

JICA Global Agenda (GA) Health

Cluster Strategy for:

**Strengthening Quality Continuum of Care
for Maternal, Newborn and Child Health (MNCH)
including the effective use of Maternal and Child Health Handbooks
(MNCH Cluster)**



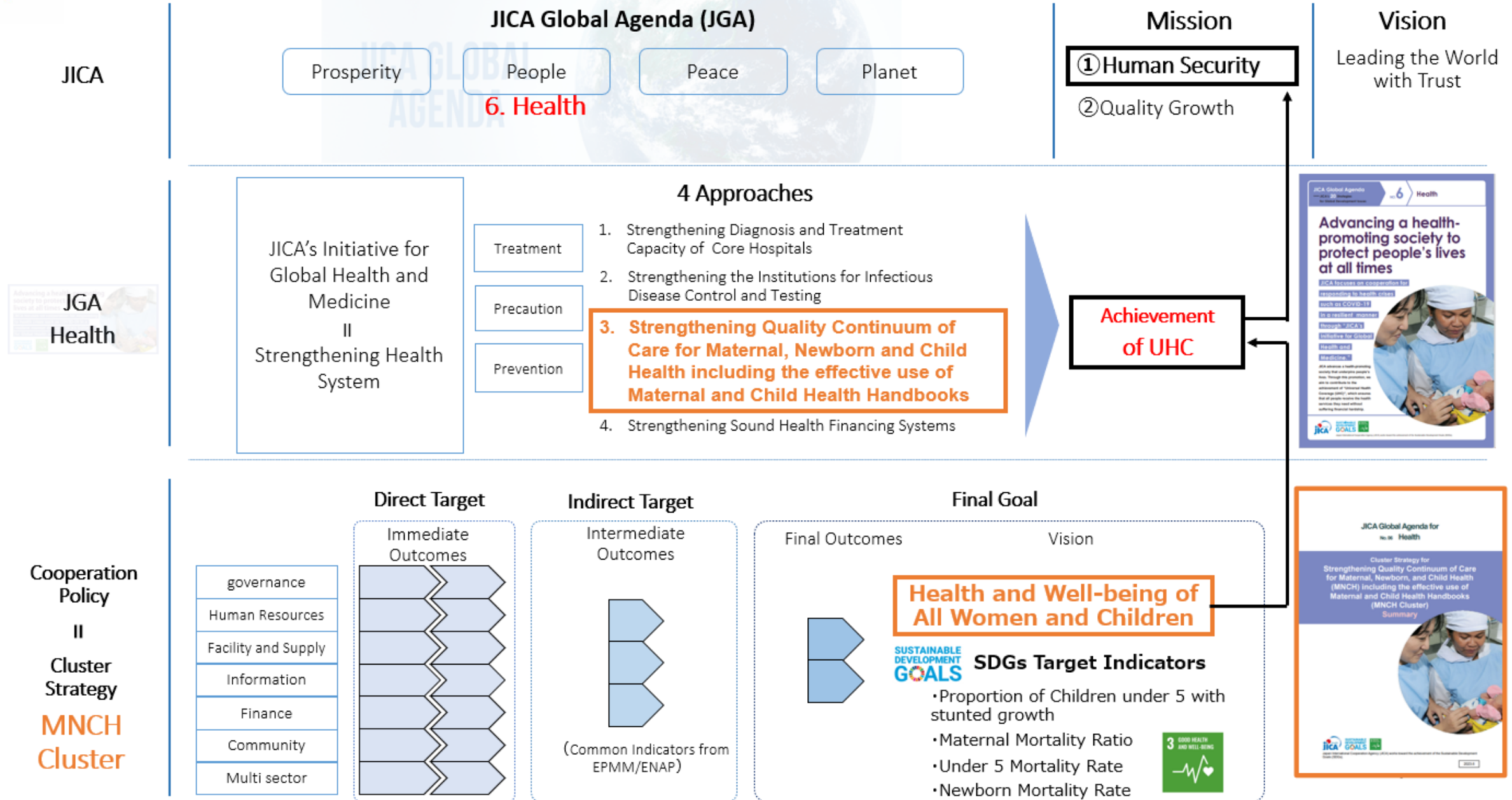
Human Development Department



1. JICA Global Agenda and Cluster Strategy
2. Overview
3. Development Scenario
4. JICA's Basic Approach
5. Monitoring framework and indicators



1. Position of JICA Global Agenda and Cluster Strategy



1. Purpose of JICA Global Agenda and Cluster Strategy



Prosperity

- ① Urban/Regional Development
- ② Transportation
- ③ Energy and Mining
- ④ Private Sector Development
- ⑤ Agricultural Rural Development



Peace

- ⑪ Peacebuilding
- ⑫ Governance
- ⑬ Public Finance and Financial Systems
- ⑭ Gender and Development
- ⑮ Digital for Development



People

⑥ Health

- ⑦ Improving Nutrition
- ⑧ Education
- ⑨ Social Security/Disability and Development
- ⑩ Sports and Development



Planet

- ⑯ Climate Change
- ⑰ Natural Environment Conservation
- ⑱ Environmental Management (JICA Clean City, Initiative) Climate Change
- ⑲ Water Resources and Water Supply
- ⑳ Disaster Risk Reduction



JICA will contribute to the achievement of the SDGs

JICA's Actions to bring the best possible impact in cooperation with various partners.

Set common objectives & goals for a better future

Create a platform for networking

Create business opportunities

Mobilize resources and fund for the thematic issues solution

(Ref) SDGs related to the MNCH Cluster Strategy

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

1. By 2030, reduce the global **maternal mortality** ratio to **less than 70 per 100,000 live births**
2. By 2030, end preventable deaths of **newborns and children under 5 years** of age
7. By 2030, ensure universal access to **sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
8. Achieve **universal health coverage**, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all



SUSTAINABLE DEVELOPMENT GOALS

2. Overview of MNCH Cluster Strategy

Final Outcomes

Vision

Vision:

Health and Well-being of All Women and Children

To realize the vision, we aim to generate two **final outcomes**

- All women and children utilize quality CoC services
- Care of women and children at home/community is adequate

As solutions,

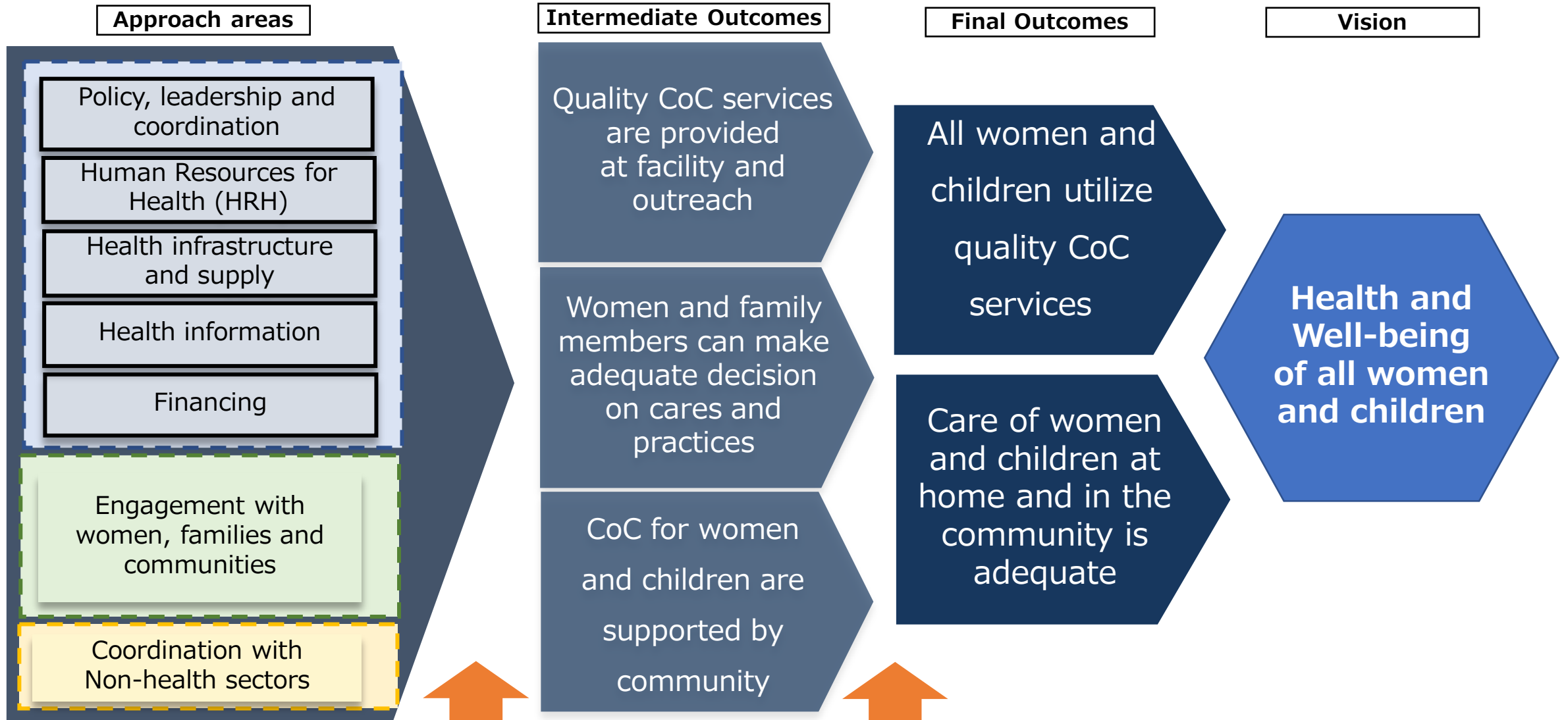
- We apply a **combination of various evidence-based interventions** and promote the **use of Maternal and Child Health Handbook (MCH Handbook)**, which JICA has technical knowledge and expertise.

All Women and children utilize quality CoC services

Health and Well-being of all women and children

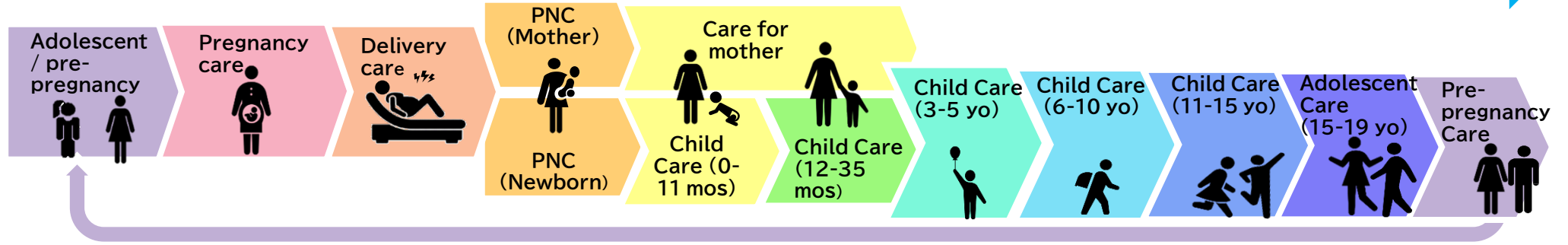
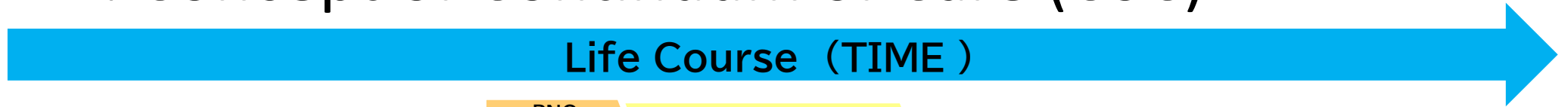
Care of women and children at home and community is adequate

2-1. Purpose and Vision of JICA's MNCH Cluster Strategy



Combination of various evidence-based interventions including the use of MCH Handbook

2-2. Concept of Continuum of Care (CoC)



Package of Interventions

Clinical care



- Elective abortion where it is legal
- Case management for STIs

- Care for complications during pregnancy
- Skilled obstetric care at delivery
- Prevention of maternal to child transmission of STIs
- Emergency obstetric care
- Immediate emergency care for newborn babies

- Case management of childhood and neonatal illness
- Extra care for preterm babies, including kangaroo mother care (KMC)
- Care of children with complication

Outpatient care



- Family planning
- Elective abortion where it is legal
- Prevention and management of STIs

- adequate number ANC
- Nutrition
- Vaccination
- prevention of maternal to child transmission of STIs
- Prevention of infectious diseases such as malaria

- Out-of- health facility birth and neonatal follow-up

- Promotion of healthy behaviors for mother and baby
- Early detection and referral of complications
- Extra visits for preterm babies
- Family planning

- Vaccinations
- Nutrition
- Malaria insecticide-treated bed nets
- management of childhood illness

Family and Community Care



- Pre pregnancy care
- Nutrition
- ARH

- healthy home behaviors
- Recognition of danger signs
- emergency preparedness
- emergency transport

- exclusive breastfeeding and nutrition education

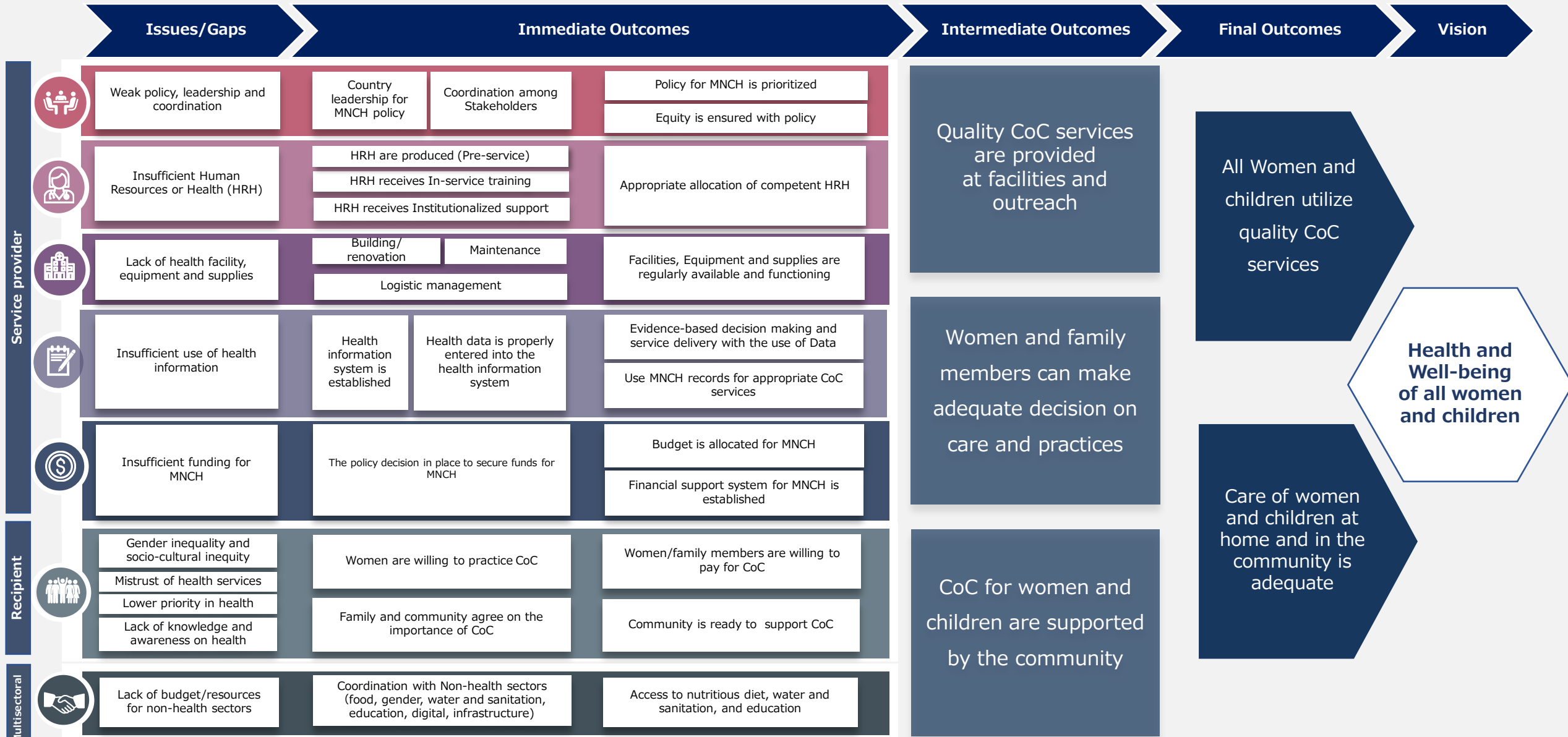
Care and Services for Children and Adolescent

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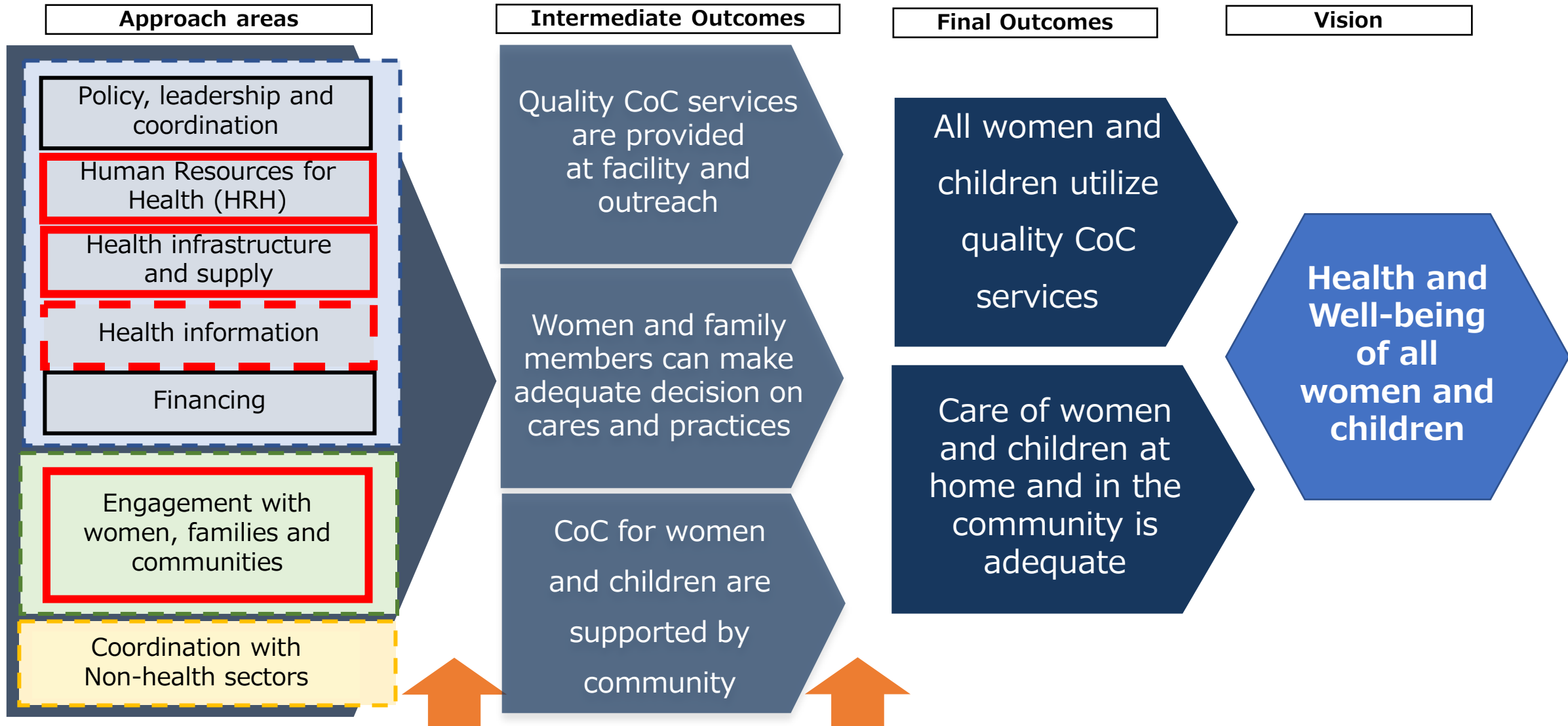
Place of service delivery (SPACE)

3-1. Development Scenario



Combination of various evidence-based interventions including the use of MCH Handbook

3-2. Development Scenario *JICA's focused approach areas*

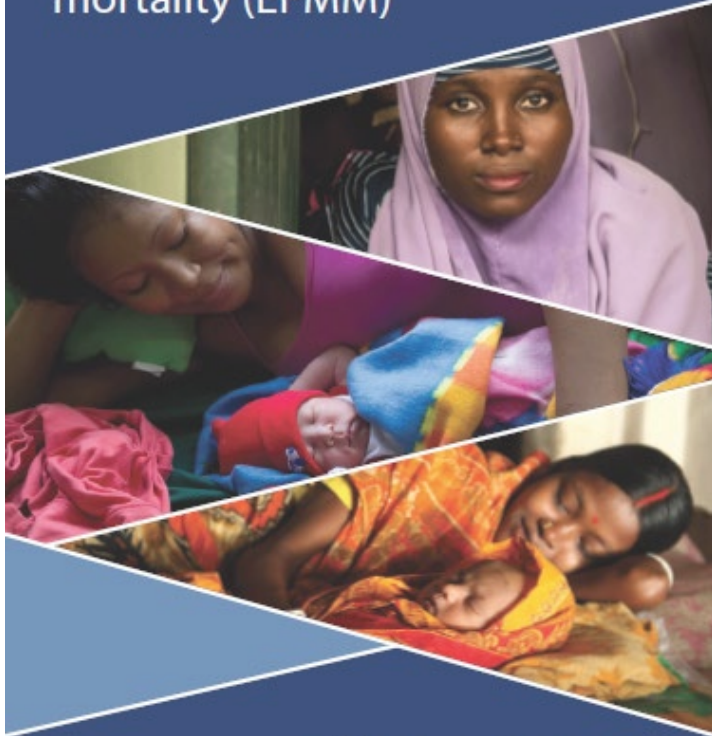


Combination of various evidence-based interventions including the use of MCH Handbook

← JICA's focused approach areas

4-1. Key indicators to identify target countries

Strategies toward ending preventable maternal mortality (EPMM)



Human Reproduction Programme **hrp**
research for impact
World Health Organization

Strategies toward ending preventable maternal mortality (EPMM)

Target:

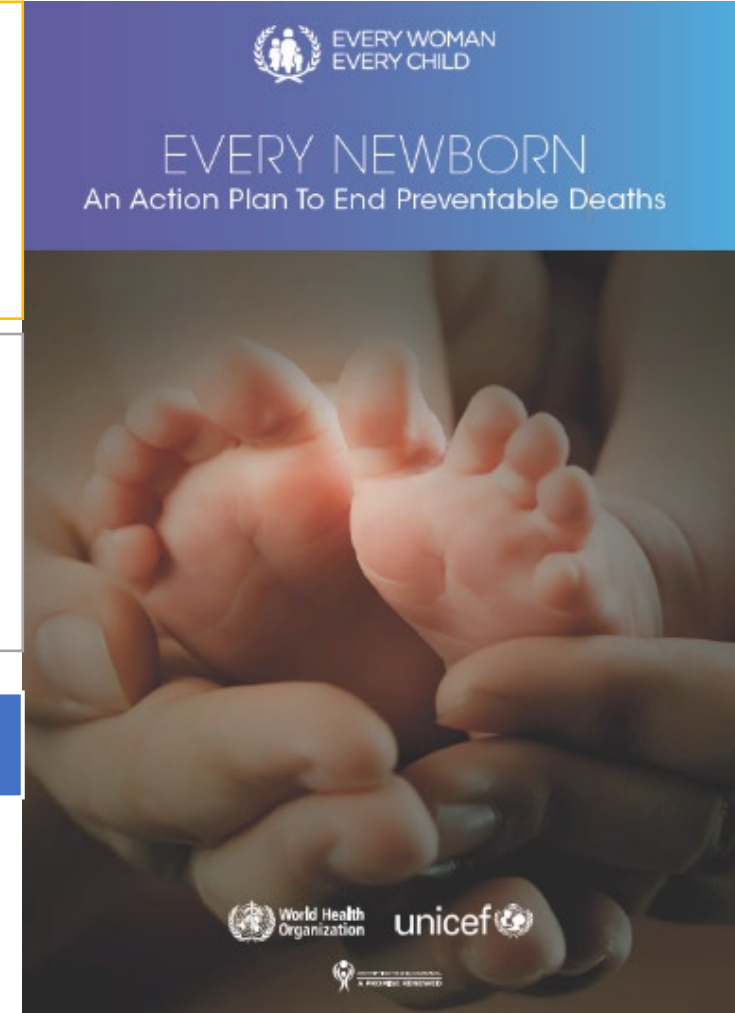
MMR less than **70**/100,000 live births by 2030

no country should have an MMR greater than 140/100 000 live births by 2030

EVERY NEWBORN, An Action Plan To End Preventable Deaths (ENAP)

Target:

NMR **12** /1000 or less by 2030



ENAP EPMM Joint Coverage Target 2020- 2025

<p>COVERAGE TARGET 1</p> <p>EVERY PREGNANT WOMAN</p>	<p>Global Target</p> <p>90%</p> <p>global coverage</p>	<p>ANC4+</p>
<p>COVERAGE TARGET 2</p> <p>EVERY BIRTH</p>	<p>Global Coverage</p> <p>90%</p> <p>global average coverage of births by skilled health personnel</p>	<p>SBA</p>
<p>COVERAGE TARGET 3</p> <p>EVERY WOMAN AND NEWBORN</p>	<p>Global Coverage</p> <p>80%</p> <p>global coverage of early post-natal care</p>	<p>Early PNC</p>



4-2. Target Countries

<p><u>Priority Target Countries : 10 countries</u> MMR 300 per 100,000 births or over NMR 25 per 1,000 births or over</p> <hr/> <p>Countries with a strong intension to promote the use of MCH HB</p>	<p>Afghanistan, Pakistan, Angola, Senegal, Ghana, Sierra Leone, Burundi, Mozambique, Liberia</p> <hr/> <p>Georgia</p>
<p><u>Target Countries : 9 countries</u> MMR 70 per 100,000 births or over NMR 12 per 1,000 births or over</p>	<p>Indonesia, Papua New Guinea, India, Bhutan, Nepal, Bangladesh Tajikistan, Nicaragua, Gabon</p>
<p><u>High needs countries: 13 countries</u> Countries that fall within the categories above but currently JICA does not have cooperation plan in the field of MNCH.</p>	<p>Cambodia, Lao PDR, Uganda, Ethiopia, Kenya, Zimbabwe, Sudan, Tanzania, Nigeria, Madagascar, Paraguay, Bolivia, Iraq</p>

4-3. Criteria for identification of basic approach

EPMM ENAP common coverage indicators	EPMM ENAP target	Minimum requirement	Low coverage countries	Higher coverage countries
ANC4+	90%	70%	One or No minimum requirement achieved	Two or Three minimum requirements achieved
Delivery assisted by SBA	90%	80%		
PNC within 48 hours	80%	60%		

Focus on
Coverage

Focus on
Quality

4-4. Basic Approach in Priority Target Countries: Ensure coverage

Reducing preventable maternal and newborn deaths

Focused stages: pregnancy, delivery and PNC

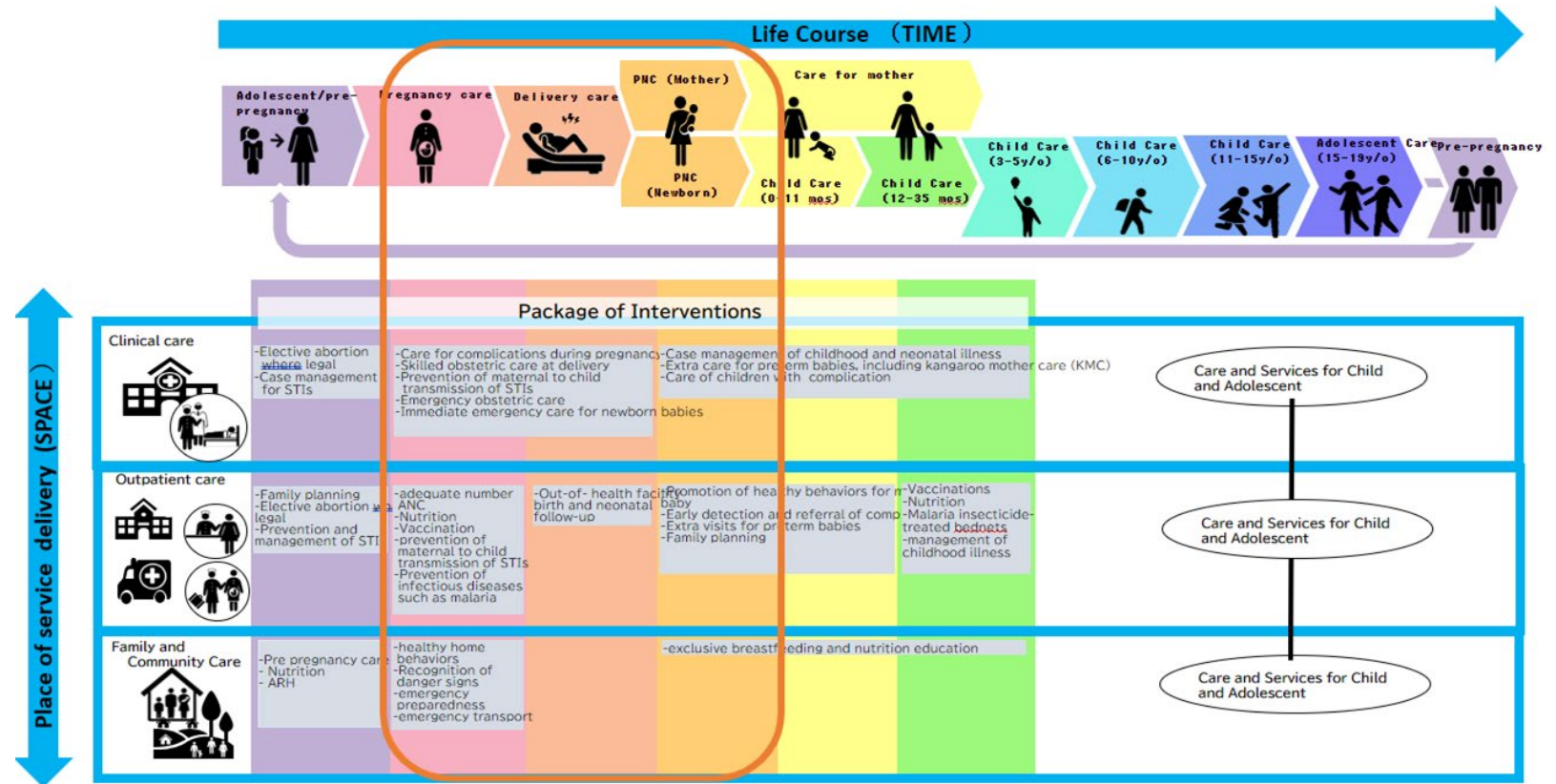
Expected outcome and approach

■ **Ensure service provision**

- ANC 4+
- Delivery assisted by SBA
- Emergency Obstetric and Newborn Care (EmONC)
- PNC within 48 hours

■ **Promoting adequate use of services**

- Raising awareness and better understanding of the importance of CoC among women, families, and communities
- Capacity building of health workers, volunteers and community leader



4-4. Basic Approach in Target Countries : Improving quality of care

From "Survive" to "Thrive", improving quality of care for the life course

Focused Stage: Life course

Expected outcomes and approach

- improve quality of care

- ANC 8+

- client-centered respectful care to promote positive experiences among women and children with internationally standardized guidelines

- promoting nutrition and nurturing care

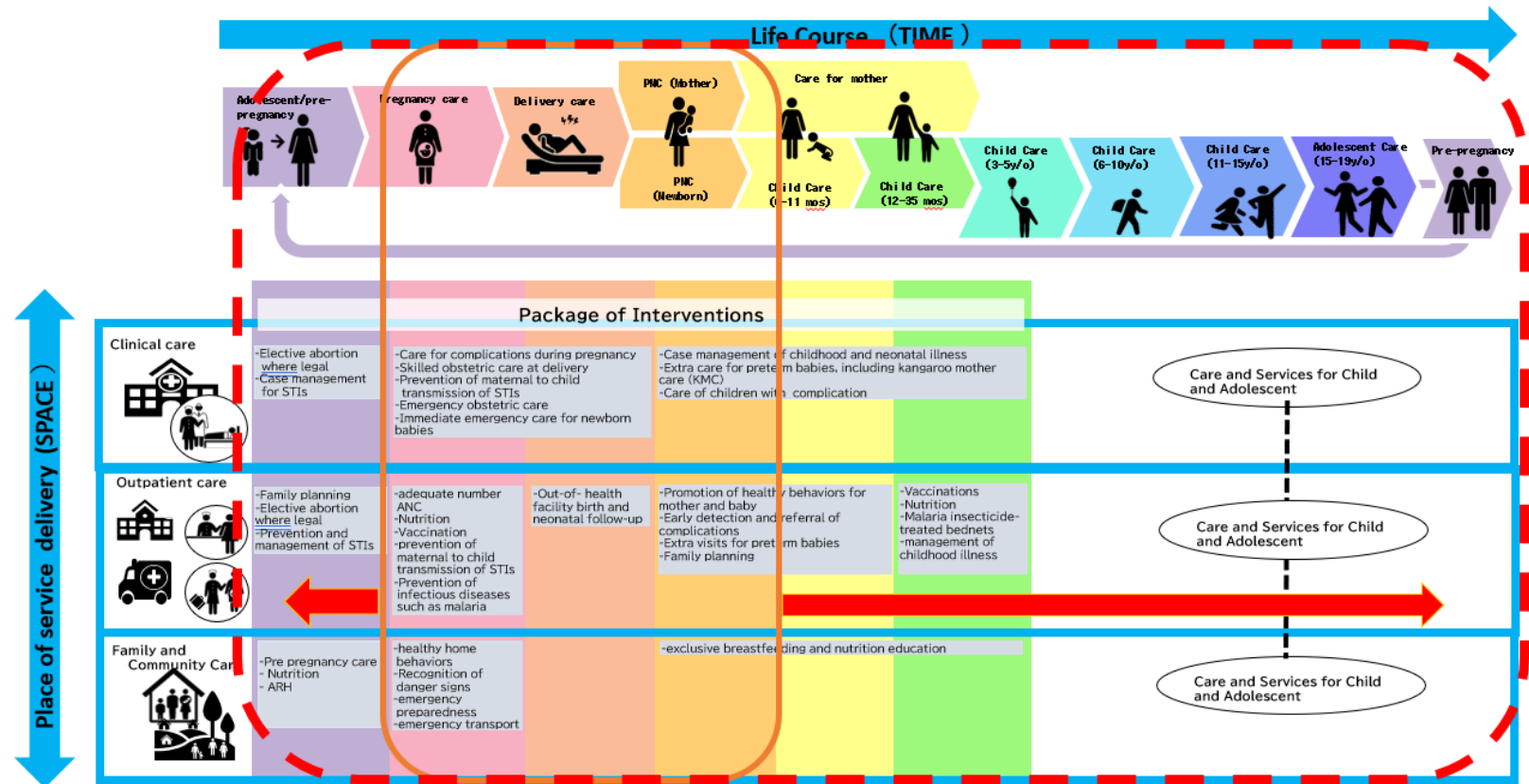
- improving care at home

- community engagement

- Life course approach

- expansion of the CoC target to preconception and adolescent

- multisectoral approaches

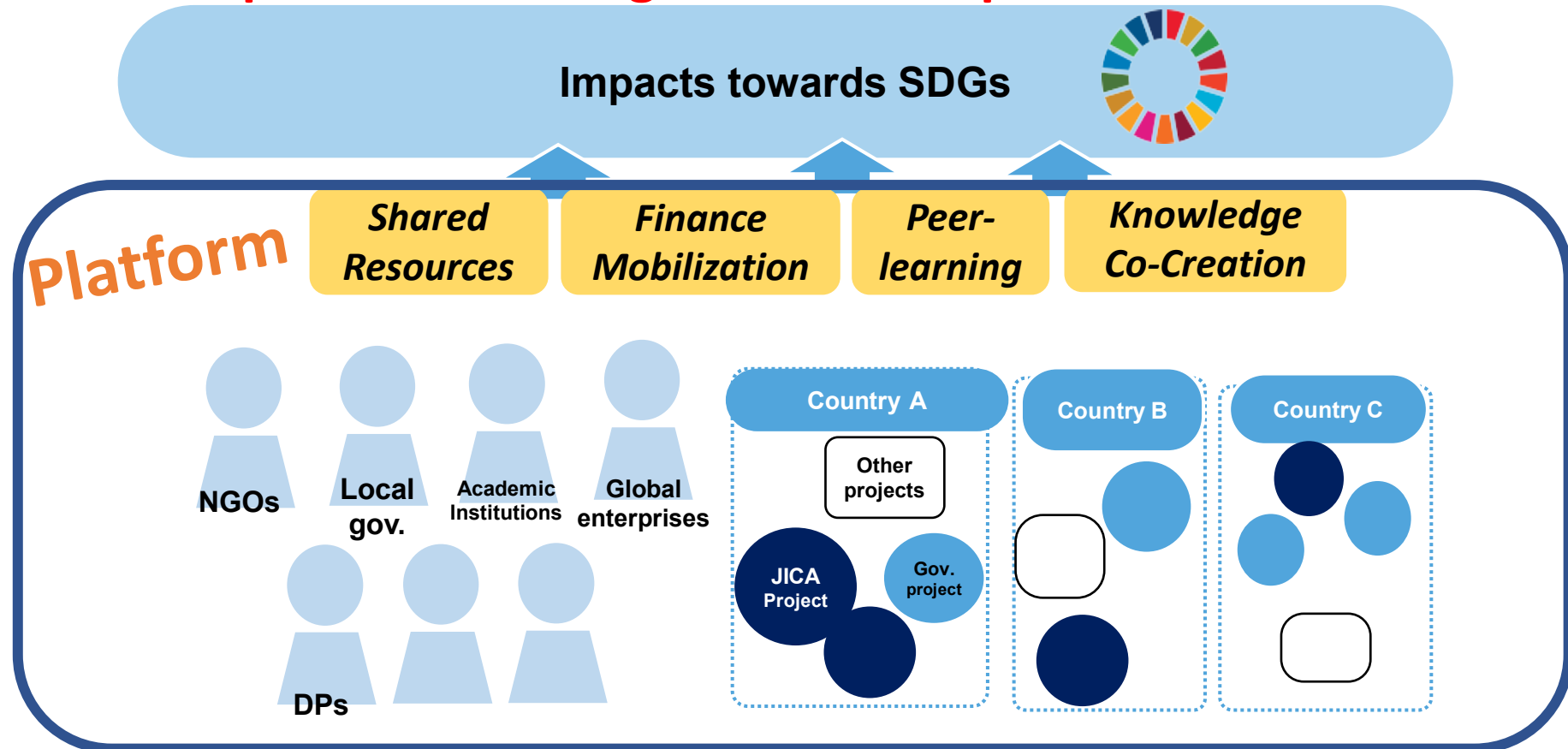


4-5. Platform for Collaboration and Co-creation

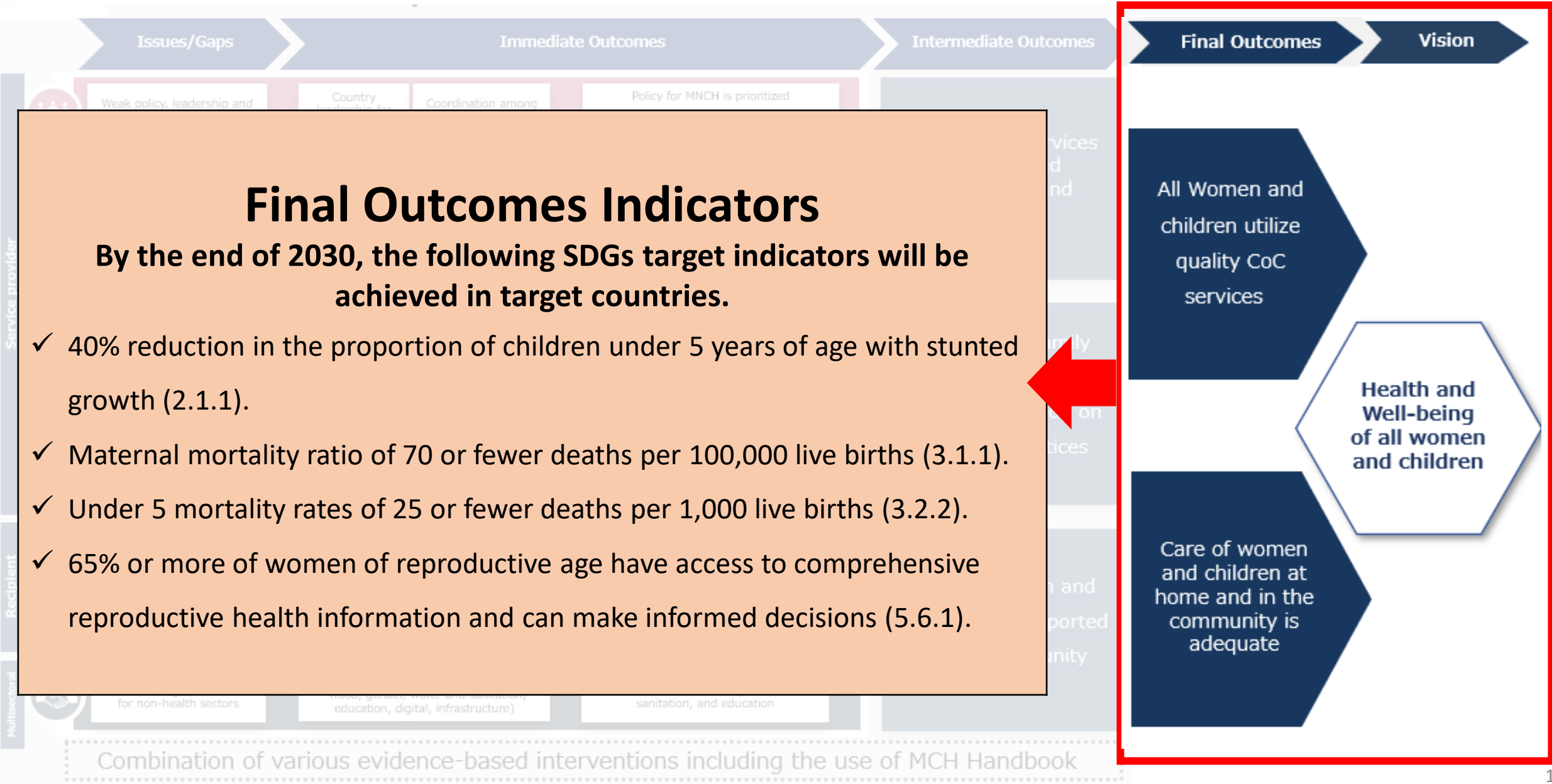
Regional or Global Platform for partner countries and various stakeholders;

- To promote collaboration and peer-learning among different countries
- To facilitate the actions of various stakeholders for the achievement of a common vision

Collaboration with all partners to bring collective impact

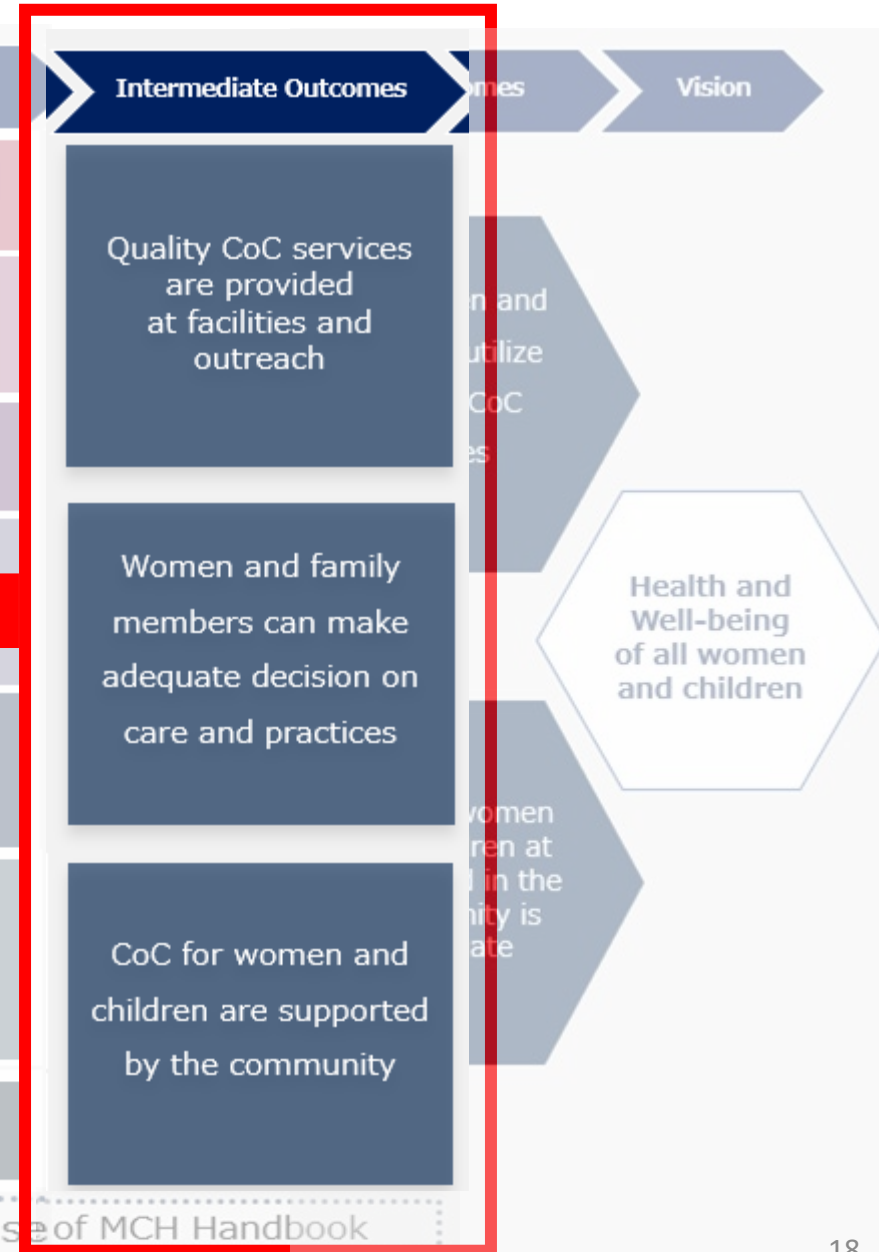


5. Monitoring framework and indicators

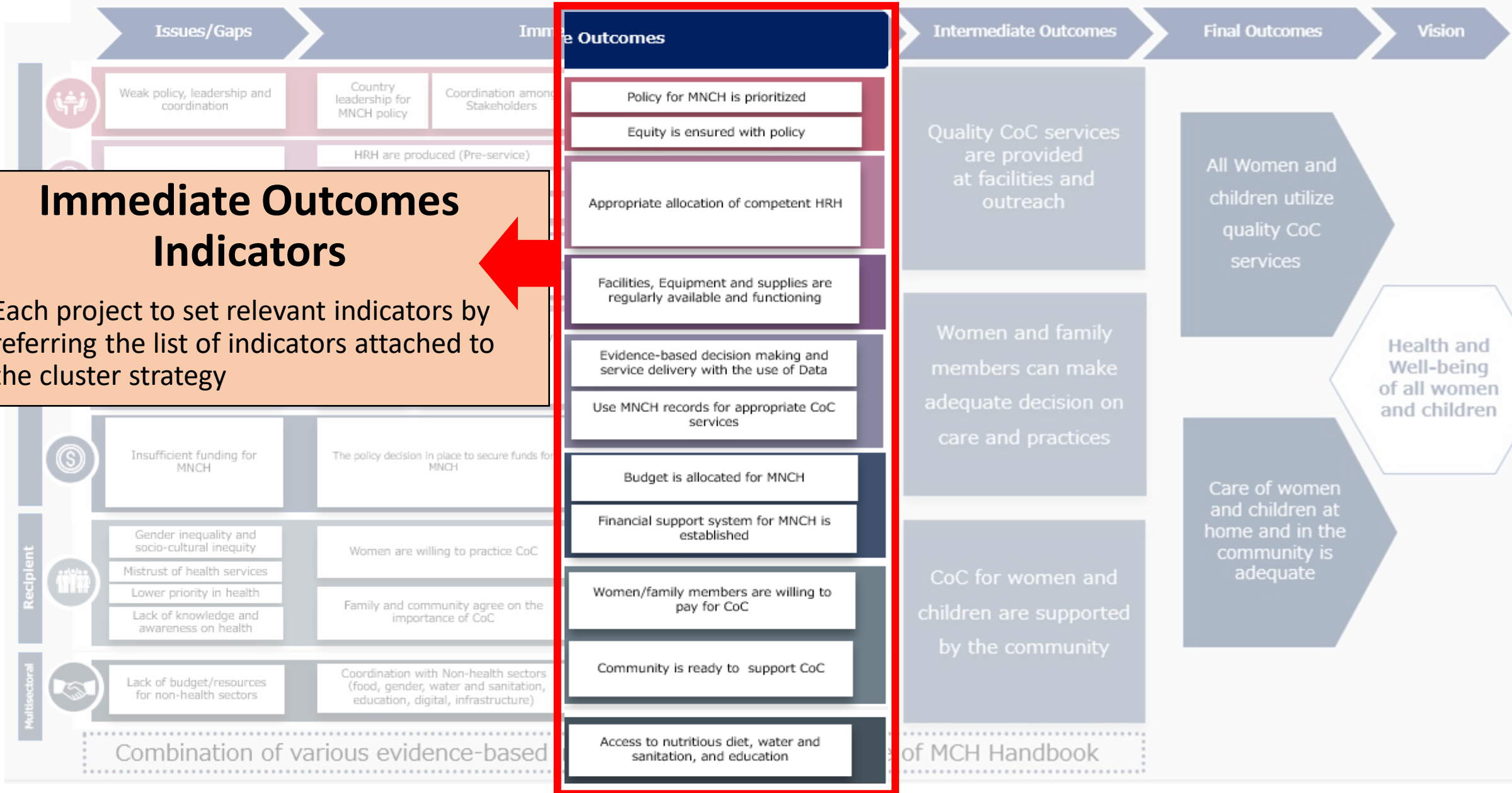


Intermediate Outcomes indicators

1. By 2026, >70% countries achieve the targets of the three common coverage indicators of EPMM/ ENAP:
 - Proportion of mothers receiving antenatal care (4 or more visits) is >70% .
 - Proportion of deliveries assisted by skilled birth attendants is >80%.
 - Proportion of mothers and newborns receiving early postnatal care (within 2 days) is >60%.
2. >60% countries achieve a population coverage of >50% for access to emergency obstetric care within 2 hours.
3. Improvement is observed in all coverage indicators of Child Health (Global Strategy 2016-2030) in >90% countries:
 - Increase in the proportion of mothers initiating breastfeeding within the first hour after birth.
 - Increase in the proportion of mothers practicing exclusive breastfeeding (up to 6 months).
 - Improvement in the proportion of children under 5 receiving ORS treatment for diarrhea.
4. At least one Level 2 facility capable of providing newborn resuscitation, respiratory management, etc., is established in >80% countries (ENAP coverage indicators for preterm, low birth weight, and sick newborn care).



5. Monitoring framework and indicators



5. Monitoring framework and indicators

Other indicators (JGA indicators) by 2030

■ Through all forms of cooperation and collaboration

- ❑ 16,000 MNCH health workers are trained and benefit 28.8 million women and children
- ❑ In 50 countries, promote the use of HBRs including the MCH Handbook


■ Through cluster activities,




- ❑ Conducting >10 activities with the global-level platform
- ❑ Promotion of collaboration with development partners in >80% target countries
- ❑ Promotion of collaborations with civil society more than twice a year
- ❑ Networking activities with >400 JOCV*, and >700 participants to the JICA training

*Japan Overseas Cooperation Volunteers

JICA Global Agenda for
No.06 Health

Cluster Strategy for
Strengthening Quality Continuum of Care
for Maternal, Newborn, and Child Health
(MNCH) including the effective use of
Maternal and Child Health Handbooks
(MNCH Cluster)
Summary



Japan International Cooperation Agency (JICA) works toward the achievement of the Sustainable Development Goals (SDGs).

2023.6

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MNCH cluster document

[Cluster Strategy Document \(JP\)](#)

[Cluster Strategy Document \(EN\) Summary](#)

✕currently, full version is only available in Japanese. English version is available in Summary.

Contact information

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Please contact us if you have any queries.