

Every Life is Precious

Maternal, Newborn and Child Health



Japan International Cooperation Agency

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June 2012



Japan International Cooperation Agency



photo:Shinichi Kuno



photo:Raymond Wilkinson

Maternal, Newborn and Child Health Issues

Approximately 287,000 women in the world are estimated to have died in 2010 as a result of pregnancy or birth-related complications and almost 7.6 million children died in 2010 before their fifth birthday. The overwhelming majority of such maternal and child deaths have been occurring in developing countries, which obviously constitutes a health crisis for these countries. In spite of steady improvements in the conditions related to maternal and child health, at this pace it seems that it will be difficult to achieve the Millennium Development Goal (MDG) 4 to "Reduce Child Mortality" and MDG5 to "Improve Maternal Health" by 2015. The global community is therefore intensifying efforts to strengthen work on maternal, newborn and child health (MNCH) opportunities and outcomes.

Since the process of pregnancy and childbearing is not an illness, but an essential aspect of human life and every person born is vulnerable to various diseases and health conditions, there will continue to be a demand for MNCH services by all societies. Even if the health status of women and children continues to improve throughout the world, or even improves substantially for a while, this does not necessarily mean that there will no longer be maternal, newborn and child health issues to address at many levels. Regardless of the time scale and the level of development of the society, MNCH services need to be provided to all of the women and children in present and future generations. It is a fact that underlines the importance of the sustainability of MNCH programs.

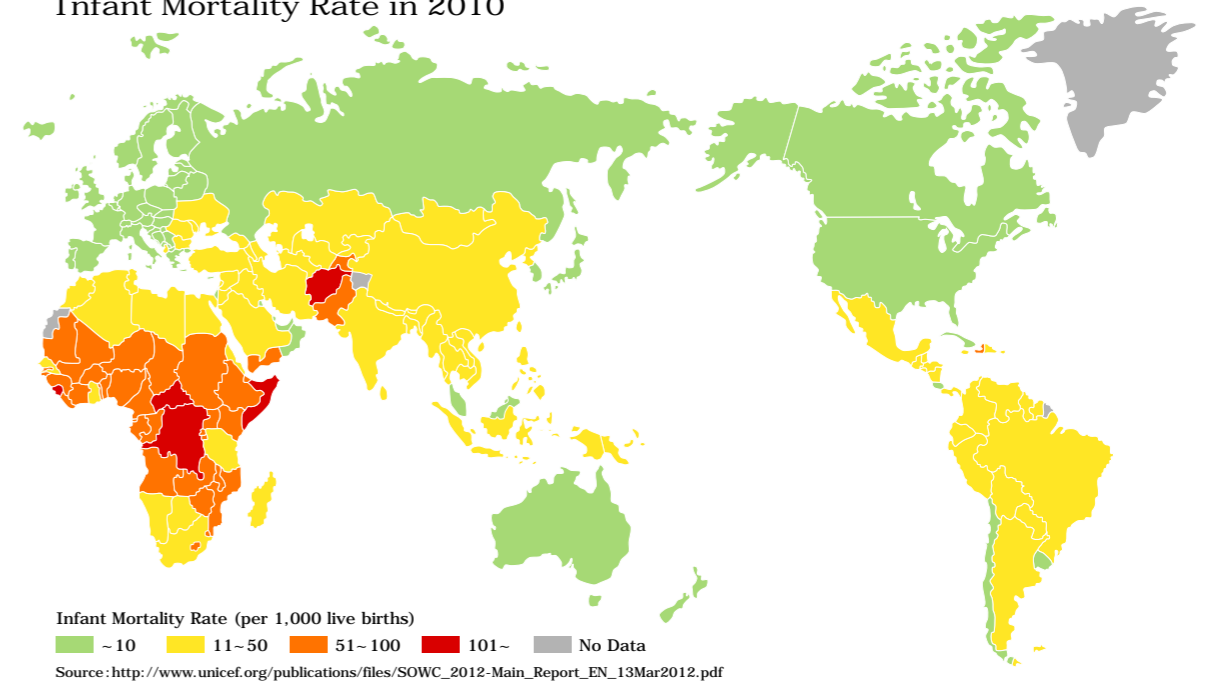
JICA's Commitment to MNCH

JICA has set MNCH as a priority in its health sector cooperation, considering the significance of MDGs 4 and 5, and in line with Japan's Global Health Policy.

In 1950, Japan's Infant Mortality Rate was at 60 (per 1,000 live births) and its Maternal Mortality Ratio was at 170 (per 100,000 live births). To overcome the challenges facing women and their babies, the Japanese government began to take a number of measures to strengthen systems for MNCH, such as institutionalizing the training and licensing of professional midwives, putting the Maternal and Child Health Act into force, and utilizing the Maternal and Child Health Handbook scheme. As a result, Japan has achieved one of the highest levels of MNCH status.

Based on the successful experience of Japan, JICA began to support developing countries in improving their MNCH status from early on. JICA will continue its endeavors to address MNCH issues in developing countries, while benefiting from Japan's experience and taking into consideration the global situation and trends in MNCH.

Infant Mortality Rate in 2010



Maternal Mortality Ratio in 2010

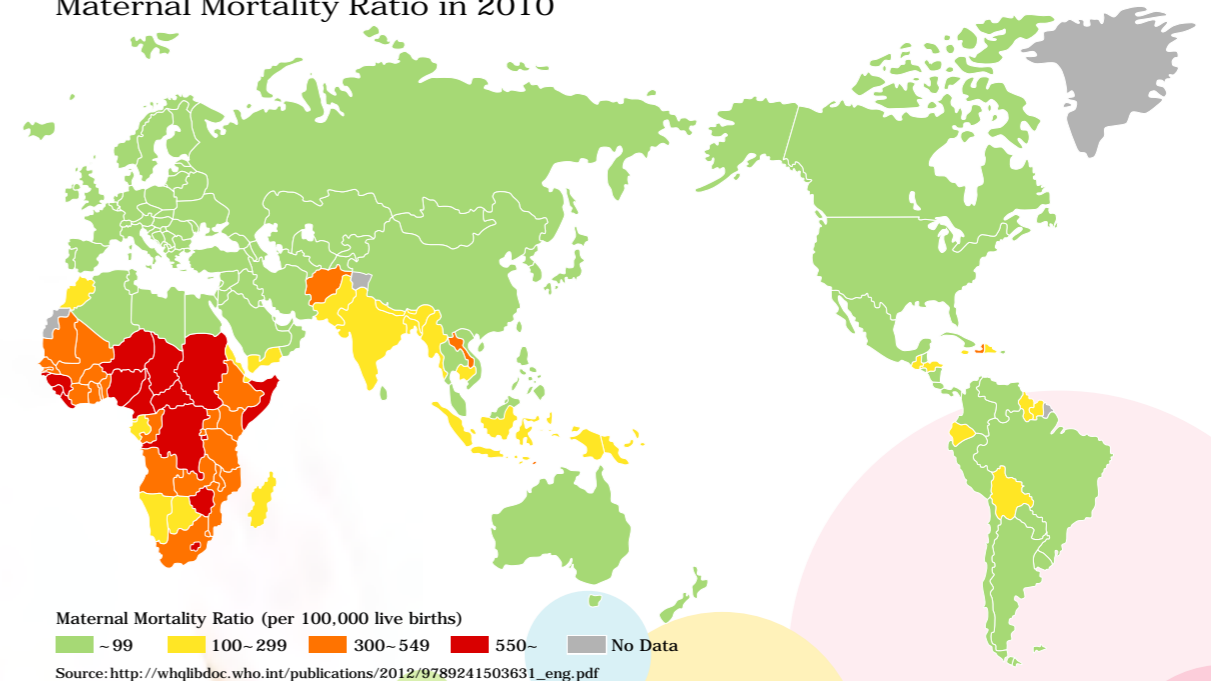




photo: Kenshiro Imamura

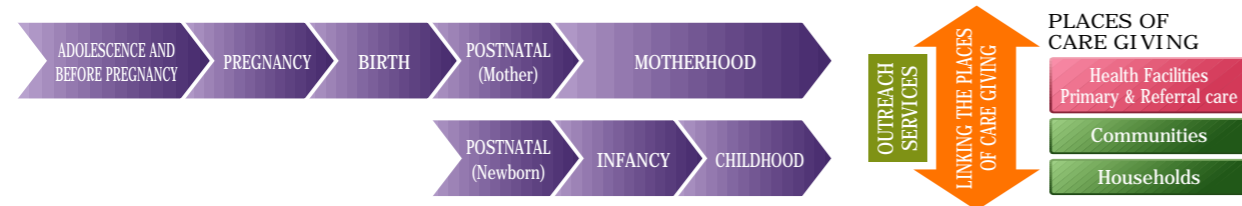


Objectives

The immediate priority for JICA's health sector cooperation is to support the achievement of MDGs 4 and 5 in developing countries. The following are the ways that JICA will help to further reduce mortality among mothers and children:

- 1) Place importance on strengthening health systems to ensure a comprehensive "Continuum of Care" and its sustainability
- 2) Facilitate the introduction and expansion of quality MNCH services that are internationally recognized as being effective.

Continuum of Care



Source: WHO/PMNCH [http://www.who.int/pmnch/about/continuum_of_care/en/#]

Basic Strategies

(1) Strengthening Systems and Capacity Development

Recognizing the importance of the sustainability of programs in the field of MNCH, JICA gives priority to strengthening the systems and improving the capacity of developing countries to implement their MNCH services. JICA also aims to improve MNCH in a sustainable and self-reliant manner not by providing services directly but through the expansion and mobilization of human and financial resources, whereby services can be continuously delivered and utilized so that a Continuum of Care can become generally achievable.

(2) Incorporation of Successful Practices into National Policies

In order to ensure that MNCH services are continuously available throughout any country, it is desirable for service provision practices that have been functioning well to be officially institutionalized as a regular program authorized as part of national policy. JICA therefore works with the health administration leaders in national and local governments who are responsible for formulating policies, and facilitates the eventual incorporation of good practices that have been field-tested and proven effective through JICA-assisted projects into formal MNCH programs, national guidelines or policy papers. JICA thus assists developing countries to ensure that successful field experience is reflected in policy level measures.

Scope of JICA's Cooperation

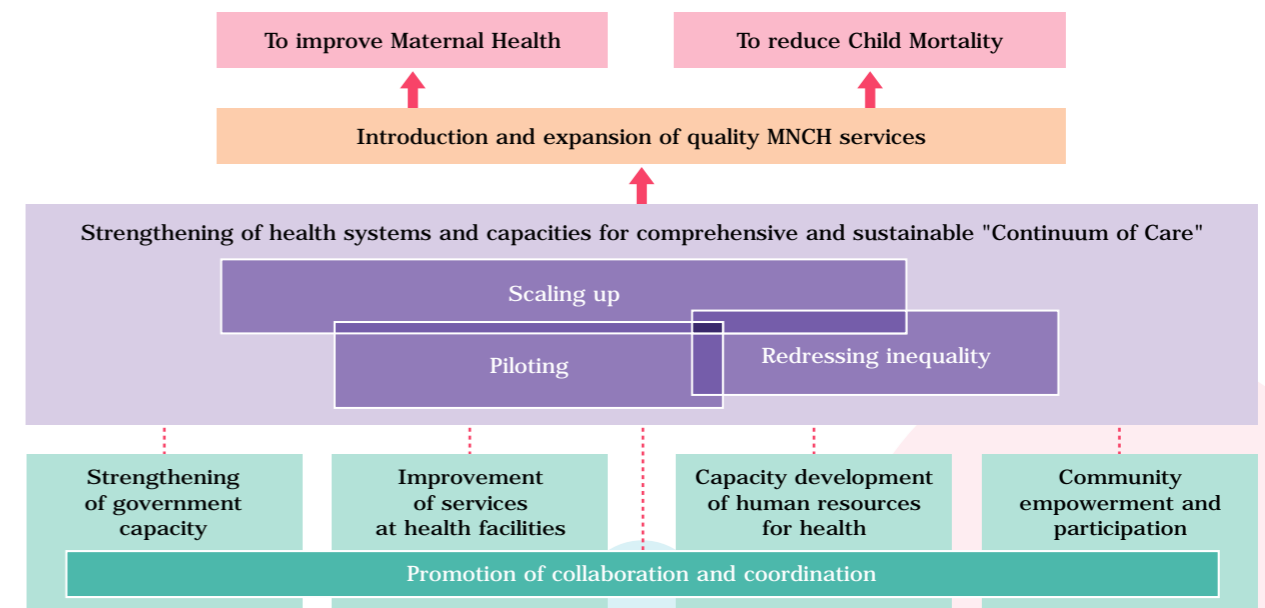
Main types of the objectives of JICA MNCH projects are to:

- (1) Demonstrate effective approaches for better MNCH programs according to the varying context in developing countries, i.e., Piloting
- (2) Expand existing programs which have been proven effective, i.e., Scaling up
- (3) Redress inequality in the country through focused efforts to improve the MNCH status of specific vulnerable population.

The scope of MNCH projects being conducted by JICA involves:

- Strengthening the capacity of national and local governments in health policy administration and program management.
- Improvement of services at health facilities.
- Capacity development of human resources for health.
- Community empowerment and participation.
- Promotion of collaboration and coordination among health administrators, health service providers and the beneficiaries (e.g. enhancement of information sharing and feedback, facilitation of responsibility sharing, improvement of referral operations, appropriate application of MCH Handbook schemes to better ensure accurate communication and the continuity of services, etc.).

Objectives and scope of JICA's Cooperation regarding MNCH



Source: JICA



photo: Kenshiro Imamura

Focus

JICA's efforts are mainly targeted at saving the lives of pregnant women and babies under one year. Out of the children dying in developing countries, many die under the age of one.

The main areas of JICA's intervention thus include:

- (1) Antenatal care
- (2) Birth attended by Skilled Birth Attendants and postnatal care for mothers and babies
- (3) Infant care

JICA's major approaches to Emergency Obstetric Care include strengthening the capacity of Skilled Birth Attendants and the communities regarding risk diagnosis and referrals, improving referral systems and the access to the systems, and expanding and upgrading medical facilities that provide Emergency Obstetric Care.

Approaches of JICA's Cooperation

JICA's cooperation in the field of MNCH involves a variety of models that respond to the diverse needs of the target population. JICA's MNCH projects are designed to:

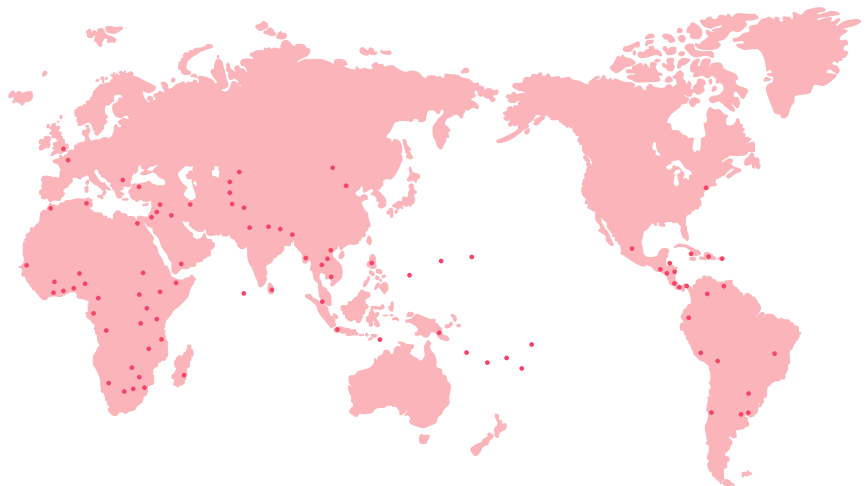
- (1) Directly tackle specific issue(s) of MNCH
- (2) Improve the country's administrative and budgetary conditions to ensure a steady supply of MNCH services by means of health sector reforms and alleviation of financial deficits
- (3) Address MNCH as part of programs and projects dealing with other health issues, including health administration, community health, nursing education, prevention of HIV infection, etc.
- (4) Address MNCH in programs and projects whose main focus is not health but gender, poverty reduction, rural development, etc.

Japan's Global Health Policy - EMBRACE

In September 2010, the Government of Japan launched its Global Health Policy 2011-2015 in order to achieve the health-related MDGs with adherence to the principle of "human security". US\$5 billion will be mobilized over this five-year period to accelerate progress towards the MDGs 4 and 5 in cooperation with other development partners. Japan aims to save the lives of approximately 11.3 million children including 2.96 million newborns and 430,000 mothers throughout the developing countries. The policy supports "Ensure Mothers and Babies Regular Access to Care (EMBRACE)", a package of effective interventions to save the lives of mothers and babies in partnership with all stakeholders, and adopts a broad approach, including better infrastructure, safe water and sanitation as well as other social developments.

JICA Overseas Offices

(As of September 1, 2011)



Asia

Afghanistan Office
Bangladesh Office
Bhutan Office
Cambodia Office
China Office
India Office
Indonesia Office
Kyrgyz Office
Laos Office
Malaysia Office
Maldives Office
Mongolia Office
Myanmar Office
Nepal Office
Pakistan Office
Philippines Office
Sri Lanka Office
Tajikistan Office
Thailand Office
Timor-Leste Office
Uzbekistan Office
Viet Nam Office

North & Latin America

Argentina Office
Belize Office
Bolivia Office
Brazil Office
Chile Office
Colombia Office
Costa Rica Office
Dominican Republic Office
Ecuador Office
El Salvador Office
Guatemala Office
Honduras Office
Jamaica Office
Mexico Office
Nicaragua Office
Panama Office
Paraguay Office
Peru Office
Saint Lucia Office
Uruguay Office
U.S.A. Office
Venezuela Office

Ghana Office
Kenya Office
Madagascar Office
Malawi Office
Mozambique Office
Namibia Office
Niger Office
Nigeria Office
Rwanda Office
Senegal Office
South Africa Office
South Sudan Office
Sudan Office
Tanzania Office
Uganda Office
Zambia Office
Zimbabwe Office

Middle East

Egypt Office
Iran Office
Iraq Office
Jordan Office
Morocco Office
Syria Office
Tunisia Office
Office in Gaza
Yemen Office

Europe

Balkan Office
France Office
Turkey Office
U.K. Office

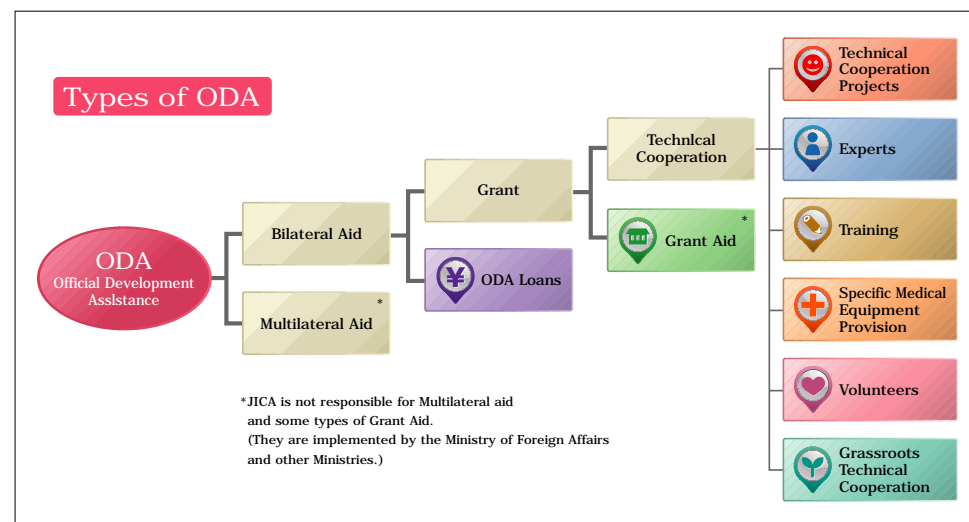
Pacific

Fiji Office
Marshall Islands Office
Micronesia Office
Palau Office
Papua New Guinea Office
Samoa Office
Solomon Islands Office
Tonga Office
Vanuatu Office

Africa

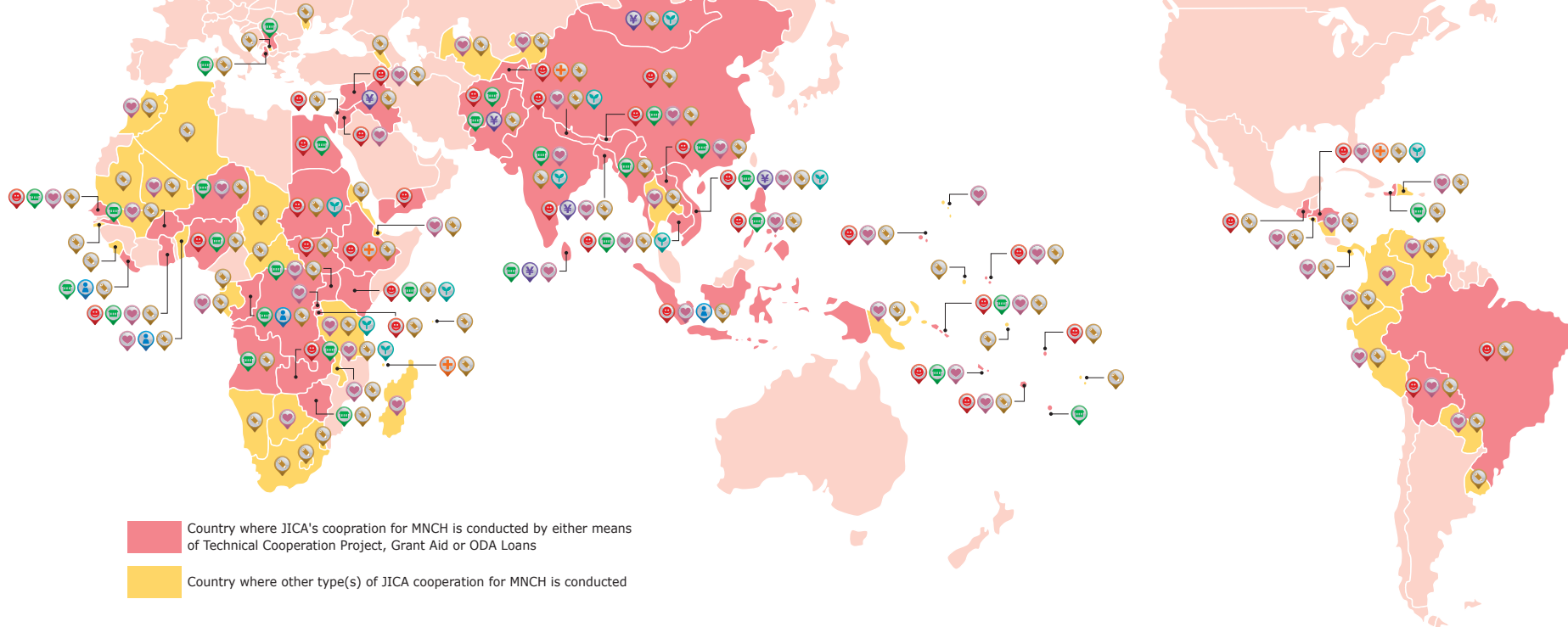
Benin Office
Botswana Office
Burkina Faso Office
Cameroon Office
Cote d'Ivoire Office
Democratic Republic of Congo Office
Djibouti Office
Ethiopia Office
Gabon Office

JICA's Programs and Projects for Maternal, Newborn and Child Health





JICA's Programs and Projects for Maternal, Newborn and Child Health (MNCH)



As of Japanese Fiscal 2011







Country where JICA's cooperation for MNCH is conducted by either means of Technical Cooperation Project, Grant Aid or ODA Loans



Country where other type(s) of JICA cooperation for MNCH is conducted



 **Technical Cooperation Projects** respond to the need to enhance problem-solving capacities of developing countries. They support human resource development, research and development, technology dissemination and the development of institutional frameworks. The core components of Technical Cooperation Projects are dispatch of experts, training, provision of equipment, and targeted hands-on activities. Technical cooperation projects which have a MNCH-related objective and/or MNCH-related factor(s) as expected outcome(s) or planned activity(activities) are conducted in the countries marked with .



 Japanese **Experts** are dispatched to developing countries to team up with the counterparts and give advice to them, and to disseminate knowledge and technologies accordingly. In the countries marked with , experts coordinate JICA's MNCH programs and projects, work to achieve MNCH-related outcome(s), or are engaged in MNCH-related activities.

 **Grant Aid** is financial assistance with no obligation to repay, and typically responds to the need to improve social and economic infrastructure. In the countries marked with , Grant Aid Projects support construction/renovation of hospitals or health centers which provide MNCH services, construction/renovation of schools which conduct courses for SBAs, or procurement and upgrade of medical equipment which are necessary for MNCH services.

 Under **Specific Medical Equipment Provision Program**, JICA supplies vaccines and syringes, pharmaceuticals, micronutrients, contraceptives, cold-chain equipment, etc., usually in cooperation with international organizations such as UNICEF and UNFPA. JICA provides these items for MNCH purposes to the countries marked with .

 **ODA Loans** are financial assistance with repayment obligation. They are low-interest, long-term and concessional funds to finance the development efforts by the government of the recipient country. In the countries marked with , ODA Loans are used for upgrade of medical facilities which provide MNCH services, or for continuous implementation of national MNCH programs.

 **Training** is a form of technical cooperation that JICA carries out in Japan. Some of the knowledge that Japanese society has accumulated can be learned through first-hand experience. The Training and Dialogue Program and the Training Program for Young Leaders are an important means to support human resource development in developing countries. JICA receives participants in the courses and seminars which have a MNCH-related objective and/or MNCH-related module(s), from the countries marked with .

 **Volunteer** sending programs include Japan Overseas Cooperation Volunteer (JOCV) Program and Senior Volunteer (SV) Program. The Japanese volunteers carry out activities with an emphasis on raising self-reliant efforts while fostering mutual understanding. In the countries marked with , JOCVs and SVs are engaged in MNCH-related activities. They are midwives, nurses, public health nurses, nutritionists, or work in the field of public health, infectious disease control, HIV prevention, or youth programs.

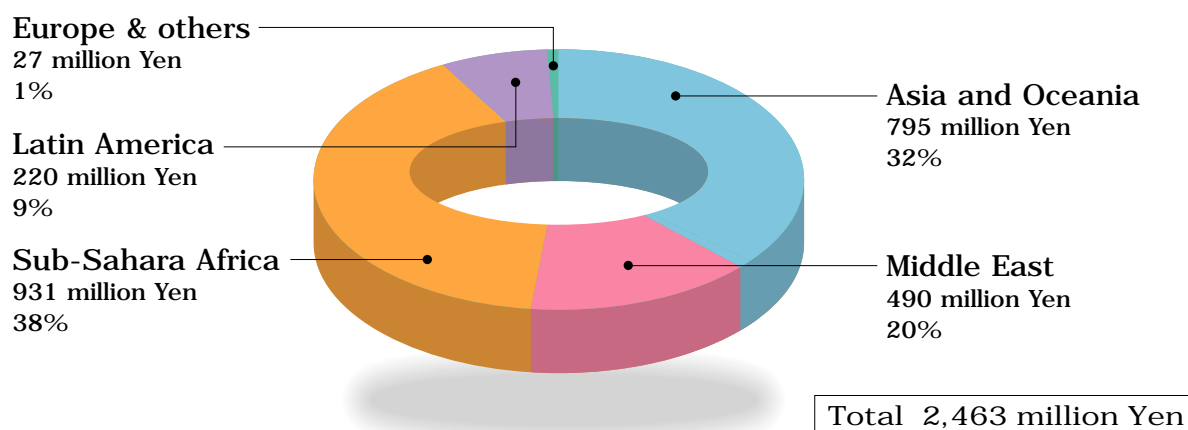
 **Grassroots Technical Cooperation** is implemented in collaboration with partners in Japan, such as NGOs, universities, local governments, and public corporations. Grassroots Technical Cooperation Projects which have a MNCH-related objective and/or MNCH-related factor(s) as expected outcome(s) or planned activity(activities) are conducted in the countries marked with .

Outline of JICA Operations in Japanese Fiscal 2010

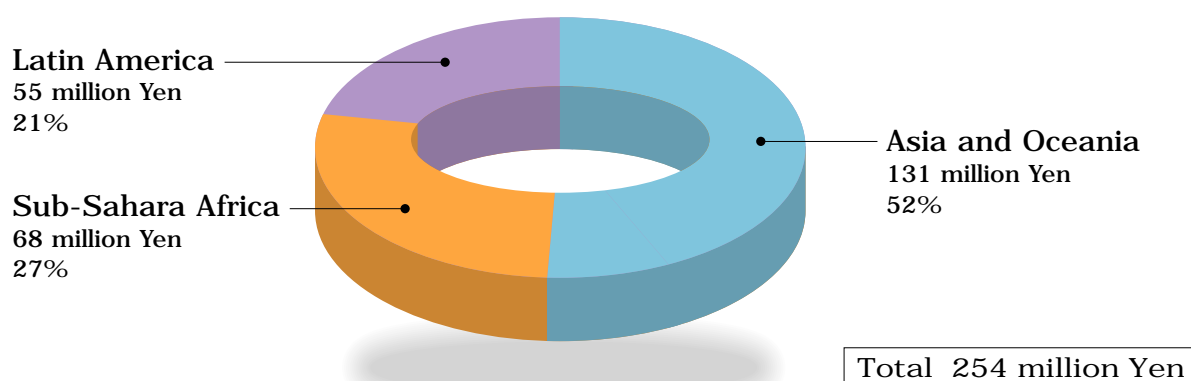
(million Yen)

| | Total (all sectors) | | Health sector | | Maternal, Newborn and Child Health (MNCH) | |
|-----------------------|------------------------|------|---------------|-------|---|------|
| | Amount | % | Amount | % | Amount | % |
| Technical Cooperation | 168,767 | 100% | 12,002 | 7.1% | 2,717 | 1.6% |
| Grant Aid | 1,024,150 | 100% | 111,970 | 10.9% | 12,419 | 1.2% |

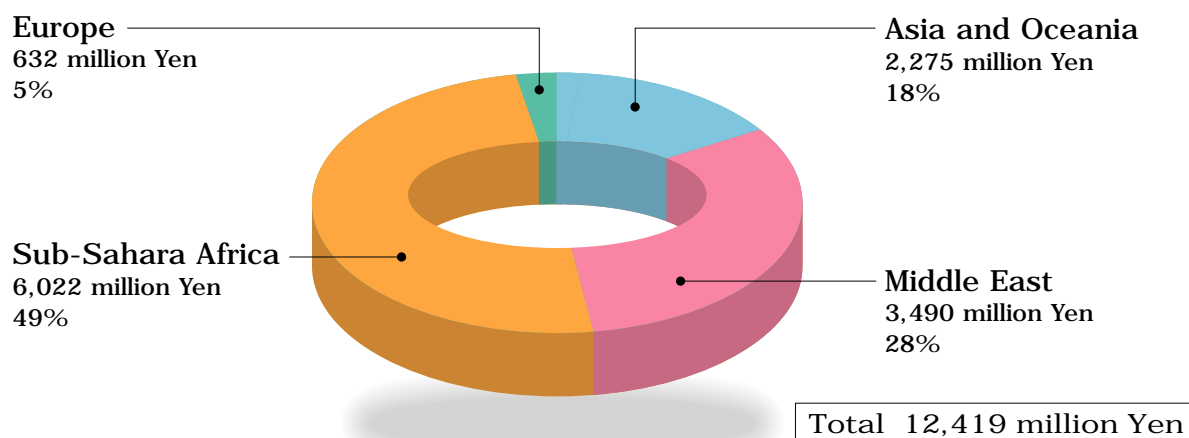
Expenses for Technical Cooperation for MNCH in Japanese Fiscal 2010 by Region



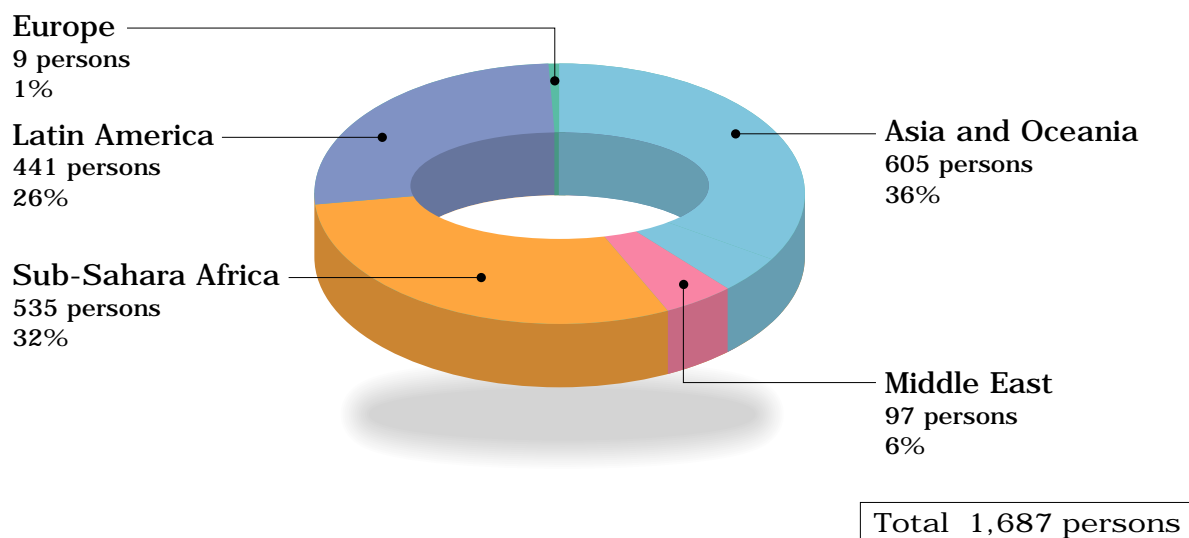
Expenses for Grassroots Technical Cooperation for MNCH in Japanese Fiscal 2010 by Region



Amount of Grant Aid for MNCH in Japanese Fiscal 2010 by Region



Numbers of Japan Overseas Cooperation Volunteers (JOCV) and Senior Volunteers (SV) engaged in MNCH activities in Japanese Fiscal 2010 by Region





MCH Handbook:

an integrated home-based record to increase the coverage of maternal, newborn and child health services

JICA recognizes the potential of the Maternal and Child Health Handbook (MCH Handbook) based on Japan's extensive experience in utilizing it as part of a national program to expand quality health services to women and children. Since the 1990s, JICA has been working on the application of the MCH Handbook scheme in developing countries.

MCH Handbook is part of a scheme designed to record, in a single document, all the information and data regarding the health services which are provided to, and the health condition of a mother and her child during the process of pregnancy, delivery and after birth, such as maternal care and the child's growth pattern and immunization schedule. MCH Handbook is a form of home-based record; it belongs to the expectant mother as a client of the health services and is kept by her at home throughout the pregnancy and during the child-rearing period. It can be used as a tool to 1) monitor the condition of the pregnant woman and her child and their service uptake, 2) survey the provision of health services, 3) promote health education and communication and 4) provide a reference in case of referrals. Since it is designed to be used continuously over the period before, during and after childbirth, it

has attracted attention in some countries as a means of recording other health aspects as well. For example, Kenya includes in their MCH Handbook information that is necessary for the prevention of mother-to-child transmission of HIV/AIDS (PMTCT). With this information, the handbook is expected to facilitate the early diagnosis and initiation of anti-retrovirus therapy (ART) for the child of an HIV-positive woman. This example from Kenya indicates that the contents of MCH Handbooks can be modified according to the needs and the social context of the users. In many developing countries, coordination among health services and continuity of service provision are weak and as a result there are gaps in the services in the provision of a continuum of care. MCH Handbook offers a means of identifying and filling these gaps by enabling health personnel to monitor their clients and at the same time it increases the awareness of the clients regarding their use of the services.

So far, the application of this handbook scheme has achieved good results with respect to the enhanced uptake of MNCH services and improved communication between health service providers and their clients.

In Indonesia, it was found that pregnant women who used MCH Handbook were more inclined to take advantage of antenatal and postnatal care services.

JICA has assisted the Indonesian Ministry of Health (MOH) to pilot the use of MCH Handbook since 1994. After conducting field tests, MOH issued a ministerial decree to announce that MCH Handbook would be the sole home-based record for MNCH services in 2004. To serve mothers and children at multiple service points, 11 professional organizations issued statements in support of the

use of the MCH Handbook scheme for every type of service, both public and private. MCH Handbook has become a common tool for development partners and medical professional organizations to support the government's efforts to increase the coverage of various components of essential MNCH services.

In Palestine, a Knowledge-Attitudes-Practices survey revealed an increase in the acquisition of knowledge and better communication between health service providers and client women, and between the client women and their family members, which is indispensable to achieving a continuum of care.

Palestine has utilized MCH Handbook as part of a national program since 2008. The handbook, the first of its kind in Arabic, has been in development since 2005 by the Palestinian Ministry of Health together with JICA and UNRWA (The United Nations Relief and Works Agency for Palestine Refugees in the Near East), with financial support from the Japanese government through UNICEF. The Palestinian MCH Handbook scheme has been expanded through UNRWA to cover all Palestinian refugee families who use UNRWA clinics in Jordan, Syria and Lebanon.

In the Philippines and Mexico, JICA has supported the government administration to develop a pilot version of each country's MCH Handbook. JICA has assisted Thailand, the Philippines, Vietnam and Kenya to expand the regular use of MCH Handbook nationwide. Since 2006, the Indonesian

government and JICA have hosted annual international courses to share their experience on the increase of the coverage of MNCH services by means of nationwide introduction of MCH Handbook. Timor Leste, Vietnam, Lao PDR, Afghanistan, Bangladesh, Morocco, Kenya, Palestine and other countries have participated in these courses.

JICA supports developing countries in building and strengthening their health systems that provide a comprehensive and sustainable "Continuum of Care for MNCH". If a developing country intends to apply and utilize the MCH Handbook scheme in their health systems to improve the quality of and access to MNCH services, JICA will be pleased to work with them as it has already done so in a number of countries together with other development partners.





Bangladesh

Safe Motherhood Promotion Project Phase 2

Many pregnant women in Bangladesh die during pregnancy and childbirth. The Maternal Mortality Ratio (MMR) in Bangladesh is at 340 per 100,000 live births¹ since the percentage of women receiving antenatal checkups is low and few childbirths take place in the presence of a skilled birth attendant (SBA).

To improve the health of pregnant women, from July 2006 to June 2011 JICA conducted the Safe Motherhood Promotion Project (SMPP) to support the Ministry of Health and Family Welfare (MoHFW) of the Government of Bangladesh (GOB) in Narsingdi District where maternal and child health conditions are poorer than the national average while the socio-economic level ranks around the median in the country.

SMPP consisted of three major components: creating community support groups, improving services such as Emergency Obstetric Care (EmOC) provided at medical facilities, and giving advice to health authorities at all levels from the central government to the field level in order to interlink communities with medical facilities and the government.

Firstly, in the communities, SMPP promoted community-led initiatives through the development

of community support groups consisting of mothers, traditional birth attendants, local health officers, and local assembly members. These community groups were facilitated to come up with their own ways to tackle maternal, newborn and child health issues. The creation of these groups empowered the communities and the effects expanded to issues other than health, such as, education, agriculture, and gender.

Secondly, at public hospitals, a Hospital Quality Improvement Cycle ('plan-do-see' process) for hospital management was undertaken and necessary equipment for EmOC and training for MNCH personnel were provided.

Thirdly, SMPP actively cooperated with the central government through MoHFW to improve their MNCH Programs by operationalizing them accordingly to the local situation. SMPP willingly worked together with local governments as well, since they are the ones who form the bridge between community support groups and medical facilities, and between the central and local health administrations. Consequently, local government officers have been motivated and mobilized to become more concerned about health in local communities.



A community group working on mapping pregnant women and health resources in the community

¹ Source: World Health Statistics 2011, WHO

As a result of the implementation of the project in Narsingdi District, the percentage of pregnant women with obstetric complications who received emergency obstetric care, or "met need" at public and private hospitals increased from 17.8% in 2006 to 55.6% in 2009. The approach of SMPP became widely known in Bangladesh as the

"Narsingdi model" named after the district. Furthermore, the results of the project activities have been reflected in the Health, Population, and Nutrition Sector Development Program (HPNSDP) from 2011/12 to 2015/16, a national medium-term health sector policy that will be implemented countrywide.

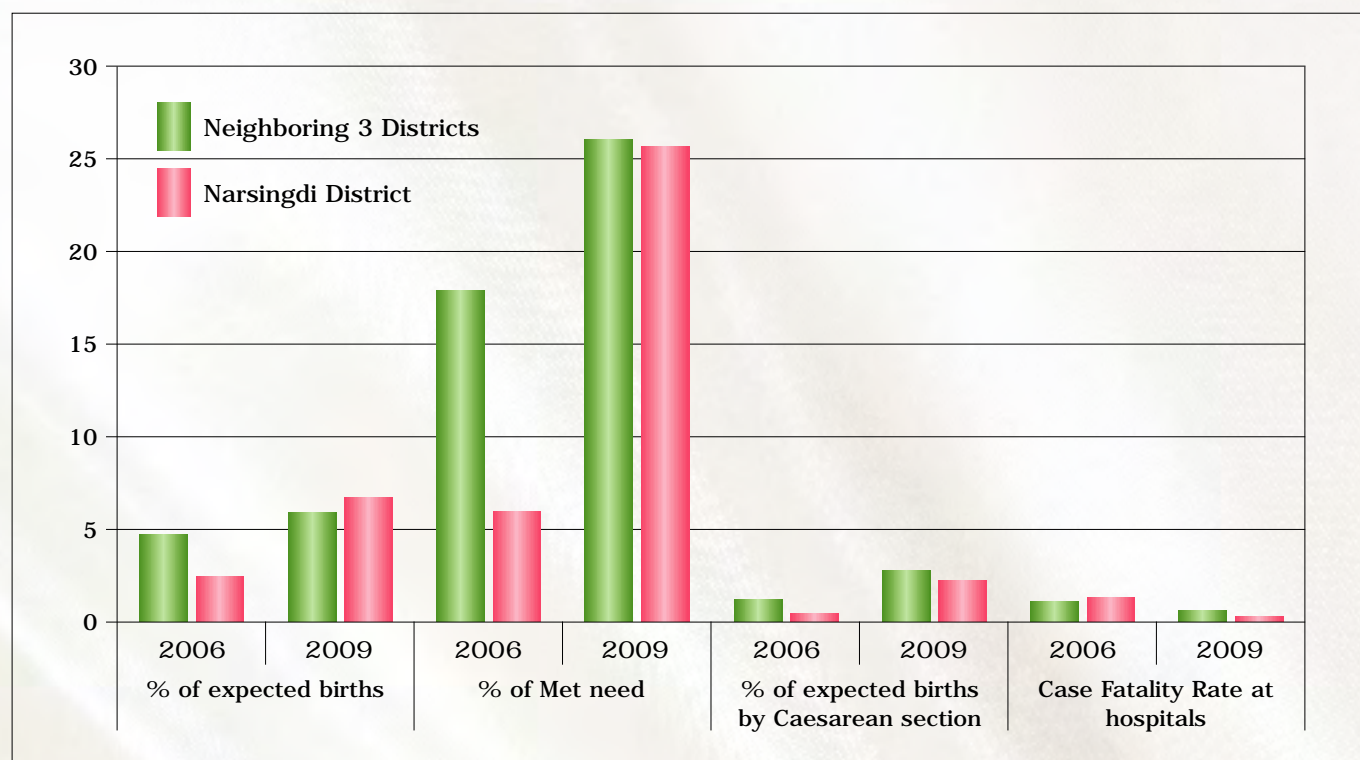


Figure: Changes in EmOC usage at public hospitals in Narsingdi compared to three neighboring districts. *Indicators in Narsingdi District have improved to almost reach or exceed those in the neighboring three districts.

JICA is implementing the second phase of SMPP as technical cooperation in response to the request from GOB to spread the achievements of the first phase to the whole country by aligning it with HPNSDP. Japanese volunteers under the JICA program (Japan Overseas Cooperation Volunteers (JOCV)) in the fields of midwifery and rural community development took part in SMPP-related work in Narsingdi District and they are also working together with SMPP Phase 2. Furthermore, JICA has decided to provide financial support in the form of an ODA Loan for activities on MNCH in the HPNSDP along with other development partners.

MMR revealed by the second Bangladesh Maternal Mortality and Health Care Survey held in 2010 was 194 per 100,000 live births during the period of 2008-2010 which is on track to achieve Bangladesh's MDG target of 144 by 2015. In 2010, the percentage of live births for which women received four or more Antenatal Care Visits was 23.4% and the percentage of births attended by SBA was 26.5% while they were 11.6% and 12.0% in 2001 respectively. Further improvement of MMR as well as the state of neonatal and child health in general will require greater efforts. JICA will continue working with the GOB to achieve these goals.



Lao People's Democratic Republic

Support for stronger leadership and partnership from the central government to rural communities

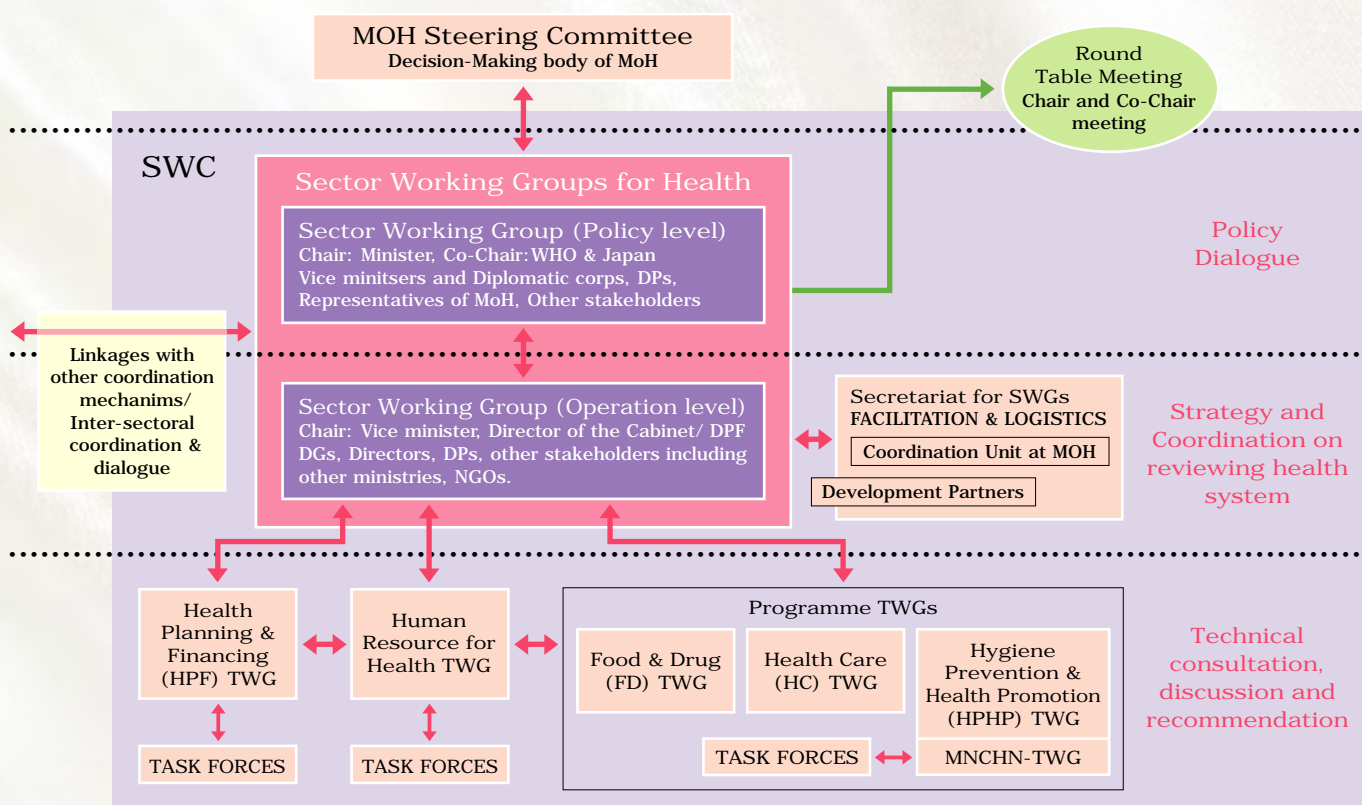
Since the mid-1980s, Lao People's Democratic Republic (Lao PDR) has made considerable progress in improving the health of its population. However, it still faces the most prominent challenges in its efforts to reach the Millennium Development Goals (MDGs) 4 and 5. The Maternal Mortality Ratio per 100,000 live births is still at 580 and the Under-Five Mortality Rate per 1,000 live births is 59¹.

To overcome these challenges, the Ministry of Health (MOH) in Lao PDR has established a comprehensive national policy "Health Strategy up to the Year 2020 (May 2000)" to bring the health sector in Lao PDR out of its least-developed country status and to achieve the

MDGs. However, although a national policy had been announced, the health sector was struggling from having numerous stand-alone projects and programs conducted by various development partners without a clear, strategic and long-term program framework. This resulted in fragmented and overlapping roles and functions of the departments in the MOH.

In response to this situation, "Capacity Development for Sector-Wide Coordination in Health" was started in 2006 at the MOH with technical cooperation from JICA in order to establish and operationalize the Sector-Wide Coordination (SWC) mechanism. The SWC mechanism provides a platform to enable stronger

Structure of Sector Coordination Mechanism for Health



Abbreviation:

DG: Director General

D P: Development Partners

DPF: Department of Planning and Finance

MoH: Ministry of Health

NGO: Non-Governmental Organization

SWG: Sector Working Group

TWG: Technical Working Group

WHO: World Health Organization

leadership by the MOH, in partnership with all the development partners involved in health, under a single sectoral policy to improve the overall state of health in Lao PDR. With this mechanism in place, Sector Working Groups (SWGs), Technical Working Groups (TWGs) and Coordination Units were created and the MOH and the development partners became able to meet periodically to share information and create unified health policies, plans and strategies. Through this SWC mechanism, Five-Year Health Sector Development Plans (the 6th Five-Year HSDP 2006-2010 and the 7th Five-Year HSDP 2011-2015) were created to address six priority programs including the improvement of Maternal, Neonatal and Child Health (MNCH) services, and these were announced as the national policy. The outcomes of this coordination are the development of strategies on important issues, including the Strategy and Planning Framework for the Integrated Package of Maternal Neonatal and Child Health Services 2009-2010 (MNCH Integrated Package), the introduction of a unified monitoring framework, and mapping of programs supported by various development partners. These outcomes formed a foundation for the MOH to effectively and efficiently manage its own health programs, while realizing the importance of coordination between those providing external assistance.

To better implement the MNCH Integrated Package at the provincial level, another technical cooperation project "Strengthening Integrated

Maternal, Neonatal and Child Health (MNCH) Services" is being implemented. This project aims to improve the coverage of MNCH services in the four southern provinces (Champasack, Salavan, Sekong, and Attapeu) by supporting the proper implementation of the three strategies stated in the MNCH Integrated Package, (a) to appropriately manage MNCH services in the Provincial and District Health Offices, (b) to improve the knowledge and skills of health service providers regarding MNCH service delivery, and (c) to enhance mobilization of the community to receive MNCH services. To strengthen strategy (a), Japanese experts assisted to formulate MNCH TWGs in each province to develop and monitor the Annual Provincial and District Activity Implementation Plan. MNCH-TWG meetings are held on a regular basis to exchange information and discuss effective ways to implement each activity. To strengthen strategy (b), the project provides technical and financial support to training courses for health service providers. For strategy (c), the project supports district hospitals to hold Information Education Communication (IEC) events to promote antenatal care, hospital delivery and family planning.

JOCVs play an important role in improving health services at the community level. Many Japanese nurses and midwives are volunteering as JOCVs in provincial hospitals, district hospitals and health schools. The volunteers also collaborate with the technical cooperation projects in organizing IEC events.



Sector Wide Coordination Meeting in MOH



MNCH Integrated Package



Experts and MNCH Officers developing an Annual Activity Implementation Plan in Champasack Provincial Health Office.



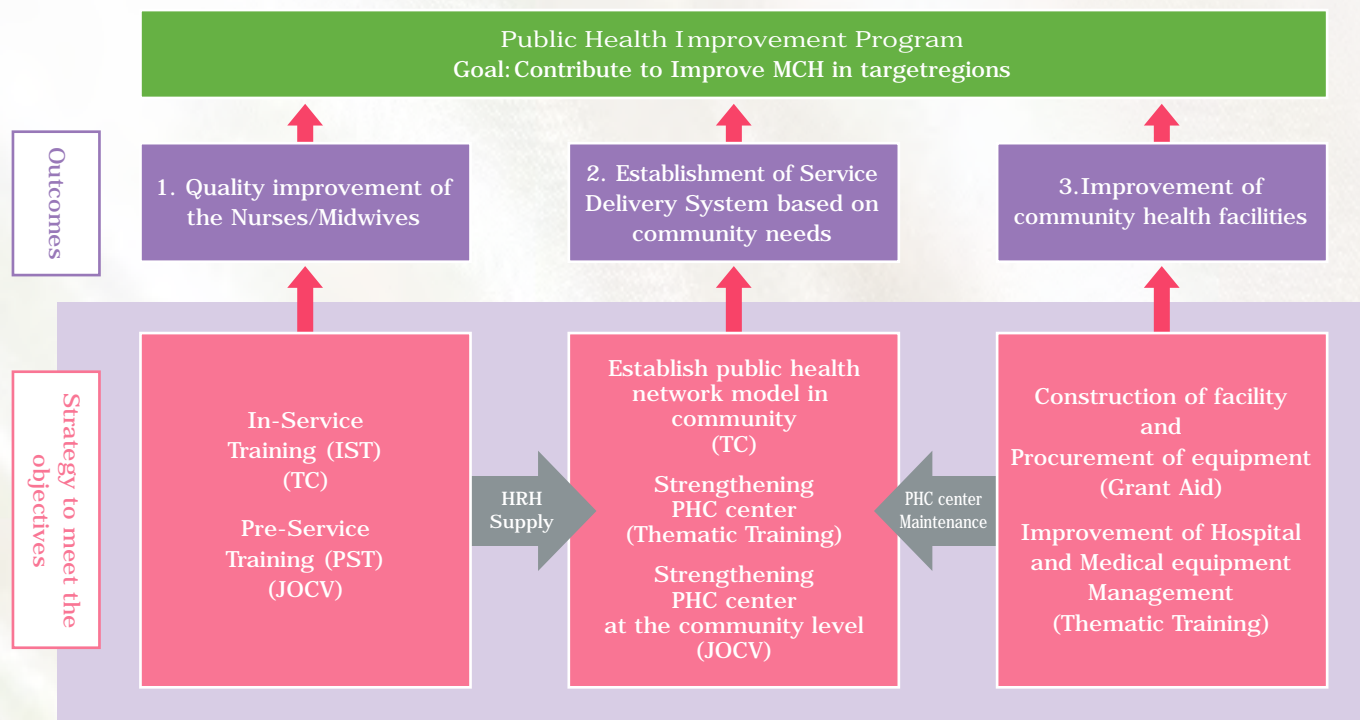
JOCVs and doctors holding an IEC event in a district hospital.

Paraguay

Strengthening Sustainable In-service Training System for Nurses and Midwives

Paraguay introduced free public health services for children and pregnant women in 2003. However, little progress has been made to improve maternal and child health care and Paraguay has been categorized as "off track" regarding the Millennium Development Goals (MDGs) 4 and 5. To overcome the challenges and to achieve the MDGs 4 and 5,

the Paraguayan government decided to give priority to strengthening Primary Health Care and Human Resources for Health (HRH) in the health policy. In response, JICA started technical cooperation to support their Public Health Improvement Program. The chart below shows the framework of the program and JICA's support.



To improve the quality of services provided by the existing nurses and midwives (Outcome 1), the Project for Strengthening Continuing Education in Nursing and Midwifery was implemented from 2008-2011 with the National Institute of Continuing Education in Nursing and Midwifery (INEPEO), which is responsible for the in-service training of nurses and midwives. The project had its origins in JICA's previous technical cooperation conducted in the southern regions for five years. This cooperation focused on the same field of continuing education in nursing and midwifery. The previous endeavors succeeded in establishing

the in-service training system in the pilot regions. Through the project in 2008-2011, the in-service training was expanded to other regions and monitoring and evaluation systems were established in 12 target regions.

A high level of sustainability is one distinguishing feature of the said in-service training system in Paraguay, which was established and expanded through JICA's cooperation over a total of eight years. JICA emphasized sustainability from the beginning of the project.

Some of the actions taken to enhance sustainability were as follows.

(1) For personnel sustainability

(To mitigate the shortage of HRH)

Through the project, INEPEO trained 105 facilitators from the target regions who then worked as trainers so that in-service training for nurses and midwives could be steadily spread in their regions.

(2) For institutional sustainability

The Japanese experts involved the INEPEO officers in the process of decision-making regarding project management to strengthen their institutional capacity. During the project, the Ministry of Public Health decided to create the Regional Center for Continuing Education in Nursing and Midwifery (CREPEO) with a view to facilitate appropriate budget allocation among regions regarding the in-service training and the monitoring of the training participants. This initiative from the Paraguayan side promoted the institutionalization of the in-service training system in each region as well as in the central Ministry level.

Another aspect of the project was "South-South cooperation". During the project, INEPEO officers

and the facilitators were sent to a nurse training project in El Salvador as trainers, which required them to review and reflect on their own knowledge and experience. Through such preparation, they became confident about sharing their knowledge and experience with their fellow nurse/midwife trainers in the Central America. Their participation in the project in El Salvador as trainers also contributed to HRH networking between Paraguay and El Salvador.

JICA's support to INEPEO to strengthen the in-service training system for nurses and midwives was connected to the Paraguayan initiative to improve primary health care service through enhancing the capacity of Family Health Units (UFS). UFS is a team consisted of a doctor, a nurse, a midwife and a health promoter to provide primary health services in remote communities. INEPEO plays an important role as the responsible institute to provide in-service training for UFS nurses and midwives.

JICA continues to support improvement of the quality of primary health care services in Paraguay.



Growth monitoring at a "Health Festa" event: an INEPEO trainer is measuring a child while her mother is consulting another INEPEO trainer. A Japanese expert (standing on the left) is giving advice.



Practice session in the training for facilitators: participants (facilitators from target regions) are playing roles. Japanese volunteers who are posted in the target regions are present as observers (standing in the back).

Republic of Ghana

Program for Enhancing Mother and Child Health Systems in the Upper West Region (JFY¹ 2011-2016)

In recent years, the health status of the population in the Republic of Ghana has been improving. However, both the Maternal Mortality Ratio (350 per 100,000 live births²) and the Under-Five Mortality Rate (69 per 1,000 live births²) have not reached the target of the Millennium Development Goals, which indicates the need for further improvement. The situation is especially critical in the Upper West Region, where the Infant Mortality Rate (97 per 1,000 live births in 2008³) is considerably higher than the average in Ghana (50 per 1,000 live births in 2008³). Under these circumstances, in 1999 Ghana launched a Community-Based Health Planning and Services (CHPS) Program as a national program to improve access to health services and promoting health at the community level.

To improve basic health services, JICA has been supporting upgrades to the CHPS program in the Upper West Region through two programs called

the "Program for the Improvement of the Health Status of People (2006 - 2010)" and the "Program for Enhancing the Maternal and Child Health System (2011 - 2016)". During the first phase of JICA's cooperation, a system of facilitative supervision was established in the Regional, District and Sub-district Health Management Teams and CHPS zones in the Upper West Region and 160 Community Health Officers were trained and posted to these CHPS zones. As a result, the CHPS program, which was functional in only 24 zones in 2006, was expanded to 81 zones in 2009.

The objective of the second phase is to further improve health services for mothers and newborns such as registration for the first trimester antenatal care, deliveries undertaken by skilled birth attendants and postpartum/postnatal care, based on a system of facilitative supervision strengthened in the first phase of the program. In this phase, various activities for capacity



A community health officer is preparing for her outreach activity for health promotion.



One of the primary health care facilities in the Upper West Region.



A Japan Overseas Cooperation Volunteer takes care of a newborn.

development through a Technical Cooperation Project⁴ and Japan Overseas Cooperation Volunteers are linked to the improvement of health facilities by providing a Grant Aid Project⁵ so that access to basic health services, which are to be delivered by more capable community health workers, will be improved effectively. To enhance health systems and services, JICA has

dispatched a Japanese expert in the management and utilization of health information and has also provided financial support to the national government. Through these endeavors, achievements in the CHPS program in the Upper West Region are expected to be extended throughout the nation and to become reflected in national health policies.

Framework of the Program for Enhancing the Mother and Child Health System in the Upper West Region

Goal : Reduce under five mortality rate/maternal mortality ratio from 76/1,000 (2008) and 560/100,000 live births (2005) to 40/1,000, 185/100,000 live births (2015), respectively in Ghana

(Source: Countdown to 2015 Decade Report)

Objectives of the Gov. of Ghana (excerpt)

| | At 2006 (base) | 2011 (target) | 2015 (target) |
|---|----------------|---------------|---------------|
| Strategy 1: Improve coverage of focused antenatal care interventions (indicator) % of pregnant women receiving at least 4 focused antenatal care visits | 69% | 85% | 90% |
| Strategy 2: Improve coverage of skilled delivery interventions (indicator) % of the deliveries undertaken by skilled birth attendants | 50% | 65% | (not set) |
| Strategy 3: Improve coverage of neonatal interventions (indicator) % of new-borns who had a care contact in the 1st 48 hrs of birth | 54% | 75% | 80% |

(Source: Under 5 Child Health Strategy 2007-2015, MOH, 2009)

Outcome

1. Improvement of access to basic health services
 - increasing the No. of health posts
 - improving access road
2. Capacity development of community health workers
 - enhancing quality/functions of facility-based deliveries
 - improving quality/functions of pre/post-natal care
3. Enhancement of health systems
 - strengthening referral systems
 - strengthening outreach services
 - coordination of organizations

Project

- Grant Aid Budget support for health sector (200 million yen disbursed in Mar.2011)
- Tech. Cooperation Project for improvement of maternal and neonatal health services utilizing CHPS system in the Upper West Region (planned for 5 yrs from Nov.2011)
- JOCVs Promotion of health workers' visit and education of community people in the Upper West Region
- Tech. Cooperation (expert) Project for the expanding of the functional CHPS model (planned for Nov.2011-Nov.2013)
- Grant Aid Project for the development of CHPS infrastructure in the Upper West Region (planned for Feb.2012-Dec.2014)
- Formulation of more projects considering the coordination with other donors

1 Japanese Fiscal Year

2 Source: World Health Statistics 2011, WHO

3 Source: Ghana Demographic Health Survey 2009, Ghana Health Service

4 Technical Cooperation Project "Improvement of Maternal and Neonatal Health Services Utilizing the CHPS System in the Upper West Region (2011-2016)": One of the crucial activities is the training of health service providers, especially those working in communities, sub-districts and districts. The purpose of the training is to increase the number of births attended by skilled birth attendants.

5 Grant Aid Project on the Development of the CHPS Infrastructure in the Upper West Region (2012-2014): The disparity in access to primary health services is one of the major challenges especially in rural areas. In order to improve the inadequate primary health care facilities in deprived areas, JICA is supporting the construction of about 70 health facilities aimed at providing basic health care in the Upper West Region.