



Title	The 6th International Conference on Maternal and Child Health (MCH) Handbook : Tokyo, Japan - November 8 to 10, 2008 : Conference Proceedings
Author(s)	
Citation	
Version Type	VoR
URL	<a href="https://hdl.handle.net/11094/14054">https://hdl.handle.net/11094/14054</a>
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## Plenary Discussion

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- **INTRODUCTION AND EVALUATION OF THE MCH HANDBOOK**

Agustin Kusumayati, MD, PhD

Professor

Center for Reproductive and Family Health

Faculty of Public Health, University of Indonesia

- **INTERNATIONAL COLLABORATION AND MCH HANDBOOK**

Keiko Osaki, MPH

Senior Advisor on Health

Japan International Cooperation Agency

- **RESEARCH EVIDENCE ON MCH HANDBOOK**

Rintaro Mori, MD

Osaka Medical Center and Research Institute for Maternal and Child Health



## **INTRODUCTION AND EVALUATION OF MCH HANDBOOK PROGRAM**

**Agustin Kusumayati, MD, PhD**

**Professor**

**Center for Reproductive and Family Health**

**Faculty of Public Health, University of Indonesia**

Prior to a decision to a country-wide use MCH Handbook, a careful assessment should be made. As a new tool to be used, MCH Handbook should be well developed and introduced gradually. A well designed pilot project is favorable. The objectives of such pilot project are to demonstrate the advantages, as well as limitations of the MCH Handbook, to identify problems and constraints in the utilization of the handbook, and to learn best practices in the handbook utilization as inputs for its further replication or expansion. A well prepared pilot project is designed into several phases, i.e. preliminary phase, development of the handbook, preparatory phase, implementation (distribution and utilization of the handbook), and evaluation.

Includes in the preliminary phase are analysis of current situation and justification for the proposed use of the MCH Handbook, building consensus of related parties to conduct a pilot project, and administrative arrangement for the pilot project. In developing the MCH Handbook, the handbook's target users, the scope and content of the handbook, method(s) in delivering the messages and physical appearance of the handbook should be carefully taken into account. Preparatory phase of a pilot project includes activities for printing the handbook, socialization and training, administrative arrangement of the pilot project, and baseline assessment. Implementation of the MCH Handbook Program consists of activities to distribute the handbook, activities to generate involvement of the community and relevant stakeholders, supervision and provision of technical assistance, and monitoring of the program. Evaluation of the MCH Handbook Program may cover evaluation on the content of the MCH Handbook, the implementation of the MCH Handbook Program, the outcome/impact of the MCH Handbook Program and opportunity for replication or expansion.

Evaluation of the content of the MCH Handbook covers issues such as appropriateness of the content of the MCH Handbook, usage of each component of the handbook by different users, and easiness to use and the level of understanding the handbook by different users. The aims of evaluating the implementation of the MCH Handbook are to identify of (1) the best practices in implementing the handbook, (2) problems related to training for health providers and health volunteers and opportunities to improve it, and (3) utilization of the handbook by various parties. It is suggested to carry put a second party evaluation by the target users to gain perspectives from them and a fair judgment about the program.

# Introduction & Evaluation of MCH Handbook Program

*Agastin Kusumayati*  
Center for Reproductive and Family Health  
Faculty of Public Health University of Indonesia

## Introduction<sup>1</sup>

- Prior to a decision to a country-wide use MCH Handbook, a careful assessment should be made.
- As a new tool to be used, MCH Handbook should be well developed and introduced gradually.
- A well designed **pilot trial** is favorable.

## Introduction<sup>2</sup>

The objectives of a **pilot trial** are:

1. To demonstrate the advantages, as well as the limitations, of MCH Handbook
2. To identify problems and constraints in the utilization of the handbook
3. To learn best practices in the handbook utilization as inputs for its further replication or expansion

## MCH Handbook Pilot Trial<sup>1</sup>

A pilot trial of MCH Handbook Program covers the following phases:

1. Preliminary phase
2. Development of the handbook
3. Preparatory phase
4. Implementation (distribution, utilization)
5. Evaluation

## MCH Handbook Pilot Trial<sup>2</sup>

### Preliminary Phase

- Analysis of current situation and justification for the proposed use of the MCH Handbook
- Building consensus to conduct a pilot trial
- Principle arrangement for the pilot trial
  - ✓ What setting: hospital vs. community
  - ✓ Which area: province? district? rural vs. urban?
  - ✓ Who: government? private? NGO?

## MCH Handbook Pilot Trial<sup>3</sup>

### Development of the MCH Handbook

- The handbook's main target beneficiaries
- The handbook's users
- The scope and content of the handbook
- Method(s) in delivering the messages
- Physical appearance of the handbook

### **MCH Handbook Pilot Trial<sup>4</sup>**

#### **Preparatory Phase**

- **Printing**
- **Socialization**
  - Local parliament & government, non-health sectors
  - Professional organizations
  - Civil societies, NGOs, potential donors
- **Training**
  - Program managers
  - Health care providers
- **Baseline assessment**

### **MCH Handbook Pilot Trial<sup>5</sup>**

#### **Implementation of the MCH Handbook Program**

- **Supply and distribution**
- **Community and stakeholder(s) involvement**
- **Supervision and technical assistance**
  - Field visit
  - Facilitative supervision
- **Monitoring**
  - Regular meetings
  - Recording and reporting system

### **MCH Handbook Pilot Trial<sup>6</sup>**

#### **Evaluation of the MCH Handbook Program**

- The content of the MCH Handbook
- The implementation of the MCH Handbook Program
- The outcome/impact of the MCH Handbook Program
- Opportunity for replication or expansion

### **Evaluation of MCH Handbook Program<sup>1</sup>**

#### **Evaluation of the content of the MCH Handbook**

- **Appropriateness of the handbook's content**
  - ✓ to the country's current health problem
  - ✓ to the target users' needs
  - ✓ to the educational, social, and cultural background of the target beneficiaries
- **Usage of each component of the handbook by different users**
- **Easiness to use and the level of understanding**

### **Evaluation of MCH Handbook Program<sup>2</sup>**

#### **Evaluation of the implementation of the MCH Handbook Program**

- **Lessons learned** → best practices
- **Socialization**
  - ✓ Targets
  - ✓ Materials, methods and outputs
- **Training for health care providers**
  - ✓ Materials, methods, and outputs
  - ✓ Post-training evaluation

### **Evaluation of MCH Handbook Program<sup>3</sup>**

- **2<sup>nd</sup> party evaluation** = evaluation by the beneficiaries
  - ✓ Pregnant mothers, mothers of young children
  - ✓ Other family members
  - ✓ Community leaders
- **Utilization of the handbook** by various parties: health care providers, health volunteers, target beneficiaries, etc.

### **Evaluation of MCH Handbook Program<sup>4</sup>**

- **Effectiveness of the program management**
  - ✓ Planning → coordination planning, integration of programs, resource availability & allocation
  - ✓ Organizing and actuating
  - ✓ Supervision and monitoring → distribution and coverage of the handbook, recording and reporting system, monitoring of supports
  - ✓ Annual evaluation

### **Evaluation of MCH Handbook Program<sup>5</sup>**

#### **Evaluation of the outcome and/or impact of the MCH Handbook Program**

1. **Health status** → morbidity and mortality
2. **Knowledge, attitude and practices of the target beneficiaries**
  - ✓ Self care
  - ✓ Compliance to standard health care
  - ✓ Utilization of essential health services

### **Evaluation of MCH Handbook Program<sup>6</sup>**

#### **Evaluation of the outcome and/or impact of the MCH Handbook Program**

3. **Quality of health services and programs**
  - ✓ Competence of health care providers
  - ✓ Quality and coverage of IEC services
  - ✓ Quality and coverage of medical services
  - ✓ Missed opportunity
  - ✓ Client satisfaction

### **Evaluation of MCH Handbook Program<sup>7</sup>**

#### **Evaluation of the outcome and/or impact of the MCH Handbook Program**

4. **Integration and continuation of health care**
  - ✓ Family planning and maternal health services
  - ✓ Maternal health and child health services
  - ✓ Various child health services and programs
  - ✓ Referral and contra-referral system
  - ✓ Integrated user-friendly information system

### **Some Methodological Issues<sup>1</sup>**

1. **Involvement of various relevant stakeholders**
  - ✓ The target community
  - ✓ Health care providers
  - ✓ Professional organizations
  - ✓ Local government, non-health sectors
2. **Individual vs. community level assessment**
  - ✓ Sample size vs. resource availability
3. **The importance of qualitative assessment**
  - ✓ Answer the “why” and “how” questions

### **Some Methodological Issues<sup>2</sup>**

4. **Application of scientifically-sound design**
  - ✓ Randomization
  - ✓ Pre vs. post intervention
  - ✓ Controlled vs. un-controlled
5. **Application of statistical technique**
  - ✓ Multilevel analysis



## **MCH HANDBOOK AND INTERNATIONAL COLLABORATION**

**Keiko Osaki, MPH**  
**Senior Advisor on Health**  
**Japan International Cooperation Agency**

International cooperation sometimes provides us opportunities to learn more about innovations themselves, such as MCH handbook implementation, through application of those innovations in different settings. Followings are some lessons learned through international cooperation, which are mainly based on experiences of MCH handbook implementation in Indonesia and Palestine.

- 1) MCH handbook can be fitted to the situation of the country which would like to introduce it. Concept of the development of MCH handbook should be clear at the beginning. It is needed to be set in the context of the country.
- 2) Nevertheless to say, MCH handbook is not almighty. It is needed to make MCH handbook can work enough in the setting. Health providers need to use it, health services covered by MCH handbook need to be available, and health services covered by MCH handbook need to be supported by health policy, beside community people use it.
- 3) Integration needs a lot of efforts, by asking participation of different levels of various stake holders. However, it is worthwhile to invest on that, as once MCH handbook designed in integrated manner, it can be an asset for health system to make sure continuity of programs through maternal, neonatal and child health(MNCH) period and continuity of care between facility and community.
- 4) MCH handbook provides an opportunity for donors to work together. If the country has strong ownership to guide donors to work together, MCH handbook is a good tool for that.
- 5) Sound evidence or espousal by respected persons or institutions are needed in order to be credible to be diffused. Challenges still remain. Potentials such as a tool to strengthen health system, impact on health outcome, social impact beyond health, have not much been examined. We have not yet much discussed about how much it is applicable to more difficult situations.
- 6) We need to keep some natures of MCH handbook in mind. MCH handbook tends to be thicker through revision process and through involving more stakeholders (“*A law of Thickness*”). We need to keep asking ourselves whether it is client friendly enough and still (Providers’ book vs. Family’s book).



## MCH handbook and International Collaboration

Keiko Osaki, MPH  
Senior Advisor on Health, JICA

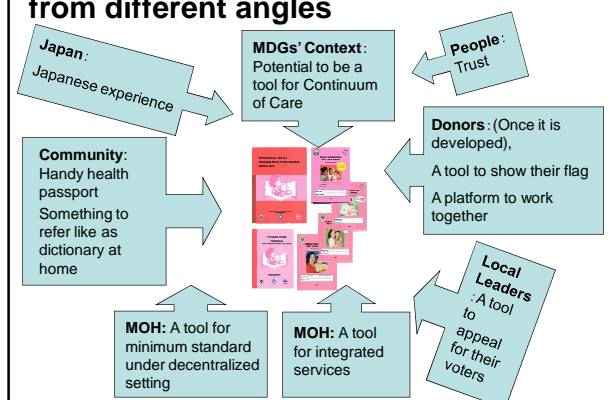


According to a Romanian saying,

*"A beautiful child has many parents."*

*MCH handbooks has do as well.*

### Different views on MCH handbook from different angles



### Dramas from the field



### What we got by MCH handbook?

- Source of knowledge
- Empowerment tool
- Communication tool
- Administration tool
- Donor plat form
- Trust
- Etc.....

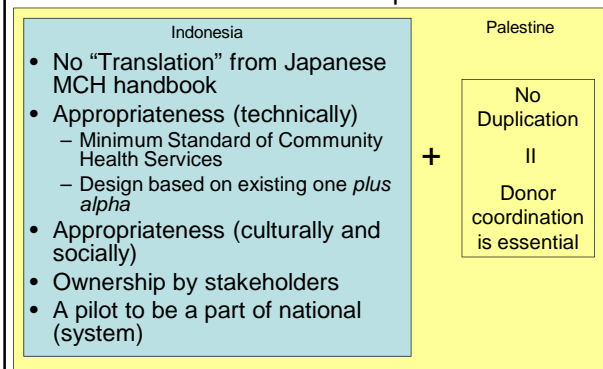
### **Lesson learned from international collaboration (1)**

MCH handbook can be fitted to the situation of the country which would like to introduce it.

Concept of the development of MCH handbook should be clear at the beginning. It is needed to be set in the context of the country.



### Concepts of MCH handbooks at the time of development



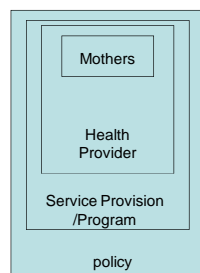
### **Lesson learned from international collaboration (2)**

Nevertheless to say, MCH handbook is not almighty.

Be careful, assumptions do not always work.

### Who needs to change?

- Mothers?
- Family?
- Community?
- Health provider?
- Governments?
- Donors?

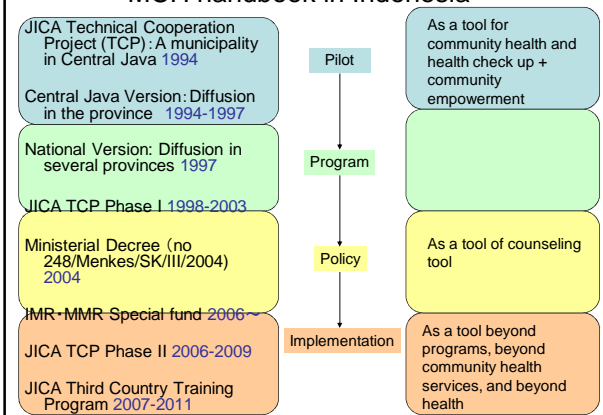


### **Lesson learned from international collaboration (3)**

Integration needs a lot of efforts, by asking participation of different levels of various stake holders.

But once it is set up, it can be an asset for health system.

### MCH handbook in Indonesia

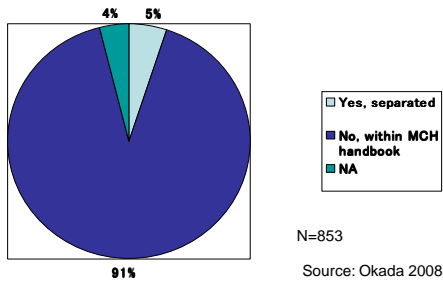


### Indonesian Case



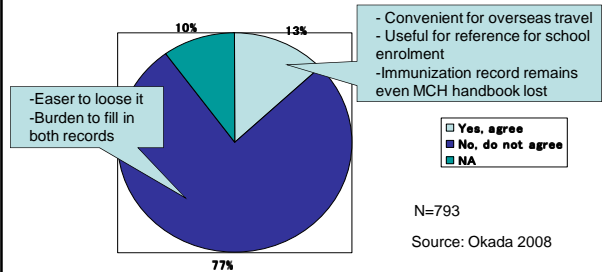
### Japanese case (1)

Q. In your city, do you keep immunization record separated from MCH handbook?



### Japanese case (2)

Q. Do you think immunization record to be separated from MCH handbook in the future?



### Lesson learned from international collaboration (4)

MCH handbook provides an opportunity for donors to work together.



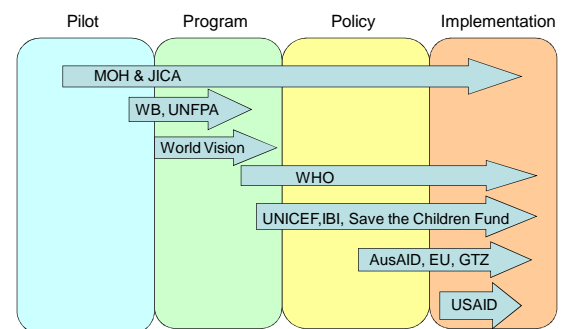
Photo by ADB (North Sulawesi)



UNICEF (West Java)

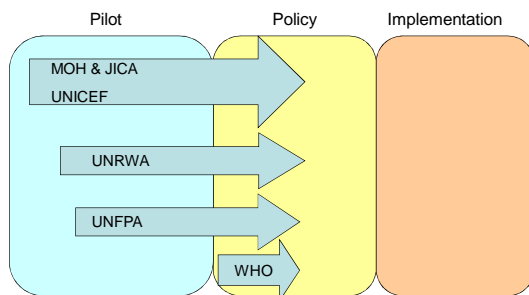
### Indonesian case

How does donors work together?



### Palestine case:

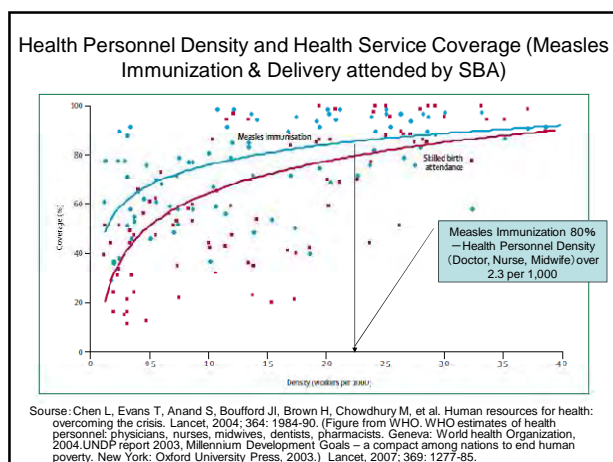
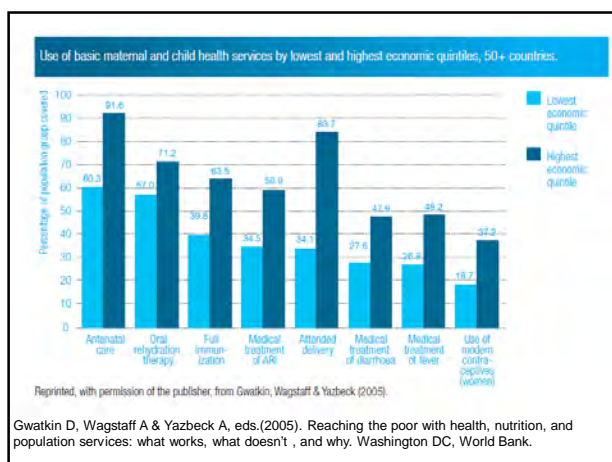
How does donors work together?



### Lesson learned from international collaboration (5)

Sound evidence or espousal by respected persons or institutions in order to be credible attributes to diffusion.

Challenges still remain. Potentials such as a tool to strengthen health system, impact on health outcome, social impact beyond health, have not much been examined. We have not yet much discussed about how much it is applicable to difficult situations.



## Lesson learned from international collaboration (6)

### A law of Thickness

Providers' book vs. Family's book  
Regulation vs. Empowerment

We need to keep asking ourselves whether it is client friendly enough and still.

## Do we still friendly enough to our clients?



Central Java 1995 photo by Dr. Yoko Watanabe

Central Java 2008

## Conclusions

1. MCH handbook can be fitted to the situation of the country which would like to introduce it, but a clear concept of development is needed at the beginning.
2. Nevertheless to say, MCH handbook is not almighty.
3. Integration needs a lot of efforts, but once it is set up, it can be an asset for health system.
4. MCH handbook provides an opportunity for donors to work together.
5. Challenge still remains. Potentials such as a tool to strengthen health system, impact on health outcome, social impact beyond health, have not much been examined.
6. We need to keep asking ourselves whether it is client friendly enough and still.

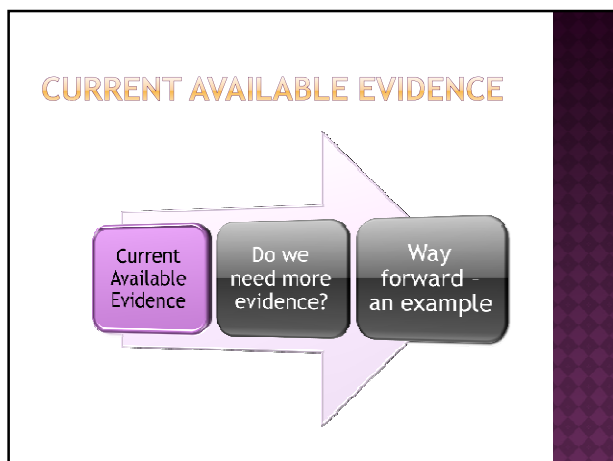
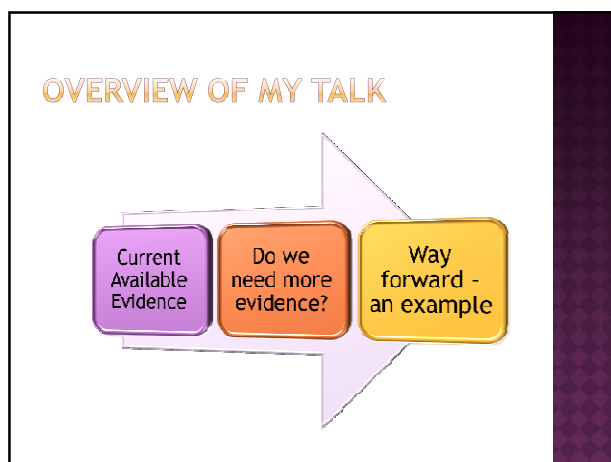
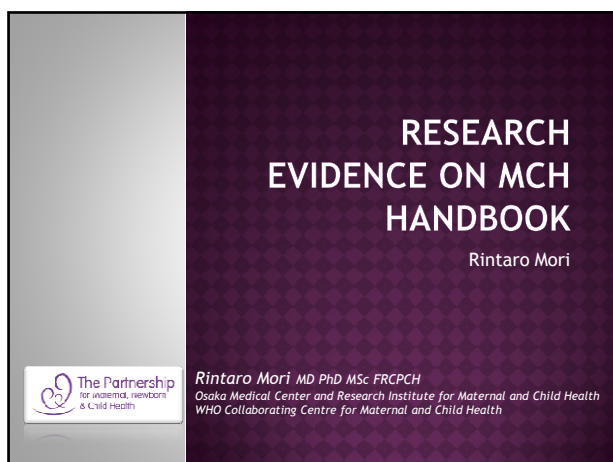




## **RESEARCH EVIDENCE ON MCH HANDBOOK**

**Rintaro Mori, MD**  
**Osaka Medical Center and**  
**Research Institute for Maternal and Child Health**

A systematic review was conducted to review the best available evidence on effectiveness of maternal and child health handbook. Systematic search by using a research question “Does MCH handbook improve health outcomes of women and children?” in Medline, Cochrane Library, EMBASE, Popline, African Medical Index yielded no randomised controlled trial with several observational studies. Examples of the studies identified included an ecological study looking at a correlation between the ratio of the number of Handbooks distributed and the actual number of births and the perinatal mortality (Takayanagi, K et al. Clin Perform Qual Health Care, 1993. 1(1): p. 29-33.) and a study used data from maternal and child health handbook looking at perinatal complications assessed using the Parnas scale based on information from the maternal and child health handbook were compared between DSM-III-R-diagnosed schizophrenics (N = 59), their healthy siblings (N = 31), and controls (N = 108) (Kunugi, H., et al. J Nerv Ment Dis, 1996. 184(9): p. 542-6.) Needs for further research was discussed. Although there is no need for research for research, it is required providing no substantial resource required, not intervening current policies, community/country ownership ensured, ensured feedback to the community and the world and with high quality. Considering pros and cons of evidence-based health policy and uncertainty around the effectiveness of the handbook, it was considered that further evidence should be developed on maternal and child health. Evidence should be evaluated against people’s value and governance structure should be ensured. A cluster randomised controlled trial of the handbook in Mongolia with intervention of distribution of them to all pregnant women in certain region was proposed.

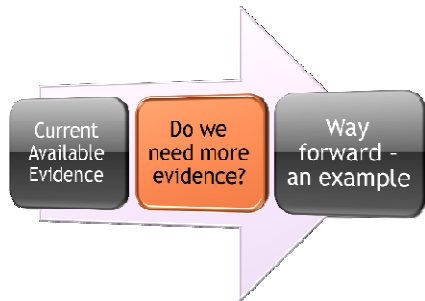


- ## SYSTEMATIC REVIEW
- ◉ **Systematic search**
    - RQ: Does MCH handbook improve health outcomes of women and children?
    - Searched in Medline, Cochrane Library, EMBASE, Popline, African Medical Index...
    - Search strategy: Keywords including maternal, w\*men, child\*, handbook etc
  - ◉ **Critical review**
    - No randomised controlled trial found
    - Several observational studies
    - Majority - case studies

- ## IDENTIFIED STUDY - EXAMPLE 1
- ◉ Takayanagi, K., S. Iwasaki, and Y. Yoshinaka, The role of the Maternal and Child Health Handbook system in reducing perinatal mortality in Japan. Clin Perform Qual Health Care, 1993. 1(1): p. 29-33.
  - ◉ A correlation between the ratio of the number of Handbooks distributed and the actual number of births and the perinatal mortality
  - ◉ **Ecological study**

- ## IDENTIFIED STUDY - EXAMPLE 2
- ◉ Kunugi, H., et al., Perinatal complications and schizophrenia. Data from the Maternal and Child Health Handbook in Japan. J Nerv Ment Dis, 1996. 184(9): p. 542-6.
  - ◉ Perinatal complications assessed using the Parnas scale based on information from the maternal and child health handbook were compared between DSM-III-R-diagnosed schizophrenics (N = 59), their healthy siblings (N = 31), and controls (N = 108)
  - ◉ **A study used data from MCH Handbook**

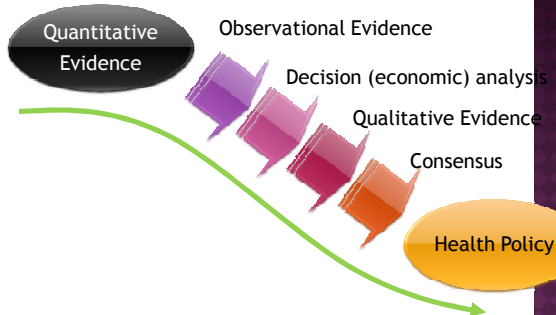
## DO WE NEED MORE EVIDENCE?



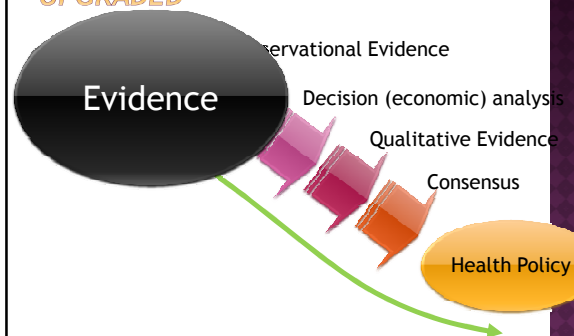
## DO WE NEED MORE EVIDENCE?



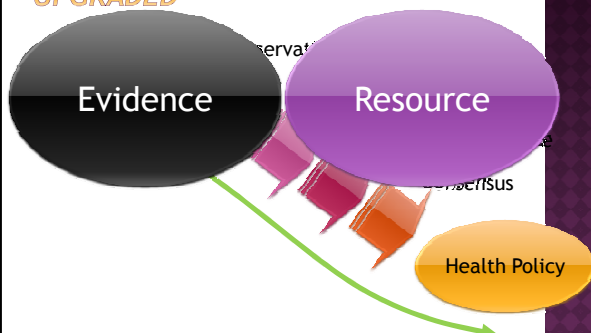
## EVIDENCE-BASED APPROACH UPGRADED



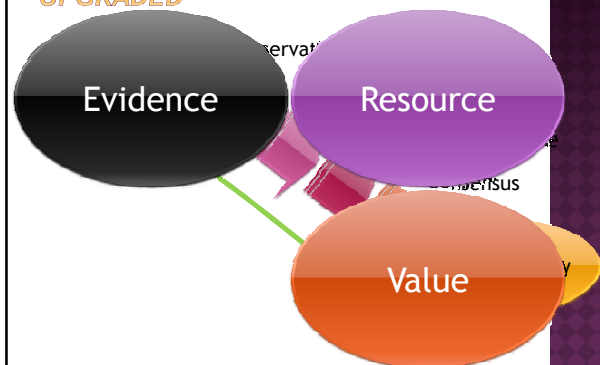
## EVIDENCE-BASED APPROACH UPGRADED



## EVIDENCE-BASED APPROACH UPGRADED

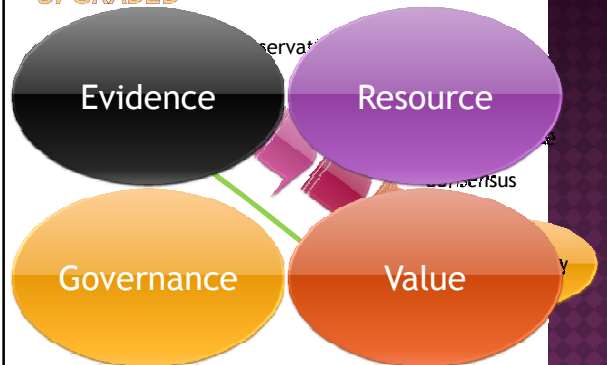


## EVIDENCE-BASED APPROACH UPGRADED

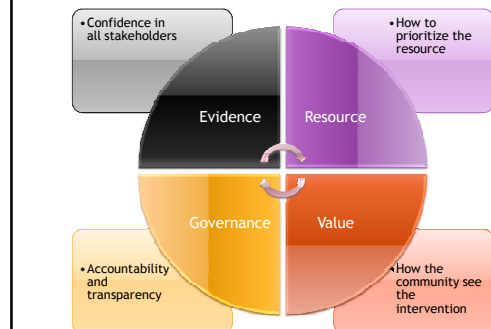




## EVIDENCE-BASED APPROACH UPGRADED



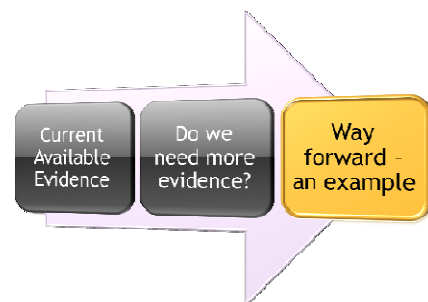
## EVIDENCE-BASED APPROACH UPGRADED



## DO WE NEED MORE EVIDENCE

- ◉ No research for research
- ◉ Creating confidence in all stakeholders
- ◉ Yes, research only if
  - No substantial resource required
  - Not intervening current policies
  - Community/country ownership ensured
  - Feedback to the community and the world
  - High quality

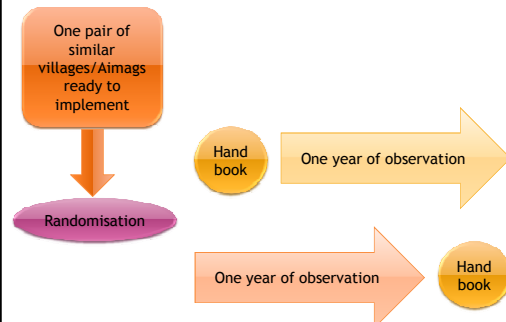
## WAY FORWARD - AN EXAMPLE



## OUR PROPOSING TRIAL

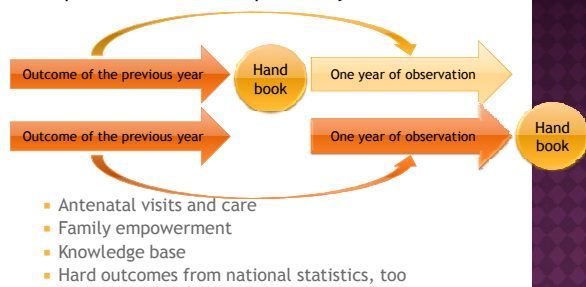
- ◉ Cluster RCT of MCH handbook in Mongolia
- ◉ Intervention: Distribution of MCH Handbook to all pregnant women
- ◉ Collaborators:
  - Samdan Dulamsuren, National Center for Health Development, Ministry of Health, Mongolia
  - Oyun Lkhagvasuren, National Center for Health Development, Ministry of Health, Mongolia
  - Rintaro Mori, Osaka Medical Center and Research Institute for Maternal and Child Health, Japan
  - Yasuhide Nakamura, Osaka University, Japan
  - Gochoo Soyolgerel, Ministry of Health, Mongolia
  - Naohiro Yonemoto, School of Public Health, Kyoto University, Japan

## CLUSTER RCT



[illegible][illegible]

- Improvement from the previous years



- ◉ **A high level study that**
  - Requires no substantial money
  - Can persuade policy makers all over the world
  - Does not intervene current government policies
  - Can help capacity development in research and implementation of an effective intervention
- ◉ **Is possible**

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## Field Visit: Hitachiomiya City

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- Background of Hitachiomiya City
- Field Visit Schedule
- **PEDIATRIC MEDICAL SERVICES IN A REGIONAL INSTITUTION**  
Hideki Kumagai, MD, PhD  
Hitachiomiya Saisekai Hospital

## Field Visit: Hitachiomiya City

### 1. General Information

Hitachiomiya City was created in 2004 by merging of two towns and three villages. The city has a population of 46,435 people (male 22,715; female 23,720 as of October 2008), with an area of 348.38km<sup>2</sup> and a total of 16,292 households. Hitachiomiya is located on the northwest side of Ibaraki prefecture and within 2 hours driving distance from Tokyo. Land designated for agricultural use is about 17% and forest land comprises approximately 60% of the city area. The northern side of the city is particularly abundant of green and nature.

### 2. Maternal and Child Health Program in Hitachiomiya City

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

At the moment, there are no birthing facilities in Hitachiomiya. Expectant mothers must go to neighboring cities (up to 30 minutes driving distance) for their antenatal checkups and delivery. In 2006 the Hitachiomiya Saiseikai Hospital was established in the city. Although there is no obstetric service available, the pediatrics service and the municipal health center have joined efforts in providing maternal and child health activities.

### 3. The Hitachiomiya City “Parents and Children Health Handbook”

The opportunity for mothers to pass wisdom and culture to their daughters is rare nowadays. With the idea of “rearing” parents while they are raising their children Hitachiomiya developed

their version of PCHH. A multidisciplinary group of professionals related to maternal and child health (public health nurses, nutritionists, and nursery and special education teachers) gathered together to develop the handbook. The process took one year. They also received valuable advice from Ms. Masako Kobayashi from the National Institute of Public Health. The PCHH is being used since July 2004.

### Characteristics of the Hitachiomiya City “Parents and Children Health Handbook”

1. Its 112 pages outnumber the average number of pages produced by the Ministry of Health.
2. Contains pages to record growth until the user becomes 20 years old.
3. There are more spaces than usual for parents to write down messages for their children.
4. A page for father’s message has been included to foster fathers’ participation.
5. Contents are indexed by period: pregnancy, breastfeeding and infancy.

At present, the PCHH is being used as an educational material for all junior high school students. In the near future, all primary and junior high school students will use their handbooks with their personal health information as an educational material.

### Program of the Visit to Hitachiomiya City

Purpose of the visit

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

**Date and time of the visit**

November 10<sup>th</sup> (Monday)

**Participants:**

The 6<sup>th</sup> International Conference on Maternal and Child Health Handbooks international participants and accompanying Japanese staff

**Schedule**

07 : 30	Departure from accommodation in Tokyo (By bus: 3 hours trip from Tokyo)
10 : 25	Arrival at Hitachiomiya Saiseikai Hospital
10 : 30	Outline of the hospital, collaboration with the health center (Conference room) The situation of Japanese children from the view of a pediatrician (Dr. Kumagai Hideki, Chief Pediatrician)
11 : 00	Visit to the hospital facilities
11 : 45	Departure from the hospital
12 : 00	Arrival at the Health and Social Welfare Center “Kagayaki” (Lunch will be served upon arrival, Conference room, 2 <sup>nd</sup> Floor)
12 : 30	Present situation of the Center Chair Person: Ms. Sakae Goto, Department of Health Promotion <ul style="list-style-type: none"><li>• Welcome greetings (Mr. Shinichiro Mitsugi, Hitachiomiya City Mayor)</li><li>• Outline of the Center, transition of its roles (Osamu Yokoyama, Head of the Health Promotion Section)</li><li>• The experience of developing the PCHH and current maternal and child health concerns perceived by young parents (Ms. Sanai Kaneko, Nurse)</li></ul>
13 : 50	Observation of group nutritional and other healthy infant check-up guidance
14 : 10	Symposium participants will be divided in 3 groups for the following 3 activities (20 minutes each) <ul style="list-style-type: none"><li>A 8-month old infants orientation visit observation</li><li>B Meet and chat with parents who are long-term users of the PCHH</li><li>C Visit to the facilities of the center</li></ul>
15 : 20	Departure from the center
18 : 20	Arrival in Tokyo

The 6<sup>th</sup> International Conference on  
Maternal and Child Health Handbook  
November 10, 2008

## Pediatric Medical Services in a Regional Institution

Hideki Kumagai MD, PhD

Dept. of Pediatrics,  
Hitachiomiya Saiseikai Hospital

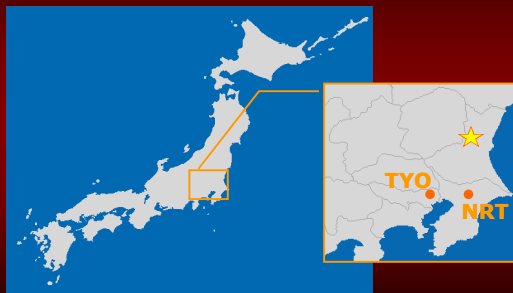
 Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Outline

- Our Institution
- Role of This Department of Pediatrics
- Disease of Children and MCH Handbook

 Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Hitachiomiya City



 Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Population Statistics

- Population 46,000
- Age  $\geq 65$  yo 27%
- Age < 15 yo 13%



Aging Society and Declining Birthrate

 Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Hitachiomiya Saiseikai Hospital

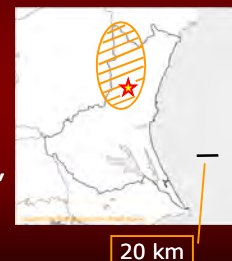
- Opened 2006.
- Currently we have 139 beds available, but it has the capacity to accommodate up to 160 beds.
- Services: Outpatient services, Inpatient services, Emergency services (24hr).

 Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Hitachiomiya Saiseikai Hospital

- The only public hospital in the northwest area of Ibaraki Prefecture

- Internal medicine, Cardiology, Pulmonary medicine, Orthopedics, Gastroenterology, Surgery, Neurosurgery, Urology, Chest surgery, **Pediatrics**



 Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Dept. of Pediatrics

- The Center of Excellence in Pediatric Medical Care for Hitachiomiya City and a Major Regional Referral Center
- A Holistic Approach Encompassing the Promotive, Preventive, Curative Dimensions
- Three Pediatricians

## Dept. of Pediatrics

- Out-patients: 50 Children/Day
- In-patients: 25 Children/Month
- Health Checkup:  
Hospital & The Health Center  
Three Times in a Month
- Vaccination: Once in a Week
- Examination: Ultrasonography, CT, MRI, Electroencephalogram, and Endoscopy

## Citizen's Forum



In Cooperation with the Municipal Health Center

## Case Conference with Privately Practicing Doctors



## The Star Festival

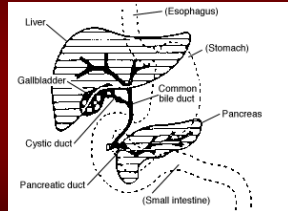


## Disease and MCH Handbook

- Biliary Atresia
- Crohn Disease
- Child Abuse

## Biliary Atresia

Rare condition in newborn infant in which the common bile duct between the liver and the small intestine is blocked or absent.



## Biliary Atresia

- If unrecognized, the condition leads to liver failure.
- The cause of the condition is unknown.
- The only effective treatments are certain surgeries, or liver transplantation.
- Timely Kasai operation (< 60 postnatal days) have shown better outcomes.



## Which Color is Normal?

### 1 Month-old Baby's Stool

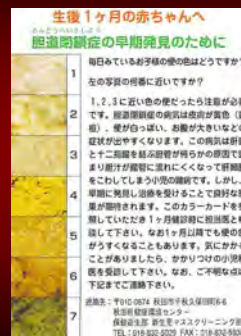
In biliary atresia, stool color is generally acholic (white, light yellow).

Answer

Normal = 4, 5, 6, 7

Abnormal = 1, 2, 3

## Stool Color Mass Screening

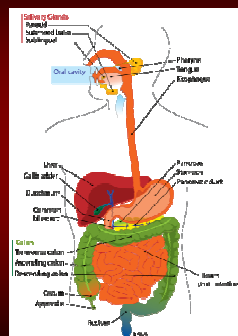


We put this card between the One-month health checkup pages of MCH Handbook.

## Crohn Disease

Affect any part of the gastrointestinal tract from mouth to anus

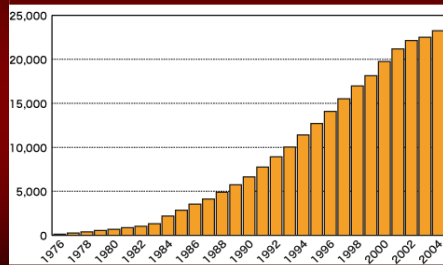
The precise cause is not known.



## Crohn Disease

- Symptoms are abdominal pain, diarrhea (which may be visibly bloody), or weight loss.
- Tends to present initially in the teens and twenties, although the disease can occur at any age.
- Treatment options are restricted to controlling symptoms, putting and keeping the disease in remission and preventing relapse.

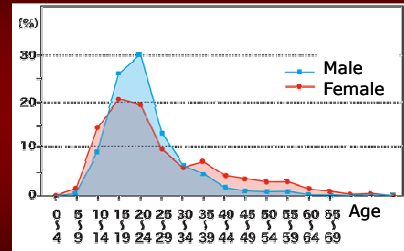
## The Number of Patients Suffering from Crohn Disease



Japanese Ministry of Health, Labour and Welfare

Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Onset Age of Crohn Disease



Japanese Ministry of Health, Labour and Welfare

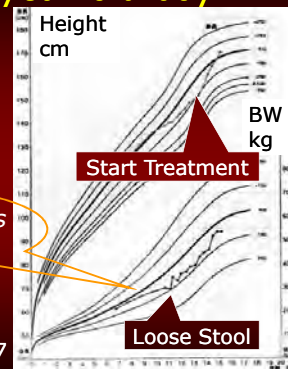
Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Case: 11-year-old boy

Chief Complain:  
Loose Stool  
Continuing for  
One Month

But, weight loss has  
already started

Sato K et al. 2007



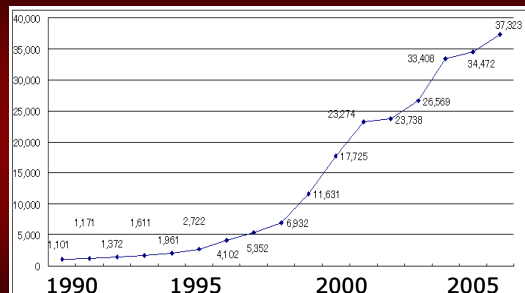
Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Child Abuse

- The Physical, Psychological or Sexual *Maltreatment* of Children
- We Exchange the Information with Municipal Health Center

Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## The Number of the Reported Cases of Child Abuse



Japanese Ministry of Health, Labour and Welfare

Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Child Abuse and MCH Handbook

- Not Have MCH Handbook
- Not Have Health Checkup
- Not Get Vaccination

I always check here

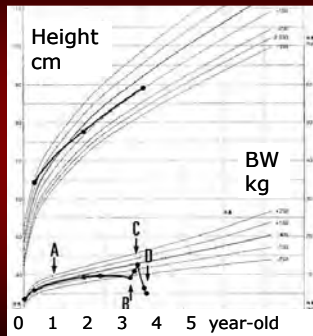


Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Abuse (Neglect) in a Child

- A: Intracranial Hemorrhage
- B: Transferred to Grandmother's Home
- C: Back to her Home
- D: Dead in a Cardboard Box

Oki J, et al, 2007



Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Our Colleagues



Dept of Pediatrics, Hitachiomiya Saiseikai Hospital

## Thank You. Any Questions?

- Hitachiomiya Saiseikai Hospital
- Department of Pediatrics
- MCH Handbook ~Growth Curve~
- Collaboration with the Heath Center

Dept of Pediatrics, Hitachiomiya Saiseikai Hospital



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## Appendix

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- Conference Photos
- List of International Participants
- Selected Newspaper Articles
- Acknowledgement
- Conference Committee

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## Conference Photos

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### **DAY 1: Conference Opening**

U Thant International Conference Hall, UN University, Tokyo • November 8, 2008





## Conference Photos





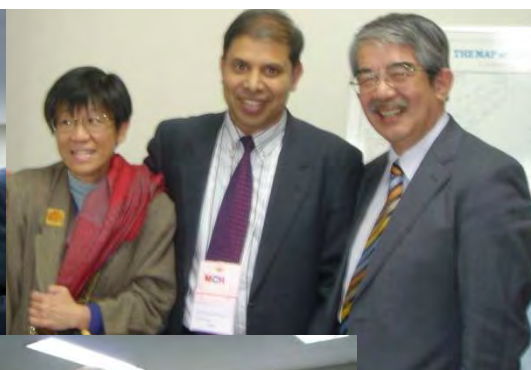
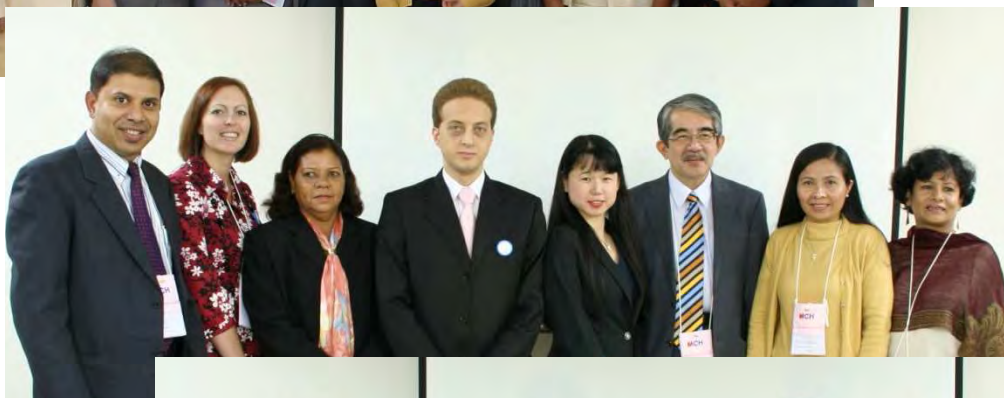
## DAY 2: Country Report

JICA Tokyo International Center (TIC), Tokyo • November 9, 2008





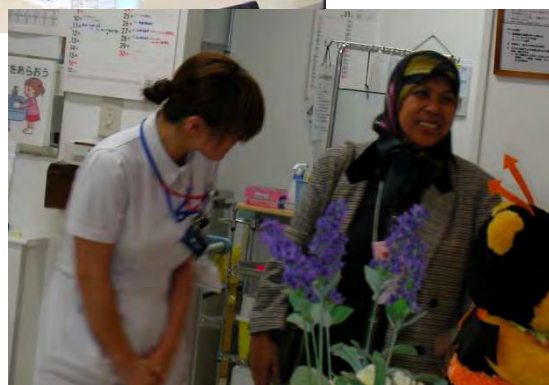
## Conference Photos





### DAY 3: Field Visit: Hitachiomiya City

Hitachiomiya City, Ibaraki Prefecture • November 10, 2008





## Conference Photos



**The 6<sup>th</sup> International Conference of Maternal and Child Health Handbook  
Tokyo, Japan • November 8 to 10, 2008**

**International Participants**

<b>Country</b>	<b>Name</b>	<b>Affiliation</b>
Bangladesh	Mustafa Kamal Haider	Chief Adviser's Office Tajgaon, Dhaka
Bangladesh	Kaosa Afsana	BRAC Health Program
Bangladesh	Shafi Ullah Bhuiyan	International Collaboration Division, Global Human Sciences, Osaka University
Brunei Darussalam	Hajah Mawarni bte Haji Abdul Hamid	Ministry of Health
Brunei Darussalam	Hajah Meriah bte Haji Bunar	Ministry of Health
Cambodia	Lam Phirun	National Maternal and Child Health Center
Cambodia	Lon Chan Rasmey	Kampong Cham Provincial Health Department
Cambodia	Hang Vuthy	Save the Children Australia
Cambodia	Ieng Nary	JICA Cambodia
Cambodia	Peang Nara	Kampong Cham Provincial Health Department
Dominican Republic	Maria Guadalupe De Jesus Morfe	Maternal and Child Health Improvement Program, Dajabon Province
Indonesia	Azrul Azwar	Faculty of Public Health, University of Indonesia
Indonesia	Agustin Kusumayati	Faculty of Public Health, University of Indonesia
Indonesia	Budihardja	Community Health, Ministry of Health
Indonesia	Budi Prasetyo	Community Tradition and Social Culture Empowerment, Ministry of Home Affairs
Indonesia	Fatni Sulani	Child Health, Ministry of Health
Indonesia	Sri Endang Widayati	Program for MCH Handbook Distribution, Community Health, Ministry of Health
Indonesia	Lukman Hendro Laksmono	Pregnant women, Mother's Health, Community Health, Ministry of Health
Indonesia	Doddy Izwardi	Administration Sub-Division, Mother's Health, Community Health, Ministry of Health
Indonesia	Abdul Halim	Administration Division, Bureau of General Affairs, Ministry of Health
Indonesia	Relliyani Rusdi	Provincial Health Office of Lampung
Indonesia	Mardania Djohansyah	Provincial Health Office of Lampung
Indonesia	Armen Patria	Family Health Section, Provincial Health Office of Lampung
Indonesia	Dedi Kuswenda	Maternal Health with Complication Prevention, Community Health, Ministry of Health
Indonesia	Andi Mappatoba	Maternal Health and Family Planning Section Provincial Health Office of South Sulawesi
Indonesia	Kresnawan MSc	Food Consumption, Community Nutrition, Community Health, Ministry of Health
Indonesia	Endang Laksmningsih Achadi	Faculty of Public Health, University of Indonesia
Lao PDR	Chandavone Phoxay	Secretariat Division, Ministry of Health
Madagascar	Norotiana Helimina Rabesandratana	Department of Neonatology Center for Maternal and Child Health Mahajanga University Hospital
Mongolia	Gochoo Soyolgerel	Office of Pediatric Service, Ministry of Health
Palestine	Eyad Al-Hindi	Palestinian Mission
Peru	Lourdes Rosario Herrera	International Collaboration Division, Global Human Sciences, Osaka University
Philippines	Marilyn E. Crisostomo	College of Public Health, University of the Philippines and MEC Health Research and Statistics Consultancy
Philippines	Calvin S. de los Reyes	International Collaboration Division, Global Human Sciences, Osaka University
Thailand	Sirikul Isaranurug	ASEAN Institute for Health Development, Mahidol University
Thailand	Piyathamrongchai Chalida	International Collaboration Division, Global Human Sciences, Osaka University
Turkey	Timur Yalcin	Ministry of State for Social Services
USA Utah	Marie Nagata	Baby Your Baby Program, Utah State Department of Health
Vietnam	Dinh Thi Phuong Hoa	Department of Maternal and Child Health, Ministry of Health
Vietnam	Dang Van Nghi	Department of Population and Family Planning Ministry of Health
Vietnam	Nguyen Quoc Thoi	Ben Tre Provincial Secondary Medical School







**Newspaper:** The Asahi Shinbun

**Date Published:** October 30, 2008

**Title:** Introducing the Maternal and Child Health Handbook to Asia

**Author:** Eisuko Akusawa

**Summary:**

Born in Japan 60 years ago, the Maternal and Child Health Handbook started to expand to other Asian countries in 1990. Ever since and thanks to its cultural-sensitivity and appropriateness, the MCH Handbook initiative has been obtaining amazing accomplishments in several Asian countries. Colorful illustrated handbooks for mothers who are not able to read, self-explanatory pictures and other resources are applied to meet the needs of the country and region. The Thai MCH Handbook includes a development background game; the Palestinian one is considered as a "Life Passport". Overall, the initiative is not only helping in the improvement of health of mothers and children worldwide, but it is also able to contribute with lessons learned back to Japan.

## 母子手帳 国際会議 15か国参加

日本やインドネシア、ベトナムなど各国の母子健康手帳の現状を話し合う「母子手帳国際会議」が8日午後2時、東京・渋谷の国連大学ウ・タント国際会議場で開かれる。15か国の行政担当者や研究者らが参加する。妊婦検診の結果や子どもの健康状態を記入する母子健康手帳は日本が発祥で、1948年から作り始められた。母親と医師との連絡や、父母への保健教育に効果があることから、乳幼児や妊産婦の死亡率が高いアジア

8日に東京・渋谷で



やアフリカの開発途上国でも広まりつつある。各国、カラー紙面やイラストを多用するなど、工夫を凝らす。国際協力機構(JICA)や国連児童基金(ユニセフ)も普及を支援する。

インドネシアやベトナムの母子手帳

会議を主催するNPO法人「HANDS」(東京)代表理事で、大阪大教授の中村安秀さんは「日本で生まれた母子手帳が、母子の健康を守る素晴らしい道具として世界で評価されていることを、一般の人にも知ってほしい」と話している。会議では、JICA関係者の講演やベトナムやバングラデシュなど各地の担当者を交えた討論が開かれる。同時通訳あり。参加無料だが、事前申し込みが必要。HANDSにファクス(03・5805・8667)か、ホームページ(<http://www.hands.or.jp/mchokyo08>)から申し込む。

**Newspaper:** Yomiuri Shimbun

**Date Published:** November 2, 2008

**Title:** Fifteen countries joined the 6<sup>th</sup> International Conference on Maternal and Child Health

Handbooks

**Summary:**

Representatives of 15 countries gathered at the United Nations University in Shibuya Ward, Tokyo on November 8<sup>th</sup>. The conference, sponsored by NPO HANDS, aims to exchange information on the situation of MCH Handbooks in the world. According to its representative, Osaka University Professor, Yasuhide Nakamura, the general public needs to be aware of how the Japanese public health tool is being acknowledged around the world for its usefulness in protecting the health of mothers and children.

MCH Handbooks were developed in Japan in 1948 to serve as communication tool between medical doctors and mothers, and has proved itself as an effective health education tool for parents. Thus, the efforts to expand this initiative to other Asian countries and Africa where infant and maternal mortality rates remain high. JICA and UNICEF are some of the organizations which support expansion initiatives.

## 国際会議のフィールド観察図を巡って

## 母子手帳の可能性を再認識

「子育て支援」の新たな可能性 小児科医 熊谷 孝規

2008年11月21日



月曜日 朝日 土田孝規氏（左）は、母子手帳の活用を促すための講演を行った。

2008年11月21日、土田孝規氏（左）は、母子手帳の活用を促すための講演を行った。



熊谷孝規氏の講演の様子。

母子手帳は、大阪大学大学院人間科学研究科の教授、熊谷孝規氏（左）が、母子手帳の活用を促すための講演を行った。

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On November 10<sup>th</sup> 2008, head of Pediatrics Department, Dr. Hiideki Kumagai and hospital staff members welcomed international guests attending the 6<sup>th</sup> International Conference on Maternal and Child Health Handbook, sponsored by NPO HANDS and Osaka University. Hitachionimiya City is well known for its efforts in approaching maternal and child health concerns. Most notable of which is the city's MCH Handbook, known as the "Parents and Children Handbook", is to be used until the child turn 20 years old. It is an original handbook developed, with consideration of users and providers points of view, to respond to the present health needs of parents and their children. Among other innovative aspects, the handbook may be used as a tool for sex education.

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熊谷孝規氏と国際会議参加者。

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いて、「2015年までに妊産婦の死に至るを1990年の水準の1/4に削減する」との目標達成は難しいと言われていた」とした。

その上で、池上氏は「母子手帳の国際会議で情報共有がされ、対策もこれにより、ミレニアム開発目標の妊産婦の健康の改善に貢献することを期待する」と述べた。

次にタン・ローマン氏は、女性と健康の課題について、「母子手帳は人口の多い国、経済が発展する国でも使われるツールではなく、医療従事者と母親とのコミュニケーションツールにもなることから、母子手帳は医療制度の強化によって使われるものではないか」と述べた。

池上氏は、アジアやアフリカでの母子手帳推進の取組ぶにふれ、「グローバルヘルスの視点から母子手帳への期待が持たれている。手帳は妊産婦、若年児、小児に継続的なケア

を提供するだけでなく、人間の安全保障を具体化するツールとしての意味も大きい」とする一方「母親と子供の健康にとって母子手帳は単なる入り口に過ぎない。世界の様々な環境、文化の中で母子手帳に込められた人々の思いを受け止めながら、母親や子供の暮らしを豊かにするという目標に向かって、母子手帳を活用していきたい」とした。

パネルディスカッションは、「母子手帳が暮らしを豊かにするツールに、タイ、ベトナムなどで母子手帳を導入した事例が披露された。

タイでは母子手帳導入以前、母子健康に関連したプログラムは、妊産婦、乳幼児の健康、予防接種などを個別のカードに記載するシステムとなっており、提供されたサービス以外の記録はなかったが、1988年、親に対する情報提供と相談付け、セルフケア、アプライイケアの質の研

究等を目的に母子手帳を導入。無産時に妊産婦全員に無料配布し、子供が産後になるまで使用するものとした。

その結果、1988年と2006年を比較すると、出生10万人当たりの妊産婦死亡は、48.0人から9.8人にまで下がり、乳児死亡率は、出生1000人対し、7人から11.3人に減少した。

タイにおいて母子手帳は現在、公的機関に主に活用されている。シリアル・イサタラック氏(小児科医)は今後の課題について、「タイのすべての医療機関で活用を推進しなければならない。また、すべての大学医療部や看護学校のカリキュラムにも、母子手帳に関する内容を盛り込むべきだ」と強調した。

ベトナムでは、山岳部や少数民族が関与する出生が少なく、妊産婦死亡率が平均部の9倍に上る。幼児死亡率も貧困層で高く、国内で健康に格差がある。

母子手帳は、1994年から一部の地域で活用されている。ティン・ティ・フン・ホア氏(ベトナム保健婦母子健康局長)は、「ベトナムは国民健康保険で、保健院制度を基礎に母子手帳を活用し、活用できるように説明した。一方、アンバワが限られている」といった課題があるため、母子手帳の普及は段階的に行う必要があるという。ホア氏は、「第一段階としては、一部の県で使っている母子手帳をベースに、国で全範囲の母子手帳を普及しようと考えている」との意向を示した。

ベトナムのシヤン・フイ・ウツラ・フイヤン氏(大阪大学大学院人間科学専攻)は「手帳は印刷して郵付するだけではだめ。第一線で専門家を教育し、利用者への動機付けをしなければならぬ。医療情報システムの整備、政府とNGOなどのネットワーク強化が必要だ」とした。

## 第6回母子手帳国際会議

### 世界に広がる母子手帳

HANDS (Health and Development Service) 主催の第6回「母子手帳国際会議」が11月8日、東京・青山学院大学で開催され、世界各国から約200名が参加した。会議では、日本の母子健康の水準を向上させた母子健康手帳が紹介されるとともに、主にア

ジア各国における取組みや普及・啓発の課題などが発表された。約半日に日本でも導入された手帳が今や世界的に普及をみせている。

議題・開会、開会問題を総論議題とした開会式ミニムは2000年に「ミレニアム開発目標」を採択、目標のうち、幼児死亡率については改善がみられるものの、妊産婦の健康改善に関する取組は、厳しい状況にある。会議では、母子健康分野の目標と絡めて、講演やパネルディスカッションが行われた。

開会講演では、「世界に広がる母子手帳」をテーマに、武見徳三(元厚生労働副大臣)、上田善久(国際協力機構 JICA 理事)、池上孝子(国連人口基金東アジア事務所長、タン・ローマン(国

連基金児童基金 UNICEF) 東京事務所代表)、中村安希(大阪大学大学院人間科学専攻教授)の5氏が講演を行った。

開会式後の冒頭を健康

武見氏は「健康は人間の生活、生活、幸福をするために最も基本的な要素である。健康はそのものが価値であり、それを守ることが人間の一つの権利であり、その考え方は『人間の安全保障』の考え方に待する」と述べた。その上で、日本でも母子手帳が普及した背景には、政府によるトップダウンの活動だけではなく、市民団体やコミュニティレベルによるボトムアップの普及活動があったと説明した。

次に、上田氏はインドネシアとパレスチナを事例に、JICAの母子手帳を視察事業の取組みを説明。その中で、インドネシア政府は、すべての州で妊婦に母子手帳を受け取る権利を認めると同時に、母子手帳を供給する義務を定めた

ほか、すべての妊産婦へのサービス提供を保健・医療従事者の義務としているとした。また、パレスチナでは2005年から母子健康手帳の開始、普及を義務。治安情勢が不安定な中で、紛争も要因によって健康状態に大きな影響を受ける女性や子供にとって、母子手帳が「命のパスポート」の役割を果たしているとした。

上田氏は、「母子手帳は個人が健康という権利を獲得するために主体的な行動が可能とする能力を育み、同時に、国が国民の健康に責任を持つ、責務を担い、システムを構築することを目指す制度である。これは人間の安全保障を実現する営みそのものといえるのではないか」と述べた。

引き続き、池上氏はミレニアム開発目標について説明し、その中でも、女性と子供の健康に関わる幼児死亡率の低減と妊産婦の健康改善につ



アジア各国のパネリストを迎えた

## Acknowledgement

**This endeavor is made possible with the generous support of the following:**

**Research on Human Resource Development in Global Health**

(Research on International Cooperation for Caring Societies, Health and Labour Sciences  
Research Grants of Ministry of Health, Labour and Welfare)

Leader: Yasuhide Nakamura

**Effectiveness and Impact of International Collaboration in Maternal and Child Health**

(International Cooperation Research Grant financed by Ministry of Health, Labour and Welfare, Japan)

Leader: Yasuhide Nakamura

**Promoting Antenatal Care and Skilled Birth Attendance through  
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(JSPS Grants-in-Aid for Scientific Research)

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<http://volunteer.hus.osaka-u.ac.jp/mch2008/>

ISSN : 1883-6747  
ISBN : 978-4-9904615-5-3





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

**Tokyo, Japan - November 8 to 10, 2008**

### **Organized by:**

International Collaboration Division, School of Human Sciences, Osaka University, Japan  
Nonprofit Organization HANDS (Health and Development Service)

### **In cooperation with:**

The United Nations Children's Fund (UNICEF)  
United Nations Population Fund (UNFPA)

### **Supported by:**

Ministry of Foreign Affairs (MoFA), Japan  
Ministry of Health, Labour and Welfare (MHLW), Japan  
Japan International Cooperation Agency (JICA)  
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