

REPORT

JICA
COUNTRY-FOCUSED TRAINING COURSE
on MATERNAL AND CHILD HEALTH
in INDONESIA

January 13 – February 6, 2003

OSAKA INTERNATIONAL CENTER, JICA



Nonprofit Organization
Health and Development Service (HANDS)

Preface

In Japan, it is very common that a pregnant woman gets Maternal and Child Health (MCH) Handbook. In Indonesia, a MCH Handbook was firstly distributed in 1994 and the MCH Handbook program has successfully spread through the country to ensure the quality of MCH services in Indonesia.

It is my great pleasure to conduct *the country-focused training course on maternal and child health in Indonesia* in 2003 under the collaboration between the Government of Indonesia and Japan International Cooperation Agency (JICA). The participants from Indonesia visited many places in Japan and discussed on MCH Handbook. I am sure that both Indonesian fellows and Japanese professionals could learn each other and exchange the ideas to improve maternal and child health through MCH Handbook.

I would like to express my great gratitude to the participants from Indonesia and Japanese professionals who participated in the training course. And I would like to thanks to Health and Development Services (HANDS) for its excellent arrangement of this training course.

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I. Background

The training course “Maternal and Child Health in Indonesia” is designed to provide participants with a deeper understanding of the maternal and child health service system in Japan and enable them to introduce and sustain the Maternal and Child Health (MCH) Handbook system to their own region in Indonesia.

First developed in 1994, the MCH Handbook system in Indonesia has since successfully improved the situation of maternal and child health in the provinces that have implemented it. As of 2002, 22 provinces among 30 provinces have started to implement MCH Handbook at the whole area or a partial area in each province. There are still more provinces eager to adopt the system that have yet to gain access to it.

Japan has more than 50 years experience on using MCH Handbook as one important component of maternal and child health service system. So there are many aspects to learn from maternal and child health policy and service system in Japan. “The ensuring quality of maternal and child health through MCH Handbook” project, since 1998, conducted counter part training in Japan every year, and 19 counter parts were trained by JFY 2001. **The trainees were only from the Ministry of Health and from selected provinces. Unfortunately those provinces which eager to implement MCH Handbook program, but outside of project sites could not have opportunity to learn much about maternal and child health system in Japan.**

In addition, policy of decentralization and autonomy of local government in Indonesia has been progressing year by year. So sustainability of MCH Handbook program strongly depends on health policy of local government.

Therefore JICA develops country specific training course for three years from JFY 2002 for providing the opportunity to more decision makers from local government and professional organization to achieve a certain understanding of important role of MCH Handbook in the context of maternal and child health service system in Japan.

II. Course purposes

By the end of the course, the participants are expected to:

1. Deepen their understanding of maternal and child health policy and the usage of MCH Handbooks in Japan.
2. Deepen their understanding of regional community health policy related to MCH Handbook.
3. Make an action plan, applicable in Indonesia.

Specific objectives:

1. Deepen their understanding toward maternal and child health policy and the usage of MCH Handbook in Japan.
2. Deepen their understanding of community health policy in local government related to MCH Handbook.
3. Deepen their understanding of usage on MCH Handbook in daily health and medical services
4. Deepen their understanding of cooperation between professional organizations and local government in the field of maternal and child health policy making and implementing the services.

III. Participants

Criterion

Who have the authority to decide on and promote an MCH Handbook program after this training course as person with at least 5 years experience working in one of the following organizations;

- a. A provincial health office
- b. A district / municipal health department
- c. A provincial obstetricians' association
- d. A provincial pediatricians' association
- e. A provincial midwives' association

Characteristics of the participants

Seven trainees participated to the course, though eight candidates were approved to be participants. There were 6 doctors, four were from provincial and district health office in a local government and two were from professional organization, and one midwife from Indonesia Midwife Association. All participants were men except one.

IV. Period

From January 13th 2003 to February 6th 2003

Total 26 days

General orientation	4 days
Technical training	16 days
Evaluation meeting	1 day

V. Places

Osaka International Center (JICA)
 Tokyo International Center (JICA)
 Hyogo International Center (JICA)
 Health institutes in Tokyo and Hyogo Prefecture
 Study tour in Hiroshima

VI. Component of the training

Output	Lecturer / Institute	Method	Day
1 To understand health policy and system, health insurance system in Japan	Dr. Yasuhide NAKAMURA Professor Graduate School of Human Sciences, Osaka Univ.	Lecture	0.5
2 To understand role of the Ministry of Health and maternal and child health policy	Ms. Yoshiko NIINO MCH division, Ministry of Health, Labor and Welfare	Lecture	0.5
3 To understand MCH handbook program			Total 1.0
• Process of revision of MCH handbook	MCH division, Ministry of Health, Labor and Welfare	Lecture	
• History and present role of MCH Handbook	Ms. Yoshiko SATO TAC International Co. Ltd		0.5
• Printing and distribution management	Mr. Toshihide EI, Mother's & Children's Health and Welfare Association		0.5
4 To understand role and maternal and child health policy in local government	* Dr. MORI, Public Health Center in Kobe City * Ms. IMANISHI, Welfare and Health Div., Sanda City, Hyogo	Lecture	1.0
5 To understand various maternal and child health services in local government through observation	* Welfare and Health Center in Sanda City, Hyogo * Nada-ku Health Center	Visit & Observation	Total 3.5
6 To understand daily usage of MCH Handbook			
• Submission to a pregnant woman	Welfare and Health Center in Sanda City, Hyogo		

Output	Lecturer / Institute	Method	Day
• Usage (antenatal care, delivery, out patient clinics)	* Hayashi maternity hospital * Ebara children's clinic * Mouri maternity home		
• Usage (mother's class, child rearing group)	* Welfare and Health Center in Sanda City * Hayashi maternity hospital		
• Usage (health check up for infant / children)	* Welfare and Health Center in Sanda City * Nada-ku Health center * Ebara children's clinic		
7 Exchange information			
• Let Japanese know maternal and child health situation in Indonesia	Faculty of Medicine & Health Science, Kobe University	Seminar	0.5
• To understand collaboration between professional organization and local government	* Hyogo Children's Hospital * Japan Obstetrician Associ. * Japan Pediatric Association * Health promotion div. in Hyogo prefecture	Seminar	0.5
• Role of professional organizations	* Japan Pediatric Association * Japan Midwife Association	Visit & discussion	0.5
8 To understand referral system and medical facilities	* Kobe university hospital * Hyogo Children's hospital * Hayashi maternity hospital * Ebara children's clinic * Mouri maternity home	Visit & lecture, observation	2.0
9 To make an action plan in Indonesia	Dr. Chandavone PHOXAY, Ms Herrera C. L. ROSARIO, Osaka University	Practice & presentation	2.0
10 To understand friendship program with NGO	Kansai Indonesia Association	Friendship meeting	0.5
11 To review the lecture and observation	Dr. Yoko WATANABE, HANDS	Lecture & Discussion	1.0

VII. Training schedule and the subject

			Training Activities	Instructor/Organization	Training Place	Training Objective
1	Jan. 12	Sun	Departure from Jakarta (Sleep on Plane)			
	13	Mon	Arrival at Osaka	OSIC		
2	14	Tue.	General Briefing	OSIC	OSIC	Training Guidance
3	15	Wed.	General Orientation	OSIC	As above	General Orientation (Japanese culture, regional exchange, developmental education, etc.)
4	16	Thu.	General Orientation	OSIC	As above	
5	17	Fri.	General Orientation	OSIC	As above	
6	18	Sat.	Holiday		As above	
7	19	Sun	Holiday Move from Osaka to Tokyo		TIC	
8	20	Mon	Lecture (Health policy, and system health insurance, MCH service system)	Prof. Yasuhide Nakamura, Osaka University	TIC	To understand general outline of Japanese health system
9	21	Tue.	Courtesy visit to Ministry of Health, Labor and Welfare	Ministry of Health, Labor and Welfare		To understand function of MOH and process of revision of MCH handbook
			Lecture (History of MCH handbook in Japan)	Ms. Yoshiko Sato (TAC International Co.)	TIC	To understand history of MCH handbook in Japan.
10	22	Wed.	Lecture and observation (Printing and delivery management system on Management)	Mr. Toshihide Ei (MCH and Welfare Association)		To understand logistic management system on MCH handbook.
			Visit to Japan Midwife's Association, Japan Pediatrician's Association,		TIC	
11	23	Thu.	Follow up meeting	Dr. Yoko Watanabe	TIC	
			Tokyo Kobe			
			Seminar on collaboration between local government and professional organizations in MCH policy	Japan Obstetrician's association, Japan Pediatrician's Association, Hyogo prefecture	Hyogo Children's hospital	
12	24	Fri.	Lecture and Observation Friendship seminar with university students	Kobe University Hospital	Kobe University Hospital	To understand medical facility & referral system Communication with doctors and students in Kobe Univ.
13	25	Sat.	Friendship with NGOs			
14	26	Sun.	Holiday			
15	27	Mon.	Courtesy call and lecture (MCH policy and service in Local Government)	Public health Center in Kobe Municipality	Kobe Public Health Center	To understand regional health policy and system
			Observation on mothers' class	Sanda city	Sanda Health Center	To understand MCH service to community
16	28	Tue.	Observation of MCH service in each level.	Sanda city	Sanda Health Center	

			Training Activities	Instructor/Organization	Training Place	Training Objective
17	29	Wed.	Health checkups for pregnant women & children, Mother class, Out patient clinic, etc	Nada Ward Health Center, Mouri Maternity Home	Nada Ward Health Center, Mouri Maternity Home	
18	30	Thu.		Hayashi Maternity Hospital	Hayashi Maternity Hospital	
19	31	Fri.	Study trip to Hiroshima		Hiroshima	
20	Feb. 1	Sat.				
21	2	Sun.				
22	3	Mon.	POA preparation	Dr. Poxhay, Ms Herrera (Osaka University)	OSIC	To make action plan to Indonesia that is applicable from Japan
23	4	Tue.	POA preparation and presentation		OSIC	
24	5	Wed.	Evaluation meeting, Closing ceremony		OSIC	
25	6	Thu.	Leave for Jakarta			

VIII. Review of Technical training

VIII- 1 Achievement of major purposes

1. Deepen their understanding toward maternal and child health policy and the usage of MCH handbooks in Japan

There were three lectures. It was not enough time for lectures, because trainees have a lot of questions, not only MCH policy but also health system and policy. It seemed that trainees could solve their questions and achieve enough understanding through two sessions of follow up meeting.

Additional explanation of structure of administration, decentralization system, organization structure of the Ministry of Health, Labor and Welfare, etc., should be added by lecture at the beginning.

It was very practical issues to learn the process of the revision and printing management of MCH handbook. Thorough these lectures, the trainees could understand comprehensively about MCH handbook program

2. Deepen their understanding of community health policy in local government related to maternal and child health handbook

There were two lectures about maternal and child health services among the policy on community health from the stand point of local government in Sanda city and Kobe city.

In Sanda city, several maternal and child health services to citizens could be observed, including delivery of MCH Handbook to pregnant woman. So the trainees could grasp whole picture on usage of MCH Handbook through maternal and child health policy and service system.

Kobe city, however, is an ordinance-designated city, so it was difficult to understand the structural position and role of Kobe city and public health centers. It would be better to avoid an ordinance-designated city as an example.

3. Deepen their understanding of usage on maternal and child health handbook in daily health and medical services

Not only maternal and child health service from local government, but also maternal and child health service and usage of MCH Handbook in several medical facilities were observed. The trainees could find all related medical facilities use MCH Handbook essentially but ordinary.

Visiting to the primary medical facilities, such as maternity hospital and maternity

home, was very impressive for the trainees. They found the Japanese trend of natural delivery, and well organized referral system to the upper medical facilities.

4. Deepen their understanding of cooperation between professional organizations and local government in the field of maternal and child health policy making and implementing the services.

Through two seminars and visit to the office of professional associations, contribution and role of professional association to maternal and child health policy and service could be understood well by all trainees. Each professional organization showed its own role in the context of “Sukoyaka (Healthy Parents and Children)” 21, national plan of the early 21st century, which was one good example of cooperation between professional organizations and local government in the field of implementing maternal and child health services.

VIII- 2 Effectiveness of training method

1. Province/ District report

Report that each participant prepared before leaving Indonesia. By presenting each report, all trainees could share the situation of each province/ district in Indonesia.

It is better to have longer time for question and answer, and encourage attending more Japanese to this presentation.

2. Lecture

It was arranged to start in the general then shift in the particular, then it seemed that all trainees could get deep understanding of the contents. There were many questions arise from the trainees, so very active discussion was seen at every lecture.

Sometimes trainees felt shortage of discussion time, so it is better to plan longer discussion time in each lecture.

3. Seminar

There were two seminars and both were with many Japanese attendants. It was planned to all trainees have opportunity to make presentation except province/ district report in front of Japanese. Unfortunately, though, some presentations were canceled because of constrain of time by many questions from the trainees became to discuss. So time arrangement and management is the issue to be

considered for the next year.

4. Visit and observation to health and medical institutes

It took longer time to move from one institute to the next one then made the trainees tired, though, it was worth for visiting the institutes to be exposed the atmosphere. In Sanda city, we visited to Welfare and Health Center where has many activities and facilities in the field of welfare, so the trainees could observe health service and welfare service at one time. It was good opportunity to understand comprehensive role of local government and community group activities.

5. Making an action plan

It was practical work and grand summary of the training course for each trainee to make an action plan in each area to implement and/ or sustain MCH Handbook program with adapting system and/ or method which learnt from Japan. Each trainee developed an action plan which character of catchments area and target group is different.

At the beginning of two days session, a lecture about theory for action plan was provided, and it was very helpful to make the plan.

It is better to have a lecture on theory of action plan in very early period of the training, so it would let all trainees prepare and remind to develop an action plan at the end of training.

In addition that, monitoring these action plans can be one evaluation way to effectiveness of the training.

6. Follow up meeting

There were two sessions of follow up meeting. It was practical for reminding and solving questions that arose during lectures and observation. It was fortunate that the facilitator knew health system both in Indonesia and in Japan, so the trainees could get appropriate responses. In general, though, if a facilitator is not so deeply familiar with the health system, each lecturer can be responsible to questions and answers from trainees.

IX Evaluation meeting

It was done on February 5th, 2003, the last day of the training with seven trainees,

steering committee members, and staffs in OIC, JICA.

IX- 1 What learnt from Japan

Points that applicable to Indonesia or hope to apply for the purpose of sustaining MCH Handbook in each area.

- a Socialization of MCH Handbook
 - Conduct advocacy of MCH Handbook intensively to professional organization, council of province/ district/ municipality.
 - Socialization is very crucial to get budget of MCH Handbook printing.
 - By conducting socialization strongly, MCH Handbook program will be approved and legitimated among local government.
- b Develop legitimate authority
 - Make ordinance for pregnancy report and birth report.
 - Use MCH Handbook routinely for those ordinances.
 - With advocacy and existence of the ordinance makes budget of MCH Handbook printing consist and stable.
 - Existence of the ordinance make MCH Handbook be used widely among private, general big hospital and specialists' clinics
- c Establish health committee and steering committees for MCH Handbook in province,
 - Use MCH Handbook routinely in front line of maternal and child health service for improving quality of service.
 - Strengthen referral system by integrating other projects
 - Role as local authority for reconsideration and revision of the contents on MCH Handbook.
 - To make more concrete advocacy to council.

IX- 2 General opinion and suggestion from participants

All trainees gave very constructive suggestion. It was the first batch of training course with the following two more years for 2 groups, there are many scopes of improvement.

- 1 . Curriculum
 - It was well prepared
 - Enough curriculum
 - Necessary to briefing of curriculum

- Wanted to have related text in English; i.e. manual of health check up for children
- Wanted all texts to be CD-ROM instead of hard copies.
- Wanted to have more discussion time.
- Wanted to have information and lecture for making action plan in Indonesia at the beginning of training for preparation.
- Wanted to observe not only maternal and child health service but also other activities in public health center.

2 . Period and participants

- Length of training is appropriate
- Schedule was too tight in one day
- Council members can be candidates of trainees
- Period of the training is better in warmer season

X. Suggestions for next year

1. Preparation of presentation

In addition to provincial/ district report, provide an opportunity to make presentation in front of Japanese audiences. So enough preparation for presentation should be done before leaving Indonesia.

2. Use enough time for developing action plan

From the early period of the training, give a lecture and information for making action plan as grand summary of the training. Trainees should keep it in mind whenever having lectures and visiting institutes, then prepare a draft of action plan

3. Briefing and follow up meeting of the subjects

A facilitator makes aims of each lecture / visit clear, then responds to questions during follow up meeting.

4. Make better supporting system in Japan

- Use bus for moving institute to institute, for avoiding waste of time and tire.
- Hire assistants for operation of computer to type documents and make presentation files.

Persons who involved the training course (in Japan)

Steering committee = Planning of curriculum

Dr. Yasuhide NAKAMURA, Professor, International Collaboration Division,
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