JICA’s cooperation in Maternal, Newborn and Child Health

The 15th ASEAN & Japan High Level Officials Meeting on Caring Societies
31st October - 1st November, 2017
Keiko Osaki
Japan International Cooperation Agency
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

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

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.

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 Position Paper on SDGs, 2016
JICA’s strategies on MNCH

1. Achieving UHC

2. Continuum of Care (COC)

3. Multi-sectoral approach
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
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]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>266</td>
<td>679</td>
<td>48</td>
</tr>
<tr>
<td>2014</td>
<td>554</td>
<td>481</td>
<td>10</td>
</tr>
<tr>
<td>2013</td>
<td>1,064</td>
<td>1,089</td>
<td>35</td>
</tr>
<tr>
<td>2014</td>
<td>1,317</td>
<td>960</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>3,921</td>
<td>1,837</td>
<td>1,660</td>
</tr>
<tr>
<td>2014</td>
<td>5,499</td>
<td>1,885</td>
<td>18</td>
</tr>
<tr>
<td>2013</td>
<td>5,251</td>
<td>3,605</td>
<td>1,743</td>
</tr>
<tr>
<td>2014</td>
<td>7,370</td>
<td>3,326</td>
<td>28</td>
</tr>
</tbody>
</table>

Pregnant women insurance coverage: **50%** (2013) to **70%** (2014)
Results: delivery-rated 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

Increased utilization of basic health services

Increased Capacity to deliver basic health services at RHC / SRHC

Strengthened community engagement

MOHS & JICA, Project planning workshop for rural health development through strengthening basic health services, Jul 2017
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
Basic health service delivery

Rural Health Center/Sub-Health Center

Community engagement & health promotion

Life Course Approach

Ministry of Health

State/Region Public Health

State/Region Hosp

TS Health Office

Dist/TS/ST Hospitals

Supervision

Referrals

Output 1
Implementation framework development

Output 2
Service delivery strengthening

Output 3
Community engagement

Maternal, newborn and child health/nutrition

SRH/FP, Nutrition

NCD, Nutrition
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

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

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

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

5. Maternal and Newborn Death Review

Presented at SEARO ENAP, Dec 2015
JICA’s support for MNCH through health system strengthening components

1. Care around birth
2. Health System Strengthening for quality care
3. Reach Every women and child
4. Harness power of community/family/individuals
5. Improve data

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

**Pregnancy**
- ANC frequency (Mongol, Cambodia, Indonesia)
- Family/Client-provider Communication (Palestine)
- Family non-smoking (Mongol)
- Complication (Mongol)

**Delivery**
- SBA (Cambodia, Indonesia)
- Facility delivery (Cambodia)

**Postnatal**
- PNC in 1 week (Indonesia)

**Pre-birth**
- TT immunization (Indonesia)

**Birth**
- Birth weight (Burundi)
- PMTCT (Kenya)

**Newborn**
- PNC in 48 hours (Indonesia)

**Child**
- Full immunization (Indonesia)
- Higher health knowledge and for proper health-seeking behavior for fever and diarrhea (Kenya)
- Additional TT dose (Korea)

Maternal Continuum (Indonesia)

Full immunization with TT (Indonesia)
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*.

- **Value**: 
  - "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"

Effectiveness of MCH Handbooks: 

- **CoC**: Continuum of care
  - Preparedness
  - Financing
  - Equity
- **UHC**: Universal health coverage
  - Service
  - Preparedness
  - Governance

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

<table>
<thead>
<tr>
<th>MNCH service utilization rate</th>
<th>Adjusted OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health personnel assisted birth</td>
<td>1.94 (1.73–2.18)</td>
</tr>
<tr>
<td>Obtaining birth weight measurement within the initial 48 hours</td>
<td>2.82 (2.46–3.23)</td>
</tr>
<tr>
<td>A continuum of pregnancy, delivery, and newborn care</td>
<td>1.67 (1.44–1.93)</td>
</tr>
<tr>
<td>Completion of child immunisations</td>
<td>2.90 (2.46–3.41)</td>
</tr>
<tr>
<td>Completion of child immunisations and TT during pregnancy</td>
<td>2.06 (1.76–2.41)</td>
</tr>
</tbody>
</table>
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

A tool to promote preparedness for Financial catastrophes

Technical Brief #6
3. Multi-sectoral approach

JICA’s measures include:

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

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
Figure 1-3 Literature review II review process

**Transport and power**
- JICA knowledge site subcategory: "international transport", "national transport", "urban transport", "rural transport", "other transport", "transport administration", "Power supply", "other energy resources"
- 236 hits
- Grant aid: 81 projects
- Loan: 32 projects, 14 loans linked with Technical cooperation projects, technical cooperation projects: 40
- 91 projects reviewed in detail

**Water and sanitation**
- JICA knowledge site subcategories: "urban water supply", "rural water supply", "environmental management", 194 projects
- *other projects for which ex-post evaluation reports were obtained: 57 hits
- Grant aid: 83 water supply projects, 3 sanitation projects
- Loan: 14 water supply projects, 6 sanitation projects
- Technical cooperation: 58 water supply, 30 sanitation projects
- 71 projects reviewed in detail

**Education**
- JICA knowledge site subcategories: "early childhood care and education", "primary education", "lower secondary education", "upper secondary education", "nonformal education", "education administration", "other education", "vocational education"
- 107 hits
- Grant aid: 20 projects
- Loan: 4 projects
- Technical cooperation: 83 projects
- 56 projects reviewed in detail
## Results of Data Analysis for Field Survey Countries

<table>
<thead>
<tr>
<th>Main indicators</th>
<th>Analytical results</th>
<th>Analytical results</th>
<th>Data collection means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outcome: positive</td>
<td>Outcome: CoC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>statistical</td>
<td>completion, CCI</td>
<td></td>
</tr>
<tr>
<td></td>
<td>significance for</td>
<td>positive statistical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>child survival</td>
<td>significance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>beyond 28 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>afterbirth</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refer to Table 4-3</td>
<td>Refer to Table 404</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and 4-5</td>
<td></td>
</tr>
</tbody>
</table>

### Education: Female education levels
- Yes
- Yes
- 
- Household level survey (individual, before and after intervention), education administration data (by region and change over years)

### Education: Partner’s (husband’s) education level
- No (yes with simple regression)
- Yes
- 
- Household level survey (individual level, before and after intervention, GIS data - change over years)

### 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
- 
- Household level survey (individual, before and after intervention), water administration data (by region and change over years)

### 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

1. Achieving UHC

2. Continuum of Care (COC)

3. Multi-sectoral approach
Case: Thailand

Collaborative framework of UHC for Children and Mothers (DRAF)

Collaborating with the Thai government (MOPH, NHSO, TICA etc.), UNICEF and JICA (with supports from the Japanese government), we create the “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.

Thailand
- Analyze factors of success and policies
- Compile a comprehensive health policy package
- Contact potential candidate countries
- Dispatch experts

Japan
with supports from Japanese gov.
- Analyze factors of success and policies
- Compile a comprehensive health policy package
- Contact potential candidate countries
- Dispatch experts

UNICEF
- Analyze factors of success and policies
- Research needs among ASEAN countries, and assess the countries’ situation and issues
- Other technical supports

Integrated long-term capacity development
- Comprehensive work shop
- Dispatch experts
1. Benefit package

2. E-MTCT (HIV/AIDS)

3. Thalassemia

4. Iodine

5. Birth defect registry

6. Congenital Hypothyroid

7. MCH hand book

8. ------

9. ------

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

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

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Africa</th>
<th>Europe</th>
<th>Middle East</th>
<th>Asia</th>
<th>Americas</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1980s</td>
<td>4</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>1990s</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>2000s</td>
<td></td>
<td>1</td>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>2010s</td>
<td>7</td>
<td>1</td>
<td></td>
<td>4</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>1</td>
<td>25</td>
</tr>
</tbody>
</table>

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

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

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

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

Maternal and Child Health Handbook #1
[Recording items = 854]  
Growth Monitoring Chart
[Recording items = 4]  
Immunization Handbook #1
[Recording items = 54]  

14  

737
“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


For the details, please contact:
Keiko Osaki
Email: osaki.keiko@jica.go.jp
Phone:+81-3-5226-9348
Fax: +81-3-5226-6389