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

1. Purpose

1.1 Purpose of the "Cluster[1] Strategy"

The purpose of the MNCH Cluster[1] is to contribute to the achievement of Universal Health Coverage (UHC) which ensures that all people access the necessary services without suffering financial hardship even under the public health emergencies.

With a vision of **"Health and Well-being (physical, mental, and social) of All Women and Children"**, the cluster aims to promote the utilization of quality continuum of care (CoC) services by all women and children and the adequate care of women and children at home and in the community.

This cluster carries out various interventions including the use of the Maternal and Child Health Handbook (MCH HB), which JICA has technical knowledge and expertise. The relevant Sustainable Development Goals (SDGs) for this cluster are Goal 2: Zero Hunger, Goal 3: Good Health and Well-being, and Goal 5: Gender equality.

1.2 Background

In the context of the Millennium Development Goals (MDGs), the maternal mortality ratios (MMR), under-five mortality rates, and neonatal mortality rates (NMR) did not achieve the targeted reductions, leading to their inclusion in the SDGs. In the United Nation's "The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)", the focus shifted from "Survival" to "Thrive" emphasizing the health and well-being of women and children beyond survival. The cluster strategy is to ensure the equity and quality of services, with a focus on the vulnerable population such as newborns and adolescents, maternal and child nutrition, the life course approach, and the multi-sector approach.

[1] "Cluster" denotes a group of development cooperation projects and activities that share a common purpose and development scenario. JICA facilitates the formation of clusters among partner countries and organizations, based on JICA Global Agenda, with a view to vitalizing global collaboration.

2. Development Scenario

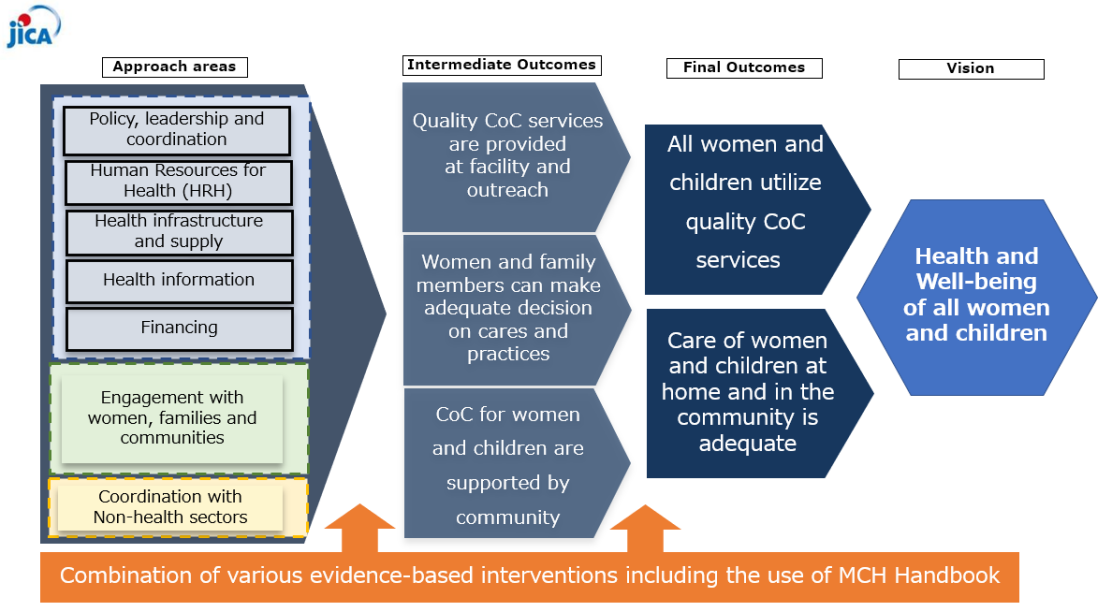
2.1 Development Scenario

To achieve the outcomes, which are the utilization of quality CoC among mothers and children and care within households and communities; the issues and gaps are with three categories: **1) gaps for service provision** (governance, human resources for health, health infrastructure and supply, health information and health financing), **2) barriers for women, families and communities** (gender and socio-cultural inequality, negative perceptions toward maternal and child health services, low priority in health, lack of knowledge and awareness on health) and **3) challenges in non-health sectors** (food, gender, water and sanitation, infrastructure, digital solutions, education, etc.).

A combination of various interventions will solve those issues and gaps, lead to the outcomes and the vision. JICA will select interventions from global guidelines, including the use of Home-based records (HBRs) and particularly the MCH HB, which has been proven effective as a tool for promoting CoC.

The improvement of the conditions in those categories generates achievement of the indirect targets; Quality CoC services are provided at facilities and outreach, Women and family members can make adequate decision on care and practice, and CoC for women and children are supported by the community. Following this achievement, all women and children will be able to utilize quality CoC services and Care of women and children at home and in the community will be able to be adequate: final goals. These series of changes lead to realize the vision “Health and Well-being of All Women and Children.” The process of a series of changes is shown in the figure below.

Figure 1. Purpose and Vision of JICA's MNCH Cluster



3. Implementation Direction

3.1 JICA's Core Areas of Work

JICA will focus on three core areas by leveraging its technical knowledge and established networks: **1) production, capacity building and allocation of human resources for health (HRH)**, **2) building, provision and maintenance of health facilities and equipment**, and **3) engagement with women, families, and communities**. JICA will promote the use of MCH HB in these three core areas and other approach areas, such as strengthening the health information system. JICA also explores the possibility of making advocacies and recommendations to the policy and leadership issues as they have implications for all the other approach areas.

Issues and gaps outside the core areas may also be included as an area of cooperation if the needs and conditions of target countries are met. For the governance and financial aspects, JICA will prioritize collaborating with other development partners that have greater comparative strength in those respective areas. Regarding multi-sectoral approaches, JICA will pursue collaboration with JICA's clusters in other sector to maximize collective impact.

3.2 Target Countries

The target countries of the MNCH cluster are listed below (table 1). JICA prioritizes the health sector, particularly the improvement of MNCH as the cooperation strategy in target countries. "**Priority target countries**" are those with high mortality ratio/rates and are JICA's cooperation priority on MNCH. The countries that express a strong interest/commitment to promoting the utilization of the MCH HB are also included in the priority countries. "**Target countries"** are selected from the countries that have not achieved the SDGs targets. "**High-needs countries"** are the countries that have not achieved the SDGs targets, but JICA currently does not have cooperation plans in MNCH.

Table 1 Target countries of MNCH cluster

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

3.3 Cooperation objectives

JICA will take two basic approaches in the target countries: **"expanding the coverage"** and **"improving the quality of care"**. The "Common coverage indicators" of the Strategies toward Ending Preventable Maternal Mortality (EPMM) and Every Newborn Action Plan to End Preventable Deaths (ENAP) will be used for the selection of basic approaches.

-the coverage of women receiving four or more antenatal care (ANC) visits
-the coverage of deliveries assisted by skilled birth attendance (SBA)
-the coverage of early postnatal care (PNC) visits within 2 days.

For the countries focusing on **"expanding the coverage"**, the emphasis will be on reducing maternal and neonatal mortality (**Survive**). Efforts will be on strengthening of

the health system that can provide basic MNCH services such as antenatal care, deliveries assisted by SBA and postnatal care. Capacity building of HRH and the provision, rehabilitation and maintenance of health facilities, equipment and supplies will be carried out. At the community level, sensitization and health promotion will be conducted to raise awareness and better understanding of the importance of CoC among women, families, and communities and to provide necessary support for women and children to use MNCH services and practice CoC.

For the countries focusing on **"improving the quality of care"**, the focus will be on "**Survive**" and "**Thrive**", enhancing services for the health and well-being of women and children. CoC will be expanded to cover early childhood, school-age, and adolescence periods. To improve the quality of care, JICA will promote client-centered respectful care that can improve positive experiences among women and children with the global guidelines. Interventions may include strengthening maternal and child nutrition during the "first 1,000 days of life" from pregnancy to a child's second birthday, care for child development (Nurturing care), and prevention of early-teenage pregnancies. At the community level, JICA will promote community participation and implementation in care and services.

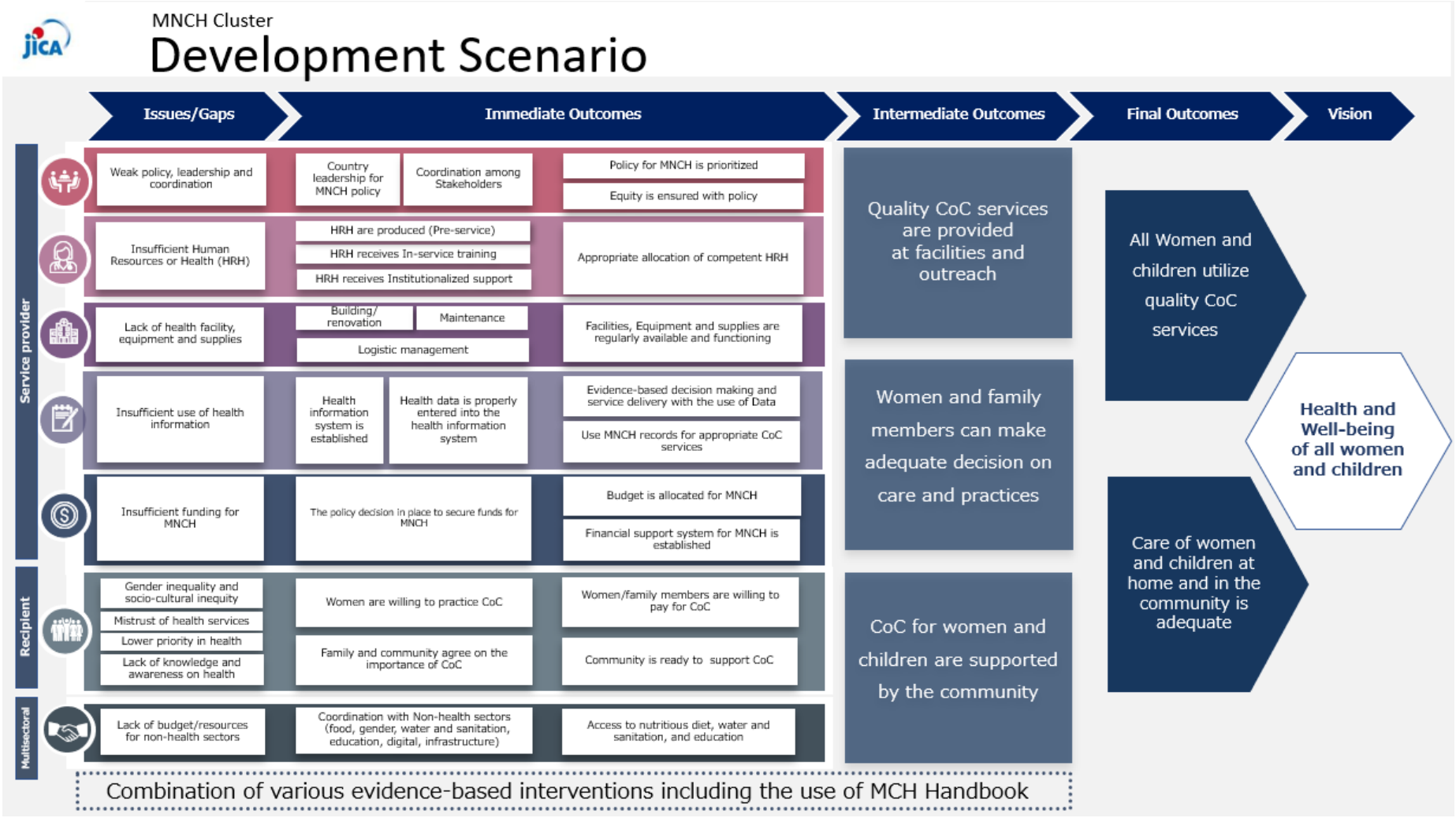
Table 2. Criteria of identification of the Basic Approach

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

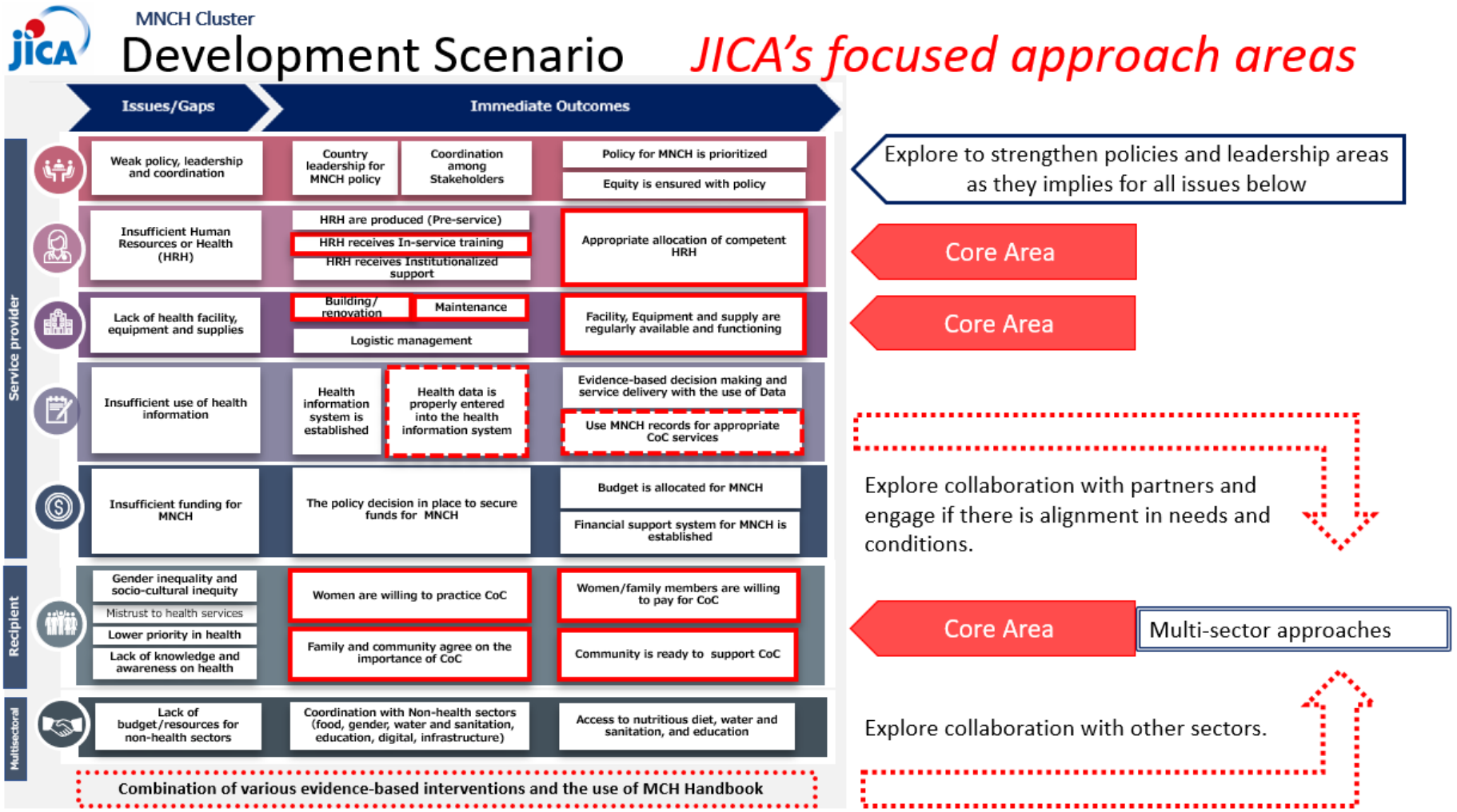
JICA may promote the use of MCH HB to improve the coverage of services and the quality of care under the county's needs and situations. JICA may take measures to apply digital technologies and solutions for health information, provision of remote consultations, diagnostic support, education, and notifications for mothers and other aspects.

Annex

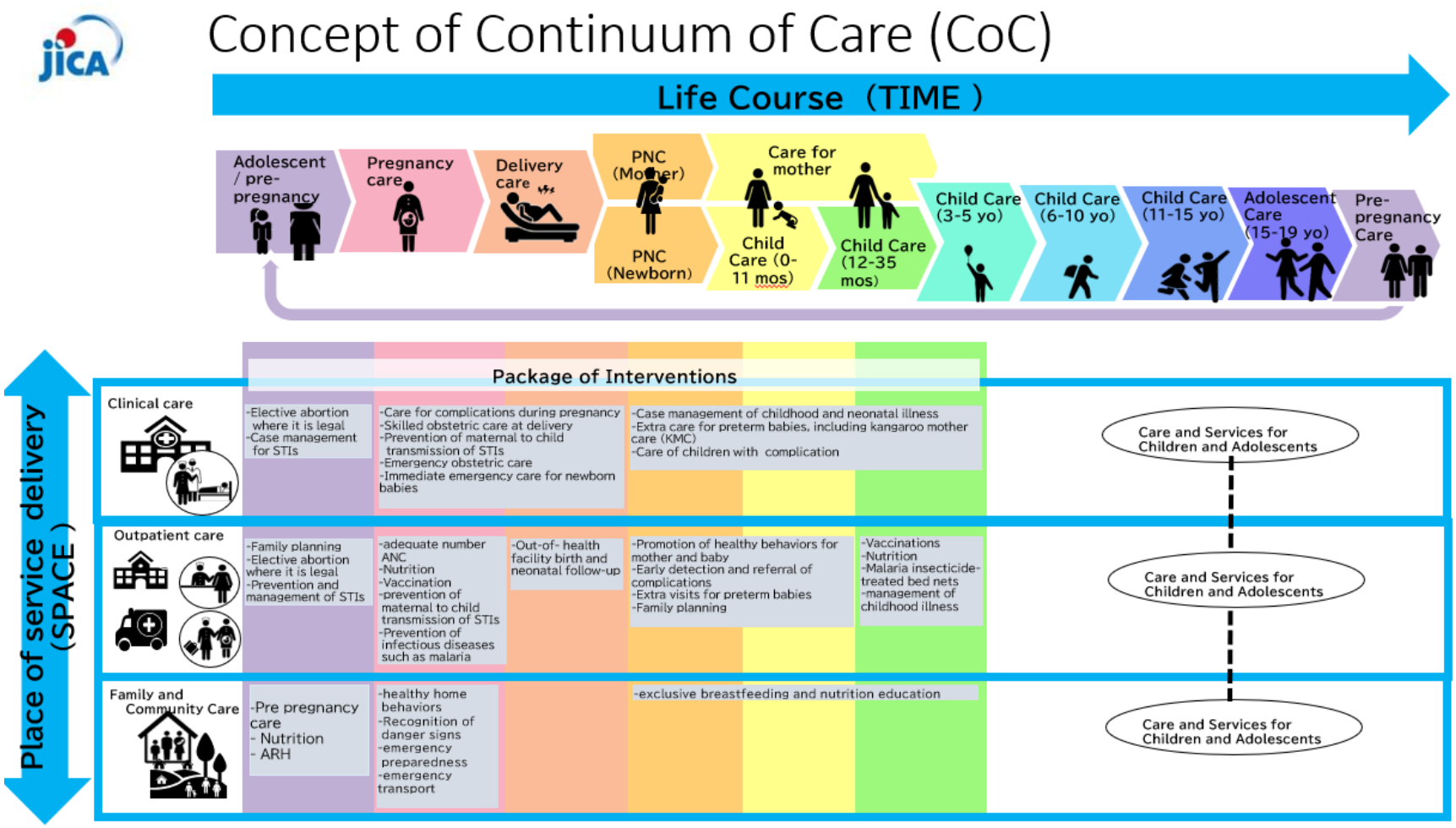
Annex1. Development Scenario



Annex 2. JICA's focused approach area



Annex 3. Concept of Continuum of Care



Annex4. Goal/Target and Indicators

Goal/ Target and Indicators	(1) The vision and ultimate outcome/final goal to be pursued in collaboration with external organizations are: - All women and children utilize quality CoC services - Care of women and children at home/community is adequate 【Indicators】 By the end of 2030, the following SDG target indicators will be achieved in the targeted cooperation countries: - 40% reduction in the proportion of children under 5 years of age with stunted growth (2.1.1). - Maternal mortality ratio of 70 or fewer deaths per 100,000 live births (3.1.1). - Under 5 mortality rates of 25 or fewer deaths per 1,000 live births (3.2.2). - 65% or more of women in reproductive age have access to comprehensive reproductive health information and can make informed decisions (5.6.1).
	(2) Intermediate Outcomes/Targets (level of achievement aimed through JICA's Cluster efforts) - Quality CoC services are provided at facility and outreach - Women and family members can make adequate decision on cares and practices - CoC for women and children are supported by community 【Indicators】 1. In target cooperation countries, by 2026, 70% or more countries achieve the targets of the common three indicators of EPMM/ ENAP coverage: - Proportion of pregnant woman receiving antenatal care (4 or more visits) is 70% or higher. - Proportion of deliveries assisted by skilled birth attendants is 80% or higher. - Proportion of mothers and newborns receiving early postnatal care (within 2 days) is 60% or higher. 2. In target cooperation countries, 60% or more countries achieve a population coverage of 50% or higher for access to emergency obstetric care within 2 hours. 3. In target cooperation countries, improvement is observed in all coverage indicators of Child Health (Global Strategy 2016-2030) in 90% or more 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 Oral Rehydration Solution (ORS) treatment for diarrhea. 4. In target cooperation countries, at least one Level 2 facility capable of providing newborn resuscitation, respiratory management, etc. is established in 80% or more countries (ENAP coverage indicators for preterm, low birth weight, and sick newborn care). The following are the cluster-specific indicators which should be achieved through all forms of cooperation and collaboration. - By 2030, a total of 16,000 HRH engaged in MNCH are trained, benefiting 28.8 million women and children - By 2030, in 50 countries, promote the use of HBRs including the MCH HB (JGA indicators) Through cluster activities, - By 2030, more than 10 activities are conducted with the global-level platform - By 2030, collaboration with development partners achieved in 80% or more target countries, - By 2030, collaborations with civil society is achieved more than twice a year (including JICA-NGO collaborations through the grassroots technical cooperation scheme), - By 2030, collaboration with 400 or more Japan Overseas Cooperation Volunteers (JOCV), and collaboration with 700 or more participants of the JICA training programs, through networking activities (annual consultation meetings / meetings to share activities and achievement, etc.).
	(3) Indicators of Immediate Outcomes and outputs Each project will set the indicators, which may include various process indicators, and monitor the outcomes and outputs relevant to the project at national and/or sub-national levels.