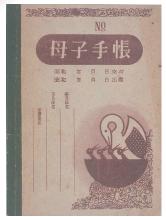
# Technical Brief

Global Promotion of Maternal and Child Health Handbook



## What is Maternal and Child Health Handbook?



Maternal and Child Health Handbook, Japan, 1948

## **Maternal and Child Health Handbook**

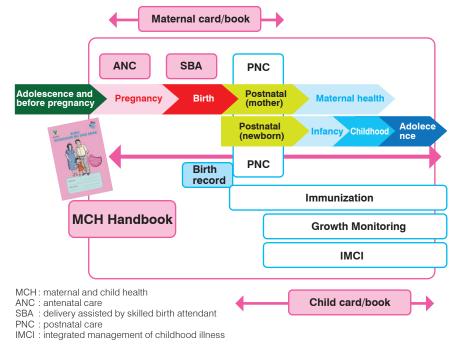
Maternal and Child Health (MCH) Handbook is an integrated home-based record, which covers all the stages of maternal, newborn, and child health (MNCH) from antenatal care to delivery, postnatal care, child vaccinations and child growth monitoring. Since MCH Handbook is one of home-based records (HBRs) to be kept at the families' hands as opposed to facility-based treatment records, it serves as the practical tool available at home. In practice, MCH Handbook is the HBR that effectively: (i) promotes selfmonitoring and self-learning of MNCH; (ii) guides health workers to ensure provision of nationally standardized services; (iii) helps health workers monitor their clients' health; and (iv) facilitates communications on MNCH between health workers, mothers and their families. Therefore, health ministries of developing countries, in close collaboration with development partners, have been investing in developing, piloting and scaling up MCH Handbooks. Japan International Cooperation Agency (JICA) is one of major development partners that have been ardently assisting developing countries in implementing MCH Handbooks for decades.

## MCH Handbooks supported by JICA

Through implementing MNCH projects, JICA has been assisting the countries in Asia, Middle East, Africa, and Americas to develop the national standard of MCH Handbook and further promoting its effective use for continuous MNCH service utilizations and empowerment of mothers and children. JICA strategically leverages best practices and lessons learned through: (i) Japan's experience in implementing the MCH Handbook over 70 years; and (ii) JICA's experiences in assisting a variety of developing countries to pilot and implement MCH Handbooks.

In Japan, the Maternal Handbook was launched during the World War II in 1942. In 1948, it became the Maternal and Child Health (MCH) Handbook, by adding child health section to the Maternal Handbook. This was the entry point to Japanese continuum of care for maternal, newborn and child health. In 1966, the implementation of the MCH Handbook was officially determined by law in Japan.

Due to its effectiveness, MCH Handbook has been implemented in many different countries of different regions for decades. The contents, design and layout of MCH Handbooks vary from one country to another, as the results of its adjustment and customization according to the countries' context. Yet, basic principles and structure are consistent across those countries. The countries where MCH Handbook is currently being introduced and nationally scaled up include: Angola; Bhutan; Burkina Faso; Burundi; Cameroon; Corte d'Ivoir; Djibouti; Dominican Republic; France; Gabon; Indonesia; Japan; Kenya; Laos PDR; Mongolia; Myanmar; Niger; Palestine; Philippines; Republic of Korea; Senegal; Thailand; Timor Leste; Uganda; and Vietnam.



▲ Figure 1. Maternal, newborn, and child care services and relevant HBRs and MCH Handbook

#### **Common framework of MCH Handbooks**

MCH Handbooks being implemented in countries are typically composed of four parts: (i) basic information; (ii) during pregnancy; (iii) during and right after delivery and newborn period; and (iv) during childhood period. Each part is further

▼ Table 1. Number of countries having the national standard MCH Handbook by regions and year

Year	Region					
	Africa	Europe	Middle East	Asia	Americas	Total
Before 1980s	4	1		2		7
1990s				2		2
2000s			1	3		4
2010s	7			4	1	12
Total	11	1	1	11	1	25

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, if the host country have not adopted for their nations; and (iii) State governments in the United States of America.

#### ▼ Table 2. MCH Handbook structure/contents (Vietnam)

Part 1-Basic information			
Recording section	Guidance section		
Mother's previous deliery			
Mother's teanus immunization	(N.A.)		
Mother's history of disaeases			
Part 2-During pregnancy			
Recording section	Guidance section		
Antenatal care visit results (8 times)	Need for antenatal care visit		
Health check-up results (5 times)	Food intake during pregnancy		
	Danger sign during pregnancy		
	Sign of labor		
Part3-During delivery and right after o	lelivery and newborn care		
Recording section	Guidance section		
Deliery and birth clinical record	Essential care of a mother		
1-day-after clinical record	Essential care of a newborn		
1-week-after health check-up	Infant feeding practice		
2 <sup>nd</sup> -6 <sup>th</sup> week health check-up			
Part 4-During childhood period			
Recording section	Guidance section		
Child immunization record	Management of childhood diarrhea		
Growth monitoring chart	Management of childhood fever		
2-3 months old health check-up	Careof a chld after an illness		
4-6 months old health check-up	Dental care		
7-9 months old health check-up	Management of burn		
10-12 months old health check-up	Management of drowing		
13-18 months old health check-up	Managemnet of foreign body		
19-23 months old health check-up	Child immunization guidance		
2-4 years old health check-up	Growth monitoring guidance		
5-6 years old health check-up	Child immunization calendar		
Health check-up results (23 times)			

composed of two sections: (i) recording section; and (ii) guidance section (Table 2). Non-MNCH-related values can be added to MCH Handbooks (e.g. birth certificate).

The activities for piloting of an MCH Handbook are often composed of: (i) developing and revising an MCH Handbook; (ii) printing and distribution of the MCH Handbook; (iii) training of facility-based health workers and community health workers; and (iv) monitoring and supervision of MCH Handbook operation at health centers (primary distribution points of MCH Handbooks in many countries). To more objectively assess the achievement and limitations of the MCH Handbook interventions, both baseline and end-line surveys are often conducted. The results of comparisons between baseline and end-line indicate the certain level of effectiveness of the MCH Handbook intervention. After assessing technical effectiveness and financial feasibility, the MCH Handbook should be institutionalized into the current health system for its nationwide scaling up. The countries where the MCH Handbook is implemented reported its effectiveness on promotion of continuum of care (CoC) for mothers and children, and MCH Handbook as a potential enabler to underpin earlier and steadier achievement of Universal Health Coverage (UHC).

For the details on the effectiveness of MCH Handbooks, please refer to upcoming issues of the **Technical Brief.** 

Keiko Osaki, Hirotsugu Aiga Japan International Cooperation Agency, Tokyo

### **Further readings**

1. Nakamura Y. Maternal and Child Health Handbook in Japan. *JMAJ* 2010; **53**(4): 259-65.