



A pregnant woman receiving a Maternal and Child Health Handbook at a meeting for expectant and nursing mothers. Municipal staff explained how to use the handbook.



Bringing Knowledge of Japanese Maternal and Child Health to the World

In Japan, women are get used to receive a Maternal and Child Health Handbook when they become pregnant. It is also usual to be hospitalized in a clean and equipped hospital at the time of delivery. Such practice in Japan is now making pregnancy and delivery in developing countries safer and securer.

JAPANESE KNOWLEDGE PROTECTING THE LIVES OF MOTHERS AND CHILDREN

Many lives had been lost during pregnancy or childbirth even in Japan in the past. Today, Japan boasts one of the highest standards of Maternal and Child Health services (MCH services). Not only medical progress, but improvement in foundations for MCH services and rise in the awareness of the people led by local governments have contributed to the change. Through these efforts, the idea of MCH services which cover both prenatal and postnatal services had been well-established among the people, especially women in Japan.

Indonesia is one of the countries with a high maternal mortality rate. The idea of the MCH Handbook developed in Japan proved to be useful there. Since 1998, JICA implemented a project to raise health awareness of mothers in Indonesia, utilizing handbooks for them. As local governments introduced the MCH Handbook, people recognized its recording function and effectiveness as a source of useful information for mothers.

In the Philippines, the idea of MCH services, including promotion of subscription for national health insurance and prenatal and postnatal checkup is utilized in local communities in addition to dissemination of the MCH handbook.

EXPECTANT MOTHERS LIVING IN MOUNTAIN VILLAGES GET TOGETHER

On July 16, 2015, the “Expectant and Nursing Mothers Meeting” in Baguio took place in a torrential downpour and cold weather. Baguio is a mountainous region in Benguet Province which is located at an altitude of around 1,600 meters and about six hours away from Manila by highway. The area around Benguet Province is called Cordillera Administrative Region and it consists of six provinces including Benguet, Abra, Apayao, Kalinga, Mountain Province, Ifugao, and the city of Baguio. Up in the mountains,



PHOTO: KENSHIRO INAMURA

A mother using the MCH Handbook in Indonesia (2007).



As households usually do not own weight scales, they record their weights at the Expectant and Nursing Mothers Meeting.

it was cold because of rainy season, despite the image of tropical islands.

The “Expectant and Nursing Mothers Meeting” was jointly held by the Department of Health (DOH) and municipalities in Cordillera Region with booths providing checkups for expectant and nursing mothers and to raise their awareness of national health insurance.

“Since the weather was so bad, I was not sure if we should hold the meeting”, said the District Health Officer Amelita Pangilinan. Despite such worries, about 2,000 people gathered, including some expectant mothers with big bellies. Not bothered by the cold weather, they visited the booths joyfully, holding the MCH Handbooks they had just received. In Cordillera Region, where husbands often attend delivery, the handbook is called the “Family Health Diary” and there were many husbands accompanying their wives.



About 2,000 people gathered for the Expectant and Nursing Mothers Meeting. Takayoshi (left front) chats with the governor of Benguet Province.



Bamboo moneyboxes are given to expectant mothers who visit the health station to save money for their babies. It is a unique effort by the health station.

In a welcome speech, the governor of Benguet Province thanked Fude Takayoshi, a manager of System Science Consultants Inc., who has contributed to the improvement of MCH services and the regional health system in the Philippines as a JICA expert.

Takayoshi said, “For five years after 2006, I had worked on a project to provide medical healthcare services to the people in remote areas in Benguet Province. In addition, the other project to reduce maternal and infant mortality rate was successful in other provinces. Thus, the Health Office requested our cooperation to expand the lessons from those projects to overall Cordillera Region”.

The Philippines DOH has tackled the improvement of healthcare services since promulgation of national health policies in 2010. Cordillera Region is geographically isolated and disadvantaged area where 70% of the population are indigenous people living in the mountains. The poverty rate is also high. In terms of MCH, many mothers give birth at home and “facility-based delivery rate”, the ratio of mothers giving birth in medical facilities is only 55% (for 2009, average of Cordillera Region), which is significantly low even compared to the national target of 90%. This means not a few expectant mothers could be dying as adequate treatment cannot be provided even in case of emergency. Considering such situations, JICA started a project to improve MCH services in Cordillera Region in 2012.

FROM HOME DELIVERY TO FACILITY-BASED DELIVERY

The project had three points: The first was to improve existing health centers and health stations



A new delivery bed in the health station granted by the project (above) and an old one used before (below)

or build new ones and ensure safe births in medical facilities even in mountainous areas. The second was to increase insurance coverage with a target of “universal insurance for expectant mothers” so that they will be able to deliver in facilities without worrying about medical expenses. Final point was to spread the practices of having checkups not only at the time of delivery but also in the prenatal and postnatal periods.

All of these efforts are utilizing lessons learned in Japan. In the past, Japan had achieved “universal health insurance” by improving medical facilities in remote areas including remote islands as well as by the contribution of municipal employees who dedicated themselves to promoting residents’ subscription for health insurance. In addition, MCH Handbook contributed to awareness-raising of the mothers, leading to the increase in facility-based deliveries and medical checkup examinees.

The project also supports improved facilities to acquire DOH certificate and accreditation of Philippine Health Insurance Corporation (PhilHealth). “The facilities with necessary equipment and properly trained doctors, nurses, and midwives will be certified as a ‘facility which can provide MCH services and neonatal care’. Certified facilities will receive 8,000 pesos (about USD 170) per delivery as a medical fee from PhilHealth”, Takayoshi explained.

Such efforts have produced substantial results in the whole area of Cordillera Region. When the project was launched in 2012, no facility had DOH certificate in the area; by January 2015, 165 facilities including 28 hospitals, 48 town health centers, and 89 village health stations had been certified.



Inter-municipal cooperative hospital managed by three villages. It has advanced facilities and accepts patients transferred from health centers and health stations.

Furthermore, the rate of facility-based deliveries has risen especially in health centers in towns along with the expansion of insurance coverage. In particular, in Abra Province, the rate had grown from 73% to 95% in the two years since the launch of the project. It means that small-scale facilities are functioning as a place to give birth safely.

GIVING BIRTH IN A FAMILIAR MEDICAL FACILITY

In Abra Province, there is a health center in a town called Lagangilan which has one doctor, one nurse, and five midwives working there. Visitors are asked to take off their shoes inside a clean delivery room with a new delivery bed granted by the project in the center.

Mary-Jane, an expectant mother who was there for a checkup said, “My sister-in-law also gave birth here. That is why I decided to give birth here as well.” A woman beside Mary-Jane was a member of the “Community Health Team (CHT)”. In the Philippines, people registered for the CHT providing activities to raise awareness of expectant and nursing mothers. “As villagers are acquainted with each other, I visit them at home, promote checkups, and accompany them to medical facilities,” she said. While the CHT is not paid usually, some facilities are securing sustainability by allocating the medical fee to reward CHT.

40 minutes more drive on the flooded mountain path led to a health station in a village. While doctors were not stationed permanently, a nurse and a midwife were there and also emergency call was available 24 hours a day. This small health station played a significant role for the villages which could be isolated in case of a flood.

“While we have an environment to give birth safely, we also have an agreement with a nearby health center and general hospital to prepare for cases where more advanced treatment is required”, explained public health nurse Antonio Japson. Cooperation between local governments is necessary to enhance the health system efficiently within the limited budget.

Furthermore, expectant mothers are always asked if they have already subscribed to the insur-

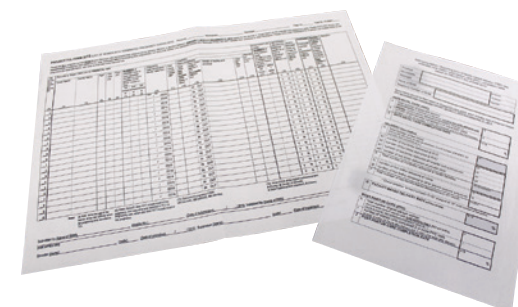


When roads are flooded, expectant mothers of the village come to the health station crossing this bridge, carried in a hammock.

ance even in a small health station. Actually, there was no system to check insurance coverage prior to this project and no one knew the actual status. In such a situation, the project aims to achieve “universal insurance for expectant mothers” by helping the health centers to keep records of insurance coverage in the registration book and thoroughly encouraging subscription by midwives and CHT.

“We reviewed the way of data collection and calculation method and tried to derive the accurate rates of facility-based deliveries and examinee of prenatal and postnatal checkup to better understand the situation. As a result, priority areas and points for improvement were clarified and it has become easier for us to share a common goal with the people in local communities”. Takayoshi said and emphasized accuracy which is a strength of Japanese cooperation.

Through such projects, Japanese knowledge of MCH services has taken root overseas and shall bring significant progress in the future.



Formats to calculate facility-based delivery rate. Simplified version (right) is also prepared so that they can continue after the completion of the project.