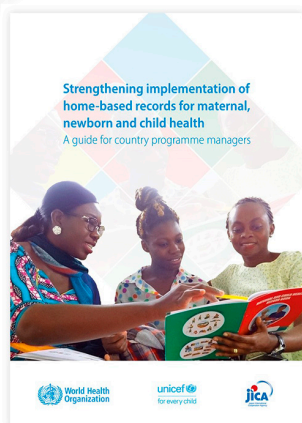




Use of the Global Template in a Knowledge Sharing Program to Strengthen the Implementation of MCH Handbook in Nine Countries



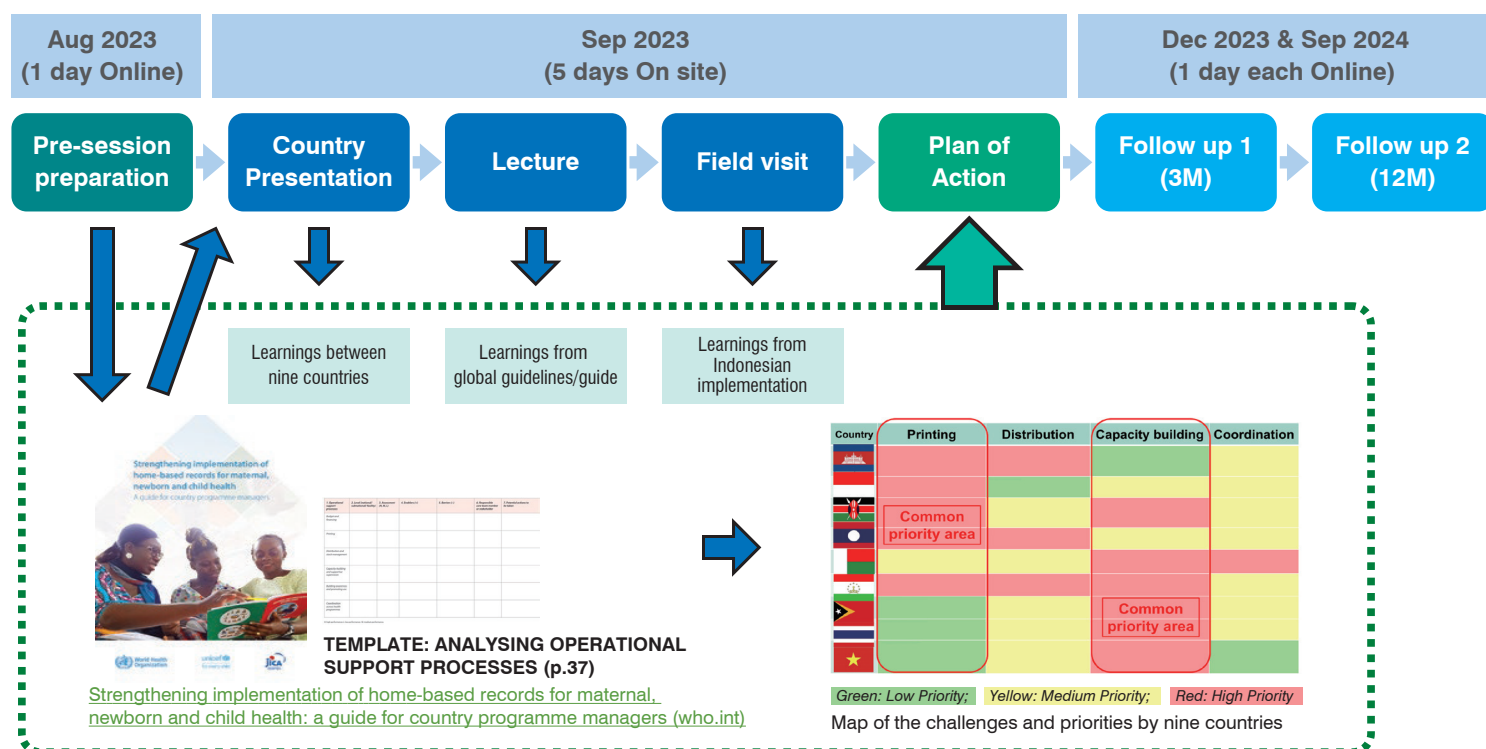
WHO-UNICEF-JICA implementation guide "Strengthening implementation of home-based records for maternal, newborn and child health: A guide for country programme managers, Geneva 2023

Background

The WHO Recommendation on Home-based Records for Maternal, Newborn and Child Health (2018) provides the rationale for recommending the implementation of home-based records (HBRs) in national health systems as a people-centered tool for a life-course approach to health and well-being. To accelerate the quality continuum of care for maternal, newborn, and child health, appropriate tools are required that connect people, enable information sharing, and, more importantly, enable individuals and families to take ownership of their records and take necessary action. To date, countries have reported their need to effectively implement HBRs. In response to this need, an implementation guide, *Strengthening the Implementation of Home-based Records for Maternal, Newborn and Child Health* (hereafter, *the guide*) was developed by WHO, UNICEF, and JICA in 2023 to assist national program managers. In 2023, the Indonesian Ministry of Health (MOH) and JICA used a template for analyzing the operational support processes in *the guide* in the International Knowledge Sharing Program (KSP) on Maternal and Child Health (MCH) Handbook. This issue of **Technical Brief** reports on the use of this template when discussing strengthening the use of the MCH handbook at the KSP 2023.

Design of Knowledge Sharing Program

The KSP 2023 was conducted in West Sumatra Province, Indonesia by the Government of Indonesia in cooperation with JICA. All nine participating countries have been implementing either the MCH Handbook or other types of MCH-related HBRs with varying levels of implementation. Six countries, Indonesia, Kenya, Laos, Thailand, Timor-Leste, and Vietnam, use the national standard version of MCH Handbook nationwide. Tajikistan is in the process of national roll-out of the national version. Madagascar and Cambodia (education messages only) are in the pilot implementation stage. KSP 2023 used a modified version of the template for analyzing the operational support processes (p.37) from *the guide*. The template is designed to identify enablers and barriers in each key element of the operational support processes as well as priorities for actions needed, thus providing a framework for program managers to analyze operations from multiple perspectives. Each participating country conducted a preliminary situation analysis using the template and presented the results on the first day. During the KSP, participants cumulated their learnings through country presentations, lectures, site visits, and discussions among the participating countries. Then, each country elaborated a Plan of Action (POA) by applying these learnings. Three months later, the progress of the POA was presented online (Figure).



▲ Figure. Design of Knowledge Sharing Program hosted by Indonesian Government and JICA (2023-4)



Participants from Thailand presented the results of their situation analysis according to the template for analyzing the operational support processes from the guide.

Findings

First, by using the template, countries were able to identify their enablers and barriers in the implementation of the MCH Handbook. The template also enabled them to prioritize their actions. For example, in the Kenyan case, enablers were their secured national budget for printing and a fixed amount of stock. The time-consuming government procurement process was identified as a barrier. Kenyan participants identified the issue of “printing” as a high priority because delays in procurement lead to a serious shortage in the field. As for “capacity building of health workers”, a training system and a two-tier supportive supervision system were considered enablers. Identified barriers include delay of training on the revised MCH Handbook due to COVID-19, overdependence on development partners for the cost of supervision, geographical disparities in the degree of capacity building, and the lack of training opportunities for health workers in private facilities. They also prioritized addressing the issue of “capacity building of health workers” (Table).

Second, because all participating countries used the same framework using standardized elements, participants were able to discuss the issues with a common understanding of the concept. The discussion, then, became more focused on specific standardized elements, and POAs were developed with specific solutions in mind. The identified enablers and experiences of how other countries have dealt with their challenges provided a reference or ideas in determining their resolutions in their country. The enablers identified in countries that have already implemented the MCH Handbook nationally could provide ideas for resolutions to the challenges in countries that are in the preparation, trial, and scale-up phases. For example, an enabler identified in Indonesia became a good reference for Madagascar when they made their POA for “capacity building of health workers”. In addition, shared experiences become also useful among the countries at the same implementation level. For example,

Thailand included the use of the MCH handbook in pre-service education for health workers learning from Indonesian experiences in “capacity building for health workers” in their POA. It is observed that through this sharing using the template, relatively realistic POAs were formulated based on their situation analysis, rather than an unrealistic theoretical picture created. The three-month follow-up confirmed that steady progress is being made toward POA implementation in each country.

Furthermore, by sharing and organizing the results of each country’s analysis using a structured template, participants were able to identify common barriers and frequent bottlenecks across multiple countries. In the case of KSP2023, “printing (5 countries)” and “capacity building of health workers (6 countries)” were prioritized in most countries, so these elements were identified as common priorities to be discussed and to devote more time to the discussions.

Conclusion

The guide was originally developed to facilitate program managers in each country involving stakeholders to promote effective use of HBRs in their countries. However, it was also confirmed to be useful in group training sessions, such as KSP. By using a template that provides a framework for multidimensional analysis of the key elements of the operational support processes, each country reviewed and analyzed its current situation according to standard elements, which led to the identification of issues and priorities to be addressed in each country and to the creation of a more concrete implementation plan. Furthermore, by having multiple countries analyze according to standardized elements, it became possible for participating countries at different implementation levels to discuss the issues in a framework. Then, by mapping the results of the situation analysis of multiple countries, learning among the countries was facilitated, such as incorporating lessons from the enablers of other countries’ experiences into their problem-solving methods. The use of templates facilitated the sharing of lessons learned and allowed for more in-depth discussions. Furthermore, common challenges identified by many participating countries could be the focus of discussion at the next KSP and other international opportunities, as well as areas for further research in the future.

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▼ **Table. Enablers, barriers, and priorities to be addressed in implementation of MCH Handbook: a case of Kenya**

Operational support elements	Enablers (Positive points)	Barriers (Challenges)	Priority*
Printing	<ul style="list-style-type: none"> Printing is done centrally by the national government for standardization. The funding is from the National Treasury to MOH. Other funding by development partners like Global Fund, World Bank 10% additional printing for buffer stock 	<ul style="list-style-type: none"> Funds delays, sometimes due to government bureaucracies, tendering etc If partners have not allocated funds for printing 	H
Distribution and stock management	<ul style="list-style-type: none"> The Counties collect their allocation from the central store at national Counties are supported by local implementing partners to collect from central store 	<ul style="list-style-type: none"> Some counties sometimes delay picking their consignments due to far distance from Nairobi Lack of support from partners Some counties are vast – hence distribution to far end facilities is a challenge 	M
Capacity building and supportive supervision	<ul style="list-style-type: none"> County Training of Trainers (TOTs) are trained centrally by MOH (National government) The Counties TOTs then cascade the training in their specific counties to service providers. Supportive supervision is done at two levels: by National government in collaboration with County depts of health to HCFs, and by CHMT/Sub-County HMTs to HCF in their counties National standardize training package 	<ul style="list-style-type: none"> Most HCPs were not capacity built on the current reviewed handbook (2020), was affected by then Covid-19 and funding National Govt depends on the supporting partners to fund capacity building and support supervision to counties Lack of uniformity in capacity building between counties Low inclusion of Private sector staff during trainings and supervision 	H
Coordination across health programs	<ul style="list-style-type: none"> National govt developed, print and sometimes distribute the handbooks County coordinators and sub-counties coordinators are responsible for distribution and utilizations to HCFs The MCH depts in charges are responsible for availability and utilization of MCH HB at service delivery points. 	<ul style="list-style-type: none"> High turnover of county program specific coordinators eg; CRHC, who will need orientation and trainings 	M

* **Priority:** Priority of actions to address challenges identified.

H: High priority, M: Medium priority, and L: Lower priority

Further readings:

1. World Health Organization. *WHO recommendations on home-based records for maternal, newborn and child health*. Geneva: WHO; 2018.
2. World Health Organization, United Nations Children's Fund, and Japan International Cooperation Agency. *Strengthening implementation of home-based records for maternal, newborn and child health: A guide for country programme managers*. Geneva: WHO; 2023.
3. Japan International Cooperation Agency. *Japan's Maternal and Child Health Handbooks: Making Waves from Indonesia to the World*. https://www.jica.go.jp/english/information/topics/2023/p20240215_01.html. JICA; 2023.