OVERVIEW OF
THE MCHHB IN PALESTINE
Together Toward a Better Life Style for the Palestinian People

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October 2012
Foreword

The Palestinian Ministry of Health has drafted its policy, strategy and action plan to enhance and maintain high-quality health services through increasing the skills of the health staff, and by upgrading health facilities and providing updated equipments.

The Mother and Child Health Hand Book (MCHHB) was developed as the first in Arabic language and is used among health care providers. The complete health history of the mother and her child is documented in a single document which is kept by the family as a home-based record. Antenatal care, delivery, postnatal care and child care are the main constituents of the handbook. The Ministry of Health has adopted the MCHHB as an integrated program within the Primary Health Care system, at the national level.

Japan International Cooperation Agency (JICA) technically supported, funded and catalyzed the initiation and implementation of the MCHHB in Palestine. The technical experience of JICA in this field has been utilized to maximize the outcomes for mothers, children and health care providers. Accordingly, Palestine has become a pioneer among all Arab countries in the world in the use of the MCHHB. The MCHHB has been implemented in Palestine according to the National strategic action plan, and its use will expand to neighboring countries in the region, demonstrating its enormous value in promoting the health of mother and child.

The Palestinian Ministry of Heath in cooperation with all related health care providers will maintain and sustain the utilization of the MCHHB as a main embedded documentary tool in the MCH system, for the improvement of the health of mother and child.
The Mother and Child Health Handbook in Palestine

Palestinian MCHHB: the first in Arabic

The Mother and Child Health Handbook (MCHHB) contains essential information about the course of pregnancy, delivery, postnatal care, childcare and family planning; kept by the family, in order to promote and maintain the health of the mother and child. The Palestinian MCHHB, the first in the Arabic language and the first in the region, was produced by the Palestinian Ministry of Health, JICA and UNRWA in cooperation with relevant stakeholders.

The Contents of the MCHHB

1. Personal Information
2. Medical Records
   (1) Pregnancy History
   (2) Risk Assessment
   (3) Antenatal care
   (4) Delivery
   (5) Postnatal care
   (6) New born Assessment
   (7) Family Planning
   (8) Child Immunization
   (9) Child Growth Monitoring
3. Health Education Information

General Policy: “Each pregnant woman in Palestine receives ONE MCHHB”

To ensure that the MCHHB functions properly in facilitating the continuum of care, it is very important that each woman receives only one MCHHB, not two or more, during her pregnancy. The Ministry and other stakeholders have worked to distribute one MCHHB to every pregnant woman.

The Functions of the MCHHB

Users:
(1) Mothers, Children, and Family
(2) Health care providers

Users:
(1) Mothers, Children, and Family
(2) Health care providers

Users:
Policy makers (NCC/MCHHB)
About JICA’s support for the MCHHB

JICA has supported the Palestinian MCHHB in two phases. During the first phase from 2005 to 2008, JICA supported the development of the Palestinian MCHHB. (see BOX 1 for further details). After the development stage of the MCHHB, the Ministry and JICA launched a subsequent project entitled “Project for Improving Maternal and Child Health and Reproductive Health in Palestine (Phase2)” during the period from 2008 to 2012, aiming to improve the service and management related to MCH/RH and to promote the continuum of care among health care providers through further expansion and utilization of the MCHHBs. During the second phase, the National Coordination Committee for the MCHHB (NCC/MCHHB) was established, and about 900 health care providers (government and NGOs) were trained in management and utilization of the MCHHB; in addition, over 560 doctors/nurses/midwives/village health workers were provided trainings related to antenatal care throughout the West Bank.

BOX 1: Story about the Development of the MCHHB in Palestine

The birth of the Palestinian MCHHB was initiated by the “Project for Improving Reproductive Health with a Special Focus on Maternal and Child Health in Palestine (Phase 1)” implemented by Japan International Cooperation Agency (JICA) and the Palestinian Ministry of Health from 2005 to 2008.

The needs for the MCHHB were emphasized by bitter experience of the second intifada in 2000. During the time of emergency, which occurred not long time before the project started, many pregnant women faced difficulties in accessing health facilities and in receiving the necessary care because of limited mobility, curfews or sudden closure of areas. The continuum of care was totally disconnected, and perinatal care services were fragmented and uncoordinated. Although the situation improved and became more stable after the intifada, the proposal for the MCHHB was brought from Japan to fill the remaining gap caused by the situation.

During the Project (Phase 1), the Palestinian MCHHB, the first in Arabic language, was developed and was utilized in Ramallah and Jericho as pilot, then rapidly expanded nationwide from 2008.

Regarding the process of developing the MCHHB, it is particularly noteworthy that the Ministry and the Japanese experts tried to develop a “Palestinian” MCHHB, not as a replication of the Japanese MCHHB, by addressing issues in the health sector and harmonizing with the existing health system in Palestine. For example, the health education information included in the MCHHB was coordinated with information authorized and standardized by the National Committee for Health Education and Health Promotion.

Very important momentums for turning the MCHHB into the national common tool was the decision of UNRWA (UN organization that provides health and social services to Palestinian refugee), and of some major NGOs to stop using their own MCH-related cards and use the MCHHB. In addition, UNRWA also cooperated in trying the pilot-type MCHHB at their health centres during the government health care providers’ strike in 2006-07. International donors working for MCH, such as WHO, UNICEF and UNFPA also collaborated with the MCHHB in their activities. The government of Japan also supported printing the MCHHBs through UNICEF. The willingness and collaboration of all stakeholders to improve the health of mother and child gave birth to the MCHHB and drove its successful implementation and expansion of the MCHHB in Palestine.
How the MCHHB functions as

1. Portable Medical Record

The Palestinian health care system is operated by four local stakeholders: the Palestinian Ministry of Health, the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA), relevant non-governmental organizations and the private sector. These four entities function independently, to a certain extent. In this regards, the Palestinian national health strategy seeks to create an integrated health system that strengthens and maintains public-private partnerships to facilitate the harmonization, coordination, and comprehensiveness of efforts to promote better health and ensure quality health services, accessible for all Palestinians.

Women seeking MCH care tend to obtain health services from a variety of health care providers, in order to receive second-opinions and to access a variety of benefits. This behavior sometimes results in unnecessary duplication of services and discontinuity of care. In this respect and in this type of situation, “The MCHHB” (see BOX 1 for further details) becomes an indispensable tool, which unifies concepts related to maternal and child health among all MCH-related health care providers, provides accurate, clear, complete, and reliable information, and is structured to facilitate continuity of care. In this regards, the MCHHB is designed according to the Continuum of Care concept, which is based on the assumption that health and well being of women, newborns, and children are closely linked and should be managed in a unified way. Continuum of Care in this case includes integrated services provided to mothers and children, from pregnancy to delivery, the immediate postnatal period, and childhood. The quality of care that both mother and child receive is essential to ensure women remain healthy and that children get a strong start (see the two dimensions of continuum of care in figure 1 and 2).

Finally, the MCHHB promotes client management especially for patients at risk, and is used as a tool for referral and feedback. In the case of referral to any health care facility, health providers can obtain detailed information about the client from the data recorded in the MCHHB, such as history, follow-up of pregnancy, delivery, and the child’s records. Moreover, the information filled out by hospitals is considered an important indicator for assessing the MCHHB’s function as a “referral tool” from the secondary care level to the primary care level.

![Figure 1: First dimension of the Continuum of Care is Time](image1)

![Figure 2: The second dimension of the Continuum of Care is Place](image2)

Ref: WHO the partnership for maternal newborn and child health

The Overview of MCHHB in Palestine
Opinions and Experiences of Health Providers

“I think that the medical history of previous pregnancies documented in the MCHHB is very helpful for ensuring medical staff preparedness, during and after delivery. For example, if a woman has a history of hemorrhaging, the attention of the medical staff will be directed to such a possibility in the current pregnancy and delivery.”

– OBGYN Doctor, Government Hospital.

“I believe that the “value” given to the MCHHB should be much more than passports; in terms that a passport can be issued easily in case of loss, whereas a completed MCHHB which is used throughout pregnancy and after delivery for the benefit of both the mother and baby, is very difficult to be regenerated in case of loss.”

– OBGYN Doctor, Private Hospital.

“I remember once being called by a pregnant woman at her house during the weekend; she was suffering from severe abdominal pain. I asked her if she has the MCHHB, and then quickly assessed her health condition by reading the information recorded in the handbook; accordingly I realized that she could be at risk, therefore I automatically referred her to the nearest hospital.”

– Village Health Worker, MOH Clinic, South Hebron.
How the MCHHB functions as

2. Health Education Tool

The MCHHB contains health education information about the course of pregnancy, delivery, family planning, childcare, reproductive health, and nutrition. Health care providers use the MCHHB as a communication tool to provide health education and counselling to pregnant women/mothers, fathers and close family members. The MCHHB also promotes interactive communication between health care providers and women by encouraging women to ask questions and thus receive information regarding important issues related to perinatal care.

Furthermore, pregnant women/mothers can use the MCHHB as a self-learning tool to improve their knowledge of perinatal care and childcare thus empowering them to participate in taking decision related to their own health and the health of their children.

Sharing health information with family members will promote the involvement of the family in all stages of perinatal care, strengthen family support to women, and enable family members to react and where possible manage some of the various situations or risks that women and children may encounter.

Health Education Information in the MCHHB

1. Guides for pregnant women
2. Immunization
3. Breastfeeding
4. Child nutrition
5. Child development
6. Teeth
7. Domestic accidents
8. Sick baby care

The health education information in the MCHHB is presented in a clear and simple manner, using many images to help pregnant women/mothers understand the contents easily, regardless of their level of education. If a pregnant woman/mother is illiterate, health care providers advise her to show the handbook to family members and ask them to read the information to her.
Utilization of the MCHHB
Per cent of women in the 15 - 49 age group who have received the MCHHB by reading the MCHHB in oPt, FHS 2010

Read the MCHHB
- Yes, all of it: 64%
- Yes, part of it: 28%
- No never: 8%

Useful Health Education Information for Mothers/Pregnant women
Per cent of women who considered the handbook as useful, by type of information in the West Bank, MCHHB Evaluation Survey 2012

Useful Health Education Information (n=865), MCHHB Evaluation Survey 2012
- Guide for pregnant women: 39.1%
- Child Immunization: 20.7%
- Breastfeeding: 41.8%
- Child Nutrition: 47.4%
- Child Development: 49.3%
- Teeth: 11.6%
- Domestic Accidents: 15.3%
- Child Care: 30.7%

Opinions and experiences of Health care providers and mothers

“I used infant formula for my first baby. But after reading the MCHHB, I decided not to use it for my second baby, because I understand breastfeeding is more beneficial to my baby and me.”
- A mother from South Hebron

“Everything written in the MCHHB is useful. I read all the contents. In particular, the health education information about child development is very useful. I refer to it when I observe the growth of my child.”
- A mother from Jenin-

“Since the MCHHBs were distributed, mothers have started asking me a lot of questions about their health and their child’s health. By reading the MCHHB, mothers have increased their awareness on MCH.”
- A doctor from a NGO clinic-

The Overview of MCHHB in Palestine
How the MCHHB functions as

3. National Common Tool

The MCHHB has now been endorsed and utilized by the Ministry of Health, UNRWA and NGOs as the national common tool for promoting the continuum of care and improving the health of mother and child. The National Coordination Committee for the MCHHB (NCC MCHHB) was established in 2009, to facilitate coordination and collaboration between these organizations for the effective implementation.

The mission of the NCC MCHHB is:

1. To promote and supervise nationwide implementation of the MCHHB as the national common tool.
2. To coordinate with other national programs related to RH/MCH within the MCHHB such as ANC, PNC, Continuum care (PHC & Secondary care), FP, Immunization, IMCI, Child growth monitoring, Maternal & Child Nutrition, Health Education & Health Promotion (Community awareness), etc.

Partner organizations that implement the MCHHB together with the Ministry of Health have become members of the NCC MCHHB, namely UNRWA, PMRS, PRCS, HWC and PFPPA. Others will join as needed.

Messages from the Partner Organizations

The United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA)

The Maternal Child Care Handbook is an integral support document used for maternal and child health care provided by UNRWA to Palestine refugees. The MCH Handbook is a catalogue item in UNRWA’s list of publications and is printed regularly.

The handbook is issued to each pregnant woman when she registers in the antenatal care services at any of the 138 UNRWA health centres. Each year, more than 100,000 pregnant women receive the handbook.

Staff and mothers appreciate the valuable educational information contained in the handbook, and in addition, they consider it to be an excellent tool for follow-up treatment and for documenting the changes that occur throughout pregnancy and early childhood.

Palestinian Medical Relief Society (PMRS)

PMRS is pleased with the dissemination of the MCHHB, since we pioneered in starting its utilization in our health centers from the very first moment it was issued based on our belief in its maximum importance as a tool with multiple benefits. Its utilization adds quality to our services which we always seek to be of high quality, not only because we record information but also because service providers are requested to pay attention to every single item of information they are asked to document and they also exert every effort to apply the protocol to the fullest.

From the perspective of women who follow-up their pregnancy at our centers, the MCHHB is considered an educational tool both for them and their husbands, helping them feel comfortable with the quality of services provided to them, while all service providers have become more interested in the details of each patient than before and are committed to record each item of information in the MCHHB.

PMRS also considers this handbook to be a tool for the empowerment for women, because they are provided with a complete pregnancy file, which can be utilized at any health center or any private doctor; additionally, the file is no longer kept as a monopoly by a particular clinic, but is the property of the mother and her baby.
Palestine Red Crescent Society (PRCS)

Primary Health Care (PHC) at the Palestinian Red Crescent Society is considered to be a main partner of the MOH and one of the health providers in Palestine. The PHC department delivers curative and preventive health services (in a complementary way with the MOH for part of the Palestinian population). Mother & Child Health Care (MCH) is an important part of the Palestinian health system because it promotes and deals with the health of mothers and children. For this purpose, PHC uses the MCHHB in cooperation with the MOH and JICA, in seeking to improve the quality of mother and child health.

Lots of achievements resulted throughout the implementation of the MCHHB; trainings supported by JICA and the MOH were conducted to improve the capacity of the staff; new reporting formats for the MCHHB have been designed and implemented during these trainings, a process which shows the importance of documenting information related to the MCHHB. Moreover, the process of utilizing the new report format revealed successful stories and challenges, from which the staff have mastered how to practice the procedure.

Monitoring the achievements while taking into consideration lessons learned is of a great importance to the implementation of the MCHHB, which has become a guide and a vital reference for the mother and her child, in addition to any health institution.

Health Work Committees (HWC)

As a result of our practice in utilizing the MCHHB at our institution of Health Work Committees, we can state that through its implementation we have experienced very good results at all levels; initially it is considered as an educational material since it contains useful information and health messages for mothers; it also provides complete necessary information about the mother and the fetus. Additionally, it is regarded as a referral format for women at the time of delivery. Moreover, the MCHHB can be kept and utilized as a reference document for all information related to the child.

We will continue to use this handbook due to its enormous benefits, and we will encourage other institutions to use it as well.

Palestinian Family Planning and Protection Association (PFPPA)

The Palestinian Family Planning and Protection Association has been providing reproductive health services of high quality in Palestine since 1964. The mother and child health handbook is considered to be one of the most important informative sources that help to raise the health status in the Palestinian society, owing to its vital role in the follow-up of the child from conception to early childhood.

PFPPA works continuously with the competent authorities, particularly the Ministry of Health, in distributing and disseminating the handbook among the target groups, especially in marginalized areas, and is committed to its distribution and promotion through its six clinics and its field activities. PFPPA will maintain communication with the competent official authorities and non-official contacts in the future.
Statistics about the MCHHB in Palestine

1. National Coverage of the MCHHB in Palestine

(Distribution of women in the 15-49 age group, who gave birth (last birth) in the two years preceding the survey by receipt of MCHHB, PFS2010, unpublished data)

<table>
<thead>
<tr>
<th>West Bank</th>
<th>Gaza Strip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received</td>
<td>Received</td>
</tr>
<tr>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>No Never</td>
<td>36%</td>
</tr>
<tr>
<td>10%</td>
<td>63%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

2. Timing of receipt of the MCHHB

(Distribution of women in the 15-49 age group, who gave birth (last birth) in the two years preceding the survey, by time of receipt of MCHHB, PFS2010, unpublished data)

<table>
<thead>
<tr>
<th>West Bank</th>
<th>Gaza Strip</th>
</tr>
</thead>
<tbody>
<tr>
<td>During pregnancy</td>
<td>During pregnancy</td>
</tr>
<tr>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>After delivery</td>
<td>After delivery</td>
</tr>
<tr>
<td>50%</td>
<td>11%</td>
</tr>
<tr>
<td>During pregnancy and After delivery</td>
<td>During pregnancy and After delivery</td>
</tr>
<tr>
<td>46%</td>
<td>87%</td>
</tr>
</tbody>
</table>

3. Number of Distributed MCHHBs (internal statistics of the JICA MCH Project)

<table>
<thead>
<tr>
<th></th>
<th>Number of Distributed MCHHBs in 2011</th>
<th>Total Number of Distributed MCHHBs from 2008-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Bank</td>
<td>75,912 handbooks (MoH:56,841, UNRWA:14,111, NGOs:4960)</td>
<td>288,345 handbooks (MoH:213,698, UNRWA:59,060, NGOs:15,587)</td>
</tr>
<tr>
<td>Gaza Strip</td>
<td>65,984 handbooks (MoH:21,768, UNRWA:44,216)</td>
<td>168,154 handbooks (MoH:41,438, UNRWA:126,716)</td>
</tr>
</tbody>
</table>
4. Filling in the MCHHBs (selected pages)

The Proportion of the MCHHBs that contain any information/data filled in by health care providers for each section (n=865), the MCHHB Evaluation Survey 2012

<table>
<thead>
<tr>
<th>Section</th>
<th>Filled MCHHB</th>
<th>Not Filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Information</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Risk Assessment (History)</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>ANC Follow-up (regular visits)</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>Hospital examination</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Postnatal Examination</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>Newborn Assessment</td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td>Child Immunization</td>
<td>97%</td>
<td>3%</td>
</tr>
<tr>
<td>Growth Monitoring</td>
<td>98%</td>
<td>2%</td>
</tr>
</tbody>
</table>

5. Utilization of the MCHHBs (in the West Bank)

Bringing the MCHHBs with them:  
96% of women who had received the MCHHB during pregnancy brought the MCHHB with them when they visited a clinic for antenatal care.

Reading the MCHHBs:  
93% of women read the health education/information pages of the MCHHB.

Communicating with Health Care Providers:  
71% of women were given an explanation about the MCHHB by health care providers.

Communicating with Family:  
65% of women have shown their MCHHB to their family members.

(data from the MCHHB Evaluation Survey 2012)
Further Expansion of the MCHHBs by UNRWA in Jordan, Syria and Lebanon

UNRWA (the United Nations Relief and Works Agency for Palestine Refugees in the Near East) provides assistance, protection and advocacy for some 5 million registered Palestine refugees in Jordan, Lebanon, Syria and the occupied Palestinian territory (the West bank and Gaza) and is the main provider of basic services – education, health, relief and social services to Palestine refugees.

The MCHHB designed with JICA in the West Bank in 2008, has now taken on a regional dimension having expanded over three years to UNRWA’s five field of operations in the West Bank, Gaza, Jordan, Syria and Lebanon. Throughout all of UNRWA’s clinics, health practitioners monitor over 250,000 girls and boys from infancy to five years old, and 100,000 newly registered women using the MCH Handbook yearly.

The widespread use of the handbook resulted from its being introduced in the five fields in promotional ceremonies, national media campaigns and at the camp level with flyers and posters available in Women Program Centres, schools and clinics.

In 2008 and 2009, the handbook was introduced to the West Bank and Gaza. The UNRWA headquarters in Amman evaluated the utilization rate of the booklet in the West Bank. The findings revealed that almost 100% of UNRWA’s MCH staff members used the handbook.

Useful and popular, UNRWA updated the booklet in 2009 as UNRWA’s MCHHB based on the one developed in the West bank. It added to the international standards cultural and social details to increase its appeal and use for female patients.

By the end of 2010, over 800 health staff members throughout the five fields, which are West Bank, Gaza, Jordan, Syria, and Lebanon, have been trained on the purpose and utilization of the booklet. During the training sessions, MCH staff received WHO updates on growth monitoring standards for children and preconception care for women.

In Jordan, Syria and Lebanon, with Japanese experts, the ministries of health, and UNICEF, UNRWA conducted several meetings to introduce the handbook to public, private and not-for-profit healthcare providers. The handbook was introduced to contracted hospitals for hospital health-workers to complete the hospital section and to provide feedback in the relevant section of the handbook. The refugee community - in particular women and children - has been empowered with the information provided in the handbook. It is tool for women to learn and access their reproductive health rights and benefit from quality health services.
A mother has 3 MCHHB for 3 babies.
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