

# JICA's cooperation in Maternal, Newborn and Child Health

The 15<sup>th</sup> ASEAN & Japan High Level Officials Meeting on Caring  
Societies

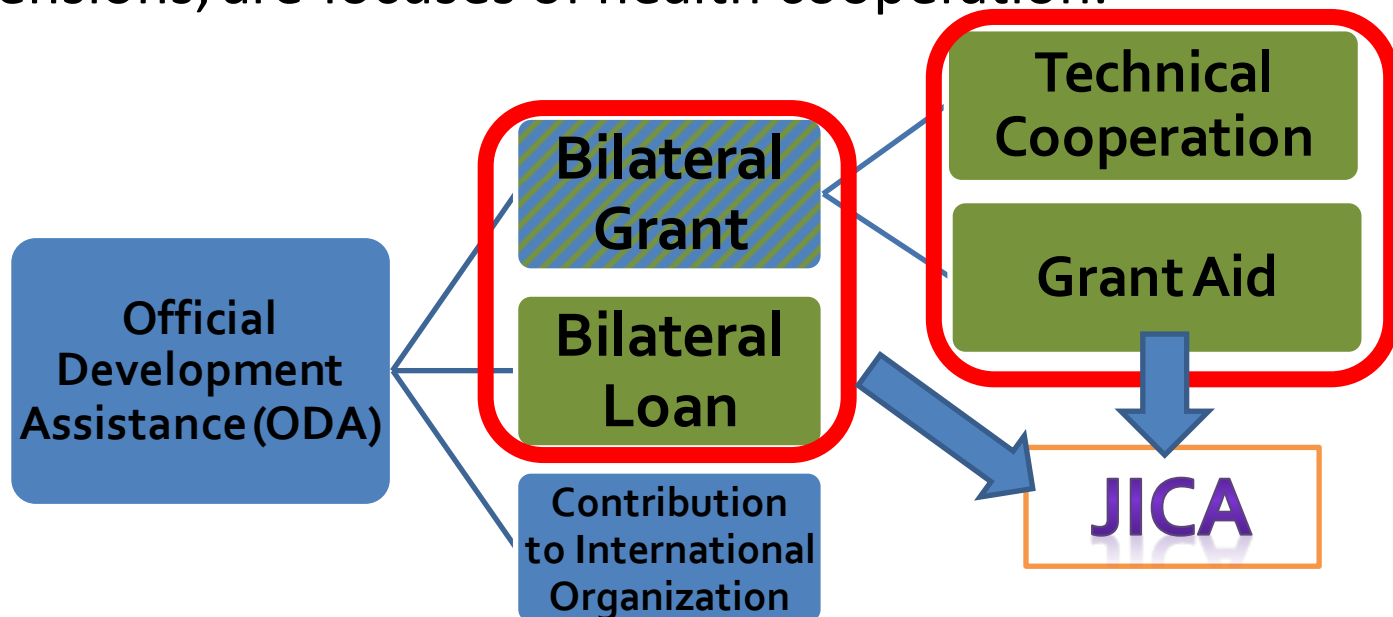
31<sup>st</sup> October- 1<sup>st</sup> November, 2017

Keiko Osaki

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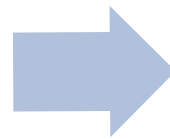
# What is JICA?

- JICA is Japanese bilateral development agency, in charge of Official Development Assistance (ODA).
- JICA is the world's largest bilateral aid agency in financial resources, working in over 150 countries.
- To support partner countries in achieving Universal Health Coverage, Health System Strengthening, Maternal and Child Health and Infectious Diseases Control, through horizontal dimensions, are focuses of health cooperation.



# JICA's Cooperation in JFY2015

Aid Schemes	Number of Countries with Operations	Size of Operations	Size of Operation in Health (%)
Technical Cooperation	<p><b>150 countries or regions</b></p> <p>Training in Japan : 25, 203            Experts : 11,134            Volunteers : 1,198            Japan Disaster Relief Team : 15 teams</p>	<b>191.7 billion JPN</b>	<b>3.4 billion JPN</b> (1.8 %)
Grant Aid	<b>58 countries or regions</b>	<b>111.7 billion JPN</b>	<b>10.6 billion JPN</b> (9.5 %)
Loan	<b>31 countries + 1 organizations</b>	<b>2,260.9 billion JPN</b>	<b>72.7 billion JPN</b> (3.2 %)



2000- 2015 (MDGs)

- Goal 4 & Goal 5, MCH, Reproductive Health

2016-2030 (SDGs)

- Goal 3. Ensure healthy lives and promote well-being for all at all ages

# Three pillar of JICA's cooperation toward achieving the SDGs

1

JICA will realize “**human security**” and “**quality growth**” to contribute to the peace, stability and prosperity of the international community. The SDGs accelerates and promotes this cooperation philosophy so that JICA will proactively contribute to achieving the goals with leadership.

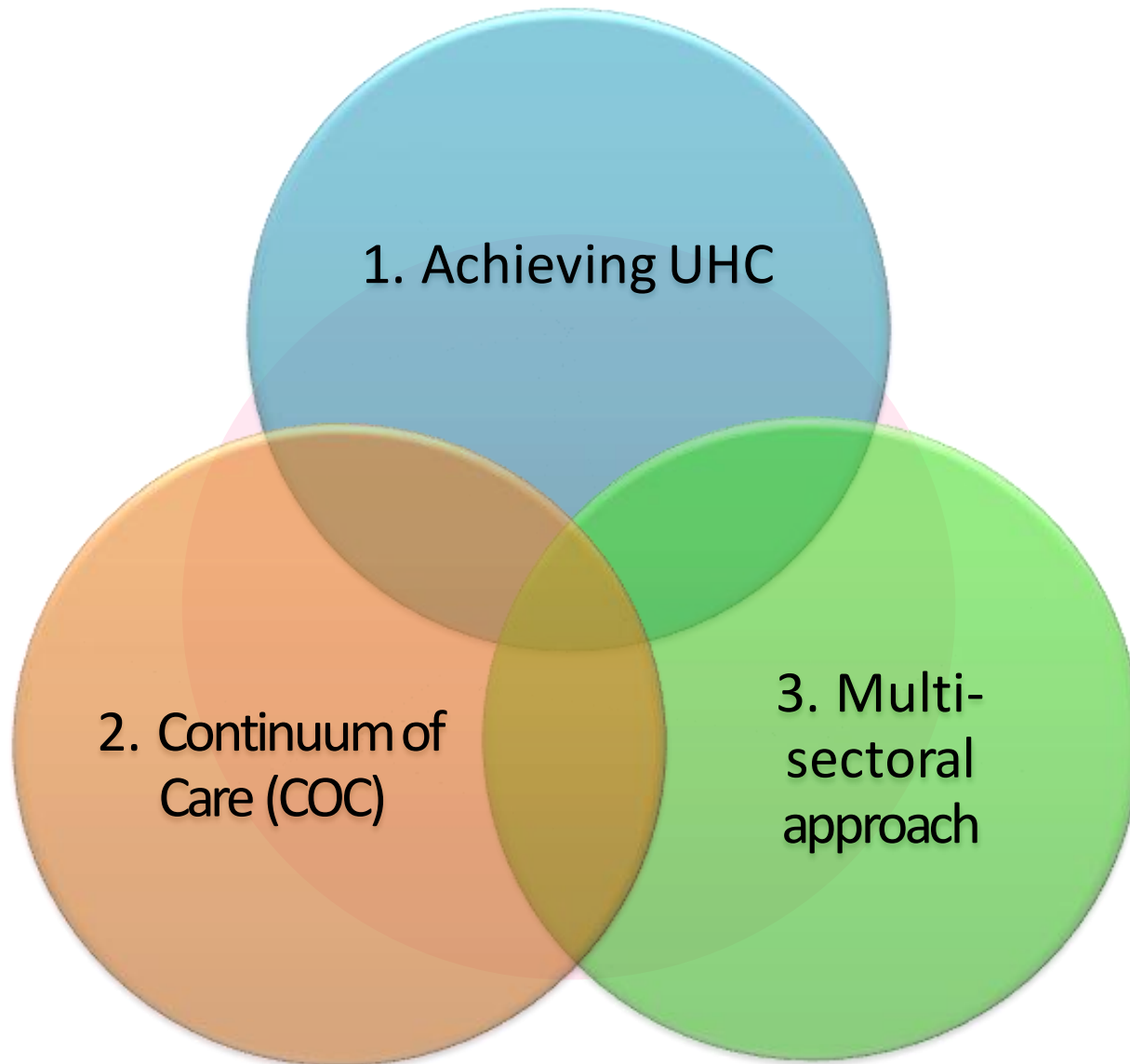
2

JICA will play a pivotal role in achieving **10 goals** of the SDGs making use of its own experience in Japan's socio-economic development as well as in international development cooperation.

3

JICA will work to secure impact of cooperation on the SDGs through utilizing Japan's own knowledge, introducing **innovations** and collaborating with **local and international partners** in order to accelerate the achievement of the SDGs.

# JICA's strategies on MNCH



# JICA's strategies on MNCH



## 1. Achieving UHC

### **Universal Health Coverage: UHC**

WHO defines UHC as “ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.”

# Case: Philippines

*Improve both physical and financial access to facility-based delivery in rural areas*



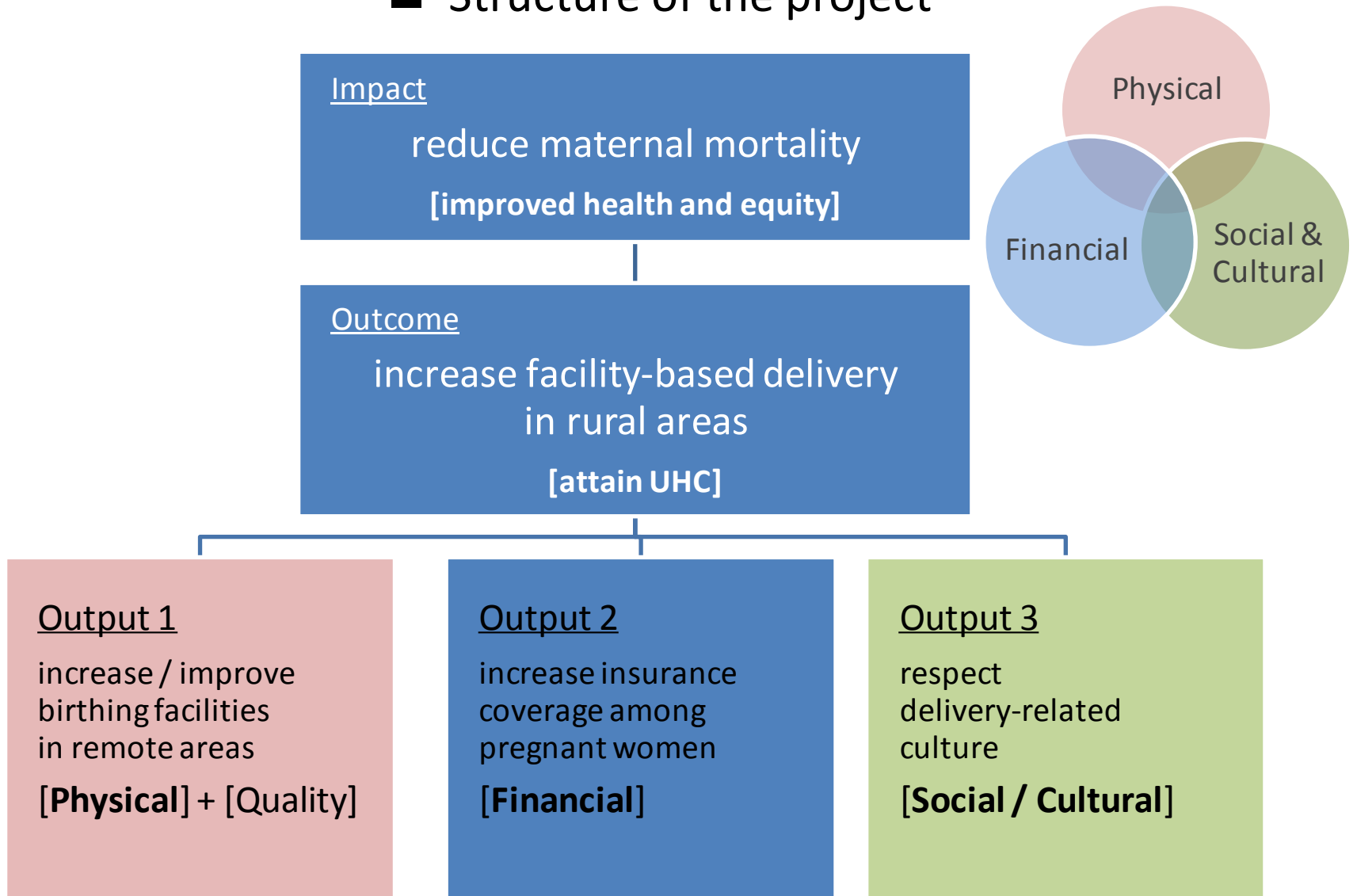
- Project title
  - Project for Cordillera-wide strengthening of the local health system for effective and efficient delivery of maternal and child health services (2012-2017)
- Background
  - low facility-based delivery in **rural areas**
  - **mountainous** terrain in project sites
  - Only 50% pregnant women enrolled to national health insurance program (PhilHealth) in the project sites





*Improve both physical and financial access  
to facility-based delivery in rural areas*

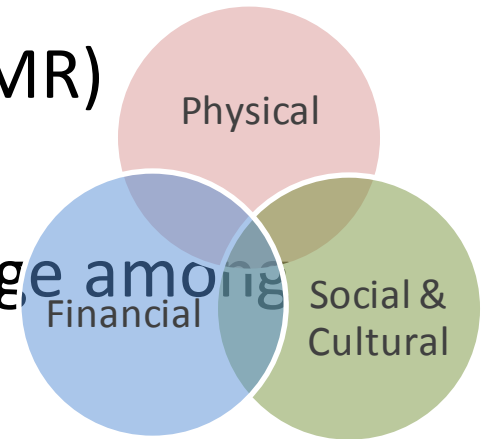
■ Structure of the project



One project improves **all three dimensions** of barriers for access to achieve UHC.

- Objectives

- reduce maternal mortality ratio (MMR)
- increase facility-based delivery rate
- attain 100% social insurance coverage among pregnant women



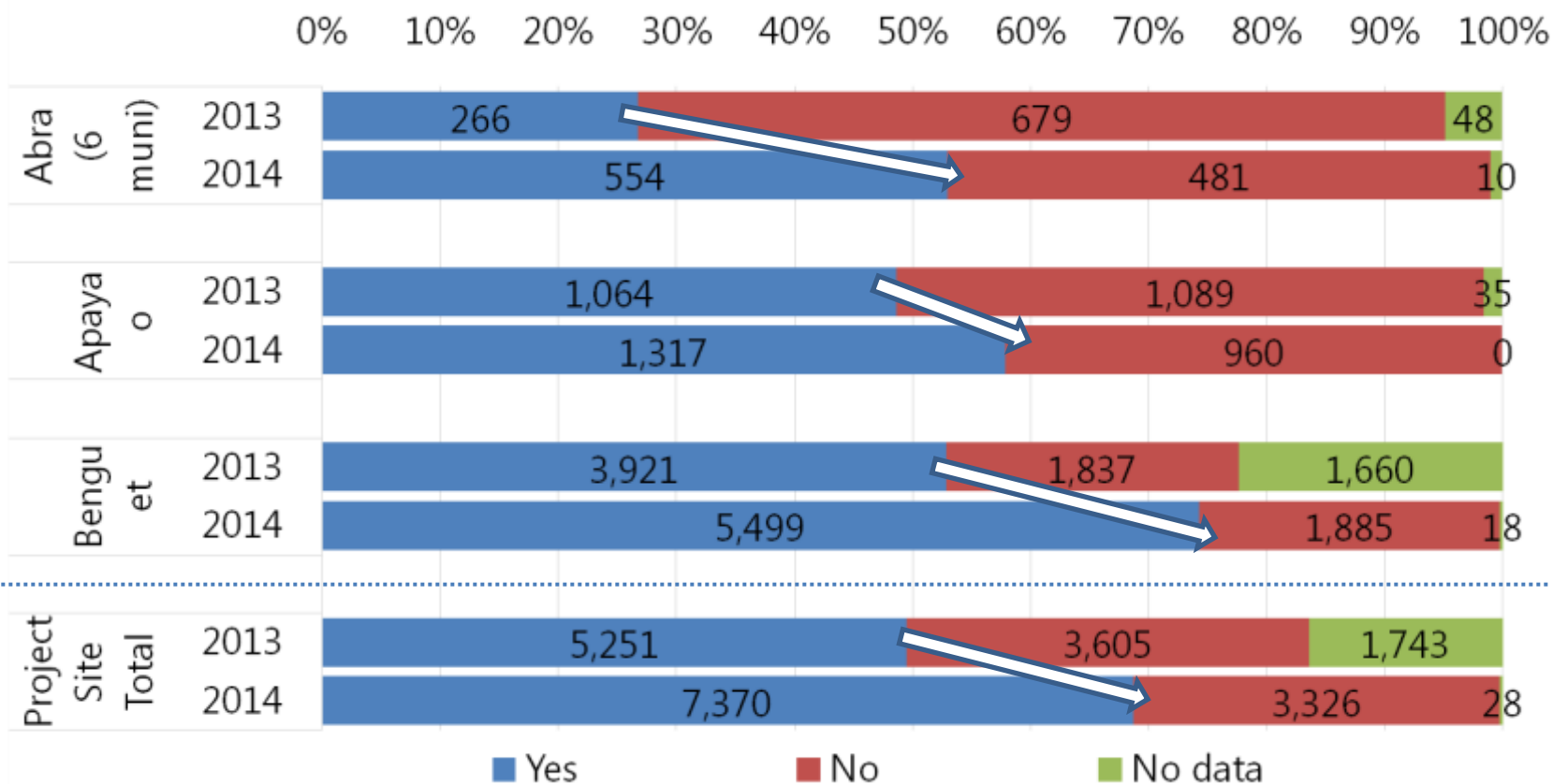
- Activities

- establish birthing facilities in the rural areas
- make birthing **facilities** PhilHealth **accredited**
  - benefit reimbursement paid to birthing facilities
- **check insurance enrollment** during prenatal care
- **subsidize insurance premium** for the poor by national and local governments

- Results:
 

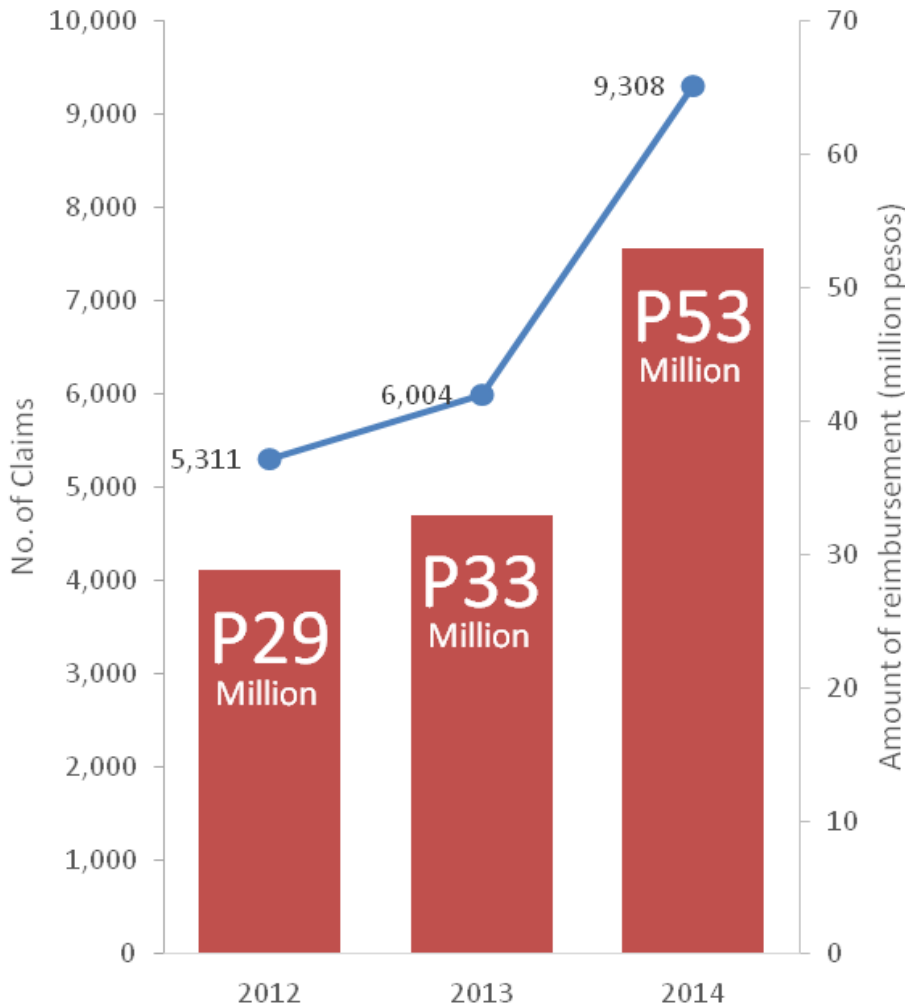
## Pregnant women's health insurance coverage

[output indicator]



Pregnant women insurance coverage: **50%** (2013) to **70%** (2014)

■ Results:  
delivery-related benefit reimbursement  
[output indicator]

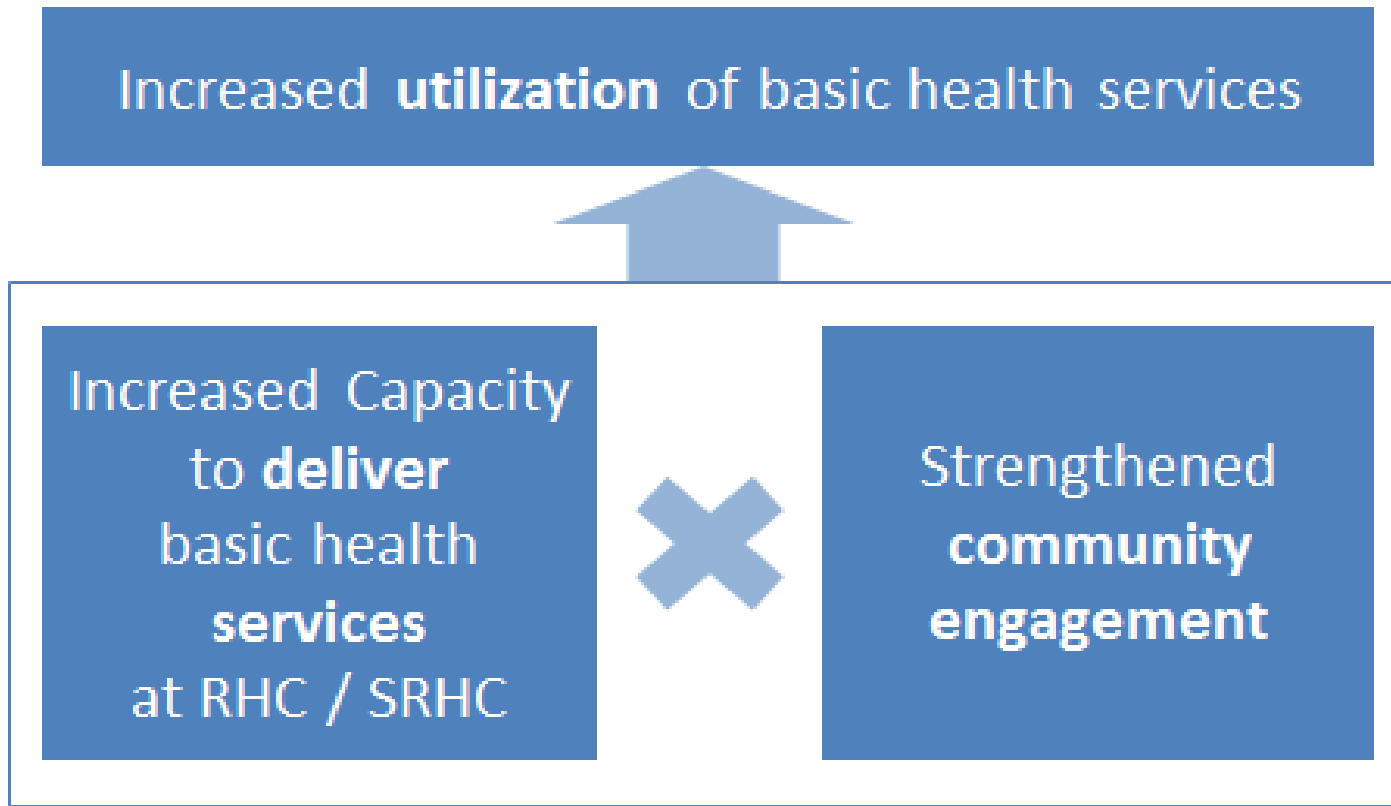


- number of claims and amount of reimbursement increased **1.8 times** in two years
- reimbursement: **us\$ 0.7** million (2012) to **us\$ 1.3** million (2014)

# Case: Myanmar

MNCH as a basis of rural health development

## Project strategies

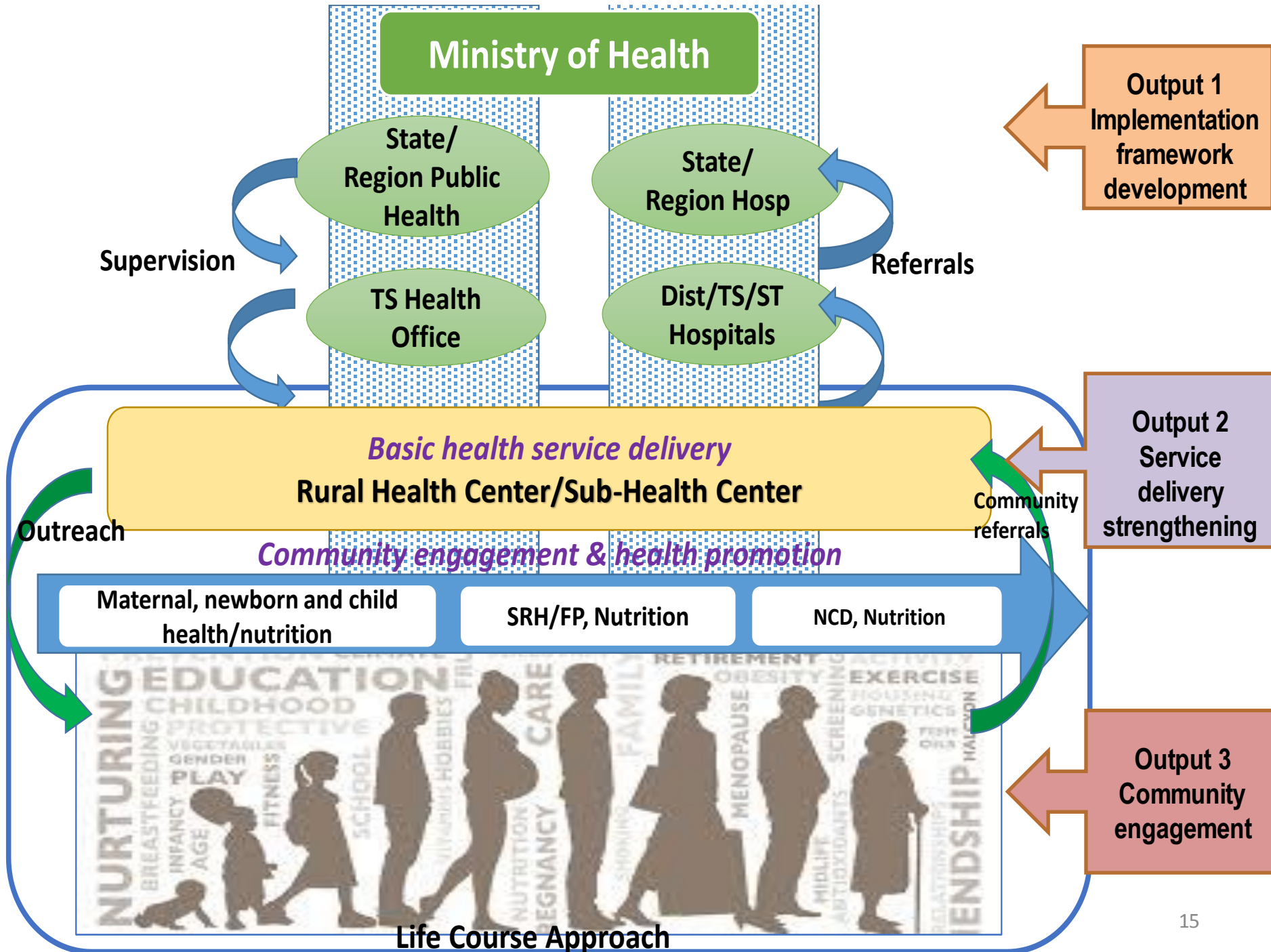


8


MNCH as a basis of rural health development

## 5 priority services

- delivery attended by skilled birth attendant
- institutional delivery
- early essential newborn care
- growth monitoring of under 5 children
- hypertension screening



# JICA's strategies on MNCH



## 2. Continuum of Care (COC)

### **JICA's measures to support COC include:**

Reinforcing administrative and management capacity of health ministries for the extension of mother and child health services; building capabilities of local health authorities; strengthening capabilities of midwives and other health service providers; empowering the community and raising their awareness; and strengthening the coordination among health centers and primary and referral health facilities.



# Case: Philippines

**1.** Upgrading health facilities in the remote areas as Basic Emergency Obstetric Care (BEmOC) facilities for MNCHN policy

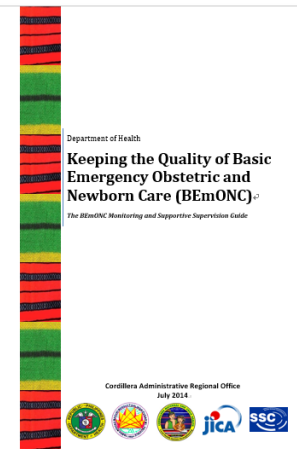


**5.** Maternal and Newborn Death Review

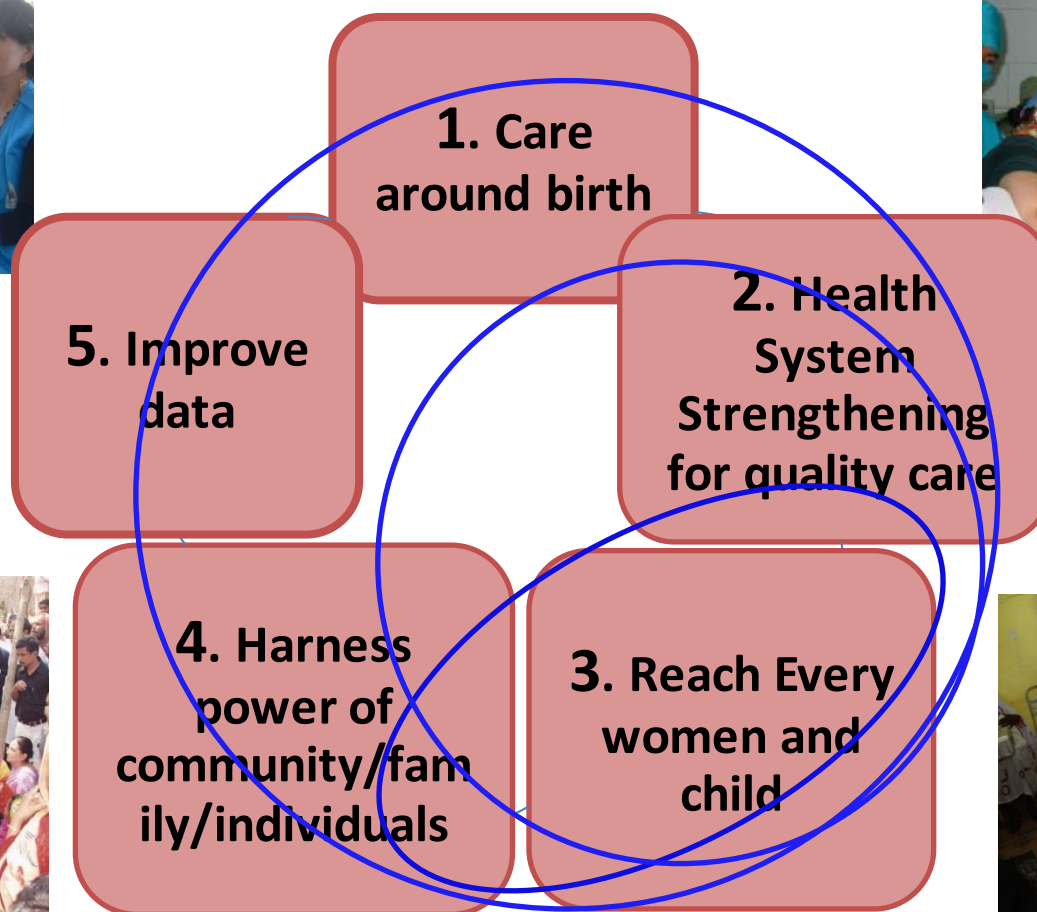
**2.** Strengthening Basic care through care accreditation for NHI and supportive supervision

**4.** Organize and mobilize Community Health Team to support pregnant women and families

**3.** Rolling out the national UHC strategy for MNCH, & strengthening local health system



# JICA's support for MNCH through health system strengthening components

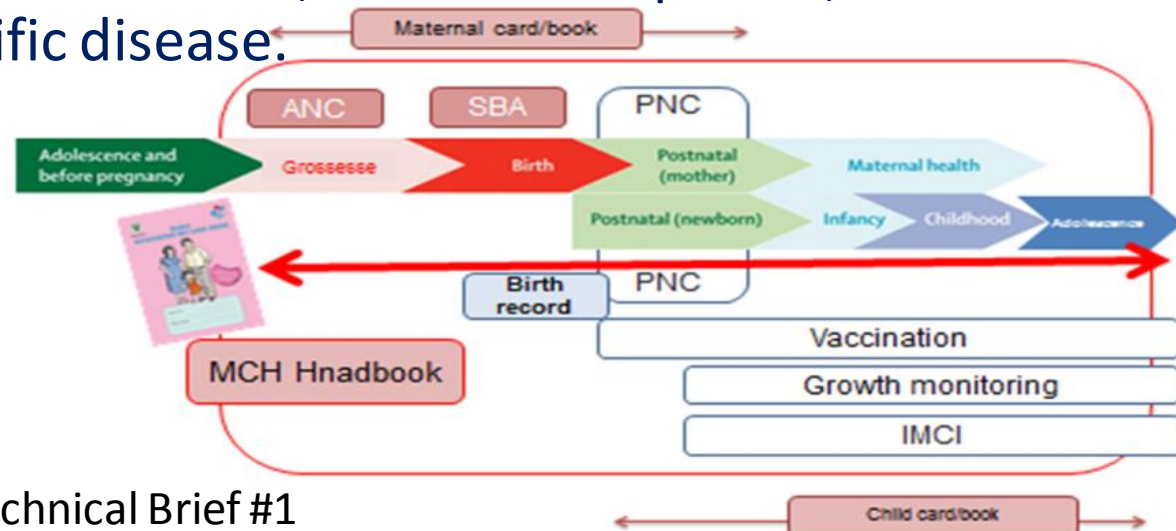


Priority strategic objectives of **Every Newborn Action Plan (ENAP)** and **Ending Preventable Maternal Mortality (EPMM)**

# Case: Global

Common features of MCH handbook in the world\*

- **Home-based record** (vs. Facility-based record)
- Covering **standard of the country** on Maternal, Neonatal, and Child health service (vs. Specific service monitoring record)
- One book **for life-course of child** (vs. Women's Health Handbook)
- **Basic information** on MNCH
- It functions **mainly within health sector**.
- **Options:** Birth Registration form, Child development, Postpartum FP, specific disease.

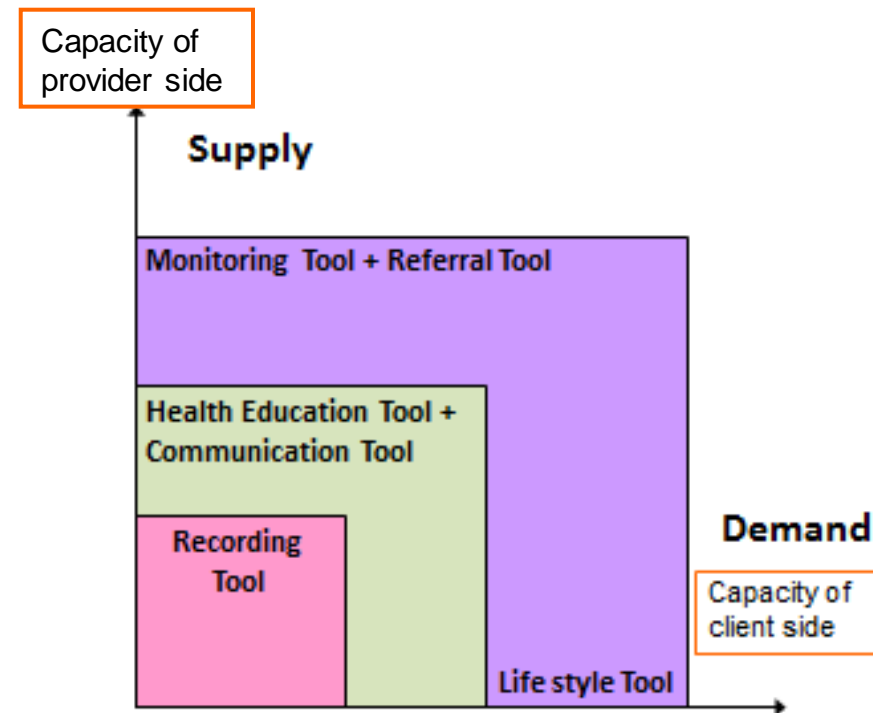


\*revised from Review of MCH Handbook for MCH (2012)

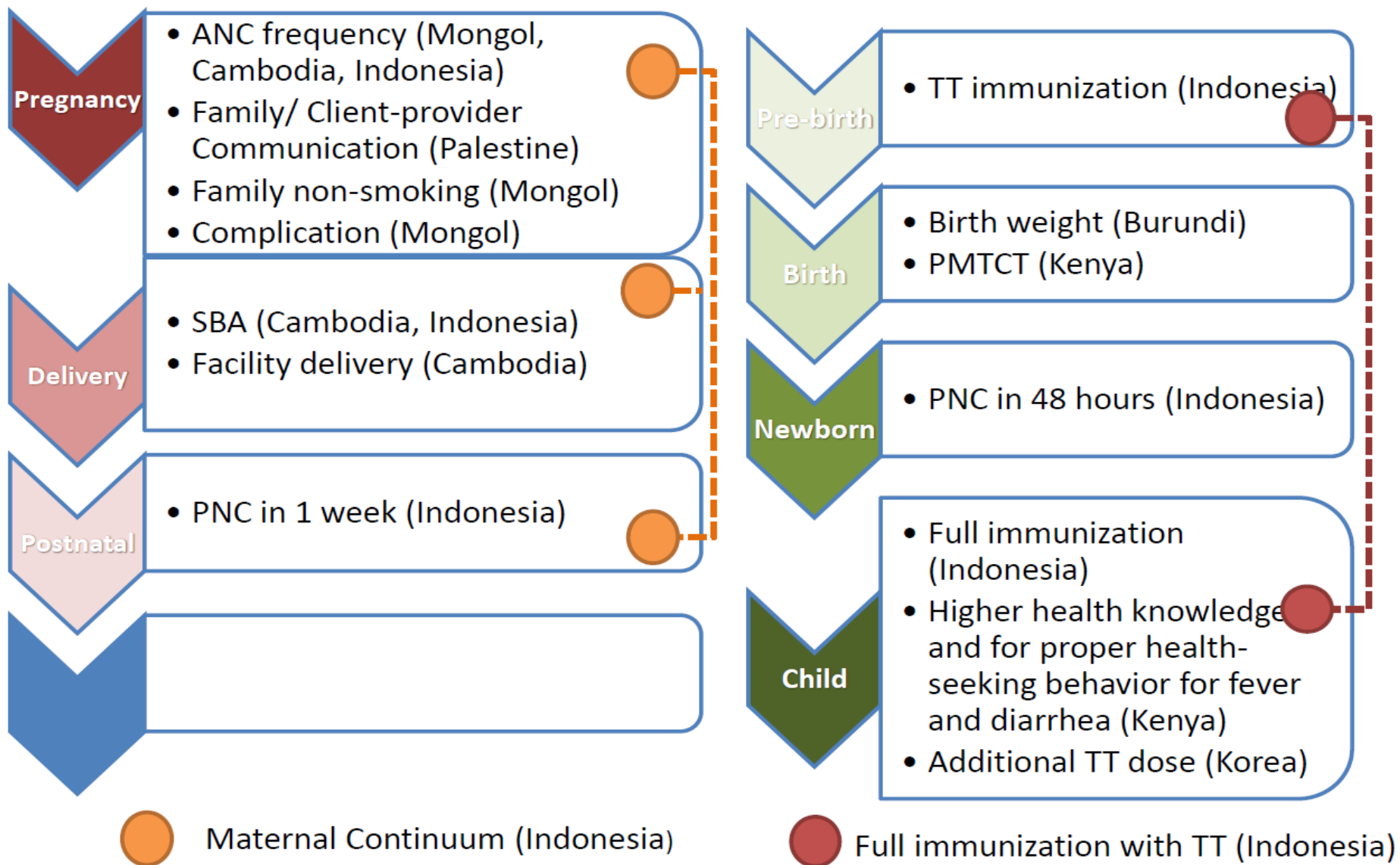
Technical Brief #1

# What do we expect from “MCH Handbook” use?

- i) To promote self-monitoring and self-learning of MNCH;
- ii) To guide health workers to ensure provision of nationally standard services;
- iii) To help workers monitor their clients;
- iv) To facilitate communications on MNCH between health workers, mothers and their families; and
- v) To get benefit beyond above.



# Fig. 1 Reported positive practices with MCHHB use



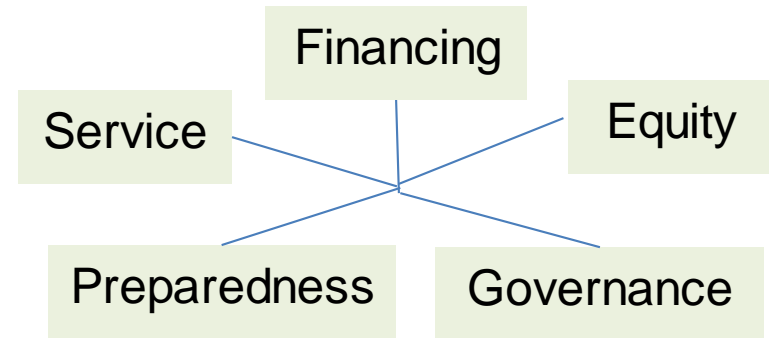
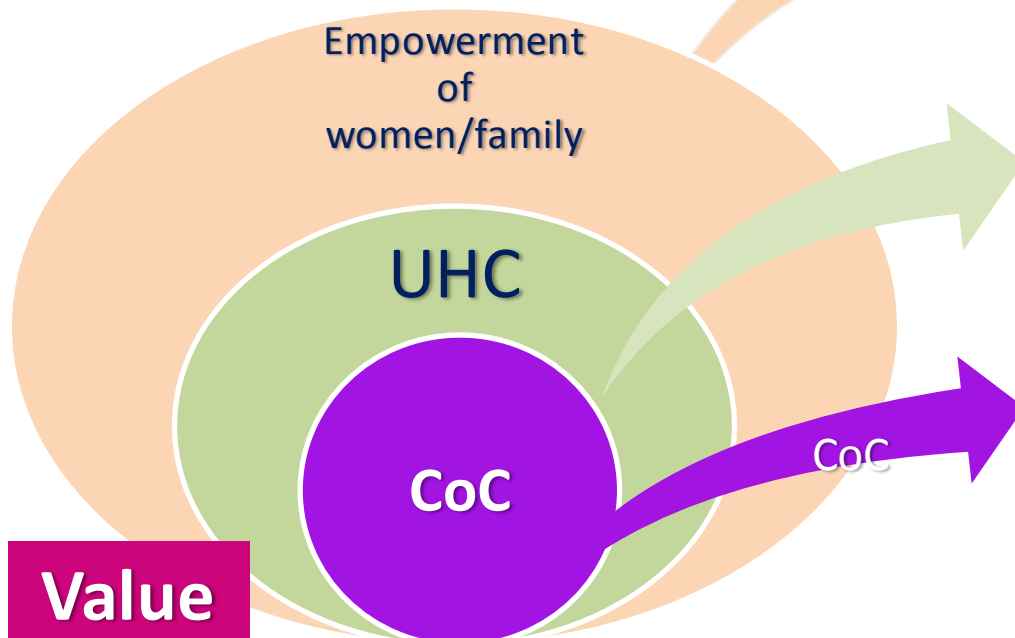
# Effectiveness of MCH Handbooks

Values of MCH Handbooks lie in efficacy in health service coverage/healthy behavior: **continuum of care (CoC)**; **universal health coverage (UHC)**, and **empowerment of women/family**.

*“A tool for increasing awareness on their rights and confidence to decide for future. It is for human security and dignity.”*

*“A symbol of care, acknowledgement of mother and child by society”*

*“A tool to make mothers happy”*





# Technical Brief

Global Promotion of Maternal and Child Health Handbook

Feb 2016

Issue  
**2**



## INDONESIA: Roles of MCH Handbook in service uptake based on Indonesia National Health Survey

▼ Table 1. Adjusted OR and 95% CI of selected MNCH co-coverage with MCH Handbook use in the RISKESDAS 2010

MNCH service utilization rate	Adjusted OR (95% CI)	
Health personnel assisted birth	1.94	(1.73–2.18)
Obtaining birth weight measurement within the initial 48 hours	2.82	(2.46–3.23)
A continuum of pregnancy, delivery, and newborn care	1.67	(1.44–1.93)
Completion of child immunisations	2.90	(2.46–3.41)
Completion of child immunisations and TT during pregnancy	2.05	(1.76–2.41)





# Technical Brief

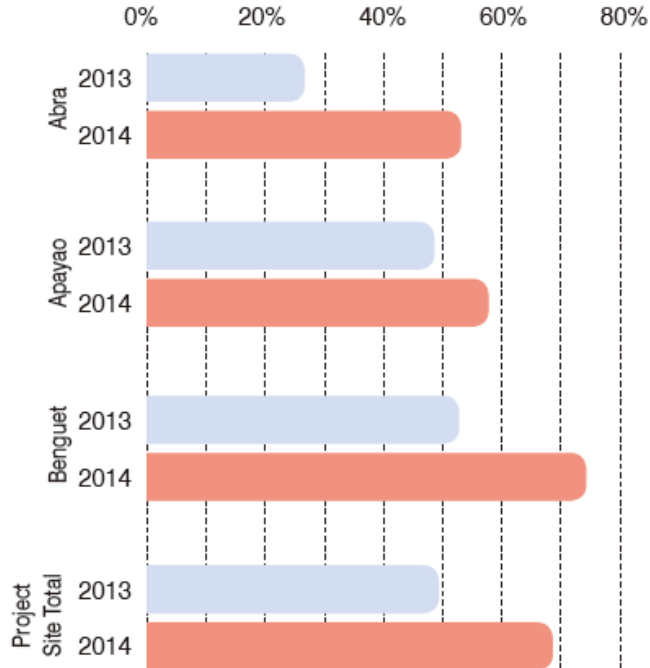
Global Promotion of Maternal and Child Health Handbook

Jun 2016

Issue  
**6**



## PHILIPPINES: Roles of MCH Handbook to advance Universal Health Coverage in rural areas

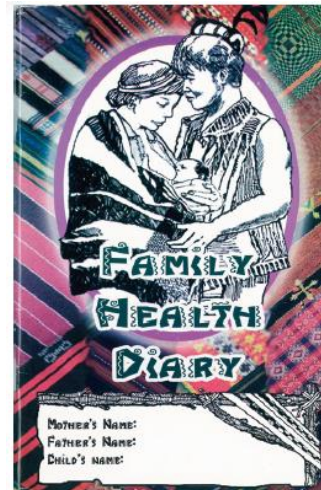


Source: Target client list of maternity care

▲ Figure 2. Enrollment rates of national health insurance program among pregnant women



A rural town in the Cordillera mountain range



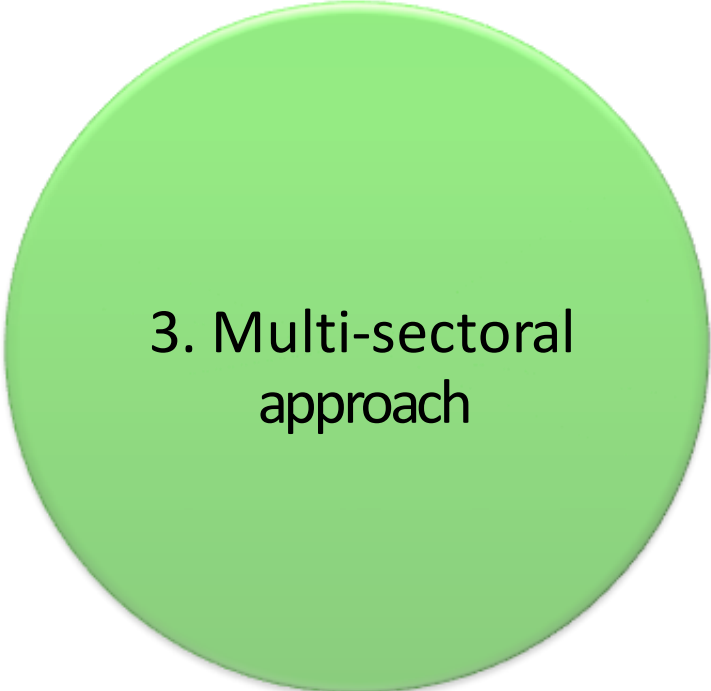
Family Health Diary (Philippine Maternal and Child Health Handbook), Cordillera Region, The Philippines, 2014

**A tool to promote preparedness for Financial catastrophes**

Technical Brief #6



# JICA's strategies on MNCH



## 3. Multi-sectoral approach

### **JICA's measures include:**

Addressing issues through multi-sectoral approaches: e.g. Multi-sectoral initiative on Nutrition

Exploring factors to accelerate multi-sectoral approaches: e.g. Research on a Multi-Sectoral Approach for improving Maternal and Child Health.

# Japan's initiatives: Initiative for Food and Nutrition Security in Africa

## Objective and Principle of IFNA

### I Objective

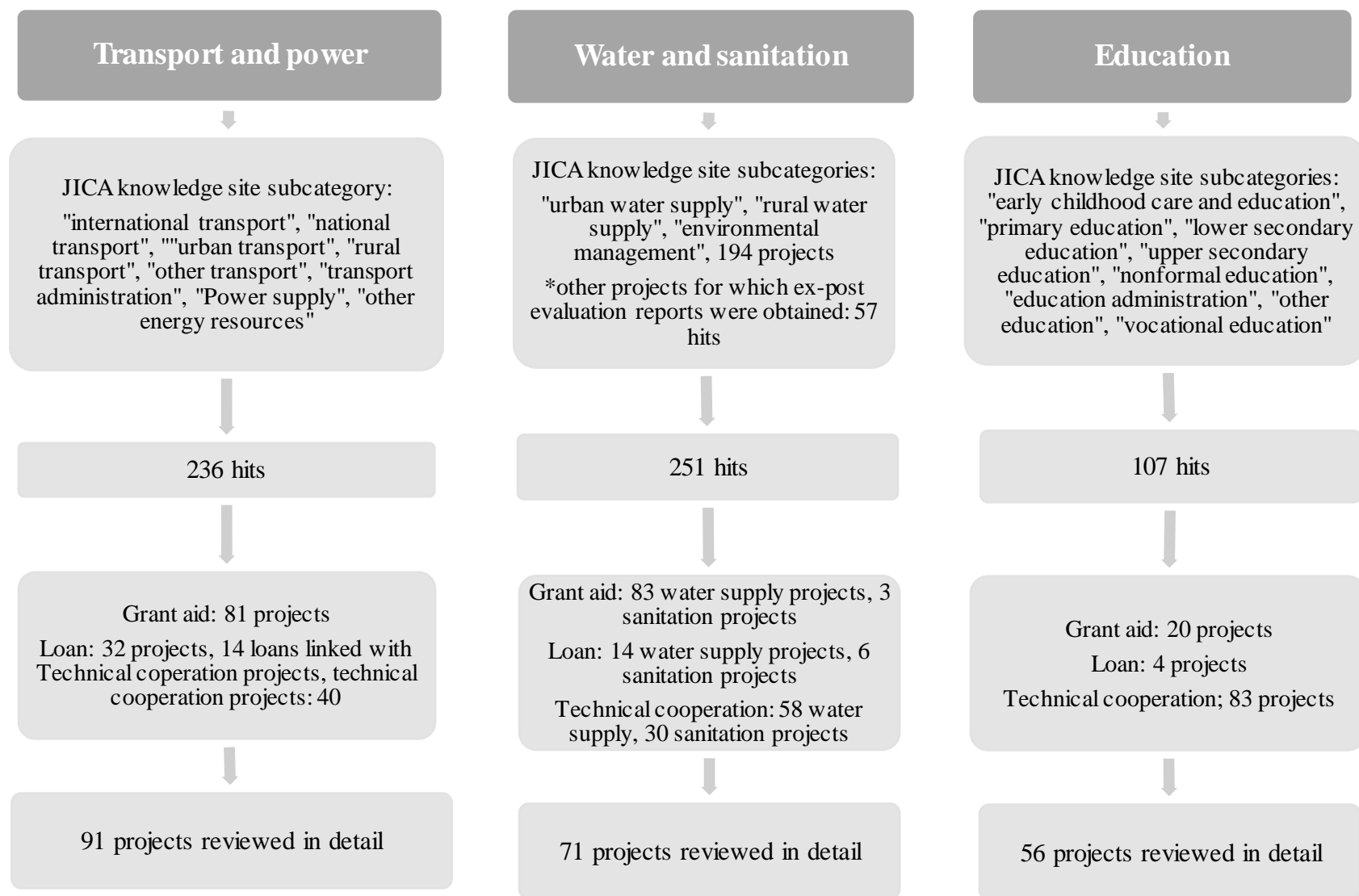
Establish a framework of collaboration with African governments for accelerating and up-scaling actions on nutrition

### II Principle of IFNA

1. Accelerating implementation of **people-centered nutrition policies / programmes / activities**
2. **Inclusiveness and Empowerment** of women, small scale farmers etc.
3. Synergistic impacts among **multiple sectors** (health, education, food-based etc.) / various stakeholders
4. **Evidence** through M & E and analytical works on enabling environments
5. **Sustainable nutritional improvement** and enhance the **resilience** of communities coordination among Short/Mid/Long term interventions

# Research on a Multi-Sectoral Approach for improving MCH

Figure 1-3 Literature review II review process



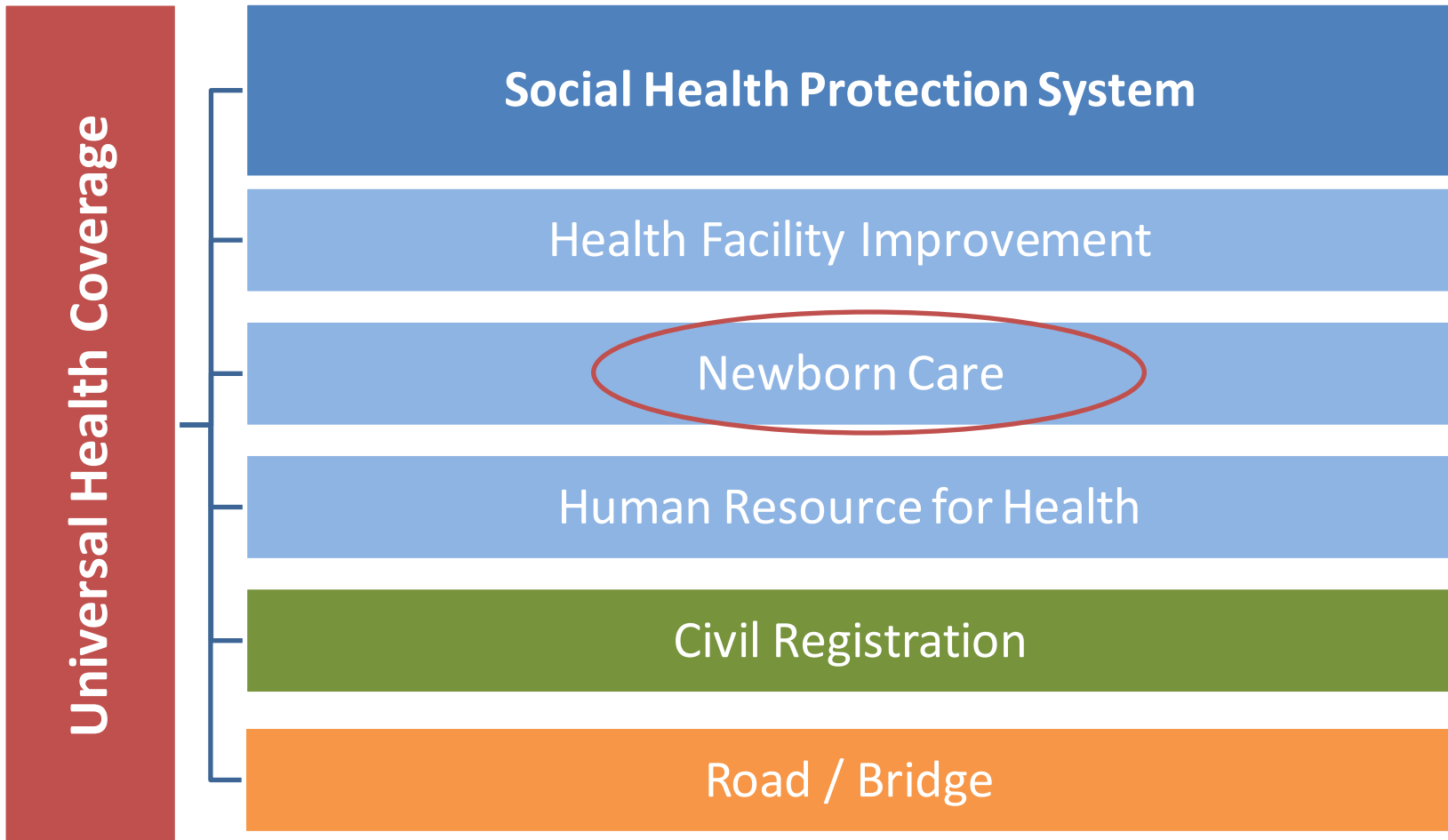
# Results of Data Analysis for Field Survey Countries

Main indicators	Analytical results	Analytical results	Data collection means
Education: Female education levels	Outcome: positive statistical significance for child survival beyond 28 days afterbirth Refer to Table 4-3	Outcome: CoC completion, CCI positive statistical significance Refer to Table 404 and 4-5	Household level survey (individual, before and after intervention), education administration data (by region and change over years)
Education: Partner's (husband's) education level	Yes	Yes	
Road: Answer to question "Is the lack of transport means to the health facility an obstacle to accessing this health facility?" (or "does the village have an access road?")	No (yes with simple regression)	Yes	Household level survey (individual level, before and after intervention, GIS data- change over years)
Electricity: Does your household have (access to) electricity?	No (yes with simple regression)	Yes	Household level survey (individual, before and after intervention), water administration data (by region and change over years)
Water sanitation: Does your household have access to clean water?	No (yes with simple regression)	Only when CoC is the dependent variable	
Water sanitation: What kind of toilet do you have? Toilet with septic tank or common toilet?	No (yes with simple regression)	Only when CoC is the dependent variable	Household income level survey (individual and before and after intervention)

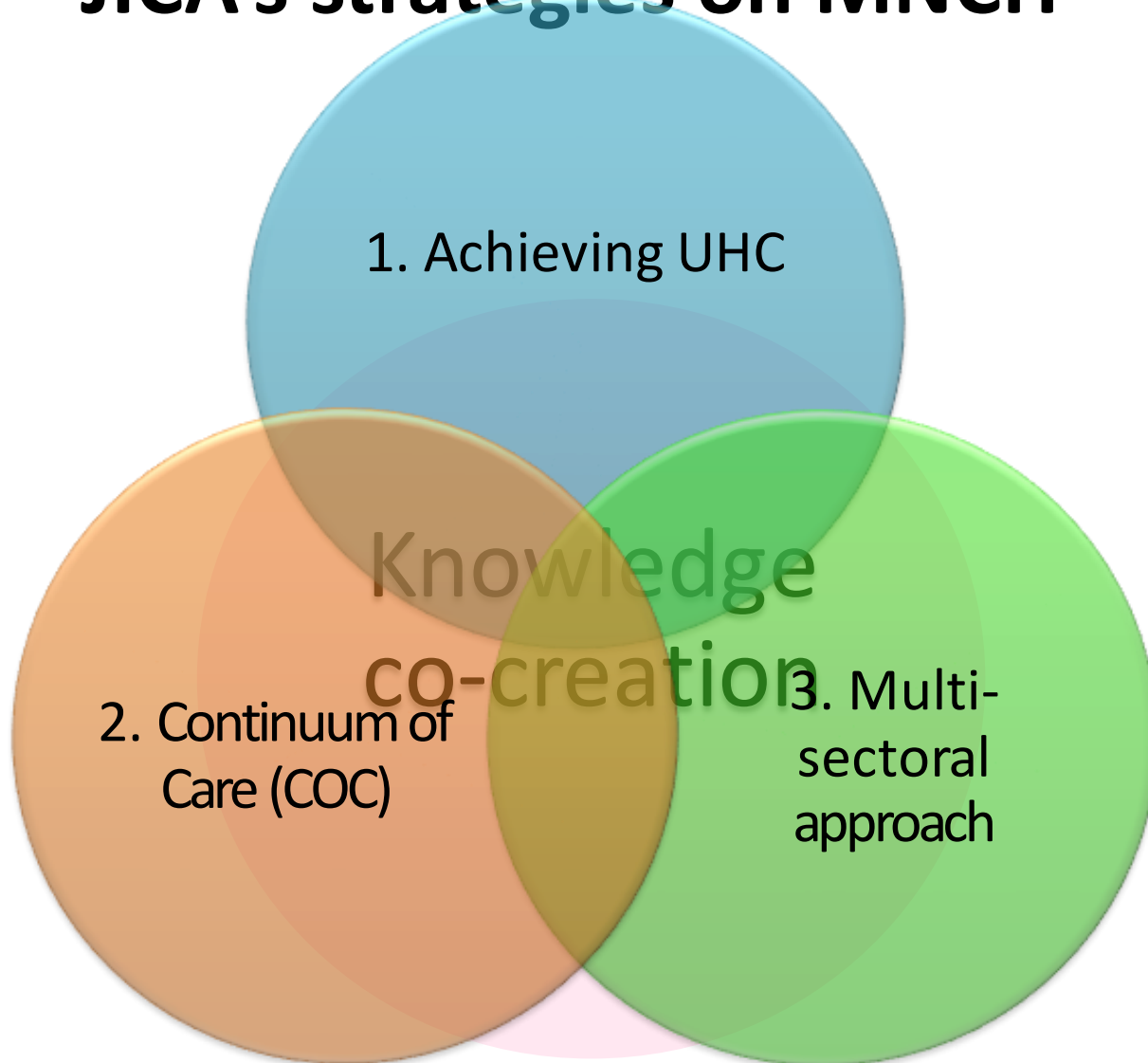
By using data from DHS and MICS with multiple linear regression and logistic regression, the national trends of maternal and child health indicators in the selected countries are examined.

# Case: Cambodia

## JICA UHC support program [draft]



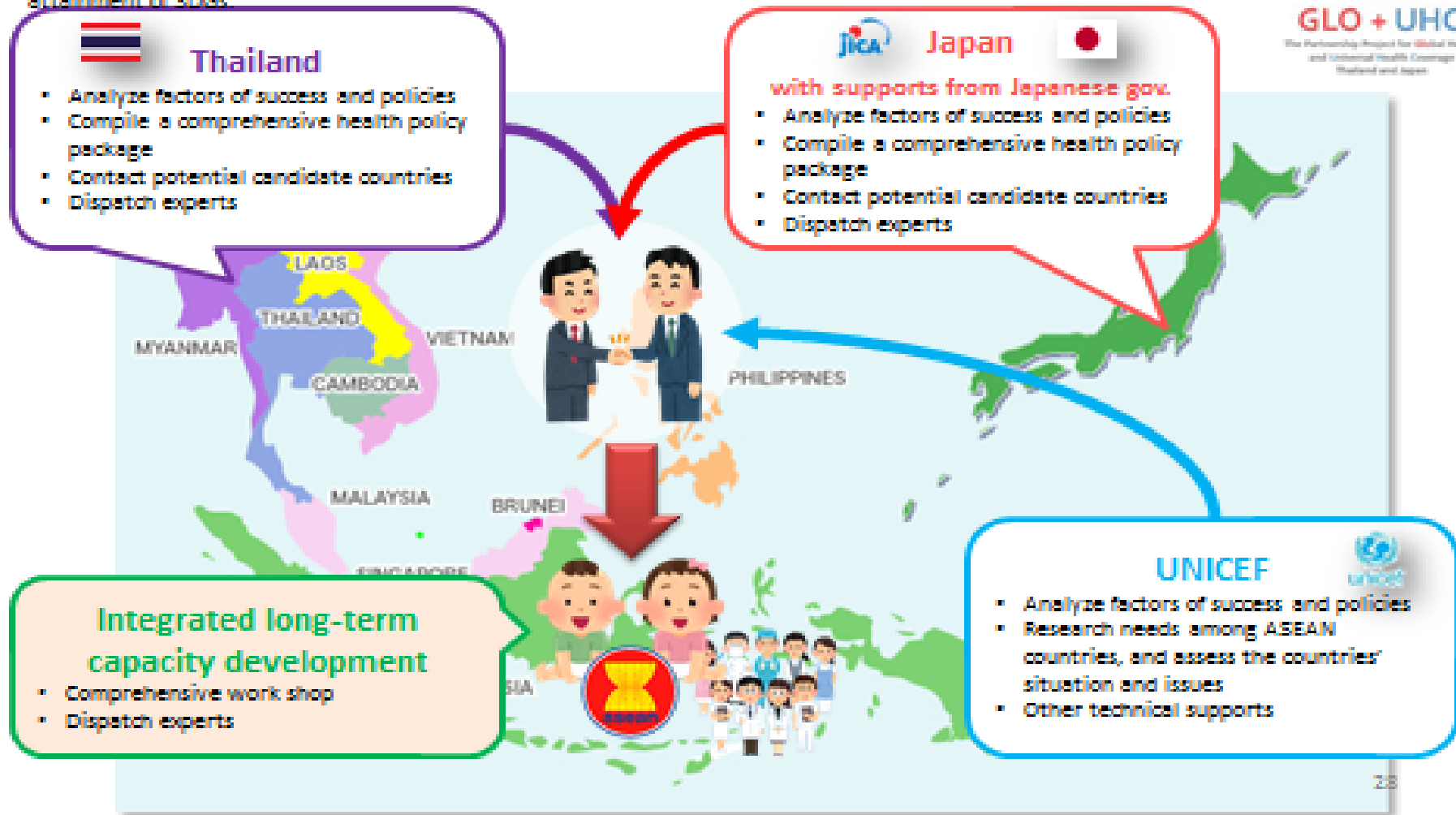
# JICA's strategies on MNCH



# Case: Thailand

## Collaborative framework of UHC for Children and Mothers (DRAFT)

Collaborating with the Thai government (MOPH, NHSO, TICA etc.), UNICEF and JICA (with supports from the Japanese government), we create "Thailand-Japan success model for child health via achievement of UHC" which compiles a series of health policies for child health and disseminate it in the ASEAN region to promote child health and facilitate the attainment of SDGs.



## 1 Knowledge management / Mapping exercise

# UHC

Cf. Genetic background is different. (Mediterranean, South-East Asia)

2. E-MTCT (HIV/AIDS)

Cf. Japan's prevalence/incidence is relatively low.

3. Thalassemia

# Thailand

1. Benefit package

7. MCH hand book

8. -----

# Japan

4. Iodine

6. Congenital Hypothyroid

9. -----

5. Birth defect registry

Cf. Japanese intake of iodine is high, because Japanese eat lots of sea weeds (kelp) which contain rich iodine.

Cf. Japan's system is not that comprehensive.





# Case: Global South to South cooperation



# Maternal and Child Health Handbook

## Prevalence of MCH handbook in the world

**Table Number of countries having the national standard MCH handbook by regions and year**

Year	Region					
	Africa	Europe	Middle East	Asia	Americas	Total
Before 1980s	4	1		2		7
1990s				2		2
2000s			1	3		4
2010s	7			4	1	12
Total	11	1	1	11	1	25

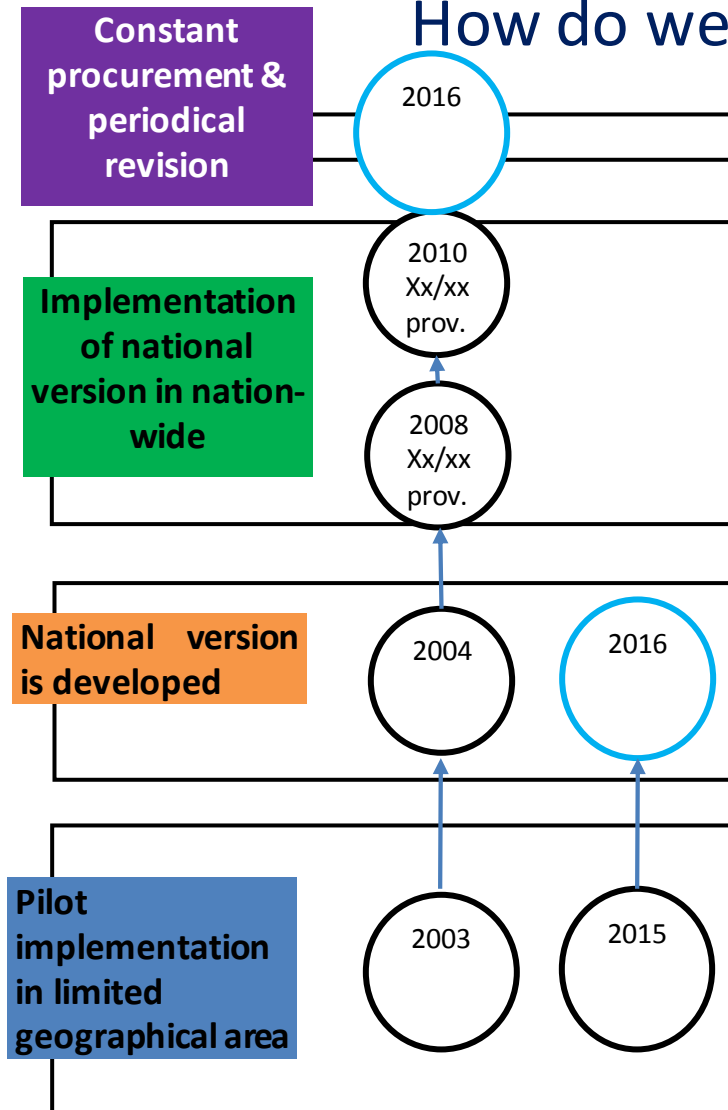
Source: non-systematic data collection as of Feb. 2016

Countries having the national standard MCH Handbook does not include: (i) Countries adopted separate HBRs (i.e. UK, Netherlands, Morocco and Ghana; (ii) UNRWA covering countries/areas, if the host country have not adopted for their nations; and (iii) State governments in the United States of America.

Source: Technical Brief Issue 1

# Maturities of operation

How do we identify where we are?



## ***Built-in health system:***

Constant procurement, periodical revision

## ***Nationwide implementation:***

Implementation of national version in nation-wide

## ***National version:***

National version of MCH handbook is developed

## ***Pilot:***

Pilot implementation in limited geographical area

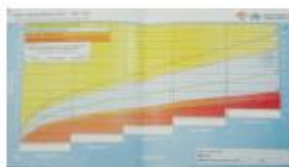
***One book needs to be a part of health system***



## VIETNAM: A quick systematic review of existing MCH home-based records



Immunization Handbook



Growth Monitoring Chart



Table 2. Twenty-one recording items overlapped in 15 home-based records

#	Recording items commonly found in 15 home-based records
1	Mother's-Other disease 1 (Yes/No)
2	1 <sup>st</sup> Antenatal Care: Date of ANC visit
3	1 <sup>st</sup> Antenatal Care: Weight of pregnant woman (kg)
4	1 <sup>st</sup> Antenatal Care: Uterine fundal height (cm)
5	1 <sup>st</sup> Antenatal Care: Presence of oedema (Yes/No)
6	1 <sup>st</sup> Antenatal Care: Fetal heart beating (time/min)
7	1 <sup>st</sup> Antenatal Care: Fetal head position
8	1 <sup>st</sup> Antenatal Care: First day of the last menstrual period
9	1 <sup>st</sup> Antenatal Care: Estimated date of delivery
10	1 <sup>nd</sup> Antenatal Care: Date of ANC visit
11	2 <sup>nd</sup> Antenatal Care: Weight of pregnant woman (kg)

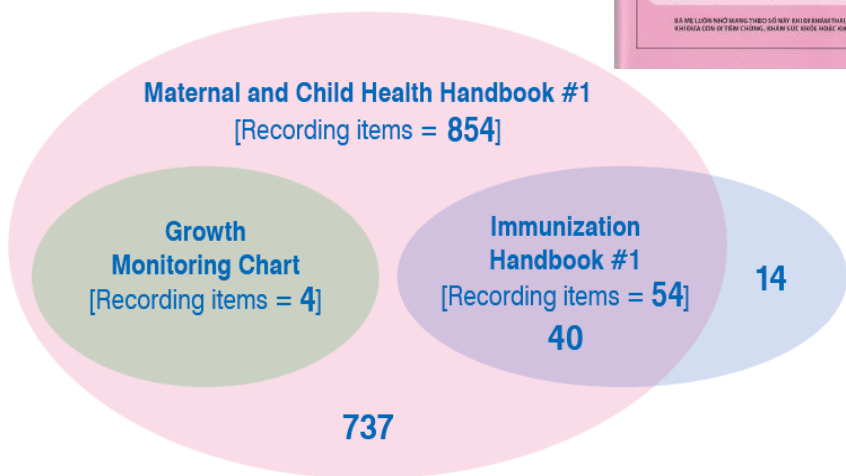


Figure 1. Overlapped recording items in two major home-based records nationally implemented and MCH Handbook

The 10<sup>th</sup> International Conference on Maternal and Child Health Handbook  
Panel session

# How to make MCH Handbooks “Standard Tool to support mothers and children globally”



WHO is doing  
Development of WHO guidelines on home based records, with funding by JICA

A WHO guideline is any document, whatever its title, that contains World Health Organization recommendations about health interventions, whether they be clinical, public health or policy interventions.

A recommendation provides information about what policy-makers, health-care providers or patients should do. It implies a choice between different interventions that have an impact on health and that have ramifications for the use of resources.

Source: WHO Handbook for Guideline Development, 2010.

World Health Organization

23th November, 2016  
U Thant International Conference Hall, United Nations University, Tokyo

“Major development partners should jointly respect and support direction, decision and ownership of countries in relation to integrated HBRs. When a country has decided to employ an integrate HBR and request for technical assistance, four development partners (WHO, UNICEF, UNFPA and JICA) should be able to agree to provide their collective support with monolithic solidarity.”



# WHO-JICA joint initiative on Global Guidelines for Designing and Implementing Integrated Maternal and Child Health Home-based Records

In low and middle income settings, what are:

- The benefits of home based records that addresses singular aspects of antenatal, childbirth, postnatal, newborn and child health, including vaccination?
- The benefits of a home based record that integrates key aspects of antenatal, childbirth, postnatal, newborn and child health, including vaccination, as compared to home based records with a singular focus?
- Most effective ways to implement home-based records?

# Conclusion

JICA has worked for MNCH and will continue to support MNCH for the well-being of mother and children.



**Thank you for you're attention!**

Technical Briefs are available at

: <http://libopac.jica.go.jp/images/report/P1000030133.html>

: <http://libopac.jica.go.jp/images/report/P1000032953.html>



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