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Plenary Discussion

• **INTRODUCTION AND EVALUATION OF THE MCH HANDBOOK**
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  Professor
  Center for Reproductive and Family Health
  Faculty of Public Health, University of Indonesia

• **INTERNATIONAL COLLABORATION AND MCH HANDBOOK**
  Keiko Osaki, MPH
  Senior Advisor on Health
  Japan International Cooperation Agency

• **RESEARCH EVIDENCE ON MCH HANDBOOK**
  Rintaro Mori, MD
  Osaka Medical Center and Research Institute for Maternal and Child Health
Prior to a decision to a country-wide use MCH Handbook, a careful assessment should be made. As a new tool to be used, MCH Handbook should be well developed and introduced gradually. A well designed pilot project is favorable. The objectives of such pilot project are to demonstrate the advantages, as well as limitations of the MCH Handbook, to identify problems and constraints in the utilization of the handbook, and to learn best practices in the handbook utilization as inputs for its further replication or expansion. A well prepared pilot project is designed into several phases, i.e. preliminary phase, development of the handbook, preparatory phase, implementation (distribution and utilization of the handbook), and evaluation.

Includes in the preliminary phase are analysis of current situation and justification for the proposed use of the MCH Handbook, building consensus of related parties to conduct a pilot project, and administrative arrangement for the pilot project. In developing the MCH Handbook, the handbook’s target users, the scope and content of the handbook, method(s) in delivering the messages and physical appearance of the handbook should be carefully taken into account. Preparatory phase of a pilot project includes activities for printing the handbook, socialization and training, administrative arrangement of the pilot project, and baseline assessment. Implementation of the MCH Handbook Program consists of activities to distribute the handbook, activities to generate involvement of the community and relevant stakeholders, supervision and provision of technical assistance, and monitoring of the program. Evaluation of the MCH Handbook Program may cover evaluation on the content of the MCH Handbook, the implementation of the MCH Handbook Program, the outcome/impact of the MCH Handbook Program and opportunity for replication or expansion.

Evaluation of the content of the MCH Handbook covers issues such as appropriateness of the content of the MCH Handbook, usage of each component of the handbook by different users, and easiness to use and the level of understanding the handbook by different users. The aims of evaluating the implementation of the MCH Handbook are to identify of (1) the best practices in implementing the handbook, (2) problems related to training for health providers and health volunteers and opportunities to improve it, and (3) utilization of the handbook by various parties. It is suggested to carry put a second party evaluation by the target users to gain perspectives from them and a fair judgment about the program.
Introduction & Evaluation of MCH Handbook Program

Agustin Kusumayati
Center for Reproductive and Family Health
Faculty of Public Health University of Indonesia

Introduction

1. Prior to a decision to a country-wide use MCH Handbook, a careful assessment should be made.
2. As a new tool to be used, MCH Handbook should be well developed and introduced gradually.
3. A well designed pilot trial is favorable.

MCH Handbook Pilot Trial

A pilot trial of MCH Handbook Program covers the following phases:
1. Preliminary phase
2. Development of the handbook
3. Preparatory phase
4. Implementation (distribution, utilization)
5. Evaluation

Introduction

The objectives of a pilot trial are:
1. To demonstrate the advantages, as well as the limitations, of MCH Handbook
2. To identify problems and constraints in the utilization of the handbook
3. To learn best practices in the handbook utilization as inputs for its further replication or expansion

MCH Handbook Pilot Trial

Preliminary Phase
- Analysis of current situation and justification for the proposed use of the MCH Handbook
- Building consensus to conduct a pilot trial
- Principle arrangement for the pilot trial
  - What setting: hospital vs. community
  - Which area: province? district? rural vs. urban?
  - Who: government? private? NGO?
- Development of the MCH Handbook
  - The handbook’s main target beneficiaries
  - The handbook’s users
  - The scope and content of the handbook
  - Method(s) in delivering the messages
  - Physical appearance of the handbook
MCH Handbook Pilot Trial

Preparatory Phase
- Printing
- Socialization
  - Local parliament & government, non-health sectors
  - Professional organizations
  - Civil societies, NGOs, potential donors
- Training
  - Program managers
  - Health care providers
- Baseline assessment

Implementation of the MCH Handbook Program
- Supply and distribution
- Community and stakeholder(s) involvement
- Supervision and technical assistance
  - Field visit
  - Facilitative supervision
- Monitoring
  - Regular meetings
  - Recording and reporting system

Evaluation of the MCH Handbook Program

Evaluation of the content of the MCH Handbook
- Appropriateness of the handbook's content
  - to the country's current health problem
  - to the target users' needs
  - to the educational, social, and cultural background of the target beneficiaries
- Usage of each component of the handbook by different users
- Easiness to use and the level of understanding

Evaluation of the implementation of the MCH Handbook Program
- Lessons learned ➔ best practices
- Socialization
  - Targets
  - Materials, methods and outputs
- Training for health care providers
  - Materials, methods, and outputs
  - Post-training evaluation

Evaluation of the utilization of the MCH Handbook by various parties: health care providers, health volunteers, target beneficiaries, etc.

Evaluation of the MCH Handbook Program

- 2nd party evaluation = evaluation by the beneficiaries
  - Pregnant mothers, mothers of young children
  - Other family members
  - Community leaders

- Utilization of the handbook by various parties:
  - Health care providers, health volunteers, target beneficiaries, etc.
Evaluation of MCH Handbook Program

4. Effectiveness of the program management
   - Planning → coordination planning, integration of programs, resource availability & allocation
   - Organizing and actuating
   - Supervision and monitoring → distribution and coverage of the handbook, recording and reporting system, monitoring of supports
   - Annual evaluation

5. Evaluation of the outcome and/or impact of the MCH Handbook Program
   1. Health status → morbidity and mortality
   2. Knowledge, attitude and practices of the target beneficiaries
      - Self care
      - Compliance to standard health care
      - Utilization of essential health services

6. Evaluation of the outcome and/or impact of the MCH Handbook Program
   3. Quality of health services and programs
      - Competence of health care providers
      - Quality and coverage of IEC services
      - Quality and coverage of medical services
      - Missed opportunity
      - Client satisfaction

7. Evaluation of the outcome and/or impact of the MCH Handbook Program
   4. Integration and continuation of health care
      - Family planning and maternal health services
      - Maternal health and child health services
      - Various child health services and programs
      - Referral and contra-referral system
      - Integrated user-friendly information system

Some Methodological Issues

1. Involvement of various relevant stakeholders
   - The target community
   - Health care providers
   - Professional organizations
   - Local government, non-health sectors

2. Individual vs. community level assessment
   - Sample size vs. resource availability

3. The importance of qualitative assessment
   - Answer the “why” and “how” questions

4. Application of scientifically-sound design
   - Randomization
   - Pre vs. post intervention
   - Controlled vs. un-controlled

5. Application of statistical technique
   - Multilevel analysis
International cooperation sometimes provides us opportunities to learn more about innovations themselves, such as MCH handbook implementation, through application of those innovations in different settings. Followings are some lessons learned through international cooperation, which are mainly based on experiences of MCH handbook implementation in Indonesia and Palestine.

1) MCH handbook can be fitted to the situation of the country which would like to introduce it. Concept of the development of MCH handbook should be clear at the beginning. It is needed to be set in the context of the country.

2) Nevertheless to say, MCH handbook is not almighty. It is needed to make MCH handbook can work enough in the setting. Health providers need to use it, health services covered by MCH handbook need to be available, and health services covered by MCH handbook need to be supported by health policy, beside community people use it.

3) Integration needs a lot of efforts, by asking participation of different levels of various stakeholders. However, it is worthwhile to invest on that, as once MCH handbook designed in integrated manner, it can be an asset for health system to make sure continuity of programs through maternal, neonatal and child health(MNCH) period and continuity of care between facility and community.

4) MCH handbook provides an opportunity for donors to work together. If the country has strong ownership to guide donors to work together, MCH handbook is a good tool for that.

5) Sound evidence or espousal by respected persons or institutions are needed in order to be credible to be diffused. Challenges still remain. Potentials such as a tool to strengthen health system, impact on health outcome, social impact beyond health, have not much been examined. We have not yet much discussed about how much it is applicable to more difficult situations.

6) We need to keep some natures of MCH handbook in mind. MCH handbook tends to be thicker through revision process and through involving more stakeholders (“A law of Thickness”). We need to keep asking ourselves whether it is client friendly enough and still (Providers’ book vs. Family’s book).
MCH handbook and International Collaboration

Keiko Osaki, MPH
Senior Advisor on Health, JICA

According to a Romanian saying, “A beautiful child has many parents.”

MCH handbooks have do as well.

Different views on MCH handbook from different angles

Donors: (Once it is developed), A tool to show their flag, A platform to work together.

MDGs’ Context: Potential to be a tool for Continuum of Care.

MDH: A tool for integrated services.

MOH: A tool for minimum standard under decentralized setting.

MDH: A tool for Integrated services.

MDH: Potential to be a tool for Continuum of Care.

People: Trust.

Leaders: A tool to appeal for real voters.

What we got by MCH handbook?

• Source of knowledge
• Empowerment tool
• Communication tool
• Administration tool
• Donor platform
• Trust
• Etc.....

Dramas from the field

Lesson learned from international collaboration (1)

MCH handbook can be fitted to the situation of the country which would like to introduce it.

Concept of the development of MCH handbook should be clear at the beginning. It is needed to be set in the context of the country.
Concepts of MCH handbooks at the time of development

Indonesia
- No “Translation” from Japanese MCH handbook
- Appropriateness (technically)
  - Minimum Standard of Community Health Services
  - Design based on existing one plus alpha
- Appropriateness (culturally and socially)
- Ownership by stakeholders
- A pilot to be a part of national (system)

Palestine
- No Duplication
- Donor coordination is essential

Lesson learned from international collaboration (2)

Nevertheless to say, MCH handbook is not almighty.

Be careful, assumptions do not always work.

Lesson learned from international collaboration (3)

Integration needs a lot of efforts, by asking participation of different levels of various stakeholders.

But once it is set up, it can be an asset for health system.

Who needs to change?

- Mothers?
- Family?
- Community?
- Health provider?
- Governments?
- Donors?

Lesson learned from Lesson learned from international collaboration (3)

Integration needs a lot of efforts, by asking participation of different levels of various stakeholders.

But once it is set up, it can be an asset for health system.

MCH handbook in Indonesia

JICA Technical Cooperation Project (TCP): A municipality in Central Java 1994
Central Java Version: Diffusion in the province 1994-1997
National Version: Diffusion in several provinces 1997
JICA TCP Phase I 1998-2003
MR-MMR Special fund 2006
JICA TCP Phase II 2006-2009
JICA Third Country Training Program 2007-2011

As a tool for community health and health check up + community empowerment
As a tool of counseling tool
As a tool beyond programs, beyond community health services, and beyond health

A Newsletter of a USAID project says that “MCH handbook is the core IEC material for EPI”
Japanese case (1)
Q. In your city, do you keep immunization record separated from MCH handbook?

- Yes, separated
- No, within MCH handbook

N=853
Source: Okada 2008

Japanese case (2)
Q. Do you think immunization record to be separated from MCH handbook in the future?

- Yes, agree
- No, do not agree

N=793
Source: Okada 2008

Lesson learned from international collaboration (4)
MCH handbook provides an opportunity for donors to work together.

Photo by ADB (North Sulawesi)
UNICEF (West Java)

Indonesian case
How does donors work together?

Pilot Program Policy Implementation
MOH & JICA WEL, UNFPA
UNICEF,IBI, Save the Children Fund
WHO
World Vision
UNRWA
USAID
AusAID, EU, GTZ

Palestine case:
How does donors work together?

Pilot Policy Implementation
MOH & JICA UNICEF
UNRWA
UNFPA
WHO

Lesson learned from international collaboration (5)

Sound evidence or espousal by respected persons or institutions in order to be credible attributes to diffusion.

Challenges still remain. Potentials such as a tool to strengthen health system, impact on health outcome, social impact beyond health, have not much been examined. We have not yet much discussed about how much it is applicable to difficult situations.

Health Personnel Density and Health Service Coverage (Measles Immunization & Delivery attended by SBA)

Health Personnel Density and Health Service Coverage (Measles Immunization & Delivery attended by SBA)

Lesson learned from international collaboration (6)

A law of Thickness

Providers’ book vs. Family’s book
Regulation vs. Empowerment

We need to keep asking ourselves whether it is client friendly enough and still.

Do we still friendly enough to our clients?

Conclusions

1. MCH handbook can be fitted to the situation of the country which would like to introduce it, but a clear concept of development is needed at the beginning.
2. Nevertheless to say, MCH handbook is not almighty.
3. Integration needs a lot of efforts, but once it is set up, it can be an asset for health system.
4. MCH handbook provides an opportunity for donors to work together.
5. Challenge still remains. Potentials such as a tool to strengthen health system, impact on health outcome, social impact beyond health, have not much been examined.
6. We need to keep asking ourselves whether it is client friendly enough and still.

Thank you
A systematic review was conducted to review the best available evidence on effectiveness of maternal and child health handbook. Systematic search by using a research question “Does MCH handbook improve health outcomes of women and children?” in Medline, Cochrane Library, EMBASE, Popline, African Medical Index yielded no randomised controlled trial with several observational studies. Examples of the studies identified included an ecological study looking at a correlation between the ratio of the number of Handbooks distributed and the actual number of births and the perinatal mortality (Takayanagi, K et al. Clin Perform Qual Health Care, 1993. 1(1): p. 29-33.) and a study used data from maternal and child health handbook looking at perinatal complications assessed using the Parnas scale based on information from the maternal and child health handbook were compared between DSM-III-R-diagnosed schizophrenics (N = 59), their healthy siblings (N = 31), and controls (N = 108) (Kunugi, H., et al. J Nerv Ment Dis, 1996. 184(9): p. 542-6.) Needs for further research was discussed. Although there is no need for research for research, it is required providing no substantial resource required, not intervening current policies, community/country ownership ensured, ensured feedback to the community and the world and with high quality. Considering pros and cons of evidence-based health policy and uncertainty around the effectiveness of the handbook, it was considered that further evidence should be developed on maternal and child health. Evidence should be evaluated against people’s value and governance structure should be ensured. A cluster randomised controlled trial of the handbook in Mongolia with intervention of distribution of them to all pregnant women in certain region was proposed.
RESEARCH EVIDENCE ON MCH HANDBOOK

OVERVIEW OF MY TALK

Rintaro Mori MD PhD MSc FRCPCH
Osaka Medical Center and Research Institute for Maternal and Child Health
WHO Collaborating Centre for Maternal and Child Health

SYSTEMATIC REVIEW

- Systematic search
  - RQ: Does MCH handbook improve health outcomes of women and children?
  - Searched in Medline, Cochrane Library, EMBASE, Popsline, African Medical Index...
  - Search strategy: Keywords including maternal, men, child*, handbook etc

- Critical review
  - No randomised controlled trial found
  - Several observational studies
  - Majority - case studies

CURRENT AVAILABLE EVIDENCE

- Takayanagi, K., S. Iwasaki, and Y. Yoshinaka,
- A correlation between the ratio of the number of Handbooks distributed and the actual number of births and the perinatal mortality
- Ecological study

IDENTIFIED STUDY - EXAMPLE 1

- Perinatal complications assessed using the Parnas scale based on information from the maternal and child health handbook were compared between DSM-III-R-diagnosed schizophrenics (N = 59), their healthy siblings (N = 31), and controls (N = 108)
- A study used data from MCH Handbook
**DO WE NEED MORE EVIDENCE?**

- No more evidence
- Yes, more evidence

- Impossible to conduct studies
- Could be effective, but how much?
- Enough evidence
- Evidence drives policy makers
- Evidence-based healthcare
- Evidence never ends

**EVIDENCE-BASED APPROACH UPGRADED**

- Quantitative Evidence
- Observational Evidence
- Qualitative Evidence
- Consensus

- Decision (economic) analysis

**EVIDENCE-BASED APPROACH UPGRADED**

- Evidence

- Decision (economic) analysis
- Qualitative Evidence
- Consensus

- Health Policy

**EVIDENCE-BASED APPROACH UPGRADED**

- Evidence

- Resource

- Consensus

- Health Policy

**EVIDENCE-BASED APPROACH UPGRADED**

- Evidence

- Resource

- Consensus

- Value
DO WE NEED MORE EVIDENCE

- No research for research
- Creating confidence in all stakeholders
- Yes, research only if
  - No substantial resource required
  - Not intervening current policies
  - Community/country ownership ensured
  - Feedback to the community and the world
  - High quality

OUR PROPOSING TRIAL

- Cluster RCT of MCH handbook in Mongolia
- Intervention: Distribution of MCH Handbook to all pregnant women
- Collaborators:
  - Samdan Dulamsuren, National Center for Health Development, Ministry of Health, Mongolia
  - Oyun Lkhagvasuren, National Center for Health Development, Ministry of Health, Mongolia
  - Rintaro Mori, Osaka Medical Center and Research Institute for Maternal and Child Health, Japan
  - Yasuhide Nakamura, Osaka University, Japan
  - Gochoo Soyolgerel, Ministry of Health, Mongolia
  - Nahoiro Yonemoto, School of Public Health, Kyoto University, Japan

CLUSTER RCT

- One pair of similar villages/Aimags ready to implement
- Randomisation
- One year of observation
- Hand book

WAY FORWARD - AN EXAMPLE

- Current Available Evidence
- Do we need more evidence?
- Way forward - an example
Improvement from the previous years

- Antenatal visits and care
- Family empowerment
- Knowledge base
- Hard outcomes from national statistics, too

A high level study that

- Requires no substantial money
- Can persuade policy makers all over the world
- Does not intervene current government policies
- Can help capacity development in research and implementation of an effective intervention

Is possible

Please support us!
Field Visit: Hitachiomiya City

- Background of Hitachiomiya City

- Field Visit Schedule

- **PEDIATRIC MEDICAL SERVICES IN A REGIONAL INSTITUTION**
  Hideki Kumagai, MD, PhD
  Hitachiomiya Saisekai Hospital
Field Visit: Hitachiomiya City

1. General Information

Hitachiomiya City was created in 2004 by merging of two towns and three villages. The city has a population of 46,435 people (male 22,715; female 23,720 as of October 2008), with an area of 348.38 km² and a total of 16,292 households. Hitachiomiya is located on the northwest side of Ibaraki prefecture and within 2 hours driving distance from Tokyo. Land designated for agricultural use is about 17% and forest land comprises approximately 60% of the city area. The northern side of the city is particularly abundant of green and nature.

2. Maternal and Child Health Program in Hitachiomiya City

Hitachiomiya launched the Maternal and Child Health Plan (2007-2011) with the purpose of “Developing a community of healthy mothers and children”. In this city parents are encouraged to obtain their “Parents and Children Health Handbook (PCHH)” by week 11th of the pregnancy and to comply with all the health checkups during pregnancy and breastfeeding; besides, the city conducts healthy child-rearing classes and public health nurses and nutritionists provide orientation during home visiting on a permanent basis.

At the moment, there are no birthing facilities in Hitachiomiya. Expectant mothers must go to neighboring cities (up to 30 minutes driving distance) for their antenatal checkups and delivery. In 2006 the Hitachiomiya Saiseikai Hospital was established in the city. Although there is no obstetric service available, the pediatrics service and the municipal health center have joined efforts in providing maternal and child health activities.

3. The Hitachiomiya City “Parents and Children Health Handbook”

The opportunity for mothers to pass wisdom and culture to their daughters is rare nowadays. With the idea of “rearing” parents while they are raising their children Hitachiomiya developed their version of PCHH. A multidisciplinary group of professionals related to maternal and child health (public health nurses, nutritionists, and nursery and special education teachers) gathered together to develop the handbook. The process took one year. They also received valuable advice from Ms. Masako Kobayashi from the National Institute of Public Health. The PCHH is being used since July 2004.

Characteristics of the Hitachiomiya City “Parents and Children Health Handbook”

1. Its 112 pages outnumber the average number of pages produced by the Ministry of Health.
2. Contains pages to record growth until the user becomes 20 years old.
3. There are more spaces than usual for parents to write down messages for their children.
4. A page for father’s message has been included to foster fathers’ participation.
5. Contents are indexed by period: pregnancy, breastfeeding and infancy.

At present, the PCHH is being used as an educational material for all junior high school students. In the near future, all primary and junior high school students will use their handbooks with their personal health information as an educational material.

Program of the Visit to Hitachiomiya City

Purpose of the visit
1. To learn from the opinions of people from different backgrounds with regards to the use of the Parents and Children Health Handbook (PCHH) and to observe its current usage in the community
2. To learn the experience in developing the PCHH for long-term usage
3. To observe the actual situation of the Healthy Infant Checkup system in Japan and to consider the implication in the participant’s country
4. To learn about the Japanese maternal and child health problems (breastfeeding, low birth weight babies, child rearing, etc.) and to consider the implication in each country
Field Visit: Hitachiomiya City

Date and time of the visit
November 10th (Monday)

Participants:
The 6th International Conference on Maternal and Child Health Handbooks international participants and accompanying Japanese staff

Schedule
07:30  Departure from accommodation in Tokyo (By bus: 3 hours trip from Tokyo)
10:25  Arrival at Hitachiomiya Saiseikai Hospital
10:30  Outline of the hospital, collaboration with the health center (Conference room)
       The situation of Japanese children from the view of a pediatrician
       (Dr. Kumagai Hideki, Chief Pediatrician)
11:00  Visit to the hospital facilities
11:45  Departure from the hospital
12:00  Arrival at the Health and Social Welfare Center “Kagayaki”
       (Lunch will be served upon arrival, Conference room, 2nd Floor)
12:30  Present situation of the Center
       Chair Person: Ms. Sakae Goto, Department of Health Promotion
       • Welcome greetings (Mr. Shinichiro Mitsugi, Hitachiomiya City Mayor)
       • Outline of the Center, transition of its roles (Osamu Yokoyama, Head of the Health Promotion Section)
       • The experience of developing the PCHH and current maternal and child health concerns perceived by young parents (Ms. Sanai Kaneko, Nurse)
13:50  Observation of group nutritional and other healthy infant check-up guidance
14:10  Symposium participants will be divided in 3 groups for the following 3 activities (20 minutes each)
       A  8-month old infants orientation visit observation
       B  Meet and chat with parents who are long-term users of the PCHH
       C  Visit to the facilities of the center
15:20  Departure from the center
18:20  Arrival in Tokyo
Pediatric Medical Services in a Regional Institution

Hideki Kumagai MD, PhD
Dept. of Pediatrics, Hitachiomiya Saiseikai Hospital

Outline
- Our Institution
- Role of This Department of Pediatrics
- Disease of Children and MCH Handbook

Hitachiomiya City

Population Statistics
- Population: 46,000
- Age ≥ 65 yo: 27%
- Age < 15 yo: 13%
Aging Society and Declining Birthrate

Hitachiomiya Saiseikai Hospital
- The only public hospital in the northwest area of Ibaraki Prefecture
- Internal medicine, Cardiology, Pulmonary medicine, Orthopedics, Gastroenterology, Surgery, Neurosurgery, Urology, Chest surgery, Pediatrics

- Opened 2006.
- Currently we have 139 beds available, but it has the capacity to accommodate up to 160 beds.
- Services: Outpatient services, Inpatient services, Emergency services (24hr).
Dept. of Pediatrics

• The Center of Excellence in Pediatric Medical Care for Hitachimiya City and a Major Regional Referral Center
• A Holistic Approach Encompassing the Promotive, Preventive, Curative Dimensions
• Three Pediatricians

Dept. of Pediatrics

• Out-patients: 50 Children/Day
• In-patients: 25 Children/Month
• Health Checkup: Hospital & The Health Center Three Times in a Month
• Vaccination: Once in a Week
• Examination: Ultrasonography, CT, MRI, Electroencephalogram, and Endoscopy

Citizen’s Forum

In Cooperation with the Municipal Health Center

Case Conference with Privately Practicing Doctors

The Star Festival

Disease and MCH Handbook

• Biliary Atresia
• Crohn Disease
• Child Abuse
Biliary Atresia

- Rare condition in newborn infants in which the common bile duct between the liver and the small intestine is blocked or absent.

If unrecognized, the condition leads to liver failure.

- The cause of the condition is unknown.

- The only effective treatments are certain surgeries, or liver transplantation.

- Timely Kasai operation (< 60 postnatal days) have shown better outcomes.

Which Color is Normal?

1 Month-old Baby's Stool

In biliary atresia, stool color is generally acholic (white, light yellow).

Answer

Normal = 4, 5, 6, 7
Abnormal = 1, 2, 3

Stool Color Mass Screening

We put this card between the One-month health checkup pages of MCH Handbook.

Crohn Disease

Affect any part of the gastrointestinal tract from mouth to anus

The precise cause is not known.

- Symptoms are abdominal pain, diarrhea (which may be visibly bloody), or weight loss.

- Tends to present initially in the teens and twenties, although the disease can occur at any age.

- Treatment options are restricted to controlling symptoms, putting and keeping the disease in remission and preventing relapse.
The Number of Patients Suffering from Crohn Disease

Onset Age of Crohn Disease

Case: 11-year-old boy

Chief Complain:
Loose Stool
Continuing for One Month

But, weight loss has already started

Sato K et al. 2007

Child Abuse

- The Physical, Psychological or Sexual Maltreatment of Children
- We Exchange the Information with Municipal Heath Center

The Number of the Reported Cases of Child Abuse

Child Abuse and MCH Handbook

- Not Have MCH Handbook
- Not Have Health Checkup
- Not Get Vaccination

I always check here
Abuse (Neglect) in a Child

A: Intracranial Hemorrhage
B: Transferred to Grandmother’s Home
C: Back to her Home
D: Dead in a Cardboard Box

Oki J, et al, 2007

Our Colleagues

Thank You. Any Questions?

- Hitachiomiya Saiseikai Hospital
- Department of Pediatrics
- MCH Handbook ~Growth Curve~
- Collaboration with the Heath Center
Appendix

- Conference Photos
- List of International Participants
- Selected Newspaper Articles
- Acknowledgement
- Conference Committee
Conference Photos

DAY 1: Conference Opening
U Thant International Conference Hall, UN University, Tokyo • November 8, 2008
DAY 2: Country Report
JICA Tokyo International Center (TIC), Tokyo • November 9, 2008
DAY 3: Field Visit: Hitachiomiya City
Hitachiomiya City, Ibaraki Prefecture • November 10, 2008
### International Participants

<table>
<thead>
<tr>
<th>Country</th>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>Mustafa Kamal Haider</td>
<td>Chief Adviser’s Office Taigaon, Dhaka</td>
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<td>Bangladesh</td>
<td>Kaosar Afsana</td>
<td>BRAC Health Program</td>
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<td>Bangladesh</td>
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<td>International Collaboration Division, Global Human Sciences, Osaka University</td>
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<td>Brunei Darussalam</td>
<td>Hajah Mawarni bte Haji Abdul Hamid</td>
<td>Ministry of Health</td>
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<td>National Maternal and Child Health Center</td>
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Born in Japan 60 years ago, the Maternal and Child Health Handbook started to expand to other Asian countries in 1990. Ever since and thanks to its cultural-sensitivity and appropriateness, the MCH Handbook initiative has been obtaining amazing accomplishments in several Asian countries. Colorful illustrated handbooks for mothers who are not able to read, self-explanatory pictures and other resources are applied to meet the needs of the country and region. For example, the Thai MCH Handbook includes a development backgammon game for local education, while the Palestinian one is considered as a "Life Passport". Overall, the initiative is not only helping in the improvement of health of mothers and children worldwide, but it is also able to contribute with lessons learned back to Japan.
Representatives of 15 countries gathered at the United Nations University in Shibuya Ward, Tokyo on November 8th. The conference, sponsored by NPO HANDS, aims to exchange information on the situation of MCH Handbooks in the world. According to its representative, Osaka University Professor, Yasuhide Nakamura, the general public needs to be aware of how the Japanese public health tool is being acknowledged around the world for its usefulness in protecting the health of mothers and children.

MCH Handbooks were developed in Japan in 1948 to serve as a communication tool between medical doctors and mothers, and has proved itself as an effective health education tool for parents. Thus, the efforts to expand this initiative to other Asian countries and Africa where infant and maternal mortality rates remain high. JICA and UNICEF are some of the organizations which support expansion initiatives.
On November 10th, 2008, head of Pediatrics Department, Dr. Hideki Kumagai and hospital staff members welcomed international guests attending the 6th International Conference on Maternal and Child Health Handbook, sponsored by NPO HANDS and Osaka University. Hitachi Omiya City is well known for its efforts in approaching maternal and child health concerns. Most notable of which is the city’s MCH Handbook, known as the “Parents and Children Handbook”, is to be used until the child turn 20 years old. It is an original handbook developed with consideration of users and provision points of view, to respond to the present health needs of parents and their children. Among other innovative aspects, the handbook may be used as a tool for sex education.
The 6th International Conference on Maternal and Child Health Handbooks

Title: From Japan to the World: The 6th International Conference on Maternal and Child Health Handbooks

Summary: HANDS (Health and Development Service) sponsored a conference that gathered NGO members, researchers and government officers from around the world on November 8th in Tokyo at the UN University. The conference marked the contribution of the MCH Handbook in the improvement of maternal and child health standards in Japan along with the approaches launched by other Asian countries that have adopted the initiative. A discussion on the achievement of the Millennium Development goals followed presentations by the former Ministry of Health, Labor and Welfare’s Keizo Takemi, JICA’s Yoshihisa Ueda, UN Tokyo Office Director Kyoko Isegami, UNICEF’s Dan Rohrmann and Osaka University Professor Yasuhide Nakamura.
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