

*Countermeasure for Maternal and
Child Health and Child Welfare*

Country Reports

Japan International Corporation of Welfare Services (JICWELS)

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*Countermeasure for Maternal and
Child Health and Child Welfare*

AZERBAIDZHAN

Country Report for
JICA Knowledge Co-Creation Program
 (Countermeasure for Maternal and Child Health and Child Welfare)
"Promotion of the Collaboration between Child Welfare and MCH"
(JFY 2015)

~Part (A) Indicators~

Please confirm data of following Indicators: Not only data of 'country overall' but also its "Changes" compared with previous data and "Disparities within the country". The Latter is much important for the coming discussion.

For your reference:

■ THE STATE OF THE WORLD'S CHILDREN 2015: Executive Summary (UNICEF)

http://www.unicef.org/publications/files/SOWC_2015_Summary_and_Tables.pdf

■ World Population Dashboard 2015 (UNFPA)

<http://www.unfpa.org/world-population-dashboard>

(1) Crude birth rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 18.9 |
| 2005 | 16.9 |
| 2015 | 18.1 |

(2) Crude death rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 6.7 |
| 2005 | 6.2 |
| 2014 | 5.9 |

(3) Leading causes of death (1990) and (2010)

- | | |
|-------|--------------------------------------|
| 1990: | 1) disease of the circulatory system |
| | 2) disease of the respiratory system |
| | 3) neoplasm |
| 2010: | 1) disease of the circulatory system |
| | 2) neoplasm |
| | 3) disease of digestive system |

(4) Infant mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 23.3 |
| 2005 | 12.7 |
| 2014 | 10.2 |

(5) Leading causes of infants death (1990) and (2010)

1990:

- 1) disease of the respiratory system
- 2) some infection and parasite condition
- 3) certain originating in perinatal period

2010

- 1) disease of the respiratory system
- 2) certain condition originating in perinatal period
- 3) congenital anomalies

(6) Under-5 mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 43.2 |
| 2005 | 17.6 |
| 2014 | 12.6 |

(7) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990:

Diseases: 1) 2) 3)

Morbidity rate: 1) 2) 3)

2010:

Diseases:

- 1) disease of the respiratory system
- 2) certain condition originating in perinatal period
- 3) some infection and parasite of the digestive system

Morbidity rate: 1) 2) 3)

(8) Maternal mortality rate (per 100,000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 37 |
| 2005 | 28,9 |
| 2014 | 14.6 |

(9) Leading causes of maternal death (1990) and (2010)

1990: 1) 2) 3)

2010: 1) 2) 3)

(10) Are there national standards for certifying disabilities in your country?

Yes / No

If yes, please explain briefly.

Disability evaluation criteria based on international standards are approved by the government of Azerbaijan. Azerbaijan is a member of the United Nations Convention on the Rights of Person with Disabilities

(11) Does your country perform any health check for infants and children?

Yes / No

If 'Yes',

-When (at how many months)?

Child health care is initially provided during the first three days following the delivery, at the hospital where the delivery took place. After discharge from the hospital, a child is visited at home by a pediatrician. Every child receives at least one visit from a pediatrician that can be then followed by a nurse visit.

-How many times?

A mother is required to take her child for regular checkups at the polyclinic and ensure the vaccination is provided several times during the child's first two years. Doctors in polyclinic can refer children to a specialized pediatrician or for hospitalization if necessary. After two years old check up of the children carried out twice a year

-What kinds of contents includes in each?

Physical examination, determination body mass index, complete blood count (CBC), fluoroscopy

In the case any diseases or disabilities are confirmed, is there any support services on them? Describe the services, if any.]

Azerbaijan's Ombudsman protects and promotes human rights, the rights of vulnerable children and people with disabilities.

People with disabilities should register at the **Ministry of Labour and Social Protection** of Population of Azerbaijan to receive social assistance.

The **Heydar Aliyev Foundation** aims to improve the living conditions of vulnerable children and adults, as well as assist children and adults with disabilities to integrate into society and earn an income

The **Union of Disabled People** keeps statistics about people with disabilities, has information about their rights, as well as social projects, news and a photo gallery. The website also has links to other disabled organisations in the country.

~Part (B) Preliminary Analysis~

※It is recommended to analyze those strengths/weaknesses through the discussion with the authorities concerned (health and welfare) before coming to Japan in order to facilitate to find the way for the collaboration between health and welfare for mothers and children. Preferably country report should be prepared in collaboration with authorities.

1. Please try to describe the followings on the surroundings mothers and children.

① Three (3) Strengths in your country / region.

⇒Maternal and Child Welfare:

⇒Maternal and Child Health:

1. The wide array of intervention programs and strategies are approved to improve the services provided for children and pregnant woman during perinatal , neonatal and postneonatal periods
2. Throughout the country health care services are provided free of charge
3. Maternal healthcare services has an extensive network of facilities which is adequately staffed with qualified personnel

② Three (3) Weaknesses/Challenges in your country / region.

⇒Maternal and Child Welfare:

⇒Maternal and Child Health: .

1. There are currently nearly one million of refugees and internally displaced persons in Azerbaijan, which represents 12 percent of the countrys population
2. Deficiency of specialists at the rural areas
3. Socioeconomic condition and educational level in rural area is not satisfactory

2. In your country / region, who are the most vulnerable populations? Please list three(3) groups in order of priority.

ex) groups living rural areas? with low-income? with disabilities?

1. Refugees
2. With disabilities
3. With low -income

3. What kinds of services are there for the above mentioned groups?

Different kinds of benefit and social defense programs are exist

4. In implementing health/welfare policies and services by your organization :

⇒to develop these strengths and improve these weaknesses,

⇒to develop the services for the most vulnerable populations,

①In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

1. Program of Actions for Protection of maternal and child health
2. Concept of regionalization of perinatal services
3. Integrated management of childhood illnesses
4. National reproductive health program
5. State program on poverty reduction and sustainable development in the republic of Azerbaijan.

②What are successful areas or programmes? List 3 areas or programmes.

1. Development of 2014-2020 National Strategy of Azerbaijan Republic on Prevention and Control of Non-communicable Diseases
Development and implementation of the NCD Prevention and Control Strategy for 2014-2020 is one of prioritized health sector tasks included in the country's Development Conception "Azerbaijan-2020: Future Vision". The program was implemented in the frame of Azerbaijan Republic Health Sector Reform Project (HSRP) under the Ministry of Health of Azerbaijan Republic.
2. The work on the development and implementation of national clinical protocols on various disease are carried out
3. The training for health care specialists are carried out

②What are these challenges? List 3 challenges.

1. Azerbaijan is newly independence country
2. War condition at the Republic. Due to military aggression of the armed forces of Armenia against Azerbaijan the 20 percent of countrys territory were occupied
3. Low educational level of the mothers in rural areas

③Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

Maternal and child health care and welfare are closely linked with a broad range of social and economic factors.

④Describe your expectations to the training program.

To gain an understanding of Japanese MCH and Child welfare policies , to exchange opinions about approaches to the improvement maternal and child health care in aim to improve health care services for mother and child in our country

ANNEX-1

Suggested Guideline for Country Report for JICA Knowledge Co-Creation Program

(Countermeasure for Maternal and Child Health and Child Welfare)

"Promotion of the Collaboration between Child Welfare and MCH" (JFY 2015)

~Part (A) Indicators~

Please confirm data of following Indicators: Not only data of 'country overall' but also its "Changes" compared with previous data and "Disparities within the country". The Latter is much important for the coming discussion.

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■ World Population Dashboard 2015 (UNFPA)

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(1) Crude birth rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 18.9 |
| 2005 | 16.9 |
| 2015 | 18.1 |

(2) Crude death rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 6.7 |
| 2005 | 6.2 |
| 2014 | 5.9 |

(3) Leading causes of death (1990) and (2010)

- | | |
|-------|---|
| 1990: | 1) disease of the circulatory system 2) disease of the respiratory system 3) neoplasm |
| 2010: | 1) disease of the circulatory system 2) neoplasm 3) disease of digestive system |

(4) Infant mortality rate (per 1000 live birth)

| | Country overall |
|--|-----------------|
|--|-----------------|

| | |
|------|------|
| 1995 | 23.3 |
| 2005 | 12.7 |
| 2014 | 10.2 |

(5) Leading causes of infants death (1990) and (2010)

1990:

- 1) disease of the respiratory system
- 2) some infection and parasite condition
- 3) certain originating in perinatal period

2010

- 1) disease of the respiratory system
- 2) certain condition originating in perinatal period
- 3) congenital anomalies

(6) Under-5 mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 43.2 |
| 2005 | 17.6 |
| 2014 | 12.6 |

(7) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990:

Diseases: 1) 2) 3)
Morbidity rate: 1) 2) 3)

2010:

Diseases: 1) disease of the respiratory system
2) certain condition originating in perinatal period
3) some infection and parasite of the digestive system

Morbidity rate: 1) 2) 3)

(8) Maternal mortality rate (per 100,000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 37 |
| 2005 | 28,9 |
| 2014 | 14.6 |

(9) Leading causes of maternal death (1990) and (2010)

1990: 1) 2) 3)

2010: 1) 2) 3)

(10) Are there national standards for certifying disabilities in your country?

Yes / No

If yes, please explain briefly.

Disability evaluation criteria based on international standards are approved by the

government of Azerbaijan. Azerbaijan is a member of the United Nations Convention on the Rights of Person with Disabilities

(11) Does your country perform any health check for infants and children?

Yes / No

If 'Yes',

-When (at how many months)?

Child health care is initially provided during the first three days following the delivery, at the hospital where the delivery took place. After discharge from the hospital, a child is visited at home by a pediatrician. Every child receives at least one visit from a pediatrician that can be then followed by a nurse visit.

-How many times?

A mother is required to take her child for regular checkups at the polyclinic and ensure the vaccination is provided several times during the child's first two years. Doctors in polyclinic can refer children to a specialized pediatrician or for hospitalization if necessary. After two years old check up of children carried out twice a year.

-What kinds of contents includes in each?

Physical examination, determination body mass index, complete blood count (CBC), fluoroscopy.

In the case any diseases or disabilities are confirmed, is there any support services on them? Describe the services, if any.]

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The **Union of Disabled People** keeps statistics about people with disabilities, has information about their rights, as well as social projects, news and a photo gallery. The website also has links to other disabled organisations in the country.

(12)

~Part (B) Preliminary Analysis~

※It is recommended to analyze those strengths/weaknesses through the discussion with the authorities concerned (health and welfare) before coming to Japan in order to facilitate to find the way for the collaboration between health and welfare for mothers and children. Preferably country report should be prepared in collaboration with authorities.

1. Please try to describe the followings on the surroundings mothers and children.

① Three (3) Strengths in your country / region.

⇒Maternal and Child Welfare:

⇒Maternal and Child Health: (1. 2. 3.

1. The wide array of intervention programs and strategies are approved to improve the services provided for children and pregnant woman during perinatal, neonatal and postneonatal periods.

2. Throughout the country health care services are provided free of charge.

3. Maternal healthcare services has an extensive network of facilities which is adequately staffed with qualified personnel.

② Three (3) Weaknesses/Challenges in your country / region.

⇒Maternal and Child Welfare:

⇒Maternal and Child Health: 1. 2. 3.

1. There are currently nearly one million of refugees and internally displaced persons in Azerbaijan, which represents 12 percent of the country's population

2. Deficiency of specialists at the rural areas.

3. Socioeconomic condition and educational level in rural area is not satisfactory.

2. In your country / region, who are the most vulnerable populations? Please list three(3) groups in order of priority.

ex) groups living rural areas? with low-income? with disabilities?

1. Refugees 2. With disabilities 3. With low -income

3. What kinds of services are there for the above mentioned groups?

Different kinds of benefit and social defense programs are exist

4. In implementing health/welfare policies and services by your organization:

⇒to develop these strengths and improve these weaknesses,

⇒to develop the services for the most vulnerable populations,

①In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

1. Program of Actions for Protection of maternal and child health
2. Concept of regionalization of perinatal services.
3. Integrated management of childhood illnesses .
4. National reproductive health program.
5. State program on poverty reduction and sustainable development in the republic of Azerbaijan .

②What are successful areas or programmes? List 3 areas or programmes.

1. Development of 2014-2020 National Strategy of Azerbaijan Republic on Prevention and Control of Non-communicable Diseases
Development and implementation of the NCD Prevention and Control Strategy for 2014-2020 is one of prioritized health sector tasks included in the country's Development Conception "Azerbaijan-2020: Future Vision". The program was implemented in the frame of Azerbaijan Republic Health Sector Reform Project (HSRP) under the Ministry of Health of Azerbaijan Republic.
2. The work on the development and implementation of national clinical protocols on various disease are carried out
3. The training for health care specialists are carried out .

③What are these challenges? List 3 challenges.

1. Azerbaijan is newly independence country
2. War condition at the Republic. Due to military aggression of the armed forces of Armenia against Azerbaijan the 20 percent of countrys territory were occupied
3. Low education level of the mothers in the rural areas.

④Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

Maternal and child health care and welfare are closely linked with a broad range of social and economic factors.

⑤Describe your expectations to the training program.

To gain an understanding of Japanese MCH and Child welfare policies , to exchange opinions about approaches to the improvement maternal and child health care in aim to improve healthcare services in our country.

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Japan International Corporation of Welfare Services (JICWELS)

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*Countermeasure for Maternal and
Child Health and Child Welfare*

CAMBODIA

ANNEX-1

**Cambodia Country Report for
JICA Knowledge Co-Creation Program**
(Countermeasure for Maternal and Child Health and Child Welfare)
**"Promotion of the Collaboration between Child Welfare and
MCH"**
(JFY 2015)

Child Welfare Chapter

- Prepared by: Mr. Hun Pheakdey
- Title: Assistant to Director General of Technical Affairs.
- Organization: Ministry of Social Affairs, Veterans and Youth
Rehabilitation

※Part (A) Indicators**(1) Crude birth rate (per 1000 population)**

| | Country overall |
|------|-----------------|
| 1995 | 40.3 |
| 2005 | 25.6 |
| 2015 | 24.4 |

(2) Crude death rate (per 1000 population)

| | Country overall |
|------|--------------------|
| 1995 | 11.3 |
| 2005 | M=5.2, F=3.1 (7.6) |
| 2015 | 7.78 |

(3) Leading causes of death (1990) and (2010)

- 1990: 1) Diseases (Bacteria, virus and micronutrient deficiency)
2) Hygiene and poverty 3) Environment and low knowledge

- 2010: 1) Diseases (Bacteria, virus and micronutrient deficiency)
2) Hygiene 3) Environment and low knowledge

(4) Infant mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 90 |
| 2005 | 66 |
| 2015 | 28 |

(5) Leading causes of infants death (1990) and (2010)

- 1990: 1) Diseased 2) Infection 3) Anemia

2010: 1) Diseased 2) Infection 3) Anemia

(6) Under-5 mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 125 |
| 2005 | 83 |
| 2015 | 35 |

(7) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990:

Diseases: 1) Acute respiratory illness (ARI) 2) Fever 3)

Diarrhea

Morbidity rate: 1) ARI 6% 2) Fever 28% 3) Diarrhea 15%

2010:

Diseases: 1) Acute respiratory illness (ARI) and fever
2) Sever acute malnutrition And anemia 3) Diarrhea

Morbidity rate: 1) ARI 6% and fever 28% 2) Sever acute malnutrition
2.5% and
Anemia 55% 3) Diarrhea 15%

(8) Maternal mortality rate (per 100,000 live birth)

| | Country overall |
|------------|--------------------------|
| 1995 | 640 |
| 2005 | 472(CDHS 2005, page 120) |
| 2015(2014) | 170 |

(9) Leading causes of maternal death (1990) and (2010)

1990:1) Hemorrhage 2) Eclampsia 3) Infection

2010:1) Hemorrhage (42,1%) 2) Hypertension (17%) 3) Unsafe
abortion (9%)

(10) Are there national standards for certifying disabilities in your country?

✓Yes/No

If yes, please explain briefly.

To certify the disabilities, the Royal Government of Cambodia has issued Inter-Ministerial Declaration (Prakas) between Ministry of Social Affairs, Veterans and Youth Rehabilitation and Ministry of Health on Classification and Type of Disabilities. This Prakas aim to define national definition for collecting statistic and data to implement laws, policies and programs related to disability. Disabilities were classified 4 kinds as following:

1. Physical Disability
2. Intelligent Disability
3. Mental Disability
4. Other Disability.

(11) Does your country perform any health check for infants and children?

✓Yes/ No

If 'Yes',

-When (at how many months)?

- After birth, within 24 hours, 6 weeks, 10 weeks, 14 weeks, and 9 months.

-How many times?

- One time per month

-What kinds of contents includes in each?

- Measure weight and height
- Check for malnutrition
- Immunization
- Presence of clubfoot

(12) In the case any diseases or disabilities are confirmed, is there any support services on them? Describe the services, if any.

Yes, when health care staff notice a disease (e.g. HIV) or impairment (e.g. clubfoot), the child is referred to relevant services for additional care (e.g. pediatric ARV in HIV through the health services system; Pointed in clubfoot through the physical rehabilitation services system). Yet, the mechanism in place is weak and still too many health issues in children go unnoticed or are not taken care of adequately.

※Part (B) Preliminary Analysis

1. Please try to describe the followings on the surroundings mothers and children.

① Three (3) Strengths in your country / region.

⇒Maternal and Child Welfare:

1. Strong commitment from high level leadership of the government especially the MoSVY, multi- and bi-lateral counterparts and local and international civil society to strengthen the social welfare system for maternal and child welfare.
2. Strengthening of social welfare legal framework in line with international and national conventions, goals and plans, e.g.:
 - (a) Universal declaration of Human Rights, Convention on the Rights of Children, Convention on the Rights of People with Disabilities

- (b) Sustainable development Goals
 - (c) National Development Strategic Plan of the Royal Government of Cambodia
 - (d) National Strategic Plan on Orphans and Vulnerable Children
 - (e) Etc.
3. Strong partnerships with international and local entities towards ensuring an universal minimum package of quality comprehensive social services to promote equity in development opportunities for children and mothers:

② Three (3) Weaknesses/Challenges in your country / region.

⇒Maternal and Child Welfare :

- 1. Weak legal framework implementation
- 2. Limited of resources; including human resources (staff retired and turned over); financial resources; and equipment to support implementation.
- 3. Limited capacity to ensure quality services

2. In your country / region, who are the most vulnerable populations? Please list three(3) groups in order of priority.

ex) groups living rural areas? with low-income? with disabilities?

- 1. People living in poverty
- 2. People living in remote and hard to reach areas
- 3. People living with chronic illnesses and /or impairment

3. What kinds of services are there for the above mentioned groups?

- 1. Poverty: ID poor card, equity fund, small scale health insurance initiatives, income generation and livelihood programmes
- 2. Hard to reach: expanded outreach services, road infrastructure improvements, family accommodation facilities at services location.
- 3. Integration of PwD and those identified HIV+ in ID poor card system, equity fund to access fee exemption for treatment / care

4. In implementing health/welfare policies and services by your organization :

⇒to develop these strengths and improve these weaknesses,

Welfare:

-Continuous lobbying and advocacy on the importance of mother and child

welfare towards prosperous societal development

- Strengthen national legal framework towards building an effective welfare system for mothers and children

- Continue to explore the potential synergy of partnerships towards ensuring sufficient and sustainable adequate resources to enhance quality services in mothers and children

⇒to develop the services for the most vulnerable populations,

Welfare:

- ensure reaching the most vulnerable with outreach and reinforced family focused social monitoring (counseling; information about and referral to appropriate services; and follow-up)

- ensure inclusion of the most vulnerable to benefit basic social services (health, education, civic).

- ensure inclusive legal framework development

A. In your country what are the priority issues/programmes in the area of maternal and child welfare? List five issues/programmes in order of priority.

1. Universal access to a minimum package of quality welfare services
2. Comprehensive approach builds on the synergy of cross sector collaboration
3. Effective resources management
4. Adequate social welfare information and referral services
4. Quality social protection services

B. What are successful areas or programmes? List 3 areas or programmes.

1. High level commitment, e.g. ratification of the CRWD
2. Innovative pilots taken over by government: equity fund towards universal access to a minimum package of health care services
3. Existing structure from central to decentralized level to provide social welfare information and referral services

C. What are these challenges? List 3 challenges.

1. Political stability towards long term commitment
2. Effective resources management
3. Fast growing equity disparities (e.g. wealth, geographic, education)

D. Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

1. Young democracy
2. Young institutional development history (after war build up)
3. Fast economic development from low to almost middle income country benefiting few, risk of middle income trap.

E. Describe your expectations to the training program.

Comparing with ASEAN countries in the region, Cambodia still has a lot of problems to solve before to reach a strong mother and child welfare status. Still too many children are excluded from benefiting even the most basic of their fundamental rights, such as access to quality health care and education, still too many are victim of neglect, abuse and exploitation; in-equity in children with disability in norm. To tackle these problems, MoSVY strengthens its child welfare legal framework and cross sector collaboration at central and decentralized levels. At the same time, attention is given to enhance resources management towards strengthening quality services system implementation.

From this training MoSVY expects to learn from experiences in Japan and other institutions and to gain knowledge from trainers and participants from different countries towards more effectively solving problems and strengthening our child and mother welfare system.

ANNEX-1

**Preparation for Country Report for
JICA Knowledge Co-Creation Program**
(Countermeasure for Maternal and Child Health and Child Welfare)
"Promotion of the Collaboration between Child Welfare and MCH"
(JFY 2015)

- Prepared by: Mrs. Heng Ngim, BSN, RM
- Title: Training Unit Staff, Vice President of CMA.
- Organization: National Maternal and Child Health Center, Ministry of Health, Phnom Penh, Cambodia.

※Part (A) Indicators

(1) Crude birth rate (per 1000 population)

| | Country overall |
|-------------|-----------------|
| 1995 | 40.3 |
| 2005 | 25.6 |
| 2015 (2014) | 24.4 |

(2) Crude death rate (per 1000 population)

| | Country overall |
|-------------|-----------------|
| 1995 | 11.3 |
| 2005 | 7.6 |
| 2015 (2014) | 7.78 |

(3) Leading causes of death (1990) and (2010)

- 1990: 1) Diseases (Bacteria, virus and micronutrient deficiency)
2) Hygiene and poverty
3) Environment and low knowledge

- 2010: 1) Diseases (Bacteria, virus and micronutrient deficiency)
2) Hygiene and poverty
3) Environment and low knowledge

(4) Infant mortality rate (per 1000 live birth)

| | Country overall |
|-------------|-----------------|
| 1995 | 90 |
| 2005 | 66 |
| 2015 (2014) | 28 |

Leading causes of infants death (1990) and (2010)

- 1990: 1) Disease
2) Infection
3) Anemia
- 2010: 1) Disease
2) Infection
3) Anemia

(5) Under-5 mortality rate (per 1000 live birth)

| | Country overall |
|-------------|-----------------|
| 1995 | 125 |
| 2005 | 83 |
| 2015 (2014) | 35 |

(6) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990:

Diseases: 1) ARI
2) Fever
3) Diarrhea

Morbidity rate: 1) ARI 6%
2) Fever 28%
3) Diarrhea 15%

2010:

Diseases: 1) ARI and fever
2) Sever Acute malnutrition and anemia
3) Diarrhea

Morbidity rate: 1) ARI 6% and fever 28%
2) Sever acute malnutrition and anemia 25% and anemia 55%
3) Diarrhea 15%

(7) Maternal mortality rate (per 100,000 live birth)

| | Country overall |
|------------|-----------------|
| 1995 | 640 |
| 2005 | 472 |
| 2015(2014) | 170 |

(8) Leading causes of maternal death (1990) and (2010)

1990:

1) Hemorrhage
2) Hypertension
3) Infection

2010: 1) Hemorrhage (32%)
2) Hypertension (17%)
3) Unsafe abortion (9%)

(9) Are there national standards for certifying disabilities in your country?

☒ Yes/ No

If yes, please explain briefly.

To certify the disabilities, the Royal Government of Cambodia has issued Inter-Ministerial Declaration (Prakas) between Ministry of Social Affairs, Veterans and Youth Rehabilitation and Ministry of Health on classification and Type of Disabilities. This Prakas aim to define national definition for collecting statistic and data to implement laws, policies and programs related to disability. Disabilities were classified 4kinds as following:

- 1-Physical Disability
- 2-Intelligent Disability
- 3-Mental Disability
- 4-Others Disability

(10) Does your country perform any health check for infants and children?

☒ Yes/ No

If 'Yes',

-When (at how many months)?

- After birth within 24 hours, 6 weeks, 10 weeks, 14 weeks, and 9 months.

-How many times?

- One time per month or
- As many as possible and depends on parents/care givers

-What kinds of contents includes in each?

- Measure weight and height
- Check for malnutrition
- Immunization
- Presence of clubfoot

(11) In the case any diseases or disabilities are confirmed, is there any support services on them?
Describe the services, if any.]

- No special care for disable children as our country treats all children the same.
- When health care staff notice a disease (e.g HIV) or impairment (e.g. clubfoot), the child is referred to relevant services for additional care (e. Pediatric ARV in HIV through the health services system; Pointed in clubfoot though the physical rehabilitation services system). Yet, the mechanism in place is weak and still too many health issues in children go unnoticed or are not taken care of adequately.

※Part (B) Preliminary Analysis

1. Please try to describe the followings on the surroundings mothers and children.

① Three (3) Strengths in your country / region.

⇒Maternal and Child Health:

1. Strongly political commitment of Royal Government of Cambodia for National development
2. Improving infrastructure
3. Development of Human resource for health

② Three (3) Weaknesses/Challenges in your country / region.

⇒Maternal and Child Health:

1. Limitation of resources including human resources (staff retired and turned over), financial resources and medical equipments for support mother and their newborns.
2. limitation of skill practices in caring newborn babies
3. Limitation of community participation. This requires having a strategy for demand creation.

2. In your country / region, who are the most vulnerable populations? Please list three (3) groups in order of priority. Ex) groups living rural areas? with low-income? with disabilities?

1. People living in remote and hard to reach areas
2. People living in poverty
3. People living with chronic diseases and/or impairment

3. What kinds of services are there for the above mentioned groups?

No special care as above mentioned. At the public health facilities, all children are treated equally without discrimination.

- Hard to reach: expanded outreach services, road infrastructure improvements, family accommodation facilities location.
- Poverty: ID poor card, equity fund, small scale health insurance initiatives, income generation and livelihood programs
- Integration of PwD and those identified HIV + in ID poor card system, equity fund to access fee exemption for treatment/care

4. In implementing health/welfare policies and services by your organization :

⇒to develop these strengths and improve these weaknesses,

Welfare:

-Continuous lobbying and advocacy on the importance of mother and child welfare towards prosperous societal development

-Strengthen national legal framework towards building an effective welfare system for mothers and children

-Continue to explore the potential synergy of partnerships towards ensuring sufficient and sustainable adequate resources to enhance quality services in mothers and children

⇒to develop the services for the most vulnerable populations,

Welfare:

-ensure reaching the most vulnerable with outreach and reinforced family focused social monitoring (counseling; information about and referral to appropriate services; and follow-up)

-ensure inclusion of the most vulnerable to benefit basic social services (health, education, civic).

-ensure inclusive legal framework development

①In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

1. Universal access to a minimum package of quality welfare services
2. Comprehensive approach builds on the synergy of cross sector collaboration
3. Effective resources management
4. Adequate social welfare information and referral services
5. Quality social protection services

②What are successful areas or programmes? List 3 areas or programmes.

1. High level commitment, e.g. ratification of the CRWD
2. Innovative pilots taken over by government: equity fund towards universal access to a minimum package of health care services
3. Existing structure from central to decentralized level to provide social welfare information and referral services

②What are these challenges? List 3 challenges.

1. Political stability towards long term commitment
2. Effective resources management
3. Fast growing equity disparities (e.g. wealth, geographic, education)

③Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

1. Young democracy
2. Young institutional development history (after war build up)
3. Fast economic development from low to almost middle income country benefiting few, risk of middle income trap.

④Describe your expectations to the training program.

Maternal and Child Health is a top priority of the Cambodian Government. Efforts have result in impressive gains in expanding the reach of maternal and child services. However, despite a sustained commitment to the achievement of the Millennium Development Goals, Maternal and child mortality remain a challenge for the country. However, I expect that the training program will gain knowledge of policies in Japan and examine the application of these in my country.

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Child Health and Child Welfare*

GHANA

COUNTRY REPORT

BY

VICTORIA OWUSU-AKYAW

**KUMASI, GHANA,
WEST AFRICA**



OUTLINE

- ▶ INTRODUCTION
- ▶ **PART A :**
 - ✓ INDICATORS
- ▶ **PART B :**
 - ✓ PRELIMINARY ANALYSES
 - ✓ REFERENCES



INTRODUCTION



DESCRIPTION OF GHANA

- **GHANA IS ON THE WEST COAST OF AFRICA.**
- **IT SHARES BOUNDARIES WITH TOGO TO THE EAST, LA COTE D'IVOIRE TO THE WEST, BURKINA FASO TO THE NORTH AND THE GULF OF GUINEA, TO THE SOUTH.**
- **IT IS MADE UP OF 10 REGIONS: ASHANTI, BRONG AHAFO, EASTERN, CENTRAL, WESTERN, GREATER ACCRA, VOLTA, NORTHERN, UPPER EAST AND UPPER WEST REGIONS.**



MAP OF GHANA SHOWING THE TEN REGIONS AND BORDERS

BURKINA FASO

LA COTE D'IVOIRE

TOGO



GULF OF GUINEA

- **THE COUNTRY COVERS AN AREA OF 238,500 SQUARE KILOMETRES.**
- **THE ESTIMATED POPULATION IS 25,199,609 (JULY 2013 ESTIMATE).**
- **IT HAS MORE THAN ONE HUNDRED ETHNIC GROUPS - EACH WITH ITS OWN UNIQUE LANGUAGE AND CULTURE.**
- **ENGLISH, HOWEVER, IS THE OFFICIAL LANGUAGE, A LEGACY OF BRITISH COLONIALS RULE.**

- **GROSS DOMESTIC PRODUCT (GDP) IS 14 BILLION USD (2008 ESTIMATE)**
- **AGRICULTURE EMPLOYS 60 % OF WORKFORCE AND ACCOUNTS FOR 37 % OF GDP.**
- **EXPORT PRODUCTS INCLUDE GOLD, COCOA, TIMBER, BAUXITE, MANGANESE AND ELECTRICITY.**
- **OIL WAS FOUND IN 2007.**
- **THE CURRENCY IS GHANA CEDI (GH¢)**
- **LIFE EXPECTANCY IS ABOUT 56 YEARS**



- **THE FIRST PRESIDENT WAS HIS EXCELLENCY DR. KWAME NKRUMAH**
- **THE PRESENT PARLIAMENT HAS 275 MEMBERS**
- **THE CURRENT PRESIDENT IS HIS EXCELLENCY JOHN DRAMANI MAHAMA**



- **GHANA HAS SEVERAL TOURIST ATTRACTIONS SUCH AS**

- **CASTLES**
- **FORTS**
- **CULTURAL CENTRES**
- **GAME RESERVES**
- **BEACHES**
- **KAKUM NATIONAL PARK**
- **WATERFALLS.**



DEMOGRAPHIC AND HEALTH SURVEY

GHANA DEMOGRAPHIC AND HEALTH SURVEY HAVE BEEN UNDERTAKEN IN THE COUNTRY WITHIN A FIVE YEAR INTERVAL I.E. 1988, 1993, 1998, 2008 AND 2014.



PART A


► INDICATORS

THESE ARE PRESENTED IN THE TABLES BELOW




CRUDE BIRTH RATE (PER 1000 POPULATION)

| YEAR | COUNTRY OVERALL |
|-------------|------------------------|
| 1993 | 44.0 |
| 2005 | 33.0 |
| 2008 | 30.8 |




CRUDE DEATH RATE(PER 1000 POPULATION)

| YEAR | COUNTRY OVERALL |
|------|-----------------|
| 1993 | 12.5 |
| 2005 | 10.0 |
| 2008 | 9.4 |



INFANT MORTALITY RATE(PER 1000 LIVE BIRTH)

| YEAR | COUNTRY OVERALL |
|------|-----------------|
| 1995 | 66 |
| 2005 | 64 |
| 2013 | 53 |



LEADING CAUSES OF INFANT DEATH

1990

- 1. NEONATAL**
- 2. DIARRHOEA**
- 3. PNEUMONIA**

2010

- 1. MALARIA**
- 2. DIARRHOEA**
- 3. MALNUTRITION**



UNDER 5 MORTALITY RATE(PER 1000 LIVE BIRTH)

| YEAR | COUNTRY OVERALL |
|------|-----------------|
| 1993 | 119 |
| 2003 | 111 |
| 2008 | 80 |

TOP 3 DISEASE AND MORBIDITY RATE OF THE UNDER 5

| | | | | |
|------|-------------------|--|--|--|
| 1990 | DISEASE | | | |
| | MORBIDITY RATE | | | |

2010

| DISEASE | Malaria | Other condition | Pneumonia |
|-------------------|---------|--------------------|-----------|
| MORBIDITY RATE | 29% | 20% | 16% |

MATERNAL MORTALITY RATE(PER 100,000 LIVE BIRTH)

| YEAR | COUNTRY OVERALL |
|------|-----------------|
| 1995 | 590 |
| 2005 | 503 |
| 2013 | 319 |

LEADING CAUSE OF MATERNAL DEATH

1990

1

2

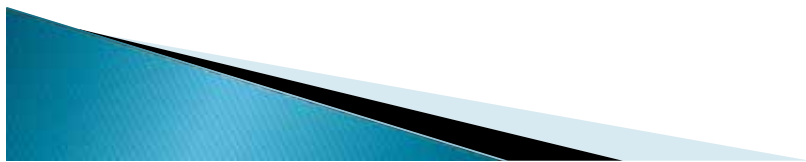
3

2010

1. HEMORRHAGE

2. PRE ECLAMPSIA

3. SEPTIC ABORTION



NATIONAL STANDARDS FOR CERTIFYING DISABILITY

THERE IS NATIONAL STANDARDS FOR CERTIFYING DISABILITY IN GHANA.

IN GHANA THE THREE MOST PREVALENT TYPE OF DISABILITY ARE VISUAL, HEARING AND PHYSICAL DISABILITY.



HEALTH CHECK

- ▶ **GHANA PERFORMS HEALTH CHECK FOR INFANTS AND CHILDREN, AT BIRTH, 7 DAYS, 6 WEEKS AND EVERY MONTH TILL THE CHILD IS 5 YRS.**
- ▶ **THE CONTENTS INCLUDE WEIGHT MONITORING FOR GROWTH, IMMUNIZATION, VITAMINS SUPPLEMENTATION, HEALTH EDUCATION ON EXCLUSIVE BREASTFEEDING AND NUTRITION AND TREATMENT OF MINOR CONDITIONS LIKE RASHES.**



IN CASE ANY DISEASE IS CONFIRMED THE DISEASE CONTROL UNIT UNDER PUBLIC HEALTH UNIT IS ALERTED AND THE PERSON TREATED AND CONTACT TRACING DONE E.G. IN THE CASE OF TB



PART B

▶ PRELIMINARY ANALYSIS



MOST VULNERABLE POPULATION

▶ CHILDREN UNDER 5

▶ PREGNANT WOMEN

▶ DISABILITY



SERVICES AVAILABLY FOR THE MOST VULNERABLE POPUTION

▶ CHILDREN UNDER 5

Child welfare clinic

▶ PREGNANT WOMEN

Anti natal and post natal clinic

▶ DISABILITY

Disability fund.

Vocational centers for skills training in dress making, craftsmanship etc.



PRIORITY ISSUES/PROGRAMMES IN THE AREA OF MATERNAL AND CHILD HEALTH/WELFARE

1. Implementation of the Millennium Development goal 5

Accelerated framework (MAF)

Recommendations from the report on emergency obstetrics and newborn care (EMONC)

Increased access to modern family planning services.

CONTD

2. Implement the National Child Health Policy and Strategy; increase uptake of EPI services:
scale up school health programmes: train relevant Community health workers on integrated case management of diarrhoea, pneumonia and malaria.
3. Implement the activities under the Adolescent Health Policy and Strategy.



CONTD

4. Develop the National Nutrition Policy and Strategy; Scale-up essential nutrition actions for women and children.
5. Develop and implement measures that ensure transfusion of safe blood and blood products; and improve access to safe blood.



SUCCESSFUL AREA OR PROGRAMMES

- ▶ IMMUNIZATION
- ▶ FAMILY PLANNING
- ▶ NUTRITION



CHALLENGES

- ▶ HEALTH FINANCING AND FINANCIAL ARRANGEMENT.
- ▶ HUMAN RESOURCE FOR HEALTH
- ▶ INFRASTRUCTURE AND EQUIPMENT



HEALTH FINANCING AND FINANCIAL ARRANGEMENT

The government withdrawal of Ghana funds to the service over the last few years has affected service delivery especially public health promotion and prevention activities across Ghana. This is worsen by the continued delayed reimbursement of health facilities to the NHIS at all levels.




HUMAN RESOURCE FOR HEALTH

There has been improvement in increasing the number of skilled staffs nationwide in effort to close the ever-widening gaps but many rural areas still lack the minimum number of skilled staff to enhance service delivery and quality of care because of the refusal to go to the rural areas when they are posted there.



INFRASTRUCTURE AND EQUIPMENT

The health sector has a backlog of uncompleted projects that not only hampered the provision of adequate office space and accommodation for staff across all regions, but also efforts to draw in more clients because of overcrowding in facilities. There is inadequate and in some case a lack of means of transport at health facilities to undertake outreach services into hard-to-reach communities and for health service monitoring activities




EXPECTATION TO THE TRAINING PROGRAM

It will be a pleasure to be in Japanese land . This raises my hope and dreams as far as my profession as a pediatric nurse is concerned.


As everyone would expect from a trip like this nature these are my expectations;

1. To quickly acclimatize myself to the culture of the people of japan.

CONTD

- To improve my knowledge concerning the current trends in the care of children.
 - To have some basic equipment and protocols that will aid in the management of some critical conditions concerning children.
 - To establish good rapport with the colleagues from other countries that will converge at the training program. This will enable us share ideas even after we have departed to our various countries.
- 

REFERENCES

- ▶ www.who.maternal_child_adolescent/epidemiology/.../gha
 - ▶ www.ghanahealthservice.org
 - ▶ www.ghsdhims.org
 - ▶ www.gfdgh.org/disability
 - ▶ www.google.com.gh
 - ▶ Ghana national newborn health strategy and action plan 2014 handout
- 

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*Countermeasure for Maternal and
Child Health and Child Welfare*

MYANMAR

Country Report for
JICA Knowledge Co-Creation Program
 (Countermeasure for Maternal and Child Health and Child Welfare)
"Promotion of the Collaboration between Child Welfare and MCH"
(JFY 2015)

~Part (A) Indicators~

(1) Crude birth rate (per 1000 population)

| | Urban | Rural |
|------|-------|-------|
| 1995 | 28 | 30.1 |
| 2005 | 19 | 21.9 |

❖ 2015 data is not available yet.

(2) Crude death rate (per 1000 population)

| | Urban | Rural |
|------|-------|-------|
| 1995 | 8.6 | 9.9 |
| 2005 | 5.5 | 6.4 |

❖ 2015 data is not available yet.

(3) Leading causes of death (1990) and (2010)

We need to know which age group?

(4) Infant mortality rate (per 1000 live birth)

| | Urban | Rural |
|------|-------|-------|
| 1995 | 47.3 | 49.7 |
| 2005 | 45.1 | 47 |

❖ 2015 data is not available yet.

(5) Leading causes of infants death

1990

- (1) Prematurity
- (2) Birth Asphyxia
- (3) Sepsis

2010

- Prematurity
- Sepsis and Juandice
- Birth Asphyxia

(6) Under-5 mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 72.4 |
| 2005 | 70.02 |

❖ 2015 data is not available yet.

(7) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990:

- (1) Malnutrition
- (2) Diarrhoea
- (3) ARI

2010:

- (1) ARI
- (2) Brain Infection
- (3) Septicaemia

(8) Maternal mortality rate (per 100,000 live birth)

| | Urban | Rural |
|------|-------|-------|
| 1995 | 99 | 176 |
| 2005 | 96 | 143 |

❖ 2015 data is not available yet.

(9) Leading causes of maternal death (2004-2005)

- (1) Post partum haemorrhage
- (2) Eclampsia
- (3) Abortion related

(10) Are there national standards for certifying disabilities in your country?

Yes. There are national standards for certifying disabilities in Myanmar.

Health – A health is a state of complete physical , mental and social well being and not merely the absence of disease of disease or infirmity.

Impairment – An impairment is any loss or abnormality of psychological physiological or anatomical structure or function

Disability – A disability I any restriction or loss of ability to perform an activity in the manner or within the range considered normal for a human being as a result of impairment.

Handicap – A handicap is a disadvantage for a given individual , resulting from a n impairment or disability , which limit or prevents the fulfillment of a role that is normal (depending upon age,sex,and social and cultural factors) for that individual.

(11) Does your country perform any health check for infants and children?

Yes

If 'Yes',

-When (at how many months)? Once for every year till 5 years of age

-How many times? Once a year

-What kinds of contents includes in each? From head to toe examination, if there is no abnormalities, no additional examination. No laboratory examination at all. Just physical examination.

(12) In the case any diseases or disabilities are confirmed, is there any support services on them? Describe the services, if any.]

There are support services

Health services, education , livelihood, empowerment services

(1). **Health services** – assistive devices, physical rehabilitation and psychological support, occupational therapy

(2). **Education services** – institutional and inclusive education

(3). **Livelihood services** – basic vocation training and financial support to begin small businesses

(4). **Empowerment services** – Self help group are often initiated by disabled people organization, peer support network, support the sharing of information and resources at community level.

~Part (B) Preliminary Analysis~

1. Please try to describe the followings on the surroundings mothers and children.

(1) Three (3) Strengths in our country / region.

⇒ Maternal and Child Welfare :

1. Myanmar has a good family system that is strongly attachment within family members.
2. Myanmar has a good culture that children are looked after by not only their parents but also their relatives and community.
3. Myanmar is one member country of Convention of Right of Children.

⇒ Maternal and Child Health :

1. Political commitment
2. Dedicated and skilled health care providers
3. More budget allocation for health

(2) Three (3) Weaknesses / Challenges in our country / region.

⇒ Maternal and Child Welfare :

1. Poverty
2. Lower education level
3. Limited Resources (Financial, Human, Infrastructure)

⇒ Maternal and Child Health :

1. Human resource
2. Financial resources
3. Geographical barriers

(2) In your country / region, who are the most vulnerable populations? Please list three(3) groups in order of priority.

ex) groups living rural areas? with low-income? with disabilities?

1. Hard to reach population
2. Mobile population
3. Conflict areas and disaster

(3) What kinds of services are there for the above mentioned groups?

- Community based interventions
- Mobile clinics

4. In implementing health/welfare policies and services by your organization :

- ⇒ to develop these strengths and improve these weaknesses,
- ⇒ to develop the services for the most vulnerable populations,

(1) In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

Maternal and child health

1. Birth spacing or contraceptive service
2. Post abortal care
3. STI / RTI and HIV/ AIDS
4. Exclusive breast feeding
5. Gynaecological cancer and subfertility

Maternal and child welfare

1. Take actions on Convention on the Rights of the Child more strongly
2. To Develop Case Manager for Social welfare case assessments
3. ECCD Policy advocacy and communication
4. Establishing more new ECCD Center or preschool
5. Parental Education

(2) What are successful areas or programmes? List 3 areas or programmes

1. Take actions on Convention on the Rights of the Child more strongly
2. ECCD Policy advocacy and communication
3. Child protection

(3) What are these challenges? List 3 challenges.

1. Budget
2. Limited resources
3. Coordination

(4) Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

There was 35.3 million people according to census 1983. According to most recent census in March/April 2014 the population of Myanmar on the 29th March was 51,419,420 persons. The steady increase in population size has policy implications for all sections of the economy particularly those of education, health, employment and housing. About 70% of the population resides in rural areas. The economic policies of Myanmar is mainly on agriculture. Poverty incidence is higher

in rural (29.2%) than in urban (15.7%) in 2010. Because of worse weather changes and diasasters, people in rural areas has low income and difficulty to seek health facilities. Their educational standards is just read and write and only primary education. They earn for their living with difficulties. They do not have money to come to our health care facilities (transportation charges). Some are living in hard to reach area. There is no easy and facilitated transportation system. These are barriers to reach health care facilities. Political commitment, multisectorial involvement and more budgets allocation are important. Limited resources of men , money and materials are the reason to solve.

(5)Describe your expectations to the training progrgram.

- To know Japanese MCH and Child welfare policies and activities
- To exchange opinions to improve the health status of mothers and child and their welfare
- To examine methods to improve surrounding mothers and children in our country from the viewpoint of alleviation of disparities, within the scope of MCH and child welfare.

Country Report for
JICA Knowledge Co-Creation Program
 (Countermeasure for Maternal and Child Health and Child Welfare)
"Promotion of the Collaboration between Child Welfare and MCH"
(JFY 2015)

~Part (A) Indicators~

Please confirm data of following Indicators: Not only data of 'country overall' but also its "Changes" compared with previous data and "Disparities within the country". The Latter is much important for the coming discussion.

For your reference:

■ THE STATE OF THE WORLD'S CHILDREN 2015: Executive Summary (UNICEF)

http://www.unicef.org/publications/files/SOWC_2015_Summary_and_Tables.pdf

■ World Population Dashboard 2015 (UNFPA)

<http://www.unfpa.org/world-population-dashboard>

(1) Crude birth rate (per 1000 population)

| | Urban | Rural |
|------|-------|-------|
| 1995 | 28 | 30.1 |
| 2005 | 19 | 21.9 |
| 2015 | NA | NA |

(2) Crude death rate (per 1000 population)

| | Urban | Rural |
|------|-------|-------|
| 1995 | 8.6 | 9.9 |
| 2005 | 5.5 | 6.4 |
| 2015 | NA | NA |

(3) Leading causes of death (1990) and (2010) **We need to know which age group.**

| | | | |
|-------|----|----|----|
| 1990: | 1) | 2) | 3) |
| 2010: | 1) | 2) | 3) |

(4) Infant mortality rate (per 1000 live birth)

| | Urban | Rural |
|------|-------|-------|
| 1995 | 47.3 | 49.7 |
| 2005 | 45.1 | 47 |
| 2015 | NA | NA |

(5) Leading causes of infants death (1990) and (2010)

1990: 1) Preterm LBW 2) Birth asphyxia 3) Sepsis
2010: 1) Preterm LBW 2) Sepsis/NNJ 3) Birth asphyxia

(6) Under-5 mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 72.4 |
| 2005 | 70.02 |
| 2015 | NA |

(7) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990:

Diseases: 1) Malnutrition 2) Diarrhoea 3) ARI
Morbidity rate: 1) Not available 2) 3)

2010:

Diseases: 1) ARI 2) Brain infection 3) Septicaemia
Morbidity rate: 1) NA 2) 3)

(8) Maternal mortality rate (per 100,000 live birth)

| | Urban | Rural |
|------|-------|-------|
| 1995 | 99 | 176 |
| 2005 | 96 | 143 |
| 2015 | NA | NA |

(9) Leading causes of maternal death (1990) and (2010)

1990: 1) Septic induced abortion 2) PPH 3) Eclampsia
2010: 1) PPH 2) septic abortion with septicaemia 3) Eclampsia

(10) Are there national standards for certifying disabilities in your country?

Yes / No

Yes.

If yes, please explain briefly.

There are national standards for certifying disabilities in Myanmar.

Health - A health is a state of complete physical , mental and social well-being and not merely the absence of disease or infirmity.

Impairment -An impairment is any loss or abnormality of psychological physiological or anatomical structure or function

Disability-A disability is any restriction or loss of ability to perform an activity in the manner or within the range considered normal for a human being as a result of impairment.

Handicap- A handicap is a disadvantage for a given individual , resulting from an impairment or disability, which limit or prevents the fulfillment of a role that is normal (depending upon age,sex,and social and cultural factors) for that individual

(11) Does your country perform any health check for infants and children?

Yes / No

If 'Yes',

-When (at how many months)? Once for every yr till 5yrs of age.

-How many times? Once a year

-What kinds of contents includes in each? From head to toe examination, if there is no abnormalities, no additional examination. No lab investigation at all, just physical examination.

(12) In the case any diseases or disabilities are confirmed, is there any support services on them? Describe the services, if any.]

There are support services.

Health services, education, livelihood, empowerment services

(1). Health services-- Assistive devices, physical rehabilitation and psychological support, occupational therapy

(2). Education services- Institutional and inclusive education

(3). Livelihood services-- Basic vocational training and financial support to begin small businesses

(4). Empowerment. Services- Self help group are often initiated by disabled people organization , peer support network ,support the sharing of information and resources at community level.

~Part (B) Preliminary Analysis~

※It is recommended to analyze those strengths/weaknesses through the discussion with the authorities concerned (health and welfare) before coming to Japan in order to facilitate to find the way for the collaboration between health and welfare for mothers and children. Preferably country report should be prepared in collaboration with authorities.

1. Please try to describe the followings on the surroundings mothers and children.

① Three (3) Strengths in your country / region.

⇒Maternal and Child Welfare:

(1).Myanmar has a good family system that is strongly attachment within family members.

- (2.).Myanmar has good cultural that the children are looked after not only their parents but also their relatives and community.

- (3.).Myanmar is one member country of convention of Right of children.

⇒Maternal and Child Health:

(1) political commitment

(2).Dedicated and skilled health care providers

(3).More budget allocation for health.

② Three (3) Weaknesses/Challenges in your country / region.

⇒Maternal and Child Welfare:

- poverty

- Low education

- Limited resources, Financial, Human, Infrastructure

⇒Maternal and Child Health

- Human resource

- Financial resources

- Geographical barriers

2. In your country / region, who are the most vulnerable populations? Please list three(3) groups in order of priority.

ex) groups living rural areas? with low-income? with disabilities?

- Hard to reach population

- Mobile population

- Conflict areas

3. What kinds of services are there for the above mentioned groups?

- Community based intervention
- Mobile clinic

4. In implementing health/welfare policies and services by your organization :

- ⇒to develop these strengths and improve these weaknesses,
- ⇒to develop the services for the most vulnerable populations,

① In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

For Child health

- 1.Strengthening of newborn care, early essential newborn care, essential newborn care
- 2.Expanded Program for Immunization
- 3.Control of common illness eg. Pneumonia and diarrhea
- 4.Child nutrition
- 5.Maternal education

For child welfare

1. Take actions on Convention on the Rights of the Child more strongly
2. To Develop Case Manager for Social welfare case assessments
3. ECCD Policy advocacy and communication
4. Establishing more new ECCD Center or preschool
5. Parental Education

② What are successful areas or programmes? List 3 areas or programmes.

1. Expanded program for immunization

For child welfare

1. Take actions on Convention on the Rights of the Child more strongly
2. ECCD Policy advocacy and communication
3. Child protection

② What are these challenges? List 3 challenges.

4. Budget
5. Limited resources
6. Coordination

③ Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

- Man, Materials and Methods

④ Describe your expectations to the training program.

1. To know Japanese MCH and Child welfare policies and activities
2. To exchange opinions to improve the health status of mothers and child and their welfare
3. To examine methods to improve surrounding mothers and children in our country from the viewpoint of alleviation of disparities, within the scope of MCH and child welfare.

*Countermeasure for Maternal and
Child Health and Child Welfare*

Country Reports

Japan International Corporation of Welfare Services (JICWELS)

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*Countermeasure for Maternal and
Child Health and Child Welfare*

PHILIPPINES

Country Report for
JICA Knowledge Co-Creation Program
 (Countermeasure for Maternal and Child Health and Child Welfare)
"Promotion of the Collaboration between Child Welfare and MCH"
(JFY 2015)

~Part (A) Indicators~

Please confirm data of following Indicators: Not only data of 'country overall' but also its "Changes" compared with previous data and "Disparities within the country". The Latter is much important for the coming discussion.

For your reference:

■ THE STATE OF THE WORLD'S CHILDREN 2015: Executive Summary (UNICEF)

http://www.unicef.org/publications/files/SOWC_2015_Summary_and_Tables.pdf

■ World Population Dashboard 2015 (UNFPA)

<http://www.unfpa.org/world-population-dashboard>

(1) Crude birth rate (per 1000 population)

| | Country overall (World Databank) | Country overall (DOH Website) |
|------|-------------------------------------|----------------------------------|
| 1995 | 31 | 24 |
| 2005 | 27 | 19.8 |
| 2015 | 24 (2013) 24.24 (2014) | 19 (2010) |

(2) Crude death rate (per 1000 population)

| | Country overall (World Databank) | Country overall (DOH Website) |
|------|-------------------------------------|----------------------------------|
| 1995 | 6 | 4.7 |
| 2005 | 6 | 5.0 |
| 2015 | 7 (2013) 4.92 (2014) | 5.2 |

(3) Leading causes of death (1990) and (2010)

| MORTALITY: LEADING CAUSES, NUMBER, RATE & PERCENT OF TOTAL DEATHS | | | | |
|--|-----------------------------------|-------------|----------------|-------------|
| 5 YEAR AVERAGE (1985-1989) AND 1990 | | | | |
| CAUSES | 5-YEAR AVERAGE (1985-1989) | | 1990rrr | |
| | Number | Rate | Number | Rate |
| 1. Diseases of the Heart | 39,933 | 69.6 | 46,272 | 74.4 |
| 2. Pneumonia | 49,984 | 87.1 | 41,240 | 66.5 |
| 3. Diseases of the Vascular System | 30,338 | 52.9 | 33,729 | 54.2 |
| 4. Tuberculosis | 28,854 | 50.3 | 24,307 | 39.1 |
| 5. Malignant Neoplasms | 20,004 | 34.9 | 22,179 | 35.7 |
| 6. Diarrheal Diseases | 10,316 | 18.0 | 7,493 | 12.0 |
| 7. Septicemia | 4,598 | 8.0 | 5,835 | 9.4 |
| 8. Nephritis, Nephrotic Syndrome and Nephrosis | 4,986 | 8.7 | 5,151 | 8.3 |
| 9. Accidents | 11,051 | 19.3 | 3,993 | 6.4 |
| 10. Measles | 8,246 | 14.4 | 3,499 | 5.6 |

| NUMBER AND RATE/100,000 POPULATION | | | | |
|--|-----------------------------------|-------------|---------------|-------------|
| Philippines | | | | |
| 5-Year Average (2005-2009) & 2010 | | | | |
| CAUSES | 5-Year Average (2005-2009) | | 2010* | |
| | Number | Rate | Number | Rate |
| 1. Diseases of the Heart | 88,299 | 99.4 | 102,936 | 109.5 |
| 2. Diseases of the Vascular System | 58,761 | 66.2 | 68,553 | 72.9 |
| 3. Malignant Neoplasms | 44,627 | 50.3 | 49,820 | 53.0 |
| 4. Pneumonia | 37,865 | 42.6 | 45,591 | 48.5 |
| 5. Accidents** | 35,005 | 39.5 | 36,329 | 38.6 |
| 6. Tuberculosis, all forms | 25,296 | 28.6 | 24,714 | 26.3 |
| 7. Chronic lower respiratory diseases | 21,586 | 24.4 | 22,877 | 24.3 |
| 8. Diabetes Mellitus | 20,964 | 23.6 | 21,512 | 22.9 |
| 9. Nephritis, nephrotic syndrome and nephrosis | 12,321 | 13.9 | 14,048 | 14.9 |
| 10. Certain conditions originating in the perinatal period | 12,257 | 13.8 | 12,086 | 12.9 |

Note: Excludes ill-defined and unknown causes of mortality
 * reference year
 ** External causes of Mortality

(4) Infant mortality rate (per 1000 live birth)

| | Country overall (CIA World Factbook) | Country overall (DOH Website) |
|------|---|--|
| 1995 | | 18.6 |
| 2005 | 23.51 | 12.8 |
| 2015 | 17.64 (2014) | 12.6 (2010) |

(5) Leading causes of infants death (1990) and (2010)

| INFANT MORTALITY: TEN (10) LEADING CAUSES | | | |
|--|--------|------|---------|
| NUMBER AND RATE/per 1000 live births AND PERCENTAGE DISTRIBUTION | | | |
| Philippines, 1990 | | | |
| CAUSES | 1990 | | |
| | Number | Rate | Percent |
| 1. Pneumonia | 9,383 | 5.8 | 23.7 |
| 2. Respiratory Conditions of Fetus & Newborn | 5,985 | 3.7 | 15.1 |
| 3. Congenital Anomalies | 2,063 | 1.3 | 5.2 |
| 4. Diarrheal Diseases | 1,838 | 1.1 | 4.6 |
| 5. Septicemia | 1,532 | 0.9 | 3.9 |
| 6. Avitaminosis & Other Nutritional Deficiency | 1,201 | 0.7 | 3.0 |
| 7. Birth Injury and Difficult Labor | 1,093 | 0.7 | 2.8 |
| 8. Measles | 729 | 0.4 | 1.8 |
| 9. Meningitis | 517 | 0.3 | 1.3 |

| INFANT MORTALITY: TEN (10) LEADING CAUSES | | | |
|--|--------|------|---------|
| NUMBER AND RATE/per 1000 live births AND PERCENTAGE DISTRIBUTION | | | |
| Philippines, 2010 | | | |
| Cause | Number | Rate | Percent |
| 1. Bacterial sepsis of newborn | 3,608 | 2.0 | 16.1 |
| 2. Pneumonia | 2,628 | 1.5 | 11.7 |
| 3. Respiratory distress of newborn | 2,526 | 1.4 | 11.2 |
| 4. Congenital malformation of the heart | 1,572 | 0.9 | 7.0 |
| 5. Disorders related to short gestation and low birth weight, not elsewhere classified | 1,487 | 0.8 | 6.6 |
| 6. Congenital pneumonia | 1,095 | 0.6 | 4.9 |
| 7. Neonatal aspiration syndrome | 1,079 | 0.6 | 4.8 |
| 8. Intrauterine hypoxia and birth asphyxia | 950 | 0.5 | 4.2 |
| 9. Other congenital malformations | 941 | 0.5 | 4.2 |
| 10. Diarrhea and gastroenteritis of presumed infectious origin | 900 | 0.5 | 4.0 |

(6) Under-5 mortality rate (per 1000 live birth)

| | Country overall (CIA World Factbook) | Country overall (World Databank) |
|------|---|-------------------------------------|
| 1995 | 46 | 58.2 |
| 2005 | 36 | 34.9 |
| 2015 | 28 | 28 |

(7) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990:

Diseases: 1) 2) 3)

Morbidity rate: 1) 2) 3)

2010:

Diseases: 1) 2) 3)

Morbidity rate: 1) 2) 3)

(8) Maternal mortality rate (per 100,000 live birth)

| | Country overall (CIA World Factbook) | Country overall (World Databank) |
|------|---|-------------------------------------|
| 1995 | 46 | 58.2 |
| 2005 | 36 | 34.9 |
| 2015 | 28 | 28 |

(9) Leading causes of maternal death (1990) and (2010)

| MATERNAL MORTALITY: BY MAIN CAUSE | | | | |
|---|--------|------|---------|--|
| Number, Rate/1000 Livebirths & Percent Distribution | | | | |
| Philippines, 1990 | | | | |
| CAUSE | Number | Rate | Percent | |
| TOTAL | 1,307 | 0.8 | 100.00 | |
| 1. Pregnancy with abortive outcome | 103 | 0.1 | 7.9 | |
| 2. Hemorrhages related to pregnancy | 104 | 0.1 | 8.0 | |
| 3. Hypertension complicating pregnancy, childbirth and puerperium | 341 | 0.2 | 26.1 | |
| 4. Postpartum Hemorrhage | 414 | 0.3 | 31.7 | |
| 5. Normal Delivery and other complications related to pregnancy occurring in the course of labor, delivery and puerperium | 345 | 0.2 | 26.4 | |

| MATERNAL MORTALITY: BY MAIN CAUSE | | | | |
|---|--------|------|----------|--|
| Number, Rate/1000 Livebirths & Percent Distribution | | | | |
| Philippines, 2010 | | | | |
| CAUSE | Number | Rate | Percent* | |
| TOTAL | 1,719 | 1.0 | 100.0 | |
| 1. Complications related to pregnancy occurring in the course of labor, delivery and puerperium | 660 | 0.4 | 38.4 | |
| 2. Hypertension complicating pregnancy, childbirth and puerperium | 605 | 0.3 | 35.2 | |
| 3. Postpartum hemorrhage | 298 | 0.2 | 17.3 | |
| 4. Pregnancy with abortive outcome | 156 | 0.1 | 9.1 | |
| *Percent share to total number of maternal deaths | | | | |

(10) Are there national standards for certifying disabilities in your country?

Yes / No

If yes, please explain briefly.

Yes. The Philippines through the National Council on Disability Affairs and the Department of Health uses a system called the Philippine Registry for Persons with Disabilities (PRPWD) that lists all PWDs in the country. They are listed and issued with identification cards by the National Council for the Welfare of Disabled Persons (NCWDP). This was supported by the Republic Act No. 7277, otherwise known as the “Magna Carta for Disabled Persons” and the its amendment under Republic Act No. 9422.

(11) Does your country perform any health check for infants and children?

Yes / No

If ‘Yes’,

-When (at how many months)?

-How many times?

-What kinds of contents includes in each?

Yes, the Philippines performs health check for infants and children through the Department of Health programs offered in barangay health stations and rural health units during the first 1,000 days of their life up to five years old.

To ensure that neonates receive quality health care services, the practice of the Essential Intrapartum Newborn Care and conduct of Newborn Screening and Hearing Tests are routinely done, especially if they were delivered at birthing facilities and deliveries were assisted by skilled health professionals.

For the infancy period, the Expanded Program on Immunization (EPI) ensures that infants receive the immunization with the right antigen and dosage, at the right route, frequency and schedule. During this time, infants are also assessed in terms of their physical and nutritional growth and development. Hospitals and birthing facilities are certified as Mother- Baby Friendly in support to the promotion of breastfeeding from birth up to 6 months or two years old.

The country also has programs intended for infants and children. The “Garantisadong Pambata” ensures that Vitamin A Supplementation and Deworming are done during April and October for children up to less than five year old children in communities. The program on the “Integrated Management of Childhood Illnesses” ensures that they receive appropriate care in times of illnesses. Oral health services are also delivered with the presence of our dentists in each rural health unit.

Massive campaigns are occasionally done. The Measles- Rubella, Oral Polio Vaccines (MR OPV) immunization campaign happened in September 2014. Through the collaborative efforts of the Department of Health and Department of Education, School-Based Immunizations and National School Deworming Days were scheduled and facilitated in the government elementary schools in the country catering to students from Grades 1 to 6.

- (12) In the case any diseases or disabilities are confirmed, is there any support services on them? Describe the services, if any.

The Republic Act No. 7277 is an act providing for the rehabilitation, self-development and self-reliance of disabled persons and their integration into the mainstream of society and for other purposes, rights and privileges of disabled persons: equal opportunity for employment, access to quality education, National Health Program, auxiliary Social Services, telecommunications, accessibility (barrier-free environment), and political and civil rights.

Batas Pambansa 344 Accessibility Law is an act to enhance the mobility of disabled persons by requiring certain building, institution, establishments, and other public utilities to install facilities and other devices.”

EO 417 – Economic Independence Program- Markets for products and services of cooperatives of PWDS and other Organization of PWDs engaged in livelihood, accessible work center, and provision of capital for livelihood programs.

Joint DBM-DSWD Circular No. 2003-01- Implementing guidelines for Section 29 of the General Appropriations Act for FY 2003 Entitled “ Setting Aside 1% of Government Agency Budget for Programs/ Projects Related to Senior Citizens and the Disabled ”, used for Information and Education (IEC) campaign/advocacy, Human Resource Development and Capability Building, provision of employment opportunities, Protection and Safety Program, Group Home/Foster Home, Policy Development/Legislations, researches, and other Programs/Projects/Activities/Services related to their respective mandates.

Part (B) Preliminary Analysis~

※It is recommended to analyze those strengths/weaknesses through the discussion with the authorities concerned (health and welfare) before coming to Japan in order to facilitate to find the way for the collaboration between health and welfare for mothers and children. Preferably country report should be prepared in collaboration with authorities.

1. Please try to describe the following on the surroundings mothers and children.

① Three (3) Strengths in your country / region.

⇒Maternal and Child Welfare:

1. Established Inter- Agency Council on Violence against Women and Children
2. Gender mainstreaming as a strategy to promote women's human rights and eliminate gender discrimination in government systems, policies and procedures
3. Established Early Childhood Care and Development system which includes nutrition program that provides for the needs of young children from birth to six (6) years old end hunger and reduce infant mortality rate

⇒Maternal and Child Health:

1. Institutionalized practice of Essential Intrapartum and Newborn Care through the upgrading of health infrastructures and equipment and enhancement of technical capabilities of the health human resources
2. Ensure provision of services under the Expanded Program on Immunization
3. Specialized programs intended for mothers and their children (National Safe Motherhood Program, Family Planning Program, Newborn Screening Program, Expanded Program on Immunization, Adolescent Health Program, Oral Health Program, Nutrition Program, Mother- Baby Friendly Hospital Initiative Program, Program for the Integrated Management of Childhood Illnesses)

② Three (3) Weaknesses/Challenges in your country / region.

⇒Maternal and Child Welfare:

1. Delay in budget appropriation of some programs pertaining to maternal and child welfare
2. Weak monitoring system in program implementation

3. Existing policies are not fully implemented

⇒Maternal and Child Health:

1. Maternal Mortality remains high in spite of various multi-sectoral efforts to improve access and utilization of health services
2. Exclusive breastfeeding remains low while formula milk marketing is still evident even with an existing E.O. 51 otherwise known as the milk code
3. Universal reproductive health is yet to be achieved since the contraceptive prevalence rate still remains low at roughly 50%

2. In your country / region, who are the most vulnerable populations? Please list three (3) groups in order of priority.

ex) groups living rural areas? with low-income? with disabilities?

1. The indigenous populations
2. Those populations living at geographically isolated areas and areas with armed conflicts
3. Populations considered to be the poorest of the poor as identified by the National Household Targeting System for Poverty Reduction (NHTS-PR)

3. What kinds of services are there for the above mentioned groups?

The use of the NHTS- PR has led to 3.8 million poor households being enrolled in Pantawid Pamilyang Pilipino Program or the Philippine conditional cash transfer program, and the poor elderly receiving social pensions. It has also led to 4,000,000 health cards being distributed which provide state-run health insurance for to poor families.

4. In implementing health/welfare policies and services by your organization :

⇒to develop these strengths and improve these weaknesses,

⇒to develop the services for the most vulnerable populations,

To achieve the best results in the implementation of maternal and child health policies, the Department of Health together with its partners put special focus on five critical interventions such as improvement of maternal health, reduction in infant and child mortality, prevention and control of HIV and AIDS and the establishment of service delivery network in order for the mothers and children to have access and timely referral to basic health services.

The poor and marginalized population are prioritized. Activities and essential interventions are done with synchronized implementation nationwide to be able to provide tangible outputs which should be felt within the shortest possible time.

① In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

1. Maternal Health
2. Infant Health
3. Child Health (Under Five)
4. HIV AIDS
5. Service Delivery Network

② What are successful areas or programmes? List 3 areas or programmes.

1. Current focus on maternal and newborn health emphasized the integrated Maternal, Newborn, Child Health and Nutrition as a national strategy to accelerate reduction of maternal and child mortality and brought reforms such as mapping and designation of facilities to provide basic emergency obstetric care and enhancement of facilities
2. Integration of newborn care to the maternal care protocol and the call for mothers to deliver in health facilities with skilled health providers
3. Nutrition is highlighted for the first 1000 days of a child which is also integrated in the life cycle approach programs and services of the Department of Health.

② What are these challenges? List 3 challenges.

1. Maternal mortality remains high
2. Neonatal mortality rate has little improvement. Newborn deaths are seen across all wealth quintiles.
3. Nutritionally at risk pregnant women are also seen across the reproductive age group

③ Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

④ Describe your expectations to the training program.

After the completing this training I expect to have achieved the following:

- Comprehensive understanding of existing maternal and child health and child welfare policies in Japan and how these policies were successfully implemented
- Shared and discuss opinions on how to achieve equity in health and welfare across all populations
- Learned strategies to minimize or eliminate disparities with regard to basic maternal and child health and child welfare indicators

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THAILAND

Country Report for
JICA Knowledge Co-Creation Program
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"Promotion of the Collaboration between Child Welfare and
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(JFY 2015)

~Part (A) Indicators~

Please confirm data of following Indicators: Not only data of 'country overall' but also its "Changes" compared with previous data and "Disparities within the country". The Latter is much important for the coming discussion.

For your reference:

■ THE STATE OF THE WORLD'S CHILDREN 2015: Executive Summary (UNICEF)

http://www.unicef.org/publications/files/SOWC_2015_Summary_and_Table_s.pdf

■ World Population Dashboard 2015 (UNFPA)

<http://www.unfpa.org/world-population-dashboard>

(1) Crude birth rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 17 |
| 2005 | 13 |
| 2015 | 11 (2013) |

source: http://data.worldbank.org/indicator/SP.DYN.CBRT.IN?order=wbapi_data_value_2013+wbapi_data_value+wbapi_data_value-last&sort=asc

(2) Crude death rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 6 |
| 2005 | 7 |
| 2015 | 8 (2013) |

Source: http://data.worldbank.org/indicator/SP.DYN.CBRT.IN?order=wbapi_data_value_2013+wbapi_data_value+wbapi_data_value-last&sort=asc

(3) Leading causes of death (1990) and (2010)

- 1990: 1) Ischemic heart disease (8.8%)
 2) Road injury (6.5%)
 3) Lower respiratory tract infection (5.8%)
- 2010: 1) HIV / AIDS (8.5%)
 2) Ischemic heart disease (7.8%)
 3) Road injury (7.0%)

Source:

http://www.healthdata.org/sites/default/files/files/country_profiles/GBD/ihme_gbd_country_report_thailand.pdf

(4) Infant mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 23.7 |
| 2005 | 15.3 |
| 2015 | 10.5 |

Source: http://www.childmortality.org/index.php?r=site/graph&ID=THA_Thailand

(5) Leading causes of infants death (1990) and (2010)

1990:

1. Birth asphyxia
2. Preterm birth
3. Congenital abnormally

Source: Bureau of Technical Advisors, Department of Health

2010:

1. Condition in perinatal period
2. Congenital Malformation, deformation & chromosome abnormally
3. Disorder relating, preterm + fetal growth

Source: Health Information unit, Bureau of Policy & Strategy

(6) Under-5 mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 28.3 |
| 2005 | 17.8 |
| 2015 | 12.3 |

Source: http://www.childmortality.org/index.php?r=site/graph&ID=THA_Thailand

(7) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990:

Diseases:

- 1) Condition in perinatal period
- 2) Congenital abnormally
- 3) Diseases of respiratory system other than the upper respiratory tract

Morbidity rate:

- 1) 1.8
- 2) 1.5
- 3) 0.7

2010:

Diseases:

- 1) Gastrointestinal infection
- 2) Influenza and pneumonia
- 3) Lower respiratory infection

Morbidity rate:

- 1) 3.21
- 2) 3.11
- 3) 2.19

Source: bps.ops.moph.go.th/HealthInformation/ill55/ill-full2555.pdf

(8) Maternal mortality rate (per 100,000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 23 |
| 2005 | 26 |
| 2015 | 20 |

Source:

<http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>

(9) Leading causes of maternal death (1990) and (2010)

1990:

1. Obstruction of labour
2. Hemorrhage of pregnancy and child birth
3. Abortion

Source: <http://bps.ops.moph.go.th/E-book/statistic/2533/image/6.pdf>

2010:

1. Intra- and post – partum hemorrhage
2. Sepsis and Embolism
3. Indirect causes (HIV, Malaria)

Source: UNICEF Thailand Situation Analysis of Children and Women 2011

(10) Are there national standards for certifying disabilities in your country?

Yes / No

If yes, please explain briefly.

There are 7 types of disabilities in Thailand

1. Visual Impairment
2. Hearing Impairment
3. Physical Disabilities
4. Psychiatric Disabilities
5. Intellectual Disabilities
6. Learning Disabilities
7. Autism Disorder

Source: <http://www.ratchakitcha.soc.go.th/DATA/PDF/2555/E/119/22.PDF>

: http://www.person.ku.ac.th/new_personweb/per_6/per_6_4/per_6_4-6.pdf

: Department of Empowerment of Persons with Disabilities

(11) Does your country perform any health check for infants and children?

Yes / No

If 'Yes',

-When (at how many months)?

-How many times?

-What kinds of contents includes in each?

Health check for infants and children

| Times | Age | Contents |
|-------|------------------------|--|
| 1 | 0-7 day | Vaccination (BCG, HBV) Complete physical examination |
| 2 | 2 months (+7 days) | Vaccination (DTP+ HBV1, OPV1) Development evaluation by DENVER II Complete physical examination |
| 3 | 4 months (+15 days) | Vaccination (DTP+HBV2, OPV2) Development evaluation by DENVER II |
| 4 | 6 months (+15 days) | Vaccination (DTP+HBV3, OPV3) Development evaluation by DENVER II Hematocrit |
| 5 | 9 months (+15 days) | Vaccination (MMR1, JE1→ JE2 next 4 wks.) Development evaluation by DENVER II |
| 6 | 12 months (+15 days) | Development evaluation by DENVER II |
| 7 | 18 months (+1 month) | Vaccination (DTP booster) Development evaluation by DENVER II |
| 8 | 2 years (+1 month) | Vaccination (JE3) Development evaluation by DENVER II |
| 9 | 2 1/2 years (+1 month) | Vaccination (MMR2) Development evaluation by DENVER II |
| 10 | 4 years (+1 month) | Vaccination (DTP booster) Development evaluation by DENVER II EQ evaluation Blood pressure Urinalysis Visual Acuity |

Source: Department of health, Pediatric Infectious Disease Society of Thailand

(12) In the case any diseases or disabilities are confirmed, is there any support services on them? Describe the services, if any.]

1. *Disability identification card.*
2. *Medical services:* Rehabilitation and treatment, prostheses and orthoses, equipment, assistive devices and materials are provided without charges.
3. *Education:* Entitled to education and education facilities, tools, services and other assistance without any charges up to bachelor's degree.
4. *Allowance:* monthly disability allowance 800 Baht/month (2015).
5. *Personal assistant:* severe disabilities are eligible to apply for a personal assistant for help with their routine daily activities with the maximum service period of 6 hours/day or 180 hours/month.
6. *Sign language interpretation services.*
7. *Fund for Empowerment:* entitled to receive loans without interests to start up small enterprises with a five-year payback period.
8. *Provision of assistive devices and mobility aids.*
9. *Modification of housing environment.*
10. *Disability Employment.*

Source:

: <http://www.ohchr.org/Documents/Issues/Disability/LiveIndependently/Thailand.doc>

: Department of Empowerment of Persons with Disabilities

~Part (B) Preliminary Analysis~

※It is recommended to analyze those strengths/weaknesses through the discussion with the authorities concerned (health and welfare) before coming to Japan in order to facilitate to find the way for the collaboration between health and welfare for mothers and children. Preferably country report should be prepared in collaboration with authorities.

1. Please try to describe the followings on the surroundings mothers and children.

① Three (3) Strengths in your country / region.

⇒ *Maternal and Child Welfare:*

1. National strategy focusing on MCH welfare.
2. Area network on MCH welfare.
3. Fund allocate to vulnerable mothers and children

⇒ *Maternal and Child Health:*

1. Benefit package in terms of health care for mothers and children
2. Certified MCH-standard in all public hospitals
3. High coverage of MCH health services

② Three (3) Weaknesses/Challenges in your country / region.

⇒ *Maternal and Child Welfare:*

1. Lack of accessibility in some areas.
2. HIV infected, violence or abused children
3. Human trafficking

⇒ *Maternal and Child Health:*

1. Low public-private partnership and private hospital participated in national program
2. Lowest rate of exclusive breastfeeding
3. Inaccuracy of health information, management and referral system

2. In your country / region, who are the most vulnerable populations? Please list three (3) groups in order of priority.

Ex) groups living rural areas? with low-income? with disabilities?

1. Low-income people
2. People with disabilities
3. HIV infected children

3. What kinds of services are there for the above mentioned groups?

1. In terms of health services, those above mentioned groups can access to health care for free under the national health insurance.
2. In terms of social welfare, those people with disabilities will receive monthly allowance 800 bath/person.
3. In term of child welfare, those children will receive support undercover by “The Child life project” that co-operated by Thai government, private organizations and NGOs.

4. In implementing health/welfare policies and services by your organization :

⇒ *to develop these strengths and improve these weaknesses,*

MOPH should work with multi-partner to raise the important of mothers and children at top priority of national agenda. Then, all stakeholders review and implement necessary benefit packages for MCH health as regular.

To improve the weakness, the national authority should review past and current situation in order to find gaps of existing policies and determine the solutions to improve weakness especially how to involve private hospitals to take part in national program.

⇒ *to develop the services for the most vulnerable populations,*

Thailand has universal health coverage scheme which covers all people who are not covered by civil servant medical schemes and social security scheme. So, all low-income people could access to health services for free especially maternal and child health care in public hospitals wherever they live.

What should be developed is the quality of health care. All people should receive good care regardless of their abilities to pay and the type of health care facilities. The MOPH tries to set standard and guidelines and also monitoring system to monitor health services delivered by health care facilities.

①□ In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

1. Prevention and protection on teenage pregnancy.
2. Improve child rearing practices and increase child development.
3. Prevention and protection on maternal and child dead.
4. Maternal and Child nutrition promotion.
5. Stop human trafficking.

②□ What are successful areas or programmes? List 3 areas or

programmes.

⇒ *In term of health*

1. MCH handbook
2. Certified MCH-standard in all public hospitals
3. Re-organize MCH board

③□ What are these challenges? List 3 challenges.

⇒ *In term of welfare*

1. Violence against children and women
2. Human trafficking
3. Low exclusive breastfeeding

④□ Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

For Violence against children and women issue, According to a report by the Child Watch Project, approximately 3,825 children younger than 18 years were sexually abused in 2005; the figure rose to nearly 5,300 in 2006, representing a 36 per cent increase. Violence against children and women constitutes a serious violation of their human rights. Most commonly it takes place in the home and family but is also present in schools, institutions, workplaces and communities. Violence can have a profound and life-long impact on a child's social, emotional and cognitive development and lead to an increased chance of risky behavior, such as substance abuse, and exposure to mental health and social problems. The Crimes against Children, Juveniles and Women Suppression Division of the Royal Thai police specializes in investigating and responding to violence against women and children, however a relatively strong legal framework, in practice, only a limited number of cases of violence are reported, investigated and/or prosecuted. Enforcement of the legal framework remains weak, particularly at the community level. This is exacerbated by lack of resources for government services, in particular those of the Ministry of Social Development and Human Security, and the weak coordination between agencies that are meant to prevent, monitor and respond to cases, which is why this problem is difficult to solve.

For breastfeeding issues, the MICS 4 surveyed in 2012 showed that only 12% of mothers exclusively breastfed their children. This is the lowest rate of EBF among ASEAN countries which is really need to be improved. From national research, the main reasons why mother discontinue breastfeeding are 1) returning to works, 2) misunderstanding and improper attitudes towards breastfeeding and 3) lack of supports. The challenge for this problem is how to raise awareness of other sectors on the important of breastfeeding and seek their cooperation in order to build enabling environment for promoting breastfeeding practices, for example, how to deal with the labor sector to increase maternity leave to 6 months, how to deal with the company to control their advertisement about infant formula.

⑤□ Describe your expectations to the training program.

1. To learn how to integrate Child welfare to maternal and child health.
2. To learn the best practices and experiences from Japan and other countries.
 - The Japanese health and welfare programmes for MCH on
 1. The MCH book.
 2. The promotion of breastfeeding in Japan.
 3. How to promote reading culture for children in Japan.
 4. MCH major health problems and how to solve it.
3. To share my experiences and views on maternal and child health in Thailand.

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TIMOR - LESTE

Part (A)

Indicators

1. CRUDE BIRTH RATE-CBR (per 1000 population)

CBR indicates the number of live birth occurring during the year, per 1000 population estimated at midyear. CBR-CDR provides the rate of natural increase, which is equal to rate population change in the absence of migration.

| YEAR | Country overall (According to DNETL) |
|------|--------------------------------------|
| 1995 | - |
| 2005 | 40,3 |
| 2015 | 40,3 |

2. CRUDE DEATH RATE-CRD (per 1000 population)

CDR indicates the number of death occurring in the year, per 1000 population estimated at midyear. CDR-CBR provides the rate of natural increase, which is equal to rate population change in the absence of migration.

| Year | Country overall (According to DNETL) |
|------|--------------------------------------|
| 1995 | - |
| 2005 | 9,7 |
| 2015 | 9,7 |

3. Leading causes of death (1990) and (2010)

| | |
|------|--|
| 1990 | 1. Lower respiratory infection 2. Diarrheal diseases 3. Measles |
| 2010 | 1. Lower Respiratory infections 2. Diarrheal diseases 3. Preterm birth complications |

4. Infant mortality rate (per 1000 live birth)

| Year | Country overall (according to DHSTL) 2009-10 |
|------|--|
| 1990 | 83/1000 lb (10-14 yrs before survey) |
| 2010 | 68/1000 lb (5-yrs before survey) |
| 2015 | 22 /1000 lb According NHSSP 2011-2030, IMR decrease to 15/1000 lb |

5. Leading causes infants of death (1990) and (2010)

| Year | Leading causes of death | |
|------|--------------------------------|------|
| 1990 | 1. Lower respiratory infection | 17 |
| | 2. Diarrheal diseases | 12.4 |
| | 3. Measles | 7.8 |
| 2010 | 1. Lower respiratory infection | 13.5 |
| | 2. Diarrheal diseases | 12.4 |
| | 3. Preterm birth complication | 7.8 |

NB: cited from: www.healthdata.org on Global Burden Disease profile in Timor Leste

6. Under - 5 Mortality rate (/ 1000 live birth)

| Year | Country overall (According to DHSTL) 2009-2010 |
|------|--|
| 1995 | 83 (10-14 years before survey) |
| 2005 | 68 (5-years before survey) |
| 2015 | 22 |

The decline in National Planning and Strategic 2011-2030 is TL promise to resolve neonatal, infant and under-5 health, reduce infant and under-5 mortality to reach the target for Millennium Development Goal (MDG) 4, that is, to reduce under-5 mortality from 61 to 27, infant mortality from 44 to 21 and 15 / 1000 live birth in 2030.

Cited in

7. Top 3 Diseases and Morbidity Rate of under -5 of (1990) and (2010)

| Year | Disease | Morbidity Rate |
|------|--------------------------------|----------------|
| 1990 | 1. Lower respiratory infection | 17 |
| | 2. Diarrheal diseases | 12.4 |
| | 3. Measles | 7.8 |
| 2010 | 1. Lower respiratory infection | 13.5 |
| | 2. Diarrheal diseases | 12.4 |
| | 3. Preterm birth complication | 7.8 |

NB: cited from: www.healthdata.org on Global Burden Disease profile in Timor Leste

8. Maternal mortality rate (MMR) /100.000 lb

The recent Demographic Health Survey indicates a stable decrease on maternal mortality rate from 660/100.000 reported in 2003 to 557/100.000 in 2010.

| Years | Country Overall (According to DHSTL) 2009-2010 |
|-------|--|
| 1995 | 1000 |
| 2005 | 557 |
| 2015 | 252 (MDG target) |

9. Leading Causes of Maternal Death

Maternal death define as death of mother during pregnancy, delivery and 1 or 2 month after delivery.

The major direct complications of pregnancy reported are hemorrhage, eclampsia, obstructed labor and sepsis. A complication of pregnancy on hemorrhage is reported by 50.2% and indirect causes is malnutrition, anemia and malaria

10. Are the National standards for certifying

Yes, there are

11. Does your country perform any health check for infants and children ?

- Yes, they do; follow to Livrinho Saude in an ho oan (Lisio)
- start from 0- 11 months, until 5 years old,
- Contents including Immunization and monitoring child growth and development graph, Vitamin A.

Part B
Preliminary Analysis

12. In the case any diseases or disabilities are confirmed, is there any support services on them ? Describe the services, if any

Yes there is.

- Through collaboration of multi Ministerial approach to assist people with disabilities in Timor Leste as stated by TLDHS 2010 report that out of total population of 1.066.409, approximately, 48.243 of people suffer from some type of disabilities such as 20.593 from motor disability, 29488 from visual impairment, 17.672 from hearing impairment and 13.308 from mental disability. These figures show that there are people who have more than one type of disabilities and thus will have risk of not getting the opportunity to work and access to educational facilities. This report has made such an enormous impact on the IV Constitutional government lead by PM Xanana to finally come up with the approval of National Policy for Inclusion and Promotion of the Rights of People with Disabilities that was approved and signed by PM Xanana on April 2012. The policy stated that multi Ministerial approach to assist and liaise with Disable persons in Timor Leste through subsidized financial assistance.
- Assistance of Non Governmental Organizations (NGOs) to respective disabilities group
- There is also group exist so called “ National Association of Disable Persons In Timor Leste”

1. Please try to describe the following on the surroundings mothers and children

1. Maternal and child Health

Three (3) strength in your country / region

Maternal and child health

- Health system follows an integrated approach
- Nearly 1000 new graduated doctors are in the system now
- The donor and partner co-ordination and support of MoH

Three (3) Weakness:

- Budget constraints/Limited budget (4.5% of total state budget)
- Low capacity of the human resources (both for managers and clinical staff)
- Weak health system with less stewardship/leadership
- Geographical inaccessibility
- Less demand for health services/low utilisation of health service delivery

2. Maternal and Child welfare:

- Strength: there is law in place/exist to protect them, state support
- Weakness: limited budget, isolation and discrimination

-

2. In your country /region, who are the most vulnerable population (list 3)

Most vulnerable populations would be:

- Children
- Women
- Elderly

Disabled persons

- Rural areas: mainly isolated in hilly areas and separated by rivers, enclaved population, lack of access to information and facilities
- Low income population: although treatment/service is free, but transportation is not available and costly in the rural areas, MoH's referral services is very weak,
- Disabilities: unable to perform daily routines, isolation and discrimination

3. What kinds of services are there for the above mentioned groups?

Services available are:

- SISca/ mobile clinic
- Plan for domiciliary visit by team of health professional (guidelines are on the process of the development)
- All services are free of cost
- Free maternity packets
- Social support/NGOs

4. In implementing health/welfare policies and services by your organization :

- ⇒to develop these strengths and improve these weaknesses,
- ⇒to develop the services for the most vulnerable populations,

1. In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

- SMH program to combat high MMR, move towards facility delivery
- Strengthening PNC by home visits
- Maternal perinatal death reviews and response
- Strengthening hospital for treating sick newborn and managing complications in five referral hospital
- Mobile message for increasing ANC, delivery and postnatal care

2. What are successful areas or programmes? List 3 areas or programmes.

- Establishment of maternity clinic at sub-district level for increasing institutional delivery
- Strengthening 5 referral hospital including national hospital for comprehensive EmOC services

3. What are these challenges? List 3 challenges.

- Many facilities still lack basic utilities such as water and electricity
- No health post available in remote communities, CHCs should provide basic mobile clinic services on a regular basis by motorbike on a twice-per-week basis.
- Stock out of essential medicine, equipment (logistic issues)
- All midwives are not trained on EmOC, not able to manage complications-under skilled

4. Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

Timor-Leste is a small country covering half the island of Timor.

Regarding the above-mentioned issues/challenges, that situation will be affected to health service and difficult to resolve maternal child health Problem in the future.

5. Describe your expectations to the training program.
 - I would like to learn more about Japan's experience and how to resolve the challenges

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UKRAINA

Country Report for
JICA Knowledge Co-Creation Program
 (Countermeasure for Maternal and Child Health and Child Welfare)
"Promotion of the Collaboration between Child Welfare and MCH"
(JFY 2015)

~Part (A) Indicators~

Please confirm data of following Indicators: Not only data of 'country overall' but also its "Changes" compared with previous data and "Disparities within the country". The Latter is much important for the coming discussion.

For your reference:

■ THE STATE OF THE WORLD'S CHILDREN 2015: Executive Summary (UNICEF)

http://www.unicef.org/publications/files/SOWC_2015_Summary_and_Tables.pdf

■ World Population Dashboard 2015 (UNFPA)

<http://www.unfpa.org/world-population-dashboard>

(1) Crude birth rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 9,6 |
| 2005 | 9,00 |
| 2014 | 10,8 |

(2) Crude death rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 15,4 |
| 2005 | 16,6 |
| 2014 | 14,7 |

(3) Leading causes of death (1990) and (2010)

1990: 1) cardiovascular diseases,
 2) oncology,
 3) external causes

2010: 1) cardiovascular diseases,
 2) oncology,
 3) external causes

(4) Infant mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 15 |
| 2005 | 10 |
| 2014 | 7,7 |

(5) Leading causes of infants death (1990) and (2010)

1990:

- 1) perinatal conditions ,
- 2) congenital malformations,
- 3) external causes

2010:

- 1) perinatal conditions ,
- 2) congenital malformations,
- 3) external causes

(6) Under-5 mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 19 |
| 2005 | 15 |
| 2014 | 9,5 |

(7) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990:

Diseases: 1) 2) 3)
 Morbidity rate: 1) 2) 3)

2010:

Diseases: 1) 2) 3)
 Morbidity rate: 1) 2) 3)

(8) Maternal mortality rate (per 100,000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | |
| 2005 | 14,7 |
| 2014 | 11,6 |

(9) Leading causes of maternal death (1990) and (2010)

1990: 1) extragenital pathology,
 2) bleeding,
 3) tromboflebiya

2010: 1) extragenital pathology,
 2) bleeding,
 3) tromboflebiya

(10) Are there national standards for certifying disabilities in your country?

Yes / No*If yes, please explain briefly.*

Full or partial incapacity to work due to a general disease (including a non-industrial injury and disability from childhood),

Degree of disability:

Group I, 100%;

Group II, 90%;

Group III, 50%.

According to Article 1 of the Law of Ukraine "On the Rehabilitation of the Disabled in Ukraine" is a disabled person with persistent disorder of body functions and the interaction with the environment can lead to restriction of its life, so that the state must create conditions for the realization of its rights on a par with other citizens and ensure social security.

The person recognized invalid, depending on the disorder and functions of body systems and limit its life is set I, II or III disability. I disability group is divided into subgroups A and B, depending on the degree of disability and scope of health needs constant care, assistance or supervision.

Conduct medical and social examination of persons applying for disability, disability is defined by the Regulations on medical and social examination approved by the Cabinet of Ministers of Ukraine of 03.12.2009 p. 1317 number.

The same decree the Cabinet of Ukraine approved the Regulations on the procedure and the conditions and criteria for disability (hereinafter - Regulation).

Instructions on establishing disability groups approved by the Ministry of Health of Ukraine of 05.09.2011, № 561.

Medical-social examination is to determine on the basis of a comprehensive survey of all systems of the particular person measures the loss of health, the degree of limitation of life caused by persistent disorder of body functions, disability, cause and time of occurrence, as well as recommendations regarding possible for a person for health types of work and working conditions, the need for outside care, appropriate types of spa treatment and social protection for the most complete recovery of all functions of life person.

According to paragraph 27 Provisions basis for establishing group I disability is stable, much more severe severity of functional disorders in the body caused by disease, trauma or congenital defect, leading to significant disability persons inability to self-service and shall rise to the need for permanent outside supervision, care or assistance.

To the group I belong to those with the most difficult health reasons that are not fully capable of self-service, require permanent outside supervision, care or support, totally dependent on others in the performance of vital welfare functions or are partially able to implement some elements of self .

The basis for the establishment of group II disability are persistent, severe severity of functional disorders in the body caused by disease, trauma or congenital defect, leading to significant disability persons with intact capacity for self-service and do not result in the need for permanent outside supervision, care or assistance.

By II disability groups may include persons who have two or more of the diseases that lead to disability, trauma or birth defects, and combinations thereof, which together cause significant disability identity and disability.

The basis for the establishment of group III disability is stable, moderate functional impairment in the body caused by disease, injury or consequences of birth defects that led to moderate disability persons, including its efficiency, but require social assistance and social protection.

(11) Does your country perform any health check for infants and children?

Yes / No

If 'Yes',

-When (at how many months)?

-How many times?

-What kinds of contents includes in each?

Clinical protocol

Care Healthy Child

AGED 0-12 months (monthly), 12 months - 3 years (monthly), 3-6 years (each 3 months), 6-18 (yearly) years.

1. GENERAL PROVISIONS

2. Aims of Protocol

Clinical protocols developed to implement unified measures to create, maintain and strengthen the health of children.

The protocols are based on the concept of an integrated approach to the provision of care for children recommended by the World Health Organization, which provides priority preventive measures in the implementation of medical care for the child and family in order to attract all-round development.

The Protocol defines the terms and scope of mandatory preventive medical examinations of children, basic principles of care for development, rational feeding and nutrition, assessment of physical and psychomotor development, targeted counseling parents. If you notice deviations in the health of the child appointed additional medical intervention, according to current protocols of care to children with indications. Medical care for healthy newborn baby is under the orders of the Ministry of Health of Ukraine of 04.04.2005 p. 152 number.

The protocol is based on the basic principles of EBM (Annex 1 to the Protocol).

All medical interventions envisaged in the protocol are carried out with the obligatory account the requirement of consent, parents (guardians, trustees) or their legal representatives.

1.2. Concepts and terms

Medical care for the child - a set of activities performed by health workers with the involvement of the family in accordance with the needs of each age period of child development and aimed to create optimal conditions for its healthy harmonious development (physical, mental, social) in a supportive safe environment, to ensure the rational feeding and nutrition, prevention of diseases and injuries, formation of healthy lifestyle.

The list of components of medical care for the young child, which should be accessible to every child:

- Mandatory prophylactic medical examination;
- Rational feeding and nutrition;
- Care for development;
- Creating a safe environment.

2. ORDER OF MANDATORY preventive medical examination of CHILD

2.1. Terms

Mandatory medical preventive examinations of children are carried out in order to monitor their health status and implementation of effective measures to protect the health and development of children in this age group by:

- Assessing the health of the child;
- Assessing the physical, mental and motor development;
- Evaluation of feeding and nutrition;
- Early detection of diseases and pathological conditions;
- Vaccination;
- Advising parents on child care, nutrition, child development, prevention of accidents and injuries, etc;
- Determining the tactics of further medical observation and examination of the child by the results of mandatory health checkups.

(12) In the case any diseases or disabilities are confirmed, is there any support services on them? Describe the services, if any.

Special allowances for children with disabilities

Paid to one of the parents of a disabled child where that parent is capable of work but is not actually working, or paid to a person who replaces that parent. If that parent or guardian is engaged in the full-time care of the disabled child up to the age of 16 years she/he is entitled to assistance. This assistance is equal to 100% of the national minimum wage per month.

Assistance to single mothers for their children is given to the amount of:

100% of the minimum wage to single mothers (widows, widowers) who were deprived of their parent's care and brought up in children's homes (residential schools) and who have children aged up to 16 years (18 if they are still at school);

Universal in-kind benefit, entitlement to people in need of care due to the health conditions, organized regionally on the municipal level and financed by local budget.

The need for long-term care is defined by different categories of persons using several criteria (basically age and health conditions). Old age criteria: the recipient should reach the age of 60.

Health criteria: children with disabilities and people unfit to work and to perform every day self care and movements.

Help of professional with house work and personal hygiene, free food delivery.

Possibility of receiving a care for a few hours in stationary for receiving a help of personal hygiene. The state provide full-time nursing care in institutions such as state old-age, invalid and psychiatric care homes.

Providing of special equipment and organization of training courses for recipient's family members or another person.

The state provides a cash payment to a family member or another person, who provides care to the person who need it. This compensation depends of the degree of need of the person requiring care and determined in percentage of a base amount of minimum vital for able-bodied person.

15% - for caring invalid of 1st group of invalidity;

10% -for caring invalid of IInd group of invalidity, elderly people and childrens with disabilities;
7% - for caring invalid of IIIrd group of invalidity, persons who needs permanent care (regulation of Ministry of health)

At the onset of other insured events (taking care of sick child under 14, another sick family member, a child under three or an invalid under 16, in the event of illness of the mother or caregiver) temporary disability benefits are paid to insured individuals from the first day of disability from Temporary Disability Fund.

~Part (B) Preliminary Analysis~

※It is recommended to analyze those strengths/weaknesses through the discussion with the authorities concerned (health and welfare) before coming to Japan in order to facilitate to find the way for the collaboration between health and welfare for mothers and children. Preferably country report should be prepared in collaboration with authorities.

1. Please try to describe the followings on the surroundings mothers and children.

① Three (3) Strengths in your country / region.

⇒ Maternal and Child Welfare : (1. Ukraine's independence and economic growth led to some achievements for children. The infant mortality rate in 1991 was reduced by half. In 2001 the country adopted the first national program to prevent transmission of HIV from mother to us-ment. During the period, 2001-2009. Such transfer is reduced by two thirds. In 2011 the Institute was founded Commissioner President of Ukraine on children's rights.

⇒ Maternal and Child Health :

1. Legislation health of women and children in Ukraine includes most internationally recognized human rights.
2. Basic medical care is free of charge
3. Since Ukraine's independence in order to improve the system of maternity and childhood created a number of new pediatric structures such as PC; Medical and genetic counseling; family planning centers; hospitals, child-friendly to young people; centers of reproductive medicine, cardiac surgery, primary health care, prevention of HIV / AIDS, medical and social rehabilitation of children; hospices and more.

② Three (3) Weaknesses/Challenges in your country / region.

⇒ Maternal and Child Welfare :

1. Insufficient knowledge of parents regarding the education of children

Knowledge of parents about child development is very selective, full of misconceptions, often dependent on commercial advertising or vice versa outdated traditional approaches and, consequently, inadequate. The most effective training programs parents work in integration with primary health care for mothers and children, which achieves maximum coverage of parents and young children and to support families interested in obtaining knowledge since the child waiting period to six years. But between the sectoral approach and the involvement of social workers, psychologists, teachers, specialists in early intervention and development of children with special needs, are essential.

2. Abandoned children. With eight million Ukrainian children are around 94,705 children in specialized institutions (2012). Among the main causes of child abandonment - poverty, unemployment of parents, family and devaluation of moral values, alcoholism and drug use. Abandonment of children can also be seen in the growth of the last decade the number of children living and working on the street.

3. Poverty among children and youth is also the risk of falling into the hands of traffickers for sexual exploitation and forced labor. The lack of social opportunities and drug addiction are pushing young people on the path of conflict with the law.

⇒Maternal and Child Health:

1. Low quality of primary health services for mothers and children. The quality of primary health services for mothers and children is low and access to services, especially for vulnerable groups and rural population limited. The knowledge and skills of parents for the care, nutrition and child development are insufficient. For these reasons, the level of exclusive breastfeeding in Ukraine is only 18% and remains one of the lowest in the region. Insufficient number of pediatricians and gynecologists.

2. Prevalence of diseases caused by iodine deficiency.

3. The lack of national standards for child development Ukraine does not have national standards development. Accordingly, there can be parent education quality standards, or standards for providing comprehensive basic services to children, as they are based on accepted standards in the state development.

2. In your country / region, who are the most vulnerable populations? Please list three(3) groups in order of priority.

1. with disabilities
2. with low-income
3. groups living rural areas)

3. What kinds of services are there for the above mentioned groups?
Cash and in kind benefits.

4. In implementing health/welfare policies and services by your organization:

⇒to develop these strengths and improve these weaknesses,

⇒to develop the services for the most vulnerable populations,

①In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

The transition from centrally planned economy to a free market also led to increased unemployment and social inequality - the factors which affect children, particularly as a result of the weakening of the state system of social security. The gap between rich and poor is widening. Unemployment is increasing, especially in rural areas. Single parents and families with more than one child were in very difficult circumstances. Trying to stop this negative trend, in 2011 the government began reforming social support for children and families in Ukraine. However, towards the healthy development of children in Ukraine are still many problems.

Beginning of life for many children is not good due to lack of knowledge of their parents care and development in early childhood, outdated health system and is not legally regulated advertising of breast milk substitutes and other potentially harmful products. Only eighteen percent in the first half of mothers fed their babies only breast. Each year an estimated 80 percent of infants are not protected from iodine deficiency disorders, caused by lack of iodine in the diet of their mothers during pregnancy and in their own diet in the first years of life. When children become teenagers, they face new challenges to their health in the form of drugs, alcohol, tobacco, and unprotected sex.

Ukraine is the worst affected by HIV / AIDS country in Europe. HIV prevalence among the adult population in Ukraine is the highest among all the countries of Europe and Central Asia. Since 2001 the number of new HIV cases are identified each year in the country, has doubled. As of 2010 HIV-infected people is 1.1 percent of the adult population. Eighty percent of them - young people.

Although the main cause of transmission is sharing needles injecting drug users, but HIV is spreading rapidly among the general young population through unprotected sex. As a result, more and more children are born with HIV. Number of infected pregnant women in the last five years has doubled. In the center of the HIV epidemic in Ukraine - with the minor risk groups. So far, little attention is paid to ensuring their access to health and social services. In 2004, in Odessa was tested for HIV 29 children living in the street. Twenty of them were found HIV.

Care and treatment of children and families affected by HIV / AIDS are insufficient. From 1995 to 2012 HIV positive mothers 32,504 children were born; Of these, 21,916 have negative status; another 6,735 children aged under 18 months waiting to confirm their status as 2814 - HIV positive. In 752 children developed AIDS and 287 have died from AIDS-related diseases.

More children with positive HIV status is born in socially disadvantaged, young families, where 85 percent of parents - a person younger than 30 years. Ten percent vidmovlyayutsya positive mothers from their children, and they fall into the state of children's institutions. Lack of knowledge about HIV / AIDS among the general population and among trustees generates fear and stigmatization of people living with HIV and leads to violations of human positive children. There are numerous examples of discrimination against children living with HIV. Often they do not simply let attend kindergartens or schools, neglected and isolated from other children.

With eight million about 96,000 Ukrainian children living in state residential institutions - orphanages, boarding schools and shelters. Families Poverty, unemployment, alcoholism and drug abuse - the main reasons that parents abandon children. Thousands of children fleeing from the violence that prevails in their home. They find refuge in the streets, where the risk of contracting tuberculosis and HIV through injecting drug use. Many children fled from their homes because they are left alone, but parents have gone abroad in search of work.

Creating a juvenile justice system that is focused on prevention of juvenile crime is a complex problem. Still not no special juvenile courts or juvenile insufficient number of trained judges, prosecutors and lawyers who have engaged children in conflict with the law. Instead, the majority of offenders are sent to the colonies, then the chances of reintegration into society are low. Little attention is paid to fundamental social factors that primarily pushing minors into conflict with the law.

Ukraine - one of the sources for human trafficking. Although the true scale of the problem is unknown, data from the International Organization for Migration show that a large number of human trafficking victims - a young woman, and a smaller part - children from families with low incomes, which are sold for sexual exploitation or forced labor. Children abandoned by parents, especially the risk of becoming victims of traffickers.

②What are successful areas or programmes? List 3 areas or programmes.

Ukraine has made a number of commitments to improve the wellbeing of children - particularly by signing and ratifying the Convention on Rights of the Child (in 1991) the Optional Protocol to the Convention on the Sale of Children, Child Prostitution and Child Pornography (2003), the Convention on the Elimination All Forms of Discrimination against Women (in 2003) the Optional Protocol to the Convention to participate in armed conflict (in 2004) the UN Convention against Transnational Organized Crime (February 2004)

Ukraine was among the countries in 2001 initiated the General Assembly Special Session on HIV / AIDS. In 2002 Ukraine approved the final document of the UN Special Session on Children "World Fit for Children".

In July 2007 the Verkhovna Rada of Ukraine adopted the Law of Ukraine On the State Programme "National Action Plan to implement the UN Convention on the Rights of the Child 'until 2016.

In July 2007 the Cabinet of Ministers of Ukraine approved the Concept of the State program "Healthy Child" for 2008-2017 under the European WHO strategy "Health and development of children and adolescents."

As of September 2013 Ukraine has not adopted the Law "On general salt iodization" aimed at prevention of disorders caused by iodine deficiency in children at risk of such disorders affected 80% of all newborns.

Verkhovna Rada of Ukraine not ratified the International Code on marketing of breast milk substitutes, which negatively affects the quality of food young children. According to a study conducted by UNICEF, the manufacturers of baby food sells its products in 65 percent of medical institutions of Ukraine.

②What are these challenges? List 3 challenges.

(1. 2. 3.)

③ Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

④Describe your expectations to the training program.

To learn international experience in the above matters, including the experience of Japan, to use it in work on improvement of legislation on social protection and children's welfare in Ukraine.

Learned experience will be used for:

1. Develop an Action Plan to implement the National Strategy on human rights in the rights of the child subject to the provisions of the UN Convention on the Rights of the Child and other legal acts.
2. Draft Law of Ukraine "On the State Programme" National Action Plan to implement the UN Convention on the Rights of the Child "for the period till 2021".
3. Ensure submission to the Government a draft decree of the Cabinet of Ministers of Ukraine "On approval of a comprehensive action plan to provide housing for orphans and children deprived of parental care, and persons from among them."
4. Draft Resolution of the Cabinet of Ministers of Ukraine concerning improvement of Procedure of identification of children separated from their families, who are not citizens of Ukraine and stated their intention to be recognized as refugees or persons in need of additional protection, and cooperation between executive power in carrying out their social security
5. Draft Law of Ukraine "On the National Bank data on the children."
6. Develop a draft law on amendments to the Family Code of Ukraine and the Law of Ukraine "On Protection of Childhood" in the part of the child's consent to adoption, placement under guardianship, foster families and family-type homes.
7. To approve the guidelines for consideration of the interests and opinions regarding the child's consent at the device to family care (taking into account age and child development).
8. Provide support bill "On Ukraine's accession to the Convention for the Protection of Children and Cooperation in Respect of Intercountry Adoption."
2. 10. To approve the State Standard of Social Services Integration graduate institutions.
11. Provide a comprehensive study of the system of protection of children in Ukraine (statistical and qualitative data on the parameters of institutional care of children, support services to children and families, adoption and review mechanisms for decisions on the placement of children, etc.).
12. To ensure alignment of regulations with the Law of Ukraine "On Amendments to the Law of Ukraine" On the health and recreation of children "on the health of children

combatants, children, one of whose parents died in the area of anti-terrorist operations or military operations armed conflict or during mass actions of civil protest and children registered as internally displaced persons. "

*Countermeasure for Maternal and
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Japan International Corporation of Welfare Services (JICWELS)

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*Countermeasure for Maternal and
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UZBEKISTAN

ANNEX-1

Suggested Guideline for Country Report for JICA Knowledge Co-Creation Program

(Countermeasure for Maternal and Child Health and Child Welfare)

"Promotion of the Collaboration between Child Welfare and MCH" (JFY 2015)

~Part (A) Indicators~

Please confirm data of following Indicators: Not only data of 'country overall' but also its "Changes" compared with previous data and "Disparities within the country". The Latter is much important for the coming discussion.

For your reference:

■ THE STATE OF THE WORLD'S CHILDREN 2015: Executive Summary (UNICEF)

http://www.unicef.org/publications/files/SOWC_2015_Summary_and_Tables.pdf

■ World Population Dashboard 2015 (UNFPA)

<http://www.unfpa.org/world-population-dashboard>

(1) Crude birth rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 29,8 |
| 2005 | 20,4 |
| 2015 | 20,8 |

(2) Crude death rate (per 1000 population)

| | Country overall |
|------|-----------------|
| 1995 | 6,4 |
| 2005 | 5,4 |
| 2015 | 6,7 |

(3) Leading causes of death (1990) and (2010)

1990: 1) 2) 3)
2010 1) Coronary Heart Disease 2) Stroke 3) Liver disease

(4) Infant mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 57,05 |
| 2005 | 48,39 |
| 2015 | 42,45 |

(5) Leading causes of infants death (1990) and (2010)

1990: 1) 2) 3)

2010: 1) pneumonia, 2) prematurity, 3) congenital malformations

(6) Under-5 mortality rate (per 1000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 68,62 |
| 2005 | 58,37 |
| 2015 | 51,41 |

(7) Top 3 diseases and morbidity rate of the under-5 of (1990) and (2010)

1990: Diseases:

- 1) Diseases of the respiratory system (J00-J99)
- 2) Certain conditions originating in the perinatal period (P00-P96)
- 3) External causes of morbidity and mortality (V01-Y98)

Morbidity rate:

- 1) 270.3
- 2) 115.9
- 3) 50.1

2000: Diseases:

- 1) Diseases of the respiratory system (J00-J99)
- 2) Certain conditions originating in the perinatal period (P00-P96)
- 3) External causes of morbidity and mortality (V01-Y98)

Morbidity rate:

- 1) 204.2
- 2) 110.9
- 3) 38.8

(8) Maternal mortality rate (per 100,000 live birth)

| | Country overall |
|------|-----------------|
| 1995 | 32,0 |
| 2005 | 42,0 |
| 2015 | 36,0 |

(9) Leading causes of maternal death (1990) and (2010)

- 1990: 1) 2) 3)
- 2010: 1) bleeding 2) septic condition

(10) Are there national standards for certifying disabilities in your country?

Yes, There is a LAW OF THE REPUBLIC OF UZBEKISTAN

«On social protection of disabilities in the Republic Uzbekistan

(11) Does your country perform any health check for infants and children? - Yes

-When (at how many months)? - On third and 15th days of life of infants and further every month for a year

-What kinds of contents includes in each? - Anthropometry, Vaccination, Fortification

(12) In the case any diseases or disabilities are confirmed, is there any support services on them?

Describe the services, if any.]

In our country, health care for children free and always available

~Part (B) Preliminary Analysis~

※ It is recommended to analyze those strengths/weaknesses through the discussion with the authorities concerned (health and welfare) before coming to Japan in order to facilitate to find the way for the collaboration between health and welfare for mothers and children. Preferably country report should be prepared in collaboration with authorities.

1. Please try to describe the followings on the surroundings mothers and children.

① Three (3) Strengths in your country / region.

⇒**Maternal and Child Welfare:**

1. reduced maternal and perinatal mortality;
2. better relationship between health care provider and community; and
3. complete and happy families.

⇒**Maternal and Child Health:**

1. Improvement of the health system as a whole;
2. Reduced mortality; and
3. Improved qualifications of the health workforce;

② Three (3) Weaknesses/Challenges in your country / region.

⇒**Maternal and Child Welfare:**

1. Further improving the availability and quality of care

⇒**Maternal and Child Health:**

1. Constant and continuous improvement of staff qualification
2. The need for strengthening the material and technical base
3. Further monitoring of the implementation of clinical protocols

2. In your country / region, who are the most vulnerable populations? Please list three(3) groups in order of priority. ex) groups living rural areas? with low-income? with disabilities?

1. groups living rural areas 2. with low-income 3. with disabilities

3. What kinds of services are there for the above mentioned groups?

1. Health check and treatment by governmental finance
2. Given financial support
3. To living rural areas send high qualified doctors for consultation, if they needed qualified help direct to branch hospitals

4. In implementing health/welfare policies and services by your organization:

⇒to develop these strengths and improve these weaknesses,

- Desire to improve the quality of care by improving the results of surgical treatment of children with congenital malformations
- Develop high technology and minimally invasive surgery in newborns with congenital malformations

⇒ to develop the services for the most vulnerable populations,

- Created a National Center of Neonatal Surgery at the Republican Perinatal Center and 4 branches of neonatal surgery center in the regions
- It is organized a course on neonatal surgery in our center for doctors from the regions, who will work for population living rural areas

① In your country/province, what are the priority issues/programmes in the area of maternal and child health/welfare? List five issues/programmes in order of priority.

1. Guarantee of safe motherhood is one of the priorities of Uzbekistan state policy
2. System of obligatory premarital examination
3. Free medical care for vulnerable populations
4. Programs to improve nutrition of population
5. Implement international standards and recommendations for the motherhood and childhood protection (WHO, UNICEF, UNFPA and etc.)

② What are successful areas or programmes? List 3 areas or programmes.

1. Developed a network of Maternity and Child care clinics
2. 23% of budget funds were allocated for Health Care System
3. Legal and regulatory framework of a public health system

② What are these challenges? List 3 challenges.

(1. 2. 3.)

③ Regarding the above-mentioned issues/challenges, explain background, current situation and reason why those issues/challenges are difficult to solve.

④ Describe your expectations to the training program.

- Exchange of experience
- Learn something new to improve my practice
- Familiarity with colleagues from other countries
- See the fairyland Japan !!!

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*Countermeasure for Maternal and
Child Health and Child Welfare*

VIET-NAM



Maternal Child Health & Child Welfare in Viet Nam



*Dr. Duong Thi Hai Ngoc
Maternal & Child Health Dept.-MOH*

Tokyo, February 2016

Presentation Outline

- 1. Country Profile**
- 2. MCH system**
- 3. Main policies on MCH**
- 4. Maternal & Child Health and Child Welfare situation**
- 5. Advantages & Challenges**
- 6. Solution**
- 7. Conclusion.**



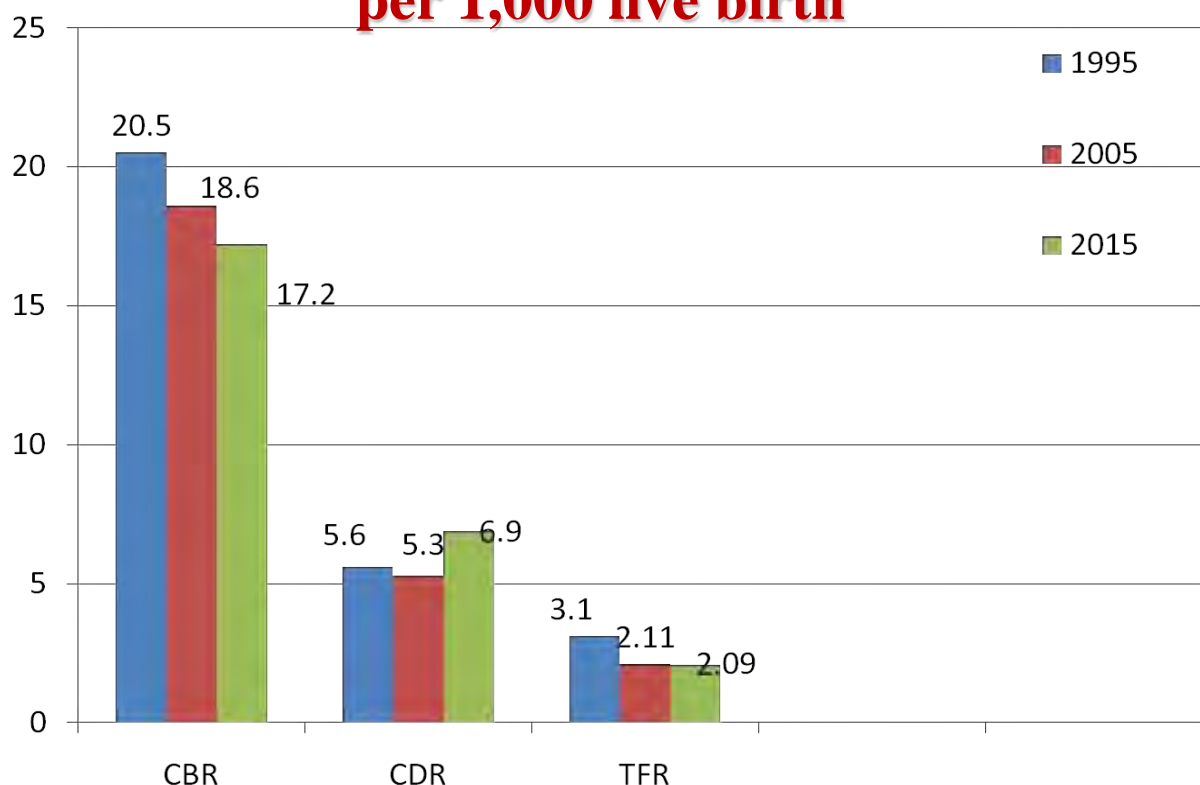
- **Location:** South-East Asia. Bordering the Gulf of Thailand, Gulf of Tonkin, and South China Sea; alongside China, Laos, Cambodia.
- **Square:** 329,560 km²
- **Weather:** monsoon in the north, tropical in the south
- 6 social-eco areas.
- 63 provinces, 708 districts/towns, 11.055 communes, 110.000 villages

Country Profile

- **Population: 90.7 mil**
- ✓ *Women of Rep age: 26.2 mil*
- ✓ *U15 pop: 23.1 mil*
- **Pop. Density: 274 people/km²**
- **Averaged Life Expectancy: 73.2**
Male: 70 Female: 76.4
- **Total Fertility Rate: 2.09**
- **Crude Birth Rate: 17.2‰**
- **Crude Death Rate: 6.9‰**
- **Sex Ratio at birth: 112/100**
- **IMR: 14.9‰**
- **MMR: 59/100,000 LB**

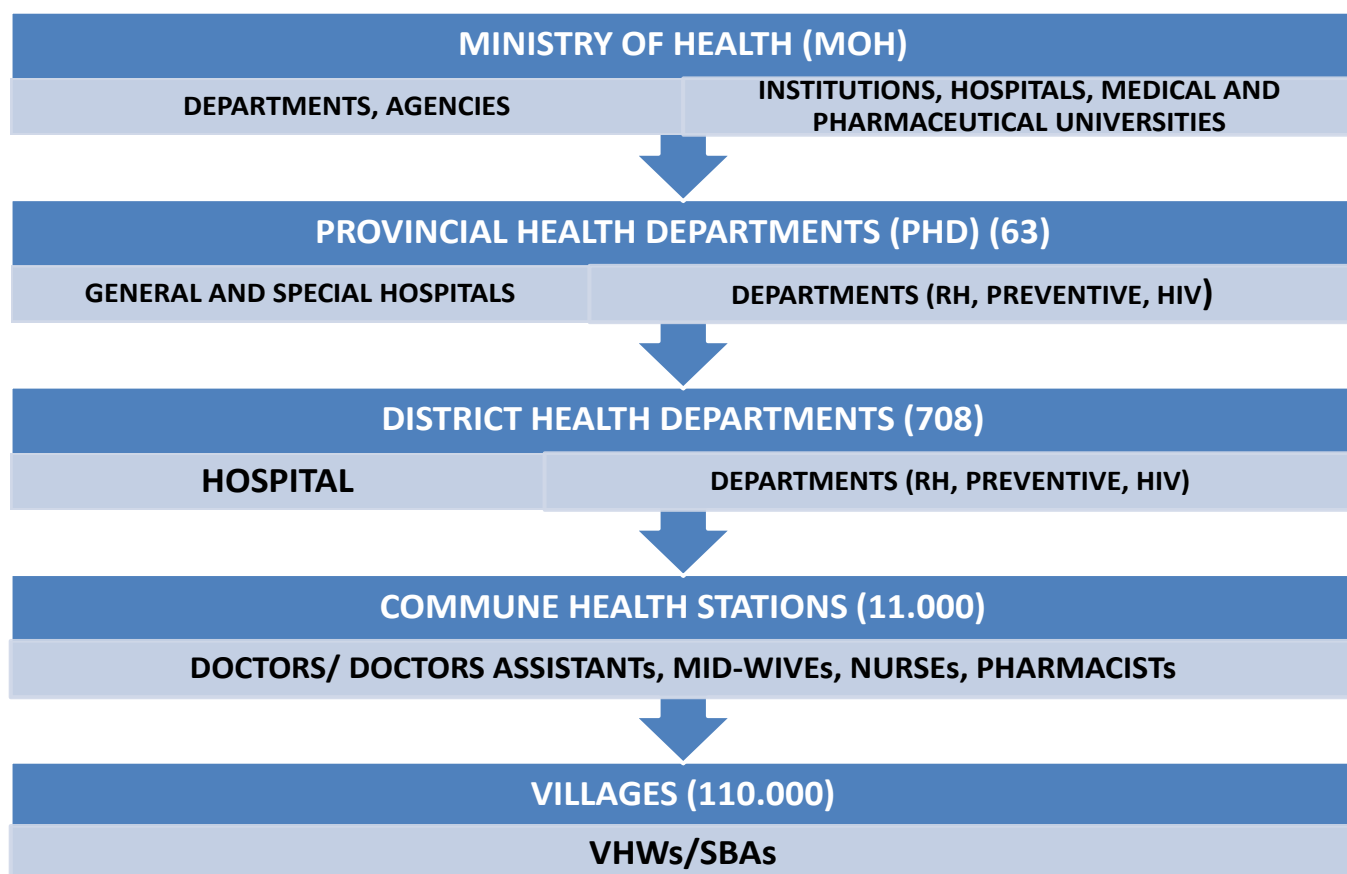
Source: GSO 2014

Crude Birth and Crude Death Rate per 1,000 live birth



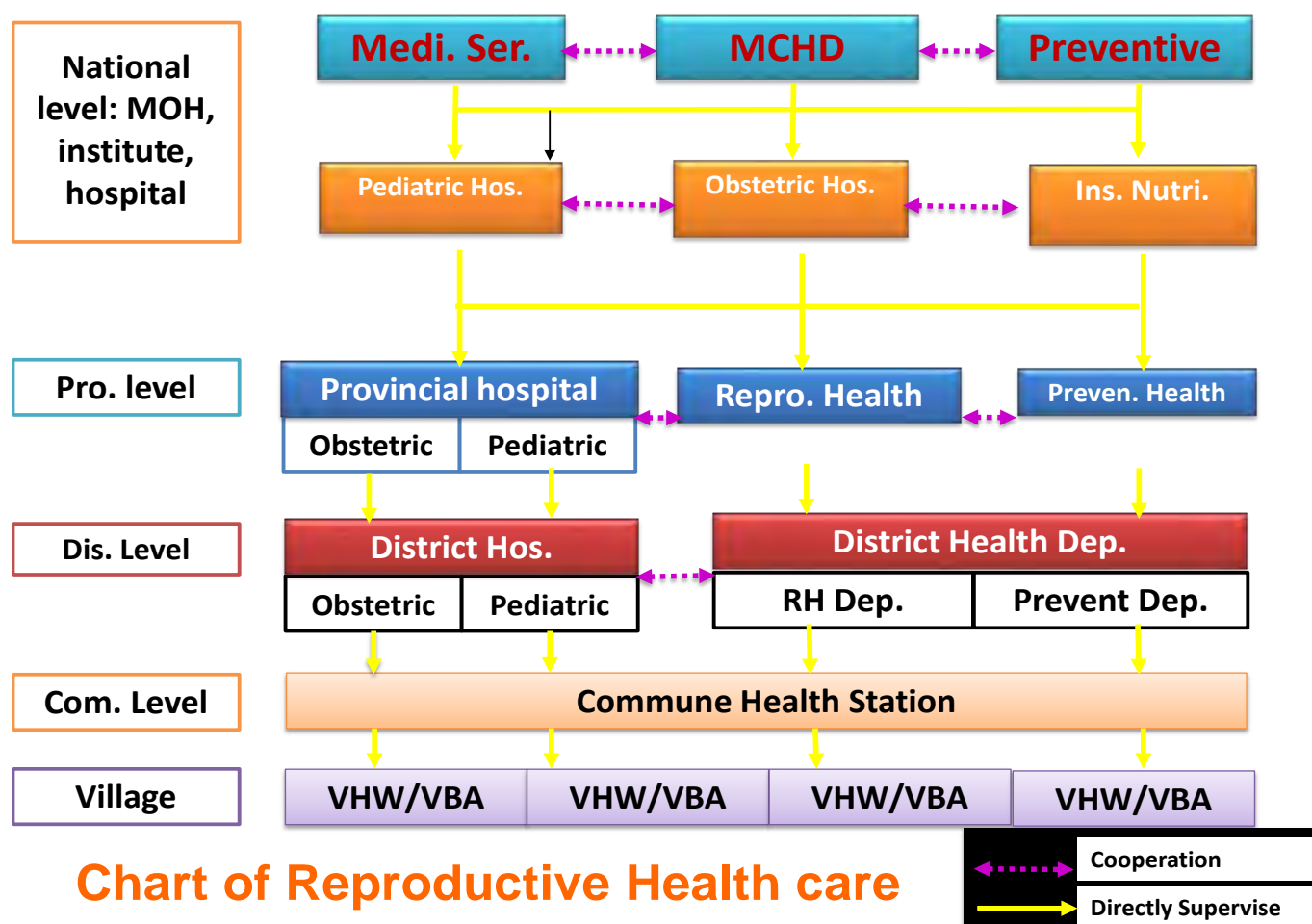
2. MATERNAL AND CHILD HEALTH, SYSTEM IN VIETNAM

HEALTH CARE SYSTEM IN VIETNAM



DEPARTMENTS AND AGENCIES OF MOH

| DEPARTMENTS | AGENCIES/ADMINISTRATION |
|---|---|
| <ul style="list-style-type: none"> • MOH Cabinet • Health insurance • International Cooperation • Mother and Child Health. • Equipment and Civil Works • Planning and Finance • Health Legislation • Human Resource • Health Inspection | <ul style="list-style-type: none"> • Medical Service • Traditional Medicine • Science and Training • Preventive Medicine • Health Environment Management • HIV/AIDS Prevention • Drug • Food Safety • Informatics Technology • Population and Family Planning |



3. MAIN POLICIES ON MATERNAL AND CHILD HEALTH, WELFARE IN VIETNAM

- **Constitution** in 1992 (Article 40) and 2013 (Article 36): *The State shall protect the rights of Mother and Child.*
- **Law on Protection People's Health** in 1989: *Chapter VIII: Implementation of family planning & health protection of women, children*
- **Law on Health Insurance** in 2008, amended 2014:
- **Law on Labour** in 1995,.. 2012:
 - + *Chapter 10. Regulation for Women workers*
 - + *Chapter 11. Regulation for Juvenile employees*
- **Law on Protection, Care & Education Children** in 2004 and amended in 2016

- **Law on Social Insurance** in 2006 & 2014
- **Law on Disability People in 2010**
- **Decree** guiding the implementation of the Law on Disability in 2012.
- **Decree** on trading and using nutritional products for infants
- **Decree** on policies to support health care for poor women is ethnic minorities residing in remote areas
- **Decision of the Prime Minister for approval** National Strategy on Protection, Care and Enhancing People's Health phase 2011-2020, with a vision to 2030

- **Decision of the Prime Minister for approval** National Strategy on Reproductive Health Care *phase 2001-2010; 2011-2020*
- **Decision of the Prime Minister for approval** Plan of disabled assistance period 2006 – 2010
- **Joint Circular between MOH & MOLISA, MOF, MOET** providing for the determination of levels of disabilities determination by council performance level with disabilities (in 2012)

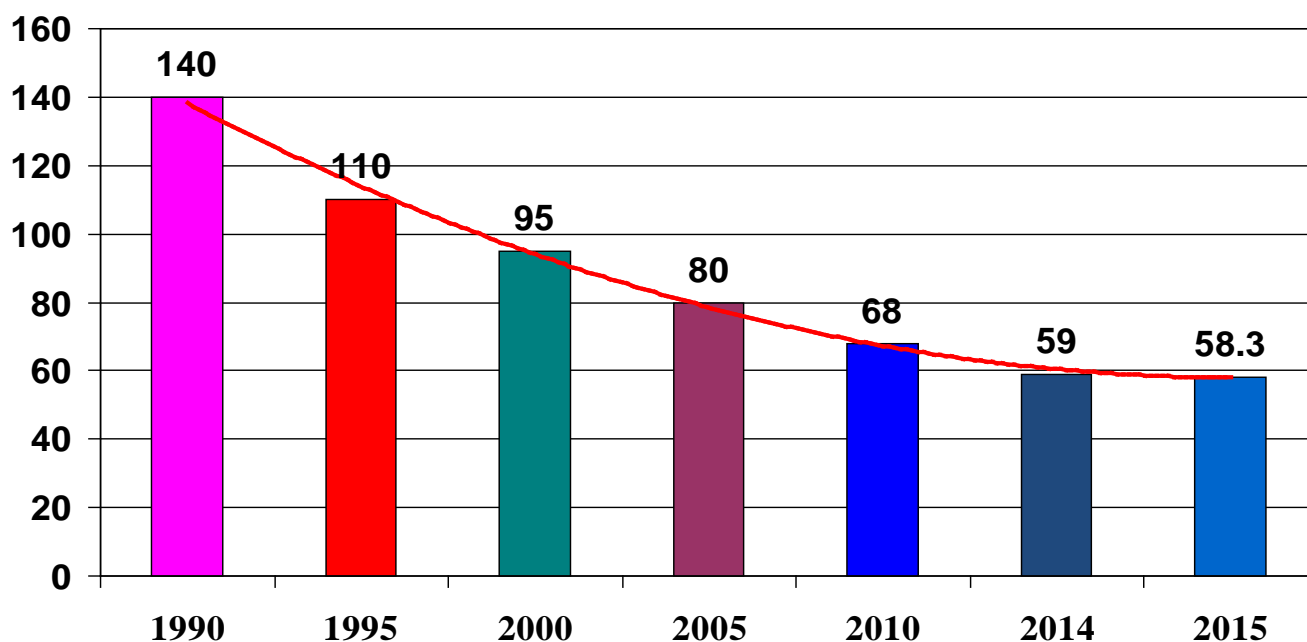
4. Maternal & Child Health and Child Welfare situation

Maternal Health situation

| Indicators | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|------|
| ANC at least 3 times/4 times* during 3 trimester pregnancy (%) | 79.1 | 89,4 | 90,4 | 90.6 | 86* |
| Facility Based Deliveries (%) | 94.1 | 95.8 | 96.2 | 97.5 | 98 |
| Deliveries Attended by Trained Health Professional (%) | 96.9 | 97.7 | 97.8 | 98 | 98 |
| Post natal care within the 1 st week (%) (within 1 st and 42 days) | 79 | 77.9 | 77.9 | 78.7 | 81.7 |

Maternal Mortality Ratio in VN

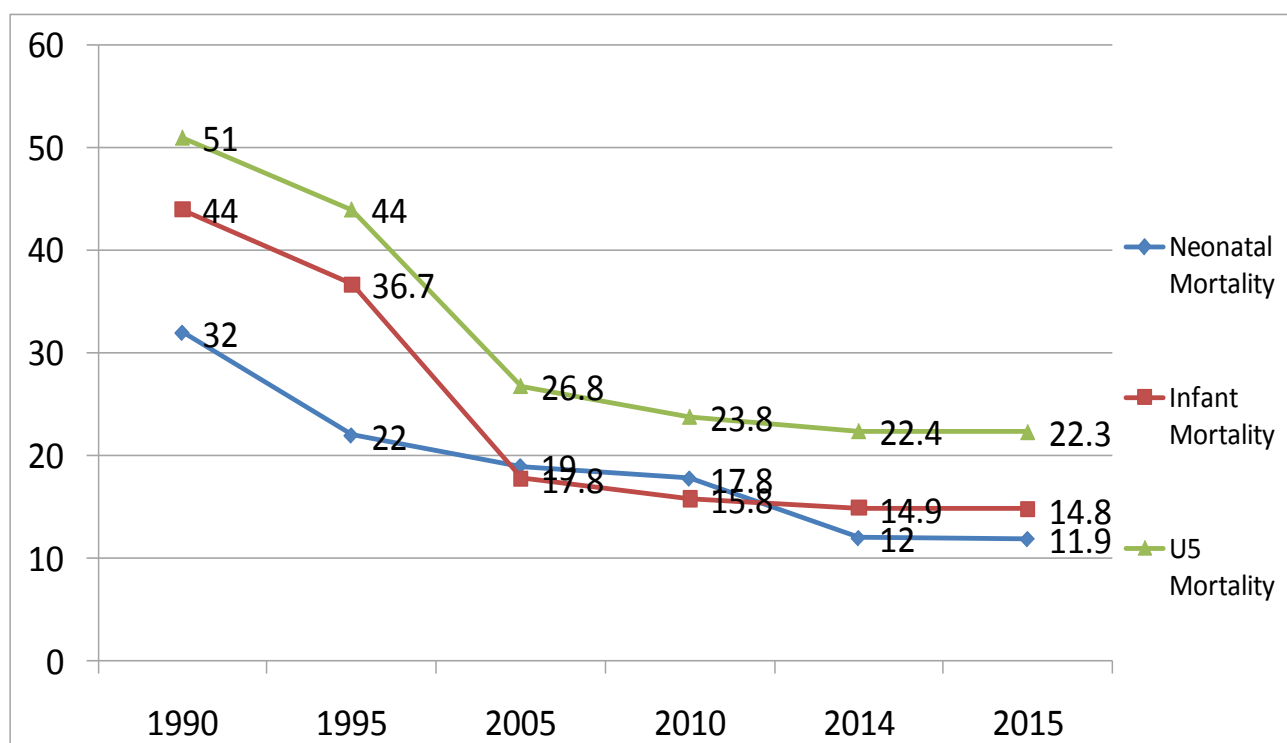
Number of maternal death/100,000 live births



Leading cause of Maternal death

| 1990 | % | | 2010 | % |
|------------------------|------|--|-------------|------|
| Haemorrhage | 41 | | Haemorrhage | 48 |
| Exclampsia | 21.3 | | Embolism | 18.7 |
| Obstetrical Infections | 16.6 | | Exclampsia | 14.6 |

Neonatal, Infant and Under 5 Child Mortality in Vietnam 1990- 2015 (per 1,000 LB)

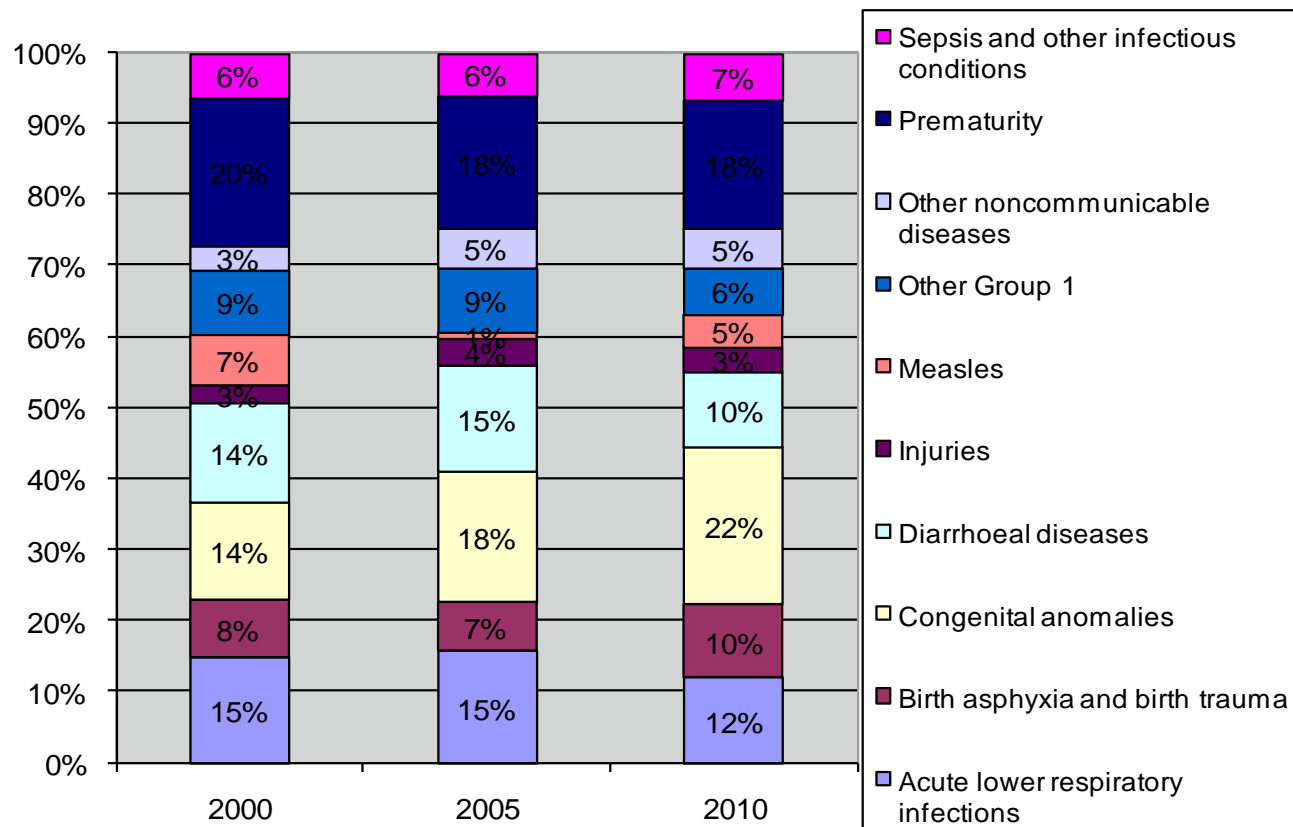


Source: DHS , GSO, MICS and the state of the world's children 2014

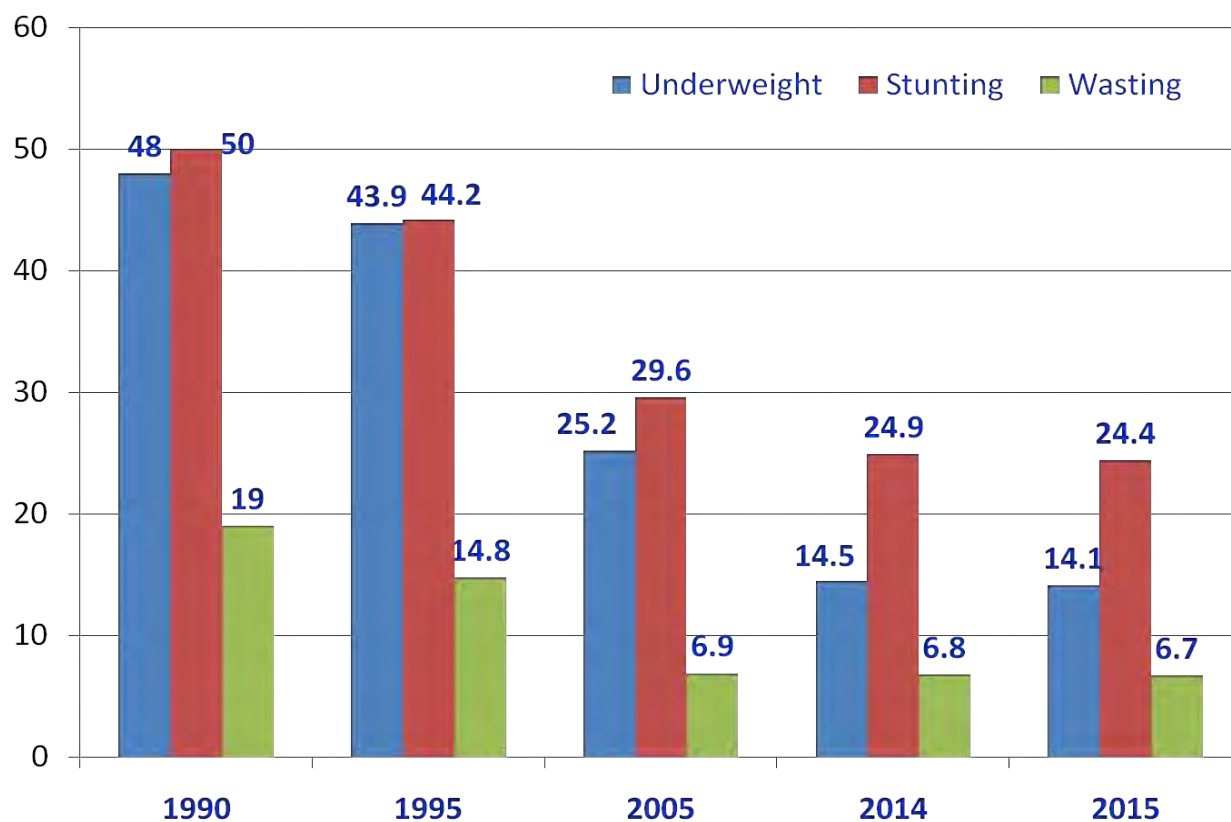
Leading cause of Infant death

| 1990 | | | 2010 | |
|-------------------------------|--|--|-----------------------------|--|
| Birth Asphyxia & Birth Trauma | | | Preterm birth complication | |
| Preterm birth complication | | | Congenital abnormalities | |
| Neonatal sepsis | | | Birth Asphyxia complication | |

Evolution of Causes of death of children <5 years in Vietnam



Child Nutrition Situation



Top 3 diseases of Child under 5

| 1990 | % | 2010 | % |
|--|--|--|-----------|
| Acute Respiratory Infections (for each child per year) | 5-8 times <i>ARI accounts for 30-40 % of cases to hospitalization among infants .</i> | Acute Respiratory Infections (for each child per year) | 4-6 times |
| Acute Diarrhoeal Diseases (for each child per year) | 4-9 times <i>ARI accounts for 35 % of cases to hospitalization among infants .</i> | Acute Diarrhoeal Diseases (for each child per year) | 3-4 times |
| The disease can be prevented by vaccines (Measles) | | Other Viral Infections | |
| <i>Other factors:</i> Malnutrition (Stunting & Underweight) | 48-50% | <i>Other factors:</i> Accident, Drowning, accident, Overweight | |

5. Advantages and challenges

Advantages

- Commitments of the Government as well as Ministry of Health and other ministries
- Health insurance coverage is relatively high ($\approx 70\%$)
- Wide health care network, from central to village
- Success of family planning program: rate of using contraception $> 68\%$
- Deliveries supported by health staffs $> 90\%$
- Vaccinations for children $> 90\%$ (TB, DPT, measles, polio, hepatitis B, HIB)
- MMR and IMR tends to achieve the MDGs

Challenges (1)


- NMR and MMR reduced but tends to slow down.
- Difference in health and nutrition of mothers and children among regions: availability, accessibility and quality of services.
- NMR remains high: 50% U5MR; 70% of IMR
- Change in disease pattern in children: communicable diseases, disorders, injuries, mental health (autism)
- Double burden of nutrition (underweight and obesity)
- Unavailable data on abortion of large gestational age at private clinics.

Challenges (2)

- Reproductive health care for vulnerable groups including adolescents, migrants, workers in industrial zones or the elderly receives little attention.
- The private sector is growing rapidly, but limitedly updated in regulations and supervision.
- Health management information system: limited quality, inaccurate, incomplete and untimely reported, lack of data from private sector.
- Government budget is limited, funding is reduced (Vietnam become a middle income country)


6. Priority Solution

1. Increasing quantity and quality of services and accessibility to MCH services, welfare services, high priority for remote areas
2. For the rest areas: Improving the accessibility in order to have universal access to all the MCH services.
3. Prioritize investment for vulnerable population like the Low-incomes; Group living remote areas or minority ethnic people; Pregnant women & Child have chronic diseases, incl. HIV infected and disability;
4. Improve M & E quality system in maternal and child health, including surveillance & respond.
5. Strengthen Behaviour Change Communication activities integrated MCH services & welfare services.




Vu sức khỏe Bà mẹ - Trẻ em
Dự án Triển khai Sổ theo dõi SKBMTE

SỔ THEO DÕI SỨC KHỎE BÀ MẸ VÀ TRẺ EM




Họ tên mẹ _____
Họ tên trẻ _____
Địa chỉ Số nhà _____, Thôn/Phố _____
Xã/Phường _____ Quận/Huyện _____ Tỉnh/TP _____
Điện thoại _____
Nơi cấp sổ _____
Ngày cấp sổ Ngày _____ tháng _____ năm _____

BÀ MẸ LUÔN NHỚ MANG THEO SỔ NÀY KHI ĐI KHÁM THAI, SINH ĐẼ,
KHI ĐƯA CON ĐI TIÊM CHỦNG, KHÁM SỨC KHỎE HOẶC KHÁM BỆNH



Department of Maternal & Child Health, Ministry of Health
Project for Implementing Maternal & Child Health Handbook
for Scaling-Up Nationwide

MATERNAL AND CHILD HEALTH HANDBOOK



Mother's full name _____
Child's full name _____
Residential address House number _____, Village/Hamlet _____
Commune _____, District _____, Province _____
Home phone number _____
Place of handbook issue _____
Date of handbook issue Day _____, Month _____, Year _____

THE MOTHER SHOULD KEEP THIS BOOK ALONG WITH YOU
WHILE GOING FOR ANC VISITS, DELIVERY, BRINGING YOUR CHILD FOR IMMUNIZATION,
HEALTH CARE CHECK UP OR MEDICAL EXAMINATION DUE TO BEING SICK

7. Conclusion

Conclusion

- ❖ **MMR, IMR, U5MR have been reduced remarkably, Viet Nam could reach the MDG 1, 4 and 5.**
- ❖ **But Neonatal death is still high accounted for 70% of IMR, 50% of U5MR. The reduction is till slow.**
- ❖ **Disparity between socio-economic regions is large**
- ❖ **Improvement of accessiblity and quality of services should be paid more attention, especially for the remote areas, for vulnerable group.**
- ❖ **Commitments and supports from local government and other donnors is necessary and will determine the successfulness of the MCH status.**

Expectation

- Gain and understand of Japanese MCH and Child welfare policies and activities.
- Exchange opinions about approaches to the improvement surrounding mothers and children health care activities and child welfare.
- Learn and methods to analysis the status of MCH and Child welfare
- Learn and apply the experience from the Japanese MCH and Child welfare policies on development.

Thank you for your listening!



Sổ TDSKBMTE tại một số quốc gia: Băng- La- đét, Cộng hòa Dominica, Indonesia, Kenya, Lào, Palestine, Philippin, và Mỹ