[Feature article]

Handbook on Maternal and Child Health (MCH) – toward Its Nationwide Use in Vietnam

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Abstract

In Vietnam, health care is of great concern to society, and special attention is given to maternal and child health (MCH) care. Many difficulties and challenges stand in the way of further improving the country’s MCH, particularly for minority peoples living in mountainous areas. Especially in those areas, difficult access to medical care and in some cases low quality of obstetric and newborn care contribute to high rates of neonatal mortality, which now accounts for about 70 per cent of infant mortality and more than 50 per cent of under-five mortality.

Many mothers and health care providers are confused by the many kinds of cards and the thin handbooks used to record MCH information, which also vary among areas and projects. Families, especially those with low levels of education, sometimes lose their cards and thin handbooks. Vietnam’s Ministry of Health (MoH) is working to overcome those problems.

A comprehensive MCH Handbook was first introduced in Vietnam in 1998, in the Mekong delta province of Ben Tre, by a Japanese NGO, The Support of Vietnam Children Association (SVCA). By 2004, all the communes in that province were using the MCH Handbook. In the 5th International Symposium on MCH Handbook, organized in that province in 2006, many Vietnamese people participated and discussed that progress and related issues and opportunities with international guests. MoH representatives and other Vietnamese participants in the symposium, after learning of the successful MCH Handbook experiences in that province and in several other countries, were very interested in possible nationwide use of a MCH Handbook in Vietnam.

In 2008, the MoH developed plans to use the MCH Handbook nationwide, and in 2009 it is preparing projects for nationwide implementation. The MoH expects that several international organizations will collaborate in those efforts, especially since the MCH Handbook is a tool expected to help achieve Millennium Development Goals (MDG) 4 and 5 in Vietnam.

Keywords: Maternal and Child Health, MCH Handbook, Vietnam, Community-Based Rehabilitation, Millennium Development Goals
I. Background of Maternal and Child Health in Vietnam

In Vietnam, health care is of great concern to society, and special attention is given to MCH care. Very strong political will and commitment among policy makers and high levels of community awareness enable the whole society to work together to improve MCH care and specifically to reduce maternal and child mortality and morbidity.

Vietnam’s maternal mortality ratio declined from 200 per 100,000 live births in 1990 to 75 in 2006. The under 5 mortality rate has also decreased substantially, from 93 per thousand live births in 1990 to 26 per thousand in 2006. An important contributor to improved child survival in Vietnam has been reduction of child malnutrition. The prevalence of undernutrition has decreased gradually, with an annual reduction rate of 2.6%; from 45% in 1990 to 21.2% in 2007. In addition, Vietnam maintains a high rate of childhood immunization (>95%). Polio was eradicated in 2002, and maternal and neonatal tetanus were eliminated in 2005. With these achievements, Vietnam is on track to meet MDG4 and MDG5 in 2015.

However, these achievements are not yet uniformly provided to mothers and children across the country who need them most. For instance, although the vast majority of women in Vietnam (88% in 2002) give birth with skilled assistance, in the Northern mountainous areas only 44% do so. According to a study conducted by the MoH in 2002, the maternal mortality ratio in mountainous provinces was 8 times higher than in delta provinces. The maternal mortality in rural areas was 2 times higher than in urban areas, and among minority ethnic groups maternal mortality was 4 times higher than in the Kinh group which is the main group in Vietnam. It is painful to note that the main causes of maternal deaths – bleeding, infection, eclampsia, and unsafe abortion – can be prevented relatively easily. Subsequently, many infants of the deceased mothers also died, due to maternal complications during pregnancy and/or delivery, lack of immediate care after birth, lack of breastfeeding, early malnutrition, and other diseases and problems.

While Vietnam’s overall progress on child survival has been impressive, the MDG4 and MDG5 goals are far from met in some parts of the country. The mortality rates among children in mountainous and rural areas and of those from poor families are 3 to 4 times higher than those of children in lowland areas and those from better-off families. Although child mortality has declined in all income groups, the gap between the richest and the poorest fifths of society is increasing. While overall child mortality has declined, there has been only minimal progress in increasing newborn survival, and this is far from satisfactory. Limited access and/or low quality of obstetric and newborn care, particularly in remote, minority communities, has resulted in high rates of neonatal mortality, which now accounts for about 70% of infant mortality and more than 50% of under-5 mortality.

In order to meet MDG4 and MDG5 in the whole country, further efforts are needed to assure universal access to high-impact packages of essential mother and child survival interventions. Every mother and child must be reached, especially in remote areas. This can be done by strengthening health systems and community partnerships; providing a continuum of care for mothers, newborns and children; providing life-saving interventions at all key points in the life cycle; mobilizing sufficient resources to accelerate and sustain progress for safe motherhood and child survival; expanding the data, research and evidence base on mother and child survival issues for better programming and interventions; and improving leadership and policies required in taking the lead and “owning” the solutions to the country’s MCH problems.

II. Development and utilization of The MCH Handbook in Vietnam

A Japanese NGO, The Support of Vietnam Children Association (SVCA), began to cooperate in Ben Tre Province in 1990. Ben Tre Province is one of the provinces in the Mekong River Delta. It has a population of around 1,400,000 (2007) and an area of 2315km². Its main industries are agriculture and fishing. Ben Tre Province has been a difficult area, in part because until January 2009 no bridge connected it to the next province. In 1990, the local administration, the Ben Tre Province People Committee (BT-PPC) and SVCA began a project to protect children with disability, to construct the 1st
provincial school for children with disability, and to provide facilities for a Department of Rehabilitation in the Provincial Hospital. BT-PPC and SVCA worked together in grass-roots activities to cover all of the province’s 160 communes, aiming to provide good care for all children by 1996. The SVCA medical delegation examined many children with disability. They paid attention to determining the reasons why the children had disabilities. Very few families had adequate health and healthcare records regarding pregnancy, delivery, and the postpartum and newborn periods. Therefore the SVCA medical delegation considered how to improve care, beginning during pregnancy, and how to provide knowledge both to families and to healthcare and medical staff. In 1998, SVCA introduced the Japanese MCH Handbook (in an English translation) and proposed to BT-PPC that a Vietnamese MCH Handbook be developed. BT-PPC decided to make a Vietnamese MCH Handbook. The first such handbook was developed, around 40 pages long, and it was in use in seven of Ben Tre’s project-involved communes by the end of 1998. BT-PPC then progressively expanded the number of project communes, year by year. By 2004, the MCH Handbook was in use in all of the province’s 160 communes. The Ben Tre Province Department of Health (BT-DoH) had revised the handbook’s contents four times, to make it more suitable to Vietnam and its current circumstances.

BT-PPC implemented not only the development of the MCH Handbook, but also a project for community based rehabilitation (CBR). BT-DoH trained medical and other healthcare staff members, local authorities and other leaders, relevant organizations, members of the general population, and volunteer workers from provincial to communal level. All of Ben Tre’s 160 communes were covered by CBR activities in 2005. The province’s CBR activity also included MCH, and development and use of the over 40 pages long MCH Handbook were intended, among other objectives, to support the prevention and early detection of disability. Those efforts are expected to be recognized as a model activity in Vietnam.

In 2006, with the agreement and leadership of Vietnam’s MoH, BT-PPC and the Graduate School of Human Sciences, Osaka University organized the 5th International Symposium on MCH Handbook, which took place in Ben Tre Province. A total of 160 people from 9 countries participated, including international guests, Vietnamese government leaders, representatives of 31 of Vietnam’s 64 provincial Departments of Health, and many Ben Tre Province people. Presenters reported on each country’s MCH Handbook situation and experiences, and discussions focused on how to further develop, improve and disseminate such programs. Presenters and other participants also visited Commune Health Centers (CHC) to observe and discuss the use and impacts of the MCH Handbook with CHC staff and commune people who use it.

The International Symposium gave Vietnam’s MoH an opportunity to learn and share MCH Handbook experiences with participants from Japan and other countries. Those experiences showed clearly that the MCH Handbook has been an essential tool for an effective primary health care approach in MCH care. Vietnam’s MoH had already recognized that until then many mothers and health care providers had been confused by the many kinds of cards and the thin handbooks used to record MCH information, which also varied among areas and projects, and that families sometimes lost those important records. MoH and provincial health leaders wanted to overcome those problems, and they realized that use of the MCH Handbook would support the nationwide collaboration for improved MCH care, increasing the coverage and effectiveness of MCH services and thereby reducing morbidity and mortality of mothers and children and helping to reach the goals of MDG4 and MDG5. Subsequently, the MoH developed a strategy to expand use of the MCH Handbook to cover the whole country. Many Vietnamese participants in the symposium, including provincial health officials, are now looking forward to widespread use of the MCH Handbook in their provinces and all across Vietnam.

III. Opportunities for Vietnam to use MCH handbook nationwide

Several factors are expected to facilitate nationwide use of the MCH Handbook in Vietnam.

Vietnam’s comprehensive health care system covers the entire population. The system has four levels of health care delivery: central, provincial, district, and commune levels. At the central level of
the MoH, several departments have functions relevant to MCH, especially the MCH Department which is mainly responsible for MCH policy, development and supervision of national MCH standards and guidelines, and collaboration with other departments within the MoH. At Communal level, all of communes in Vietnam have at least one CHC and around 4 – 6 trained medical staff at work. Also, at least one trained Health Volunteer worker is working at each hamlet. This provides an important base for achieving the positive effects of MCH Handbook use in and through the community networks.

Already, Ben Tre Province and another province are using MCH Handbooks, each over 40 pages long and developed by each province, in all of their communes. Two other provinces are each using MCH Handbooks over 40 pages long in 15 of their communes, and another province is using one in 2 communes. In 2008, the MoH made decisions regarding the contents of the MCH Handbook it would use in a nationwide trial. In 2009, the MoH is beginning to use that trial version of a nationwide MCH Handbook in 4 provinces. The MoH, which will revise and update the contents of the nationwide MCH Handbook on the basis of those current trials, is also developing plans for future dissemination. The Graduate School of Human Sciences, Osaka University, is collaborating with the MoH in those trials and in other related research. The MoH expects that several international organizations will collaborate in its efforts to expand its use of the MCH Handbook, especially because the MCH Handbook is a tool expected to help achieve Millennium Development Goals (MDG) 4 and 5 in Vietnam.

References
[特集]

「母子健康手帳－ベトナム国における全国展開をめざして」

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要 旨

ベトナムにおいて保健活動は社会での大きな関心事である。特に母子保健には特別な関心が払われている。国の母子保健、特に山岳地帯に住む少数民族のための母子保健の改善を進める過程に多くの困難や課題が立ちはだかっている。特にそのような地域では、医療ケアを受けるまでのアクセスの悪さや、質の良くない産科や新生児ケアが高い新生児死亡率に関与している。それらは現在、乳児死亡率の約70％、そして5歳未満児死亡率の50％以上を数えるまでになっている。

多くの母親や医療従事者は、地域や事業ごとに変わる母子保健に関する記録を書くために使われている多くの種類のカードや薄い記録ノートによって混乱している。家族、特に教育レベルの低い家族は、時として彼らのカードや薄い記録ノートをなくしてしまうことがある。ベトナム保健省は、このような問題を克服するために尽力をしている。

1998年総合的な母子健康手帳が日本のNGOの「ベトナムの子ども達を支援する会」によってメコンデルタにあるベンチェ省に紹介された。そして2004年までにベンチェ省のすべての村で母子健康手帳が使われるようになった。この取り組みが、現在の保健省が保健省版母子健康手帳を作った流れの発端となっている。

2006年にベンチェ省で第5回母子健康手帳シンポジウムが開催され、多くのベトナム人が参加して国際ゲストと共に、母子健康手帳の導入の経過や関連のある経験を話し合った。シンポジウムに出席した保健省、関連機関、そして各省の保健局代表のベトナム人の参加者達は、ベンチェ省での成功や各国の経験を学び、ベトナムにおける母子健康手帳の全国使用に大きな関心を持ち始めた。

2008年に保健省は全国版母子健康手帳の使用計画について取り組みを始め、2009年には全国版母子健康手帳とガイドラインの開発を行い、全国的な使用に先駆けての試行使用を開始した。保健省は、いくつかの国際機関がこのような母子健康手帳の使用を含む母子保健改善事業に協力することを願っている。なぜなら母子健康手帳は、ベトナムにおいてミレニアム開発目標の4と5への到達を助けるツールとして特に期待されているからである。

キーワード：母子保健、母子健康手帳、ベトナム、地域に根ざしたリハビリ、ミレニアム開発目標