

# **The 15th ASEAN & Japan High Level Officials Meeting on Caring Societies**



**Strengthen seamless support for pregnancy,  
childbirth, and child rearing**



Oct 31, 2017

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# Seamless support for pregnancy, childbirth, and child rearing

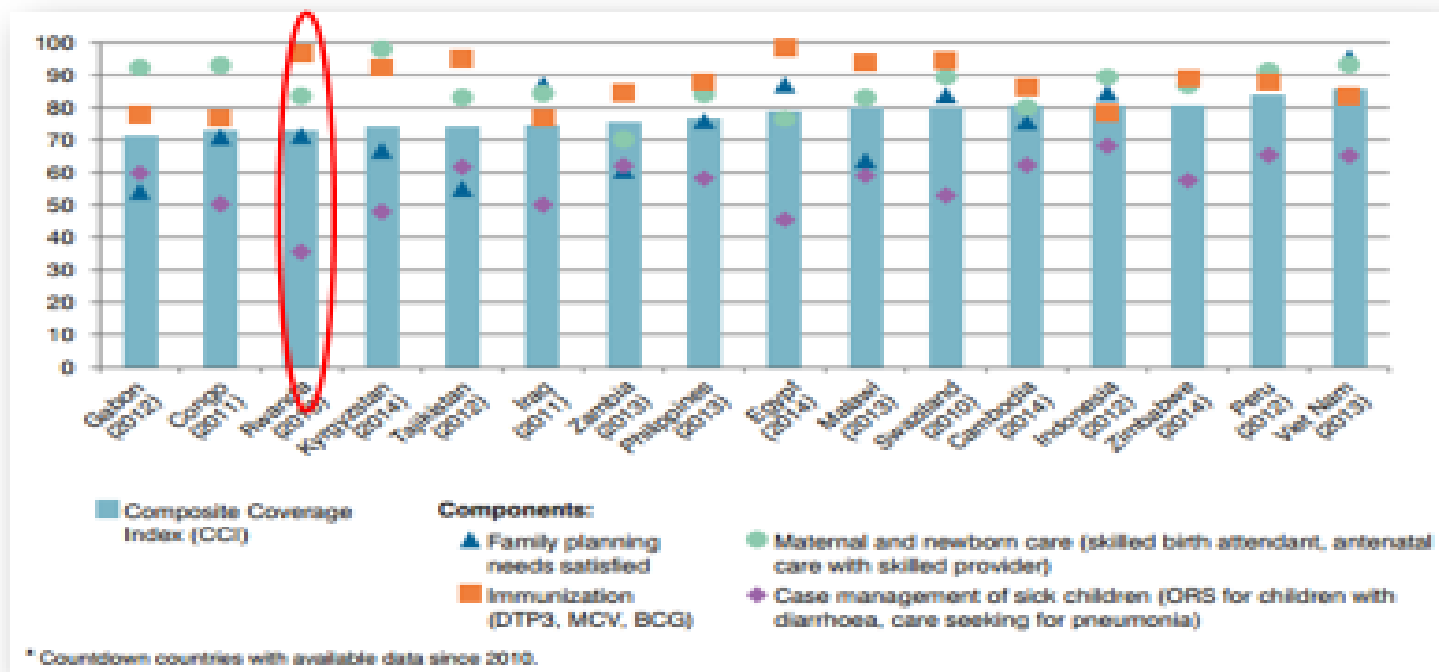
*Before we invite the Cambodian speaker.....*

- Seamless support is necessary to be designed, when
  - Different players are working for the same clients in different dimensions of the needed supports to the clients
- We should note that
  - As a given condition, many different players are working in caring for pregnancy, childbirth, and child rearing.
  - Different players may have missed opportunities.

# Lessons learned from effort to ensure Continuity of Care

## ARE WE MISSING OPPORTUNITIES FOR IMPROVING COVERAGE THROUGH LACK OF COLLABORATION?

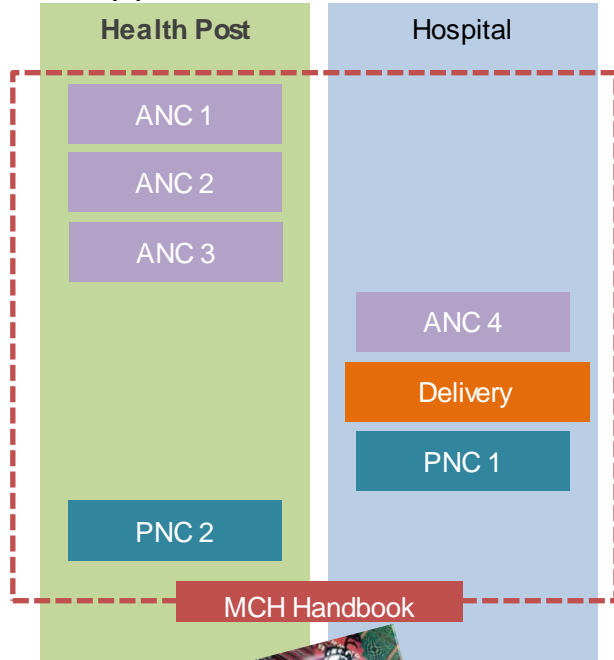
Even Countdown countries with relatively high CCI (>70%) report variations in coverage along the continuum of care



Year indicated for each country in brackets

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

## Philippines: Technical Brief Issue 6





# Technical Brief

Global Promotion of Maternal and Child Health Handbook

Feb 2016

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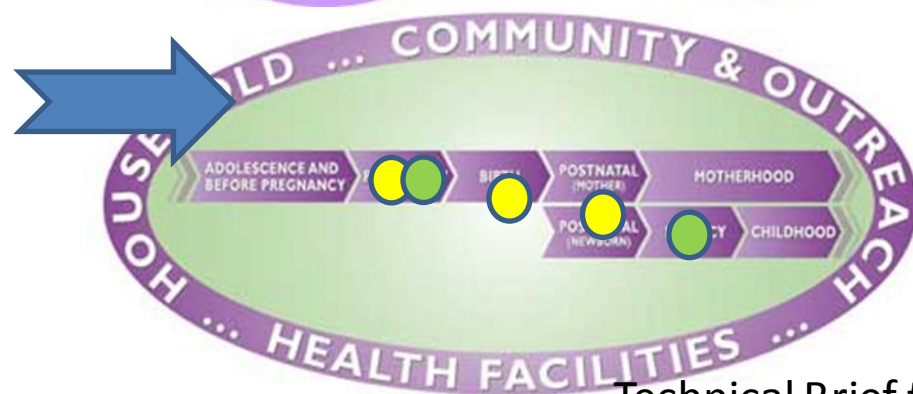
## INDONESIA: Roles of MCH Handbook in service uptake based on Indonesia National Health Survey

### Timing:

Care access/receipt at the different timing along with MNCH period

▼ 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)





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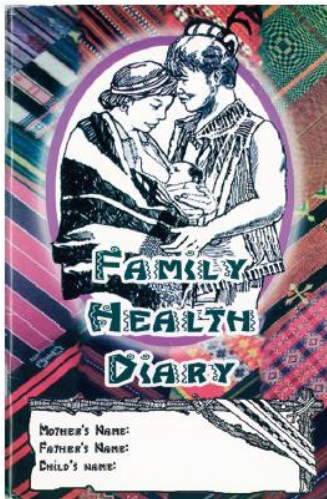
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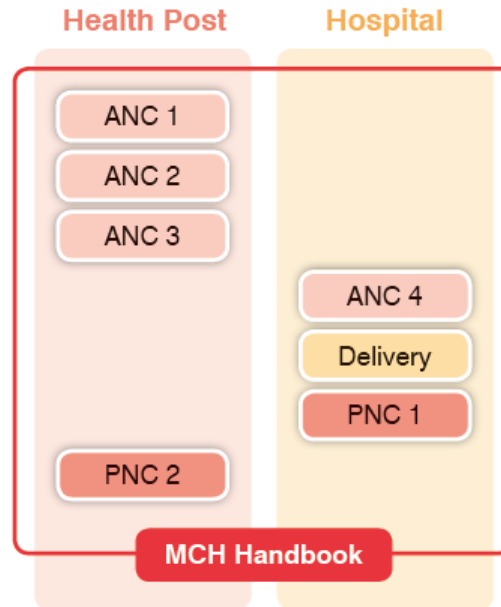
## PHILIPPINES: Roles of MCH Handbook to advance Universal Health Coverage in rural areas



A rural town in the Cordillera mountain range



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



ANC: antenatal care, PNC: postnatal care

▲ Figure 1. Example of care access/receipt at the different geographical settings along with MNCH period



PMNCH (2011). Adapted from WHO (2005) - Make every mother and child count.

**Geographical settings:**  
Care access/receipt at **the different geographical settings** along with MNCH period



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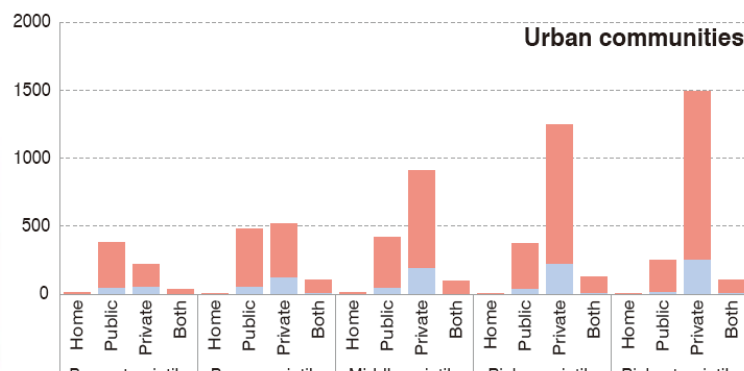
Global Promotion of Maternal and Child Health Handbook

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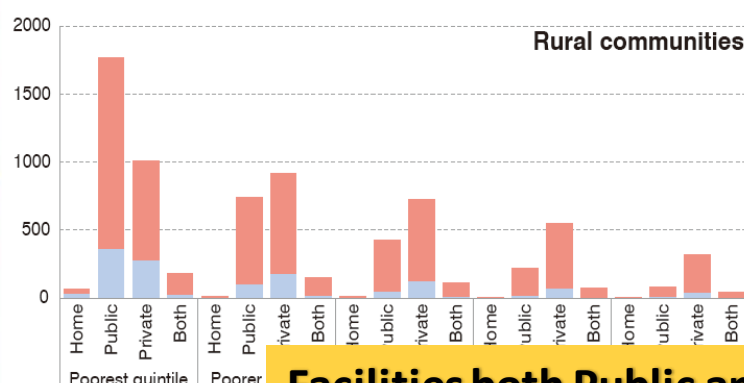


## INDONESIA: Stakeholders' roles and responsibilities in nationwide operation of MCH Handbook for continuum of care



Logo	Professional organization
	IDI : The Indonesian Medical Association
	POGI : Indonesian Society of Obstetrics and Gynecology
	IDAI : Indonesia Pediatrician Association
	IBI : The Indonesian Midwives Association
	PPNI : Indonesian National Nurse Association
	PERSAGI : The Indonesian Nutritionists Association
	PERSI : Indonesian Hospital Association

▲ Figure 1. Health professional organizations participating in the MCH Handbook operation



■ No ■ Yes, seen / Yes, not seen

Source : Indonesian Demographic Home : ANC received at home; Pub only at private health facilities; Both:

▲ Figure 2. MCH Handbook

**Facilities both Public and Private:**  
Care access/receipt **both at the private and public health facilities** along with MNCH period



Various covering pages of the MCH Handbooks locally designed by provinces and districts



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## BURUNDI: Delivery certificate imbedded in MCH Handbook



Maternal and Child Health Handbook, Burundi, 2014

▼ Table 1. Changes in key variables between pre- and post-implementation of the MCH Handbook in Gitega district

Variables	Pre Intervention (n=370) n (%)		Post intervention (n=344) n (%)		Chi-square test P-value
Proportion of mothers having received the delivery certificate in any type of home-based records					
Not received	353	(95.4%)	116	(33.7%)	< 0.001
Received but not available at home	11	(3.0%)	18	(5.2%)	
Received and available at home	6	(1.6%)	210	(61.0%)	
Proportion of mothers having ANC records and/or birth data by type of home-based records					
None	365	(98.6%)	16	(4.7%)	< 0.001
Had in unofficial paper/booklet	2	(0.5%)	0	(0%)	
Had in ANC card	3	(0.8%)	1	(0.3%)	
Had in MCH Handbook	N.A.		327	(95.1%)	
Proportion of mothers having data of delivery mode by type of home-based records					
None	370	(100%)	242	(70.3%)	< 0.001
Had in ANC card	0	(0%)	0	(0%)	
Had in MCH Handbook in MCH Handbook*	N.A.		102	(29.7%)	
Proportion of mothers having birth weight data at home					
None	132	(35.7%)	88	(25.6%)	< 0.001
Had recall-based inaccurate data	50	(13.5%)	3	(0.9%)	
Had recall-based accurate data	188	(50.8%)	6	(1.7%)	
Had MCH Handbook-based accurate data	N.A.		247	(71.8%)	
Proportion of mothers receiving guidance on PNC by a nurse after delivery					
Not received	237	(64.1%)	123	(35.8%)	< 0.001
Received	133	(35.9%)	221	(64.2%)	

### Health sector roles:

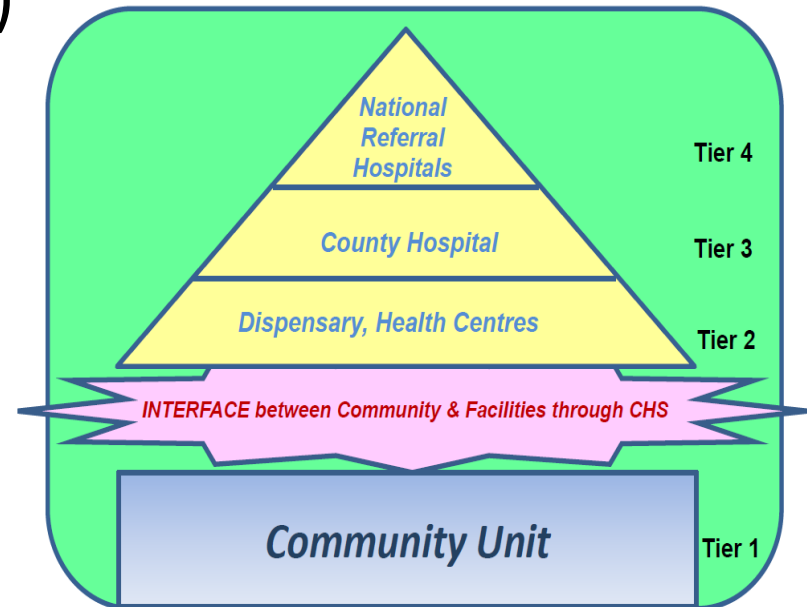
Health sector plays a role to increase readiness for non health sectors' service access/receipt



# What is needed for UHC ?

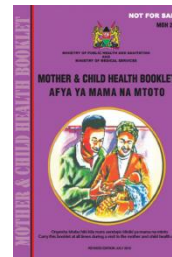
## Community Participation for Healthy Life

(Kenya)



### Community roles:

**Community** plays roles to ensure continuity of care. It is efficient if they have **a tool to be a supporter**



**Community level (Tier 1) has been recognized as foundation of Kenya National Health System.**

MCHHB is a communication tool with Community Health Extension Workers (CHEWs) and Community Health Workers (CHWs) in Kenya (photo by Sugishita T).



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## KENYA: What mothers have MCH Booklet?

in Nyanza Province, Kenya

Variables	Multivariate analysis Adjusted odds ratio
Child's sex	
Female	Ref.
Male	*1.236
Biological mother or not	
Other	Ref.
Biological mother	***2.214
Age group (years)	
<20	Ref.
20–24	0.782
25–29	0.732
30–34	**0.496
≥35	*0.528
Maternal health knowledge	
Low	Ref.
High	**1.408
Household wealth index	
Poor	Ref.
Rich	**0.740
Performance of CHWs	
Poor	Ref.
Higher	**1.395

\* <0.05, \*\* <0.01, \*\*\* <0.001

The mothers who are either young or from poor households are more likely to find value in owning the MCH Booklet. This may imply the MCH Booklet could serve as the effective and sustainable interface between vulnerable mothers and health workers. Thus, the MCH Booklet should be strategically leveraged not only as a self-monitoring tool but also as a communication tool that helps vulnerable mothers feel protected.





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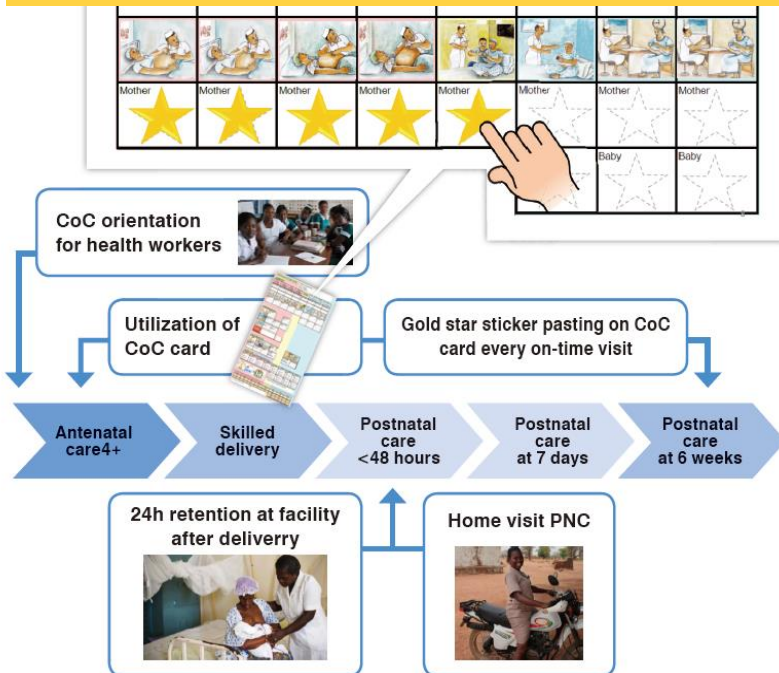
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## GHANA: Roles of CoC Card as an icon for continuum of care

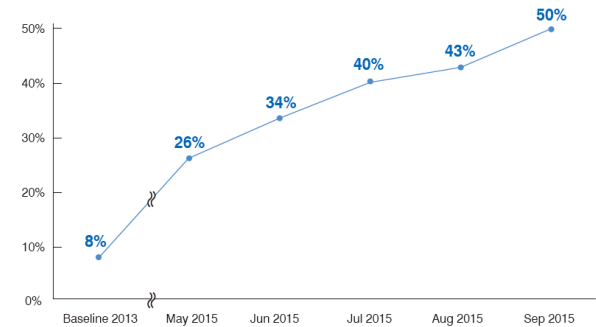
### Timing:

Care access/receipt at the different timing along with MNCH period



▲ Figure 1. Function of CoC card

Continuum of Care (CoC) Card, Ghana, 2014



▲ Figure 2. CoC Completion rate identified in monitoring



**Family Role:**  
Family needs to be aware that they are entitled to care access/receipt and be empowered.

# Lessons learned from effort to ensure Continuity of Care

To ensure care continuum, what kind of gaps do we need to design to fill?

- Care access/receipt at **the different timing** along with life cycle;
- Care access/receipt at **the different geographical settings** along with life cycle; and
- Care access/receipt at **the different facilities both private and public facilities** along with life cycle.

What facilitates/ensures care continuum?

- **Health sector** plays a role to increase readiness for **non health sectors'** service access/receipt and vice versa;
- **Community** plays roles to ensure continuity of care. It is efficient if they have **a tool to be a supporter**; and
- **Family** needs to be **aware** that they are **entitled** to care access/receipt and be **empowered**.
- Etc.



**Let's learn from ASEAN+ friends!**



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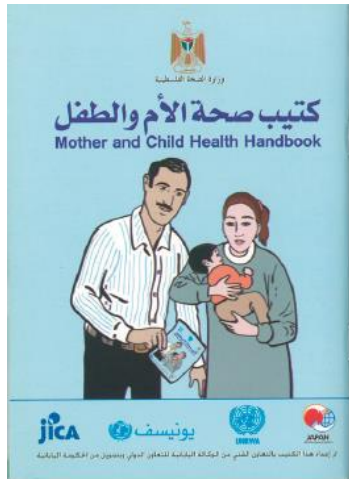
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## PALESTINE: MCH Handbook facilitates the communication between women, husbands and health workers



Maternal and Child Health Handbook, Palestine, 2007

Independent variable	Dependent variable				
	Hours spent at the center N = 660	Breastfeeding N = 660	Rupture of membranes N = 660	Discuss child's health with health providers N = 659	Discuss child's health with husband N = 659
MCH Handbook	-6.139 (0.64)	-0.121 (1.14)	0.2 (2.04)**	0.26 (1.38)	0.271 (1.15)
MCH Handbook * Literate but no primary education	-4.812 (0.26)	0.323 (1.85)*	0.083 (0.63)	0.526 (1.39)	-0.431 (1.34)
MCH Handbook * Primary education	8.562 (0.83)	-0.009 (0.08)	-0.104 (1.07)	-0.152 (0.70)	-0.148 (0.62)
MCH Handbook * Secondary education	-2.336 (0.26)	0.019 (0.18)	-0.114 (1.22)	-0.391 (2.03)**	-0.416 (1.83)*
First delivery	-34.884 (3.19)***	-0.056 (0.44)	-0.02 (0.21)	-0.207 (0.84)	-0.232 (0.89)
MCH Handbook * First delivery	26.259 (2.14)**	0.017 (0.11)	-0.113 (0.83)	0.51 (1.88)*	0.488 (1.71)*
Literate but no primary education	8.156 (0.75)	-0.265 (1.63)	-0.011 (0.09)	-0.075 (0.30)	0.114 (0.49)
Primary education	-5.056 (0.77)	-0.007 (0.07)	0.086 (0.92)	-0.045 (0.34)	0.046 (0.25)
	-2.079 (0.30)	0.017 (0.18)	0.105 (1.13)	0.166 (1.26)	0.255 (1.36)
	0.29	0.25	0.15	0.26	0.17

significant at 10%; \*\* significant at 5%; and \*\*\* significant at 1%. Additional control variables include age categories, dummy variables for income categories, MCH center fixed effects, and other variables were selected from the original analysis.

Family needs to be **aware** that they are **entitled** to care access/receipt and be **empowered**.

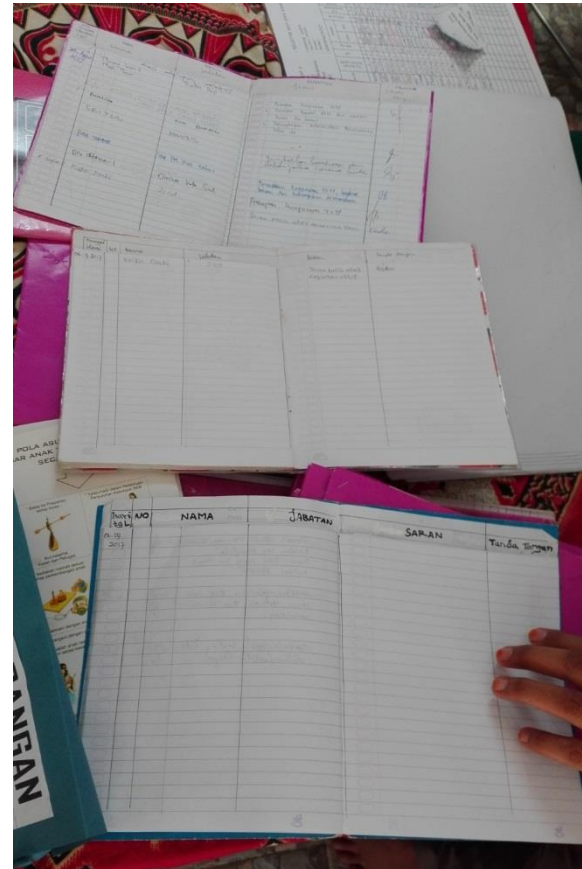
# Continuity of Care

## Legal/Policy basis

### MOH's commitment and beyond

1. Ministry of Health Degree No 284/Menkes/SK/III/2004 using MCH Handbook in MCH services
2. Continuum of care
  1. Beyond programs: Mothers class using MCHHB, Community Health volunteer for growth monitoring, etc
  2. Beyond community health: No. 666/Menkes/SK/ VI/2007 (Basic Medical Services);
  3. Beyond public sectors: No. 938/Menkes/SK/ VIII/2007 (Midwifery Services)/ Circulation letters by Professionals; and
  4. Beyond health sectors: Ministry of Education
3. Equity and Financing
  1. Free for the poor-> free delivery policy for all: Jampersal Guide 2012-> National Health Insurance
  2. Conditional cash transfer: MCHHB as a verification tool to claim
  3. National Health Insurance: MCHHB as a verification tool to claim (No 59 in 2014)
4. Decentralization
  1. Special Fund Menu for MMR and IMR in 2005
  2. Ministerial Decree No. 828 issued in 2008 clearly requires district health administrations to operate the MCH Handbook as an essential component of a minimum package of health services.

# Continuity of Care





# Continuity of Care

- Integrated efforts can be designs, when
  - Different programs are working;
  - Different generations are having same spirits;



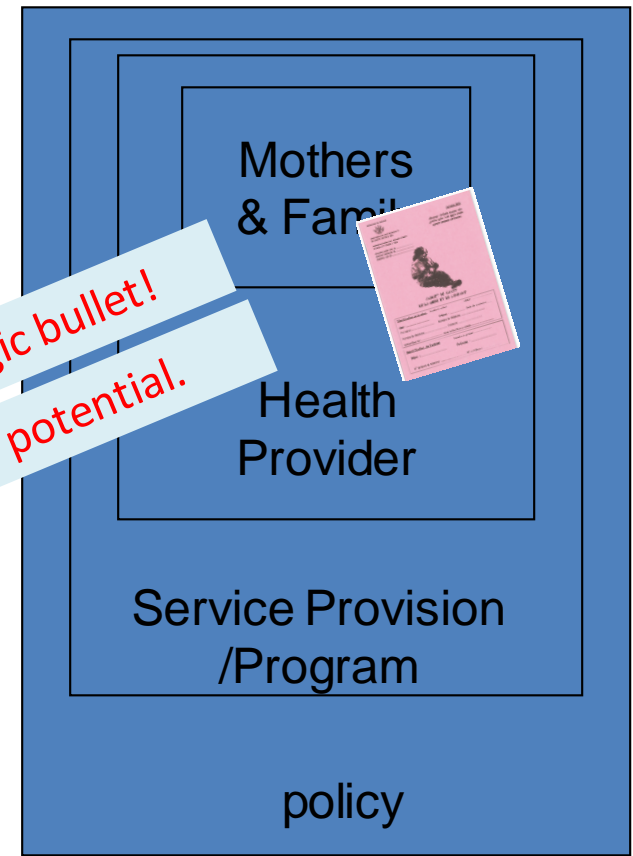
To work for the same clients

# Stakeholders

Who are users, in charge of implementations, and beyond?

- Mother, family, and child
- Health personnel
- Health administrators
- Other administrators
- Private health service providers
- Development partners

*It is not a magic bullet!*  
*But it has a potential.*



Who needs to change?