothesis)

Discussion

Utilization of the MCH Handbook

- Most mothers have read and completed the handbook provided by the midwife. Those who lost the handbook however didn't bother asking for another copy from the midwife.
- Majority of the mothers find the handbook informative and useful. They are also quite satisfied with the way the MCH handbook was designed for them.



Challenges of MCH Handbook in the Philippines

- It should be responsive of the population and not the other way around; adapting to the needs of its clients.
- Prior to the introduction of the handbook, health care providers must be able to meet the minimum level of MCH needs in the community.
- It is necessary for local units to make MCH services readily available for mothers and children in the community.
- Policies directed at implementing the MCH handbook system are instrumental in institutionalizing the program.
- Sustainability activities should be planned and implemented in securing the program.
- The people's pride in the program should be heightened to create the sense of ownership.

Maraming Salamat Po!

INITIAL EVALUATION OF THE MATERNAL AND CHILD HEALTH HANDBOOK IN CAMBODIA

Hang Vuthy
Operations Manager, Health Sector Support Project
Save the Children Australia

1. Background: The Maternal and Child Health handbook (MCH handbook) is a home-based record using from prenatal period to infancy. Home-based records are widely used and its effectiveness is widely known(1-3). Home-based records in Cambodia include child's growth chart (yellow card), maternal booklet and tetanus immunization card (pink card). These records were developed independently, therefore have independent managing system. The maternal booklet covers maternal health information and the yellow card child's information. In places like rural Cambodia, where 70-80% of deliveries still occur at home, the information around delivery often omitted. Many women receive antenatal care (ANC) once or twice during pregnancy, and then deliver babies with traditional birth attendants (TBA). They would bring their babies for immunization one month or later after delivery. Thus information around childbirth, when most of deaths of mothers and infants occur, are neither recorded nor reported.

The uniqueness of the MCH handbook is a combined recording system. It contains information during pregnancy, delivery and postpartum. It also records baby's condition at birth, growth monitoring, and immunization up to a child get to five years old. Thus it fills a gap between maternal records and child records. It also contains basic health information such as nutrition, immunization and danger signs and symptoms during pregnancy, serving as an empowerment tool at hand.

MCH handbook helps health personnel to get comprehensive view of mothers' and children's health. MCH handbook also promotes early inclusion of pregnant women into public health system. Trained village health volunteers (VHVs) and traditional birth attendants (TBAs) could hand in MCH handbook to a pregnant woman whenever they first detect her, and refer her to antenatal care (ANC) at a health center. Thus, MCH handbook serves as a key for pregnancy registration, which allows health personnel with an appropriate intervention. Early inclusion into public health system would improve increased frequency of ANC, and eventually improve skilled birth attendance(4).

MCH handbook can have a role in schooling as well. It proves that a child is fully immunized and reaches the age for schooling. The birth notification included in the handbook will promote birth registration, which the Ministry of Interior now counts one of the important policies.

2. Development and introduction of Cambodian version of MCH handbook: Cambodian version of MCH handbook was developed by three stages. The first stage was concept construction. We developed concepts of Cambodian version referring Asian countries such as Japan, Indonesia and Thailand where the introduction of MCH handbook is preceding. Three Cambodian health professionals attended International Symposium of MCH handbook in November 2006 held in Vietnam. At the symposium, Cambodian participants learned the construct of MCH handbook and its management in various countries.

The first draft of Cambodian MCH handbook was developed in English to overview what records and health education materials to be included. The second version was developed in Khmer language. We used existing records and health education materials as much as possible. Thus we integrated existing IEC (Information Education and Communication) into the handbook. Cultural appropriateness was assessed by feedback from specialists in MCH and community health, individual interviews and focus group discussions with mothers and health professionals. Based on the assessment, we revised the handbook and developed the third version (trial version) of MCH handbook.

Using this trial version, we started pilot study in two operational districts in Kampong Cham:

Ponnea-Krek-Dombe and Memut. An intervention and a control health center were selected from each district. The trial version of MCH handbook was introduced to intervention communes from December 2007 to January 2008. After five months from the introduction, we conducted initial evaluation of the handbook. This paper reports the results of the evaluation.

3. Advantage of MCH Handbook: The benefit of a home-based record is well-known. It improves maternal control and satisfaction during pregnancy, increase availability of antenatal record during hospital attendance, and it works as an empowerment tool for women (1, 8, 9). It facilitates of birth and school registration as well as passing it to children as a source of health information or a symbol of family tie. However its effect depends on its proper use(2).

The MCH handbook has positive effects on drawing attention of mothers to health information and promoting conversation between a husband and a wife on maternal and child health. It also helped health staff through improving bring-in and maintenance of the record.

4. Challenges of MCH handbook: The evaluation found some challenges in the current Cambodian version of MCH handbook. Some pages, such as child record number and the antenatal growth chart, are not convenient in writing. The cover page needs improvement with its quality for easier writing. Including the tetanus immunization card would help health staff to check if a mother completed the schedule. We also found training needs for both health centre staff and VHSGs/TBAs. Especially additional training on health education using the handbook is necessary.

5. Conclusions: This evaluation was conducted at five months after the introduction of the Cambodian version of MCH handbook. The results showed the MCH handbook is preferred and well accepted among mothers. For health staff, it is also welcomed in spite of increase of filling-in time. The evaluation also revealed challenges and needs of form revision and training for health personnel.

The results gave us useful suggestions in improving our MCH handbook study as well as serve as an information source to those who are interested in introduction of similar home-based records.

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Satoko Yanagisawa
Shinshu University

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UNFPA Tokyo Office

Cambodian MCH Handbook
(Trial Version)

Province: Kampong Cham
Intervention: Dar & Chong Cheach HC
Control: Choam Treak & Kandol Chrum HC

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Objectives

- To develop a Cambodian version of MCH Handbook
- To establish implementation systems of MCH Handbook
- To evaluate the mother acceptance of MCH Handbook

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Geographic situation

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Background

- Cambodian MCH Handbook was introduced in Dec 2007 in Ponhea Krek-Dambe and Memut Operational District, Kampong Cham province
- Intervention: Chong Cheah and Dar health center
- Control: Choam Treak and Kandol Chrum health center

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Development of MCH Handbook

1st Stage:

MCH Handbook Conceptual framework:
- Used experiences from Japan, Indonesia and Thailand
- Learned how to develop and manage MCH Handbook

→ 1st Draft of MCH Handbook in English:
- Determine the records and health education materials to be included

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Development of MCH Handbook

2nd Stage:

2nd Draft in Cambodian language
- Used existing record and health education materials
- Integrated the existing IEC into MCH Handbook
- Cultural appropriateness testing and feedback from MCH specialist, community, Focus group discussion

→ 3rd Draft: Revised and develop the third version of MCH Handbook

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Development of MCH Handbook

3rd Stage:

Conducted a pilot study using the trial version in 2 Operational Districts in Kampong Cham Province: (Ponhea Krek/Dambe and Memut)

- Two intervention health centers and two control health centers (one from each OD)

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MCH Handbook Training

3 days training to health staff (Health Center & Referral) on:
- How to fill the MCH Handbook record
- How to give health education by using MCH Handbook (27 health staff)

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MCH Handbook Training

- 1 day training to VHSG and TBA on importance of MCH Handbook and how to give health education by using MCH Handbook (63 VHSGs and 27 TBAs)

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MCH Handbook Distribution

- Distribute to all pregnant women in the intervention area
- Pregnant women outside intervention area can receive MCH Handbook, but not count in the study
- Women who delivered with twins will receive 2 Handbooks

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MCH Handbook Monitoring

Method:

- Count the number of MCH Handbook that issued to pregnant women
- Random selection of pregnant women from the register book from each intervention HC
- Check for the completeness of the filling of MCH Handbook

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MCH Handbook Monitoring

Coverage:

$$\frac{\text{\# Pregnant women who obtain the handbook}}{\text{\# target pregnant women in the area}} \times 100$$

Filling Completeness:

$$\frac{\text{\# pregnant, delivering and post-partum women whose MCH handbook fill out completely}}{\text{\# of samples}} \times 100$$

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Results

MCH Handbook coverage:

- 89.3% in Ponhea Krek-Dambe OD
- 77.4% in Memut OD

Filling completeness

- Well filled items: delivery record, immunization, child illness
- 70 to 85% filled: names, family identification
- Less filled: husband's education background last menstruation, child identity, number of miscarriage/still birth

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Advantages

MCH Handbook users satisfaction:

- Increased mothers health awareness and promoting conversation between couples on maternal and child health
- Improved frequency of bringing the handbook

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Challenges

- The filling of the MCH Handbook not yet well completed
- Child record is difficult to find
- Columns of antenatal growth chart are too small
- Midwife spend more time to fill in
- Quality of the cover page need to be improved to facilitate writing

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Case study 1

- Mrs. Chum Sina Primary Midwife working in Chong Cheach HC using the MCH Handbook to give health education to mother while she is waiting for child consultation in waiting area

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Case study 2

- Mrs. Kun Tha was 19 years old, she was 6 months pregnant. She has 3 antenatal visits. Two days after her last visit she came back to HC again for her antenatal check up, because she has a severe abnormal abdominal pain.

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Conclusion

- Mothers are accepted and preferred the MCH Handbook
- Health staff are welcome in spite of increasing of filling-in time
- MCH Handbook needs of revision and training for health personal

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MATERNAL AND CHILD HEALTH HANDBOOK IN THE DOMINICAN REPUBLIC

Maria Guadalupe De Jesus Morfe, RN
MCH Program Provincial Coordinator of Dajabon Province,
Ministry of Public Health

1. Background: Although most deliveries in the Dominican Republic take place in health facilities under the supervision of qualified personnel, maternal (92/100,000 lb) and infant mortality (31/1,000 lb) rates are still high. The situation was not different for Dajabon, an agricultural province located in the frontier with Haiti. Most deliveries take place in health facilities; however mothers scarcely undergo pre-natal care or receive antitetanic immunization. On the other hand, healthy baby check-up is available at the city hospital and very few health centers. It may also be worthy to mention the lack of participation of the father during prenatal or healthy baby checkups.

At the national level there is scarce written information for mother or parents on the importance of preventive health activities such as prenatal and infant checkups and immunization. There are 2 Maternal and Child Health (MCH) related cards, one to record children immunizations and the other one for expectant mothers (EPI card, referred as difficult to understand by the mothers), they are different sized, difficult to carry and consequently very often they are reported lost or damaged.

2. Introduction of the Maternal and Child Health Handbook Program in Dajabon: In 2003 the Provincial Health Direction (PHD) together with the Inter American Development Bank (IDB) launched a pilot program to improve MCH in the province. A rural clinic and a health center were selected as pilot centers. The first step to begin the implementation was to contact the authorities of the municipal and community offices; the leaders of NGOs, mother centers, radio station and the hospital and clinic health staff. At the time the Mexican MCH Handbook was selected as a model. JICA funded the necessary adaptation and reforms for the Dominican MCH Handbook. 150 handbooks (in black and white) were printed and trial distribution started. In July, 2003, the second version of the revised Dominican Handbook was ready. The operational part of the project began and 1,300 exemplars (full color and including pictures) were officially distributed under the permanent guidance and evaluation of international consultants.

3. MCH Handbook Initiative's First Challenges: After introduction the MCH Handbook to the Provincial hospital and the two rural settings, some challenges arose. Medical and nursing staff's workload increased but there were no economical compensation or motivation. Since only staff directly involved in the project received economical compensation, the idea of ownership of the MCH Handbook was not shared and health workers did not consider the project as part of the regular health care program.

In August 2004 due to the change of governmental policy, the program ceased temporarily to be retaken in January 2005, when a IDB consultant came to restart it. This second phase of the MCH Handbook program focused on 1) PHD workers training, motivation and awareness t 2) Training at health centers 3) Community awareness and empowerment activities.

After earning agreement from the PHD it was decided that there would be no economical compensation for health workers. The program was to be considered part of all health workers duty. The same year, the project was extended to all public health institutions in the province, 3 hospitals, 19 rural clinics, 2 community clinics and 3 private health centers.

4. MCH Handbook Update and Revision: Revision and upgrading of the material included in the MCH Handbook is periodical. The first revision was done in 2003, the second one in January 2005 and the last one in December 2006. Together with health workers and community organizations the contents are analyzed and edited. New information considered necessary is annexed. 3,000 handbooks of the third edition

were printed and distributed within the international agency budget. Once all the handbooks were distributed, the next revision took place and the 4th edition (6,000 handbooks) of the MCH Handbook was printed under the auspice of the Public Health Ministry (SESPAS) and the Executive Health Reform Committee (CERRS). The new topics added in the 3rd and 4th edition included nutrition during pregnancy, mother and child dental care and dengue.

To respond to the needs of the high number of migrant pregnant women of Haitian origin (15% of the total number of pregnancies) the Dominican MCH Handbook has been translated into Creole and 1,000 handbooks have been printed to date. So far, 5 revisions have taken place and 11,450 handbooks (including Creole) have been printed and 6,800 distributed. All expectant mothers have to pay 3 USD per handbook. Women with limited economical resources are allowed to pay for it later, but everybody pays. The program is now supported by the Dominican Ministry of Health and the PHD.

5. MCH Handbook Advantages: Among the many advantages: 1) Allows mother and child follow-up, 2) Promotes behavioral changes in parents 3) Offers basic health related knowledge to mothers and health volunteers, 4) Improves communication between health workers and users, 5) Parents and children know and keep their own health history record, 6) Parents get to be involved in their children growth and development actively, and 7) Fosters integration and team work among workers in health centers.

PRELIMINARY SURVEY
In December 2005, the IDB sent a consultant for a preliminary evaluation of the program. According to the results:

- 90% of health workers realizes that the MCH Handbook benefits their work and helps improving mother and child health
- 98% of pregnant mothers attend prenatal check. All of them (100%) bring their MCH Handbook to the checkup.
- 85% of parents read the MCH handbook
- 75% of pregnant women write comments on their handbooks

6. Future Challenges:

1. Health staffs are still reluctant to work for the program without extra compensation.
2. Delay in the delivery of economic compensation for health volunteers.
3. Miscommunication between supervisors and volunteers due to lack of transportation.
4. Health volunteers' education level is usually low.
5. Difficulty to work with health workers on a permanent basis. They are used to work for occasional health campaigns or immunization campaigns without schedule.
6. 4.5% of pregnant women are illiterate
7. 15% of users come from Haiti with Creole as their first tongue.

7. MCH Handbook Expansion: After the first results of the program were evaluated in Dajabon, a designed committee delivered a presentation at the Ministry of Health headquarters and in Samana Province PHD, where the MCH Handbook started to be implemented in November 2006, following the experience of Dajabon. In PHD of Dajabon received an invitation from 2007, the Peruvian Ministry of Health where they are considering the possibility of implementing the handbook at the national level.

Sources: Monthly records, MCH handbook records, monthly interview with mothers and health workers carried out by nurses.

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Dajabon Province
Ministry of Public Health, Dominican Republic

6th International Symposium on Maternal and Child Health Handbooks

MATERNAL AND CHILD HEALTH PROGRAM

PROVINCIAL MATERNAL AND CHILD HEALTH COORDINATOR
MARIA MORFE R.N.

TOKYO, JAPAN
2008 NOVEMBER 8th , 9th , 10th

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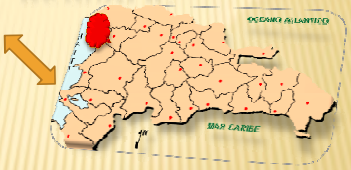
MATERNAL AND CHILD HEALTH PROGRAM DAJABON – DOMINICAN REPUBLIC



MINISTRY OF HEALTH

IDB

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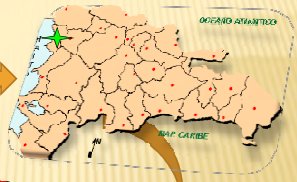
THE DOMINICAN REPUBLIC



LATIN AMERICA

DOMINICAN REPUBLIC

Dajabon Province
Population: 67,851 (2007)

DAJABON PROVINCE

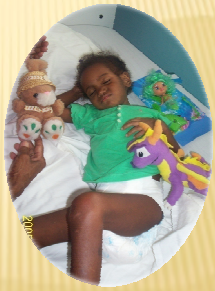
3

1- MATERNAL AND INFANT MORTALITY RATE

MMR 92/ 100,000
IMR 32/ 1,000
(Country level, 2002)

- Causes

Mothers: None or few PNC
Children: Malnutrition



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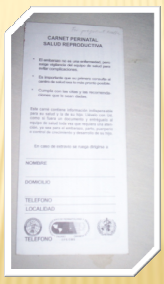
2- LACK OF INFORMATION

USAGE OF CARDS



5

3-FATHER IS ABSENT

6

4. TABOOS REGARDING BREASTFEEDING AND NUTRITION

5. LACK OF COMMUNICATION BETWEEN HEALTH STAFF AND MOTHERS

INTRODUCTION OF THE MATERNAL AND CHILD HEALTH HANDBOOK

(FEBRUARY 2003)

❖PROCESS

2003

- CONTACTING AUTHORITIES
- SELECTING A MODEL MANUAL

2005

- PERSONNEL TRAINING
- INTRODUCTION OF THE MANUAL TO ALL HEALTH CENTERS IN DAJABON

2007

- CONTINUITY AND SUSTAINABILITY OF THE PROGRAM BY THE HEALTH PROVINCIAL DIRECTION

❖MANUALS

1ST 150 UNITS EDITED MARCH, 2003

2ND 1,300 UNITS EDITED AUGUST, 2003

3RD 3,000 UNITS EDITED January, 2006

4TH 6,000 UNITS EDITED

TOTAL OF UNITS EDITED IN CREOLE 1,000 APRIL 2007

OBSTACLES

- HEALTH STAFF RELUCTANCE
- SCARCE KNOWLEDGE ON HEALTH EDUCATION OF RURAL HEALTH PROMOTORS
- ILLITERACY AMONG PREGNANT WOMEN
- HAITIAN NATIONALITY USERS

ACHIEVEMENTS

- HEALTH STAFF INTEGRATION

MOTHER'S CHANGE OF MENTALITY

• Mothers are more aware about alphabetization and educational level (with collaboration from the Ministry of Education)

13

STAFF TRAINING

364 health staff members have received training during 23 lectures delivered between 2005 and 2006 at rural clinics and 15 at the municipal level

During 2007, trained health staff carried out 414 educational sessions in 23 different health centers

14

INCREASE IN THE NUMBER OF BREASTFEEDING MOTHERS

Increase in the length of the breastfeeding period

15

INCREASE IN ATTENDANCE TO ANTENATAL CHECKUPS WITH THE MCH HANDBOOK

In 2007

• 99% (6,020) pregnant women attended their antenatal checkups with their handbooks

• 7,535 MCH handbooks distributed

16

INCREASE IN THE NUMBER OF HEALTHY CHILD CHECKUP USERS, DECREASE IN MALNUTRITION AND DIARRHEIC DISEASE RATES

	2004	2007
Healthy child checkup (number of cases)	1,268	6,600
Malnutrition	0.04%	0.02%
Acute Diarrheic Disease	57.6%	25.0%

17

DECREASE IN THE NUMBER OF TEENAGE PREGNANCIES

	2004	2007
Number of teenage pregnancies	1,364	1,000
Adult pregnancies	3,200	5,020
% of pregnant teenagers	29.9%	16.6%

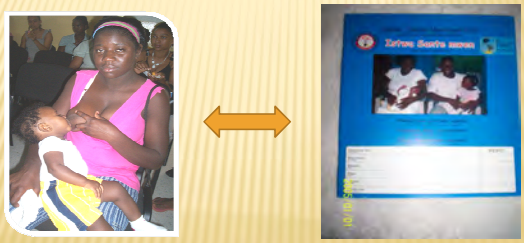
18

FAMILY INTEGRATION

19

MATERNAL AND CHILD HEALTH HANDBOOK FOR MIGRANTS: CREOLE

In 2007, 15% (903) of the total number of pregnant women in our province came from the neighbor country Haiti.

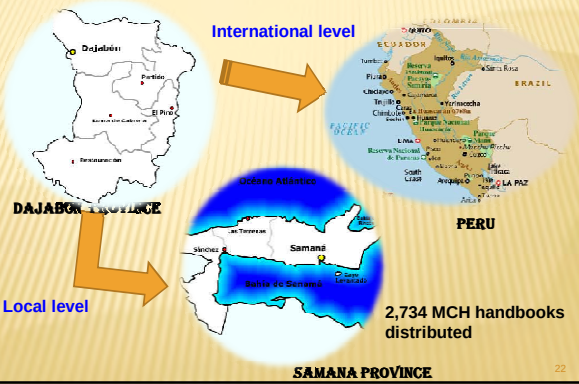


20

ELABORATION OF A COOKING MANUAL (COMMUNITY KITCHEN ENHANCING VEGETABLES)

21

PROGRAM EXPANSION



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CHALLENGES

- EXTEND THE PROGRAM TO THE NATIONAL LEVEL

23

GRACIAS

- "JAPAN PROGRAM", INTERAMERICAN DEVELOPMENT BANK
- JICA
- JAPAN
- BRUNEI
- VIETNAM
- TURKEY
- MONGOL
- MADAGASCAR
- CAMBODIA
- LAO PDR
- PHILIPPINES
- USA (UTAH STATE)
- PALESTINE
- INDONESIA
- THAILAND
- AFGANISTAN
- BUTHAN
- EAST TIMOR
- TUNISIA

24

THE MATERNAL AND CHILD HEALTH HANDBOOK IN UTAH, USA

Marie Nagata
Program Manager, Baby Your Baby™
Department of Health

1. Background of the Utah Baby Your Baby™ Health Keepsake: In 1987, the Utah Department of Health began a two-year prenatal outreach and media campaign to educate and encourage all pregnant women to seek early and regular prenatal care. This intensive outreach effort was named "Baby Your Baby™" and operated in concert with an expanded system of prenatal care services through local health departments, community health care centers and other clinics.

The initial two-year campaign proved successful. In 1988, one year after the beginning the program, vital records data measured success of the program. The infant death rate fell from 8.8 to 8.0 per thousand live births, the fetal death ratio fell from 7.1 to 5.2 per thousand live births and the perinatal death rate fell from 11.3 to 9.0. All of these decreases were the largest in Utah history.

Because of the overwhelming success of the prenatal phase, a decision was made to continue the program and to include infant and toddler care. As an integral outreach program of the Utah Department of Health for over 20 years now, Baby Your Baby is a vehicle through which important health issues can be addressed such as folic acid, Back to Sleep, oral health, breastfeeding and nutrition.

2. Development of the Keepsake: Peter van Dyck, MD, MPH, Director of the Family Health Services Division at the Utah Department of Health attended the First International Symposium on Perinatal and Infant Mortality. At this symposium, he was exposed to the Japan MCH Handbook. At the same time, Baby Your Baby was looking for a replacement for their current prenatal incentive program. Program planners wanted a product that would provide useful information to current and future mothers as well as stimulate regular prenatal and well-child care.

The first Keepsake was printed in 1990 and was a small, brightly colored spiral book given to expectant mothers to record important information from health care visits. It is divided into two sections. The first section is for the mother to use during her pregnancy. The second section is used to record health information for the child from birth until six years of age.

In April 2005, the Baby Your Baby Health Keepsake received a major overhaul. Focus groups were held to collect information on the Keepsake and its usefulness. Participants were asked what information was helpful, what was not helpful and information that they would like to see included that currently was not found in the booklet. Questions were also asked about the overall appearance of the Keepsake. From this information, the cover was redesigned to include actual photographs of babies. The information was reviewed by a panel of MCH employees and updated to include changes in medical policy and to incorporate suggestions from the focus groups.

3. Distribution of the Keepsake: The Baby Your Baby™ Health Keepsake is available in English and Spanish and is free to Utah residents. It is offered to all expectant women who call the Maternal Child Health hotlines. Keepsakes are also distributed through doctor's offices and health clinics. The Baby Your Baby outreach program airs public service announcements on television and radio encouraging expectant mothers to call or visit the Baby Your Baby website to order their free Keepsake. In 2007, over 35,000 Keepsakes were distributed.

4. Advantages of the Keepsake: The Baby Your Baby Health Keepsake was designed to open dialogue between the expectant woman and her health care provider. It provides questions and reminders for the woman to ask her provider and gives space for her to write down suggestions and comments for future reference.

The Keepsake is a simple way to provide health education in a non-evasive way. Each page is filled with simplified education on what to expect during the pregnancy and throughout the first six years of a baby's life. Women who are unsure about signs and symptoms of a normal pregnancy can be reassured that everything is going well or when to notify their health care provider of problems.

5. Challenges of the Keepsake: Only 79% of all expectant women in Utah receive early and adequate prenatal care, defined as making their first visit to the health care provider within the 13th week of pregnancy and receiving at least 13 visits throughout their pregnancy. One of the goals of the Keepsake is to encourage early and adequate prenatal care.

Throughout the last 18 years several focus groups have assessed the Keepsake. Feedback has also been received through anecdotal means, mailed questionnaires, and postcards requesting comments. A full evaluation examining the usefulness of the Keepsake has not been conducted. There is speculation that the Keepsake is not being used once it is received.

The United States has fully entered the electronic age, especially women of childbearing years. This has greatly influenced the means by which women receive information about pregnancy and childbirth. The Keepsake has not kept up with the electronic age. Utah is exploring other means of providing health information, including text messaging and interactive use of the Keepsake, on the Baby Your Baby website.

Correspondence:

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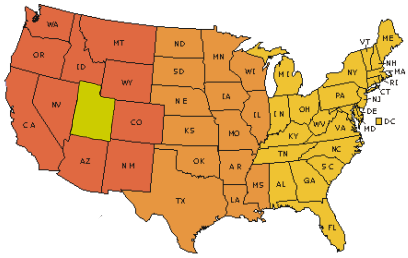
E-mail: mnagata@utah.gov

MCH Handbook of Utah

Baby Your Baby
Health Keepsake

9 November 2008
Marie Nagata, BS
Utah Department of Health

State of Utah



Population – 2.5 million
Area – about half the size of Thailand

State of Utah

The name "Utah" comes from the Native American "Ute" tribe and means *people of the mountains.*

Utah Demographics

- Utah has the highest birth rate in the U.S.
  - 20.7 live births per 1,000 total population
    - 50,000 births/year
  - U.S. rate is 14.2
- Utah has one of the lowest Infant Mortality Rates in the U.S.
  - 5.2 deaths per 1,000 live births
  - U.S. rate is 6.8

Utah Is Known For…

- 2002 Winter Olympics Games
- Mormon Church
- Skiing
- Utah Jazz
- Great Salt Lake
- Red rock deserts

Photographer: Steve Greenwood

Keepsake Background

- Dr. Peter C. van Dyck, M.D., M.P.H.
  - First International Symposium on Perinatal and Infant Mortality, August 1984
- Inspired by Japan's MCH handbook

Keepsake Background

- Medicaid Changes in 1985
  - Federal government pays for prenatal
    - Low-income women
- Utah began plan to implement
  - Statewide prenatal care system
  - Media campaign
    - Baby Your Baby was born in 1988

Keepsake Background

- Utah began Baby Your Baby in 1988
  - Media campaign
    Television, radio, newspaper
  - Incentives for early prenatal care
  - Educational materials
  - 1-800 telephone hotline
  - Financial help for prenatal care
    - Medicaid

Keepsake Design

- Utahns love to do scrapbooks
- Family history / keeping records is important
- Warm and inviting
- Fun to fill out
- Show to baby when grown up
- Spiral bound
- Laminated front and back cover
- Size
  - Large enough not to lose
  - Small enough for purse

Keepsake Characteristics

- First edition published in May 1990
  - First MCH handbook in the U.S.
- 6th edition printed in 2005
- 460,000 Utah books distributed
  - 26,000 / average distributed per year
- English and Spanish versions

Keepsake Updated

How the Keepsake Is Used

- Give to pregnant women early in pregnancy or before pregnancy
- Filled in by parents and by health care providers
- Taken to each visit
- Read before and after visits
- Not mandatory health record

Distribution

- Baby Your Baby hotline operators send Keepsake books to:
  - Physicians / other health care providers
  - Clinics
  - Hospitals
  - Local health departments
  - Families

Keepsake Promotion

- Letter sent to providers
- Television, radio, newspaper, magazines
- 1-800 hotline
- Web site
- Health fairs / exhibits
- Local health depts.
- Governor/First Lady

Keepsake Sales

- Keepsake books are adapted or customized
  - Other state health departments
  - Hospitals in other states
  - Insurance providers
- Profits from sales go to print Utah Keepsake books

Keepsake Costs

- Development - $50,000
- Printing - $1.15 per book
  - 50,000 or more
- Shipping
- Hotline operator's time
  - Taking orders
  - Shipping

Keepsake Purpose

- Help mothers keep track of their health and baby's health
- Increase parents' feelings of partnership with health care provider
- Encourage prenatal and well-child care
- Serve as a supplemental health record and memory book
- Not an official health record

Keepsake Characteristics

- Mother's health section
- Baby's health section

Contents of Mother's Section

- Health history
- Nutrition and meal planning
- Weight gain and chart
- Prenatal care visit pages
- Childbirth / prenatal classes
- Labor and delivery
- Condition of baby at birth
- Postpartum care

Contents of Baby's Section

- Day of arrival and newborn events
- Baby's family, firsts
- Nutrition
- Dental health
- Growth development
- Well-child care visit pages
- Immunizations
- Record of illnesses

Prenatal and Well-child Care Visit Pages

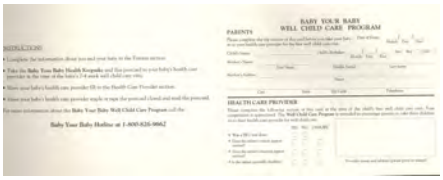
- Date of exam
- Exam information
- Health education & visit notes

Prenatal and Well-child Care Visit Pages

- Things to learn
- Questions to ask
- Thoughts and questions
- Tips
- Next visit

Postcards

- 2-4 week well-child visit
- 18 month well-child visit



Postcards - Purpose

- Monitor children's health status
- Serve as registry of children with health problems
- Monitor well-child care
- Serve as incentive to encourage well-child care

Postcards – 1994-1996

- 22,808 copies distributed per year
  - 15,650 through clinics
  - 7,158 mailed to parents
- 2,800 cards returned yearly
  - 12% return rate
  - 62% first visit
  - 38% 18 month visit

Postcards – 1994-1996

- Based on 40,000 births per year
  - Cards represented about 7% of newborns statewide
- Hotline mailed 54 gifts per week
  - Infant or toddler T-shirts

Postcard Costs

- Based on 2,800 returned cards per year

  $500 printing
  $900 postage
  $3,000 t-shirt mailing
  $7,000 t-shirt printing
  $1,700 staff time

  $13,100 total per year

Postcards – Evaluation

- Registry was not used
  - Low response rate
- Data on cards never analyzed
  - Birth defects registry funding came later
- Cards encouraged well-child visits
- Recommendation to stop printing cards
- Redesign card
  - Use as satisfaction / comment card

Keepsake Feedback

- Comment cards and special surveys found:
  - More room for photos
  - More space to write thoughts and feelings
  - Tabbed sections
  - Place to put baby's footprint
  - Add photos of fetal development
  - Include fathers more

Keepsake Feedback

- Comment cards and special surveys found:
  - Reading level was about right
  - Book was filled out and used
  - Book encouraged preventive care
  - Users especially liked the prenatal and well-child visit pages
  - Some women have books for all their children
  - Some receive the book late in pregnancy

Keepsake Comments

"I have used this keepsake with all four of my babies. It comes in handy when I look back to compare growth patterns of my other children with my current baby."

Keepsake Comments

"I am expecting my first child in the Spring. This book has been very useful and informative. I am impressed with the careful planning and thoughtfulness that went into this book. It will be kept faithfully and is read several times a week."

Keepsake Comments

"This book has been such an asset in keeping necessary well-baby appointments organized with my three children and also having all my prenatal information together in one place. The books are referred to time and time again."

Keepsake Comments

"I thought this was wonderful to have and I'm impressed that it was given to me free at my first prenatal visit. I hope all mothers get something this special for their babies."

Keepsake Comments

"I used a keepsake for each of my two children. I can't wait to share the Keepsakes with them when they are old enough."

Conclusions

The Baby Your Baby Health Keepsake is a popular, well-accepted health record and memory book.

The Utah Department of Health has distributed enough books to serve about 50 percent of all pregnant women in Utah for the past 18 years.

Conclusions

The Baby Your Baby Health Keepsake has encouraged women to get prenatal and well-child care based on surveys.

Keepsake books are filled out by parents and kept as treasures to share with baby when grown.

Conclusions

The majority of data collected about the Keepsake book is qualitative.

Quantitative research is needed to know what impact the Keepsake has had on prenatal and well-child care visits and health outcomes.

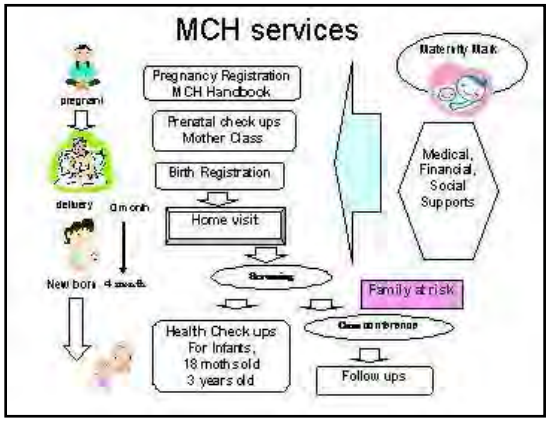
MATERNAL AND CHILD HEALTH HANDBOOK PROGRAM IN JAPAN

Noriko Toyama, RN, MHSc
Division of International Affairs,
Ministry of Health, Labour and Welfare

1. Maternal and Child Health Indicators: In 2006, the total population was 126.3 millions, MMR was 4.9, IMR was2.6, NMR was 1.3, TFR was 1.32. Health condition has dramatically improved in the last several decades.

Indicator	1950	1970	1990	2006
Population (Million)	83.1	103.1	122.7	126.2
MMR (100,000 live birth)	176.1	52.1	8.6	4.9
IMR (1000 live birth)	60.1	13.1	4.6	2.6
NMR (1000 live birth)	27.4	8.7	2.6	1.3
TFR	3.65	2.13	1.54	1.32

2. Function of MCH Administration: Municipal governments and their health centers provide MCH services under the MCH Law as follows; Issuance of MCH Handbook, prenatal checkups, health education for pregnant women and their husbands, home-visit guidance for pregnant women and newborns, birth registration, medical aid program for children and series of infant and young child check up programs. In principle, these services are provided by public expense. (However, only several health checkups for pregnant women are provided by public expense.)



From 1991, MCH handbooks are distributed by municipalities, towns or villages in consideration of decentralization. In 1996, MCH Handbook was upgraded. It consists of 72 pages as a national version, and the local governments can add local information by their own needs.

3. Background of MCH Handbook: All pregnant women who have registered pregnancy receive a MCH Handbook issued by the municipalities. The Handbook is comprised of two sections; one section is a health record covering pregnancy, childbirth, child care and vaccinations, and the other gives information on pregnancy and child care.

First Handbook for pregnant women was made in 1942. It was effective to promote self care among pregnant women and their families, to share information among health providers, to improve quality of health care such as prenatal checkups and health guidance and to encourage pregnant women attending prenatal checkups.

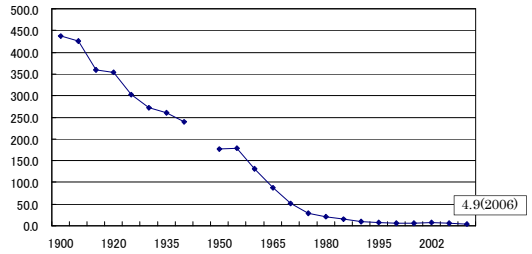
The name and target of this Handbook changed from pregnant woman to mother and child in 1947 under the Child Welfare Law. It has undergone numerous revisions up to its present version.

4. Characteristics of MCH Handbook in Japan: MCH Handbook consists of records of pregnancy, delivery, child development, immunization and health care. MCH handbook is distributed at the office of local governments when pregnancy registration is conducted. Obstetricians, pediatricians, public health nurses and midwives may write down medical records in MCH handbook at hospitals, clinics and health centers. Parents bring MCH Handbooks to clinics when their children get medical care or health examinations. The coverage of MCH handbook is nearly 100%. Most parents keep MCH handbook until their children are married.

Maternal and Child Health Handbook in Japan

Noriko Toyama
Division of International Affairs
Minister's Secretariat
Ministry of Health, Labour and Welfare

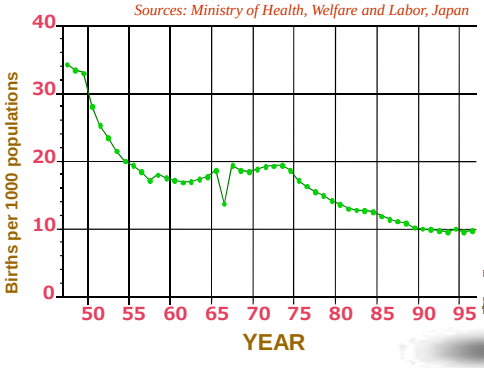
Maternal Mortality Ratio (Per 100,000 live births)

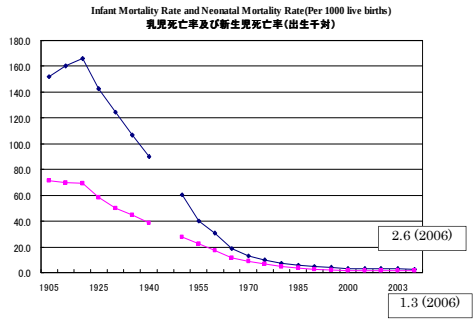


Source: Vital Statistics of Japan

Birth Rate in Japan

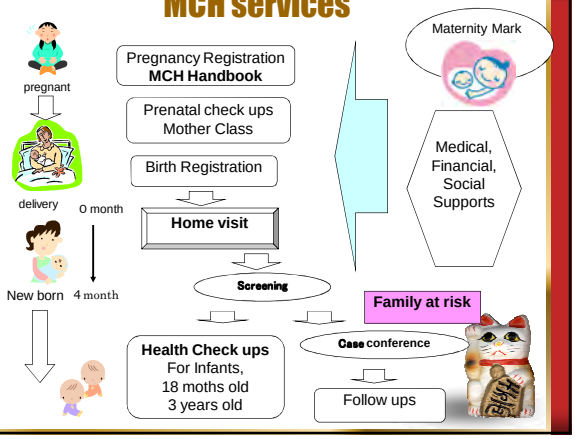
Sources: Ministry of Health, Welfare and Labor, Japan



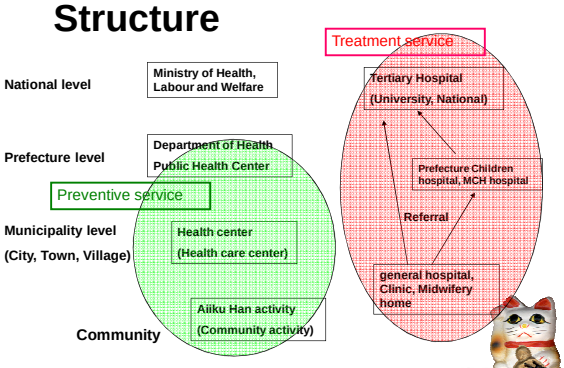


Source: Vital Statistics of Japan

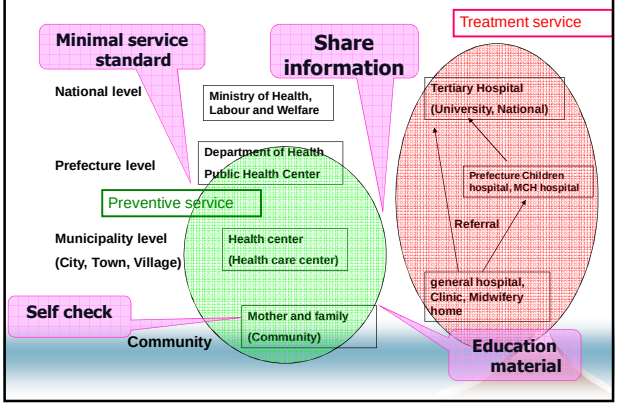
MCH services



Structure



Role of MCH Handbook



Role of the Handbook for pregnant women in 1942

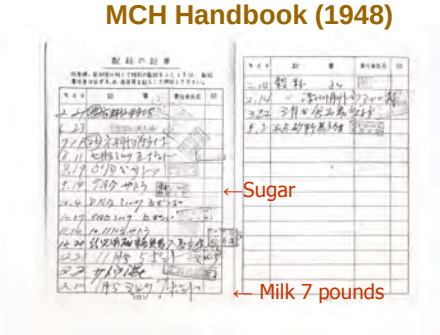
- To promote self care: pregnant women, father and family.
- To share information among health providers.
- To improve quality of health care: measure weight, auscultation, urine test, blood pressure, health guidance.
- To encourage attending prenatal check ups

Child welfare law in 1947

(Target: pregnant woman → mother and child)

- To announce principle of Child welfare.
- To establish child guidance center, child welfare committee.
- To provide MCH services; health guidance, pregnancy registration and MCH handbook system.
- To collaborate with Ministry of Agriculture to provide rice, milk and sugar for pregnant women and children.

The Contents of MCH Handbook (1948)



Child welfare law in 1947

(Target: pregnant woman → mother and child)

About MCH services

- To provide health guidance about pregnancy, delivery and child care
- To provide Health check up for preschool children
- To support poor family for safe delivery

1st Revision in 1950

Revised points

- Illustration on cover page.
- Instruction about child care.
- More detail column in record of pregnancy.

Cover page

from 1942 to 1948 | from 1948 to 1965 | from 1965

Source: MCH handbook in Japan, 1991

2nd Revision in 1953

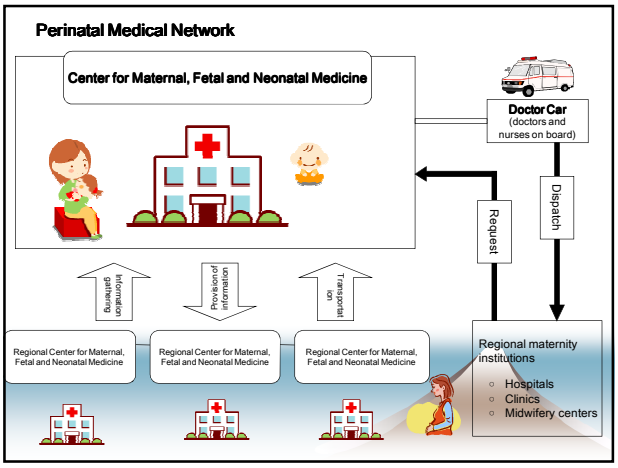
Revised points

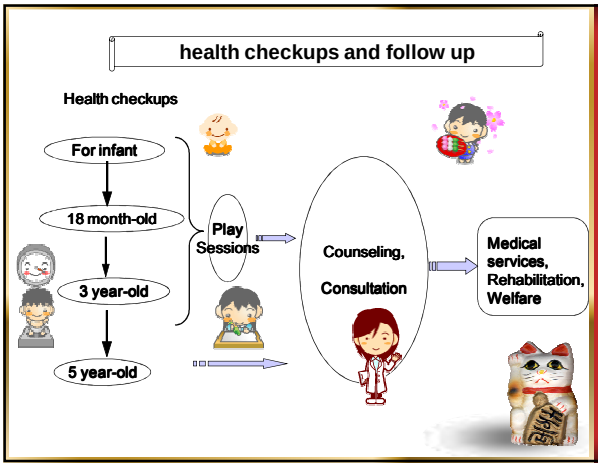
- Children's Charter
  (to promote child welfare)
- Dental care
- Newborn care
- More detail column for immunization
- Standard of Child development
- Deletion of ration food

MCH law in 1966

Additional Contents

- Home visit for pregnant women, newborn babies and premature babies
- Registration of low birth weigh children
- Medical aids for premature baby





The Roles of stakeholders in Japan

Ministry of Health, Labor and Welfare
- to revise Handbook
- to edit the basic concepts

Local governments
- to create a fund
- to add specific articles to basic concepts

Professionals (obstetrician, midwife, public health nurse, pediatrician)
- to use Handbook at every opportunity

Parents
- to write down as possible
- to bring Handbook at clinics, hospitals and health centers

Sustainability of MCH handbook

- Municipalities must issue the MCH Handbook to those who make a report on their pregnancy. (MCH Law)
- The form of the MCH Handbook is designated by the Ministry of Health, Labour and Welfare.
- Strong NEEDS from stakeholders

Thank you very much

MCH Handbook is for Health and Happiness of Mothers and children

MATERNAL AND CHILD HEALTH HANDBOOK IN PALESTINE

Prepared by: Assad Ramlawi, MD
PHC and Public Health, Ministry of Health, Palestine
Presented by: Eyad Al-Hindi
Palestinian Mission

1. Background: In the territory of Palestinian National Authority, there are 1.7 million people who are registered as refugees among the total population of approximately 3.9 million. 65% of total population is with poverty under the living condition of less than 2 US dollars per day.[1] The average of first marital age is relatively low (19-year-old for female, 23.6-year-old for male). Total Fertility Rate (4.6) and population growth rate (3.3%) are relatively high.[2] Reported Maternal Mortality Ratio is 6.2 per 100,000 live births and reported Under 5 Mortality Rate is 19.1 per 1,000 live births in 2006[3], which may not reflect the real situation. Ministry of Health (hereinafter "MOH") is taking initiative to improve surveillance system of MMR currently.

35.7% of pregnant women and 40% of infants (72% of infants in Gaza Strip) under 9 months were diagnosed of anemia.[4] 16.7% of infants' deaths are due to premature and low birth weight from total infant deaths.[5] The above mentioned indicators represent the conditions of PNA from the aspects of mother and child health (MCH) and the necessity of upgrading MCH and reproductive health (RH) services and expansion of the utilization of quality services.

2. Development: Japan International Cooperation Agency (JICA) has implemented the "Project for Improving the Reproductive Health with a Special Focus on Maternal and Child Health in Palestine" (Aug.2005-July 2008), which is now considered as "Phase 1 Project". During the Phase 1 Project, JICA has been cooperating with MOH in developing Palestinian MCH handbook (MCH HB) and its Guideline. After series of testing and piloting in Jericho and Ramallah (Pilot Areas), MCH HB and its Guideline, first in Arabic language, were developed and authorized by MOH.

Minister of Health announced the launching of the MCH HB for nation-wide distribution in November 2007 and 120,000 copies of MCH HBs, which cover the number of live birth per year in Palestine, were printed by Japanese Grant Aid through UNICEF. Actual distribution started at MOH, UNRWA and NGO clinics[6] in entire West Bank, April 2008. August 2008, UNRWA started distribution of HB for refugees in Gaza, which consist of 60% of total population in Gaza. MOH in Gaza will start distribution of MCH HB as soon as the trainings for health providers are completed.

Based upon the achievement of Phase 1 Project, the Phase 2 Project (Nov.2008-Nov.2012) aims to improve the MCH and RH services with sustainability which includes institutionalization of the MCH HB with sustainable revenue sources.

3. Advantages: MCH HB plays a major role in a conflict region such as in Palestine. With checkpoints and separation walls, Palestinian women face difficulties of visiting their regular hospitals or clinics. But they can receive proper MCH/RH services at a different hospital, if they have their MCH HB, based on the record in the HB. Providing health records and health information to mothers' hands, the MCH HB can ensure the better chance to receive consistent care through pregnancy and child care, the better communication between mothers and health care providers, and give more chances for mothers to take active part in promoting health of their own the their family.

[1] Health Statistics in Palestine, Annual Report 2006 (Unpublished paper)
[2] Health Statistics in Palestine, Annual Report 2006 (Unpublished paper)
[3] Health Statistics in Palestine, Annual Report 2006 (Unpublished paper)
[4] Health Statistics in Palestine, Annual Report 2006 (Unpublished paper)
[5] Health Statistics in Palestine, Annual Report 2006 (Unpublished paper)
[6] In Palestine, health services are provided by MOH, United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), NGOs and Private sectors. UNRWA and some major NGOs run hospitals and clinics as well as MOH.

Through the production and promotion of MCH HB, the partnership among MOH, UNs and NGOs are strengthened and coordination and collaboration among health providers improved in Palestine. This is a significant first step toward unified and harmonized MCH services at national level in a long run. Other major achievements of the project are followings:

- MCH HBs are well received by pregnant women, mothers and their family members in communities.
- There was a significant increase of satisfaction among mothers and health providers who use MCH HB at the pilot MCH centers (Jericho and Ramallah) in West Bank.
- More than 90% of mothers bring MCH HB for their next visit to MCH centers in the pilot MCH centers.
- More mothers discuss on MCH with health providers and more mothers read about mother's health and child health at home after using MCH HB at the pilot MCH centers.
- Health providers feel the MCH services are improved after implementation of MCH HB in the pilot MCH centers. .
- JICA's experiences in Indonesia are effectively utilized for planning/implementation of the Palestine MCH HB.

4. Challenges: Achievement of the Phase 1Project is the first important step toward the sustainable integration of MCH HB into the entire PHC system in Palestine. MOH is taking initiatives of improving health services and management to unified quality health services by promoting MCH HB in Palestine.

The successful introduction of MCH HB may be attributed to the high coverage of basic health care services and vaccination, high literacy level, skilled human resources and commitment of the high administration level. Although we still need more time before we see the impact of the MCH HB, we shall continue to monitor, promote and improve the usage of MCH HB so that the continuum of care from the pregnancy to the child growth is promoted across various health providers in Palestine.

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http://www.jica.go.jp/english/news/field/archive/2007/071116_2.html

Development of MCH handbook in Palestine

Presented at
The 6th International Conference on MCH Handbook (Tokyo)
9th Nov. 2008

Project for Improving Reproductive Health with a special focus on Maternal and Child Health in Palestine
(Aug.2005 – July 2008)

مشروع تحسين خدمات الصحة الإنجابية مع التركيز على رعاية الأم والطفل في فلسطين

母子保健に焦点を当てたリプロダクティブヘルス向上プロジェクト

صحة أفضل للأم والطفل
Healthy Mother, Healthy Child

Development of the MCH handbook in Palestine.

- *MCH handbook, the first in Arabic language, was produced by Ministry of Health with JICA's technical assistance.*

What is MCH handbook?

- Comprehensive Health Record
  - It is a complete health record for both a mother and a baby.
- Communication Tools
  - Strengthens communication between mother/health staff & mother/family
- Health Education Messages
  - Helps mothers make informed health decisions
- Improved health care practices
  - Promote Continuity of maternal and child care (continuum of care)
  - Effective integration between primary and secondary health care.

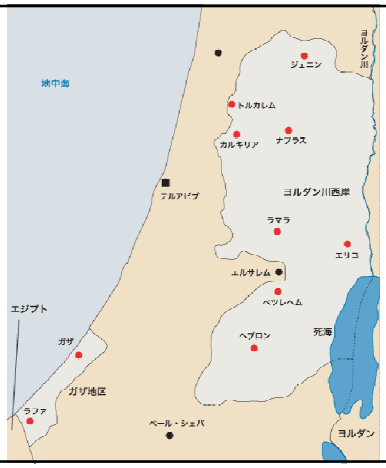
Expected Benefits of MCH handbook in Palestine

- Provide standardized services at the national level (MOH, UNRWA, NGOs and private sectors).
- Prevent duplication in treatment and services .
- Unify health education messages at National level (MOH, UNRWA, NGOs and private sectors).
- Promote Behavior Changes and Communication at community level.
- Involve fathers and family members is MCH care at home.

Why is the MCH Handbook Crucial in Palestine?

- It has an Important role in conflict areas
- With checkpoints and separation walls, Palestinian women face difficulties of visiting their regular hospitals or clinics.
- With the MCH handbook, women can receive proper MCH/RH services at all health facilities, based on the records in the handbook.

Access to health facilities affected by closures ...



Major Information of Palestine

Indicator	West Bank	Gaza Strip	Total
Population	2.5M	1.4M	3.9 million
Area	5690 Square Km	365 Square Km	6055 Square Km
Number of districts	12	5	17
Number of Israeli military checkpoints	580		580
Refugees in total population	25%	65%	41% (1.5M)

Resource; Palestinian Central Bureau of Statistics

Estimated National Health Indicator

Indicator	Figure
Reported IMR (per 1,000 live birth)	15.7
Reported U5MR (per 1,000 live birth)	19.1
Reported MMR (per 100,000 live birth)	6.2
Life expectancy at birth	71.7(male) 73.2(female)
Fertility rate	4.6

Resource; Health Statistics in Palestine, Annual Report 2006 (Unpublished paper)

Development of MCH Handbook (Palestinian Version)

Pretest version(2006)→ Pilot version(2006-2007)→ National version (2007)

MCH handbook Task Force

MCH Handbook Task Force Meeting is conducted regularly to prepare the draft of Palestinian MCH Handbook. The Task Force consists with MOH C/Ps, Japanese Experts and UNICEF Staff in Palestine.

Technical Training in Japan 2006

Major achievements

- **Development of MCH handbook (Pre-test version)**
- **Learn Comprehensive MCH services utilizing MCH handbook**

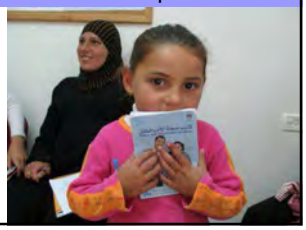
Technical Training in Japan 2007

Major achievements :

- **Development of**
  - **Draft of MCH handbook**
  - **National Distribution Strategies**
  - **MCH handbook Guidelines**
- **Learn**
  - **Management of Comprehensive MCH services utilizing MCH handbook**

Technical Training in Japan 2008

Gather comments from mothers and health providers



Revision of the MCH handbook conducted by MOH, UNRWA, UNICEF, UNFPA, WHO, NGOs, local consultants, and JICA (July 2007)

Minister of Health announced the launching of the MCH HB for nation-wide distribution in Palestine (Nov. 20, 2007)

TOT of MCH handbook in Ramallah for West Bank and Gaza MCH staff

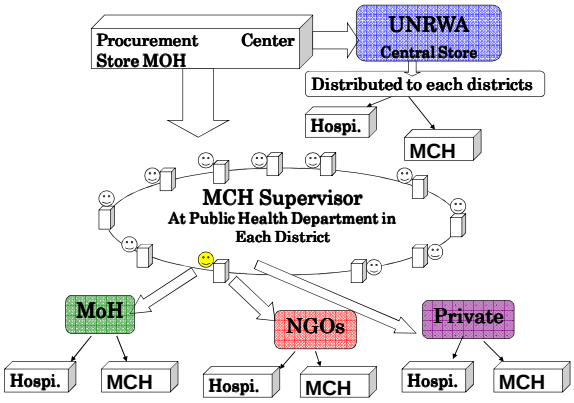
20

TOT of MCH handbook in Gaza for Gaza MCH staff

TOT : MCH Handbook and New Growth Monitoring 27-30 Jan 2008

21

Distribution of MCH Handbook



2008 National Version of MCH HB, Guideline, Distribution Report (MoH, WB)

District & Organizations		MCH Handbook		MCH Handbook (additional distribution)		Guideline	
		Date	Number	Date	Number	Date	Number
MOH WB	Ramallah	10-Mar-08	6000	21-Apr-08	7000	27-Feb-08	50
	Jericho	01-Mar-08	1000	21-Apr-08	2000	27-Feb-08	12
	Jerusalem	01-Mar-08	2000	21-Apr-08	3000	27-Feb-08	16
	Qalqilia	01-Mar-08	2000	21-Apr-08	3000	27-Feb-08	16
	Tulkarem	01-Apr-08	4000	21-Apr-08	5000	27-Feb-08	30
	Nablus	07-Mar-08	4000	21-Apr-08	5000	27-Feb-08	40
	Bethlehem	10-Mar-08	3000	21-Apr-08	4000	27-Feb-08	16
	Hebron	05-Apr-08	10000	21-Apr-08	11000	27-Feb-08	107
	Salfeet	05-Mar-08	2000	21-Apr-08	3000	27-Feb-08	16
	Jenin	01-Mar-08	6000	21-Apr-08	7000	27-Feb-08	45
Final Date for Distribution & Total Distribution To MOH		05-Apr-08	40000		50000		348

2008 MCH HB & Guideline, Distribution Report (UNRWA, NGOs in WB & Gaza)

Districts &Organizations	MCH Handbook		Guideline	
	Date	Number	Date	Number
UNRWA(WB)	10-Mar-08	20000	10-Mar-08	100
HWC(WB)	10-Mar-08	5000	10-Mar-08	50
PRCS(WB)	05-Mar-08	2000	05-Mar-08	30
PMRS(WB)	04-Mar-08	5000	04-Mar-08	50
Gaza Districts	30-Apr-08	50000	30-Apr-08	300
Total Distribution to UN + NGO+Gaza		82000		530
Grand Total	172,000		878	

Achievements and Remarks

- MCH handbook (MCHHB), first in Arabic language, and its Guideline were developed and authorized by MoH.
- MCHHB are distributed at all the health facilities (MOH, UNRWA, NGOs) from April 2008 in West Bank.
- August 2008, UNRWA started distribution of HB for refugees in Gaza, which consist of 60% of total population in Gaza.
- MOH in Gaza will start distribution of MCH HB as soon as the trainings for health providers are completed.

Achievements and Remarks

- *Partnership is strengthened among MOH, UNs , NGOs and Private sectors in Palestine for a unified upgraded MCH service.*
- Capacity Development was achieved through participatory approach taken in development of MCHHB as well as through series of technical consultation provided by Japanese Technical Experts and trainings conducted in Palestine, Japan (31), Indonesia (2) and in Jordan (22).
- MCH HBs are well received by pregnant women, mothers and their family members in communities.

Achievements and Remarks

- There was a significant increase of satisfaction among mothers and health providers who use MCH HB at the pilot MCH centers (Jericho and Ramallah) in West Bank.
- More than 90% of mothers bring MCH HB for their next visit to MCH centers in the pilot MCH centers.
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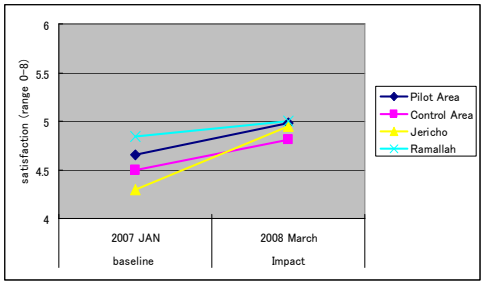
- JICA's experiences in Indonesia are effectively utilized for planning/implementation of the Palestine MCH HB.

Client Satisfaction in 2007 and 2008



- Pilot, Control, Jericho, Ramallah (Significant differences)

Practice in 2007 and 2008 in Pilot Areas (N=270)

	Baseline	Impact	sign.
1. I follow the immunization schedule as it is recommended by Health Center.	1.91	1.92	
2. I read about mother's health and child's health at home.	1.01	1.19	**
3. I care about nutrition when I prepare meal for my family.	1.57	1.66	*
4. I take all the iron tablets according to the instruction given by the center.	1.46	1.56	
5. I discuss with health provider (s) about child's health and family health.	0.91	1.29	***
6. I discuss with my husband about child's health and family health at home.	1.57	1.67	

always=2, sometimes=1, never=0 *** p<.001, ** p<.01, * p<.05

Sharing our Experiences with Other countries

- The Project attended JICA Regional Workshop in Jordan (15-20 June 2008)
- Our experience in Palestine was shared with members of JICA Projects in Jordan, Syria, Afghanistan, Sudan and India.

Third Country Training Program in Indonesia

4-13 June 2007
19-27 Aug. 2008

Out great gratitude goes to our Indonesian colleagues and JICA staff in Indonesia.

Challenges in Palestine

- Based upon the achievement of Phase1 Project, the Phase2 JICA Project (Nov.2008-Nov.2012) aims to improve the MCH and RH services with sustainability which includes institutionalization of the MCH HB with sustainable revenue sources.
  - Policy, regulations and management issues
  - Continuous training and close supervision to improve MCH services
  - Continuous promotion of the MCH/RH by involving communities
  - Revision and Print of MCH HB & Guideline on time
  - Securing the national budget for MCH HB

Challenges in Palestine

- **Special Consideration for Gaza**
- **Bilateral and Global partnership**
- Involvement of Hospitals & Private sectors
- **Continuous Monitoring of MCH HB and MCH Services**

Thank You