



**MAJOR OUTCOMES FROM THE 9<sup>TH</sup> INTERNATIONAL CONFERENCE ON THE MCH HANDBOOK HELD IN YAOUNDE, CAMEROON UNDER THE HIGH PATRONAGE OF THE FIRST LADY OF CAMEROON, MADAM CHANTAL BIYA.**

**DATE: 15-17 SEPTEMBER 2015**

**VENUE : YAOUNDE CONFERENCE CENTER**

***Presented by:***

*Dr. MBAMBOLE Grace ALAKE, Cameroon MCHHB Pilot Project Coordinator/ 9<sup>th</sup> International Conference Focal Point.*

The 9<sup>th</sup> International conference on the MCH handbook had as theme: “Effective use of the MCH handbook, an efficient tool contributing to the progress for both MDGs 4 and 5 beyond 2015”. The opening ceremony was chaired by the Minister of Public Health, Mr. Andre MAMA FOUA accompanied by 7 Ministers, 2 Secretary Generals, the WHO and JICA Cameroon Representatives, the Representative of the Japan Minister of Foreign Affairs, the international MCH Handbook Committee members and Health Officials in Cameroon with an overall participation of 287 including 77 international participants from 19 countries.

The outcomes from speeches and remarks presented during the opening and closing ceremonies, panel presentations, round table discussions, poster sessions, field visits to 3 health facilities using the MCH Hand book and post-conference interactions with the International Committee on MCH Handbook/JICA are summarized as follows:

#### **LESSONS LEARNT:**

1. Japan’s aim to propose introduction of use of the MCHHB is to raise demand for MCH services to reduce Maternal and child mortality.
2. The MCHHB ideally is revised every 3 years by an expert group (International committee)
3. The MCHHB is used as a client tracking tool as an alternative tool for civil registration, and information for completely vaccinated children 12-23 months of age, should be documented by Demographic health Surveys (DHS. Also used for national immunization campaigns, is free for special disfavored groups (Kenya) .
4. A bi-ministerial decree that the MCHHB should be presented for issue of free birth certificate (Burundi)
5. For development of MCHHB, collect as many samples as possible, guarantee sustainability, low price (reduce to 2 colors). Endeavor to concert with the local government on how to sustain printing cost so as to distribute free. (JICA)
6. Programs like EPI, DPS, CNLS and PNLP should put in resources to make the MCHHB cheaper.
7. A Certificate for completion of vaccination calendar is incorporated in the MCHHB (Ghana)

8. The strategy for implementation and sustainability of national MCHHB version in nationwide should consider the following steps (JICA plenary session):

-Advocacy, orientation, Monitoring and Evaluation of pilot project.

-Validation of national version

-Develop guide and operational manual

-Scale-up plan (budget, distribution and implementation, M/E) legal framework/national strategy.

- At policy level, a law or Ministerial decision imposing use of the MCHHB is indicated to solve the problem of resistance by Health facilities (Indonesia)

- Human resources:

- Initial and continuous training in medical and nursing schools.
- Formative supervision on the field
- Capacity strengthening of health providers on correct use of the MCHHB as a tool for service provision.
- Community participation (Community Base Organizations, mother classes )

- Financial resources:

- Short, medium or long term, participative approach (Public and private sectors, development partners, civil societies, diverse sector sponsors.

-Accessibility:

- Moderate cost or give away price or free, regular supplies without stock outs

- Vulgaristion:

- Information
- Adapted communication strategy to explain the benefits of the MCHHB
- Guide (directives) on use of the MCHHB

-Motivation: Motivate medical personnel and families to appropriate the tool

**For families:**

- Issue of vaccination certificate (incorporated in the MCHHB),
- Use of the MCHHB to register a child into school instead of vaccination card
- Illustrations, translation to vernacular languages
- Quality revision to adapt to context

**Health personnel:**

- At health facility level, tool for performance evaluation of a health facility
- Incorporated in Performance Based Financing (PBF) and Health Voucher projects.
- The MCHHB as an element to evaluate other pathologies

**-KEY ISSUES TO TAKE INTO ACCOUNT**

Financing: sustainable

Capacity strengthening of Health providers and community mobilization

Production: centralized or decentralized

**Challenges of decentralized production by health facilities**

- Program budget
- Standardization
- Insufficiency in quality of MCHHB
- Risk of stock outs

9. Major findings from restitution of results from site visits to 3 health Facilities using the MCHHB in Yaounde (Biyem-Assi District Hospital, Etug-Ebe Baptist Hospital and Centre Mere Infant/Fondation Chantal BIYA Hospital):

- Satisfactory results of its efficient use in all 3 sites although introduced in CME/FCB only one month ago and not yet used in the neonatal service.

- A total of 14,157 copies (12,677 French and 1,480 English versions) have been issued to users in Biyem-Assi District Hospital from its introduction in may 2010 till August 2015 while at the Baptist Health Services have so far issued a total of 30,050 copies (11,500 French and 18,550 English) during the same period.
- While appreciation of use of the MCHHB in Biyem-Assi District Hospital is testified by increase frequency of MCH service use from 2,976 in 2010 to 4,852 in 2014. at Etug-Ebe Baptist Hospital, due to its appreciation by service users and staff, the handbook was extended to other health Units of the CBC Health Network.

The challenge in Biyem-Assi District hospital remains the unaffordable cost of the MCHHB to all MCH service users, while Etug-Ebe Baptist Hospital is faced with the difficulty of insuring continuum of care given that, the Staff in health facilities where the MCHHB is not yet in use do not fill it properly if at all, and most vital information including that of delivery is not documented.

## **RESOLUTIONS**

1. The “Yaounde Declaration” of 17/09/2015 was adopted by 19 countries whereby, after sharing evidence, called on every country in the world to acknowledge and enable the use of the MCH Handbook as a socio-cultural adaptable tool contributing to optimal maternal and child health.
2. The Minister or Public health declared the concern of the government of Cameroon to promote and vulgarize nationwide use of the MCHHB and resolved that it shall be a unique tool for follow-up of mother and child up to 5 years of age. While health providers in all health facilities shall be called to adhere to the new indispensable tool with the hope that its use shall contribute to reduce maternal and child mortality rates that remain high in Cameroon

**CONCLUSION:** The 9<sup>th</sup> International Conference on MCH Handbook that held in Yaounde from September 15<sup>th</sup> to 17<sup>th</sup> 2015 under the Patronage of Madam Chantal BIYA, First Lady of CAMEROON, was a real success story for Africa and the MCHHB world, it is hoped that the forum would promote MCHHB in Cameroon in particular and in Africa and the world in general. The next 10<sup>th</sup> international conference on MCHHB shall hold in Tokyo Japan in September 2016 on a date to be fixed.

## **MAJOR RECOMMENDATIONS FOR CAMEROON**

- Use of the MCHHB should be scaled to include all health structures for standardized healthcare of the mother and child and to insure continuum of care.
- Effort should be made to reduce the price of the MCHHB else give free to the unaffordable population.
- Include elements of management of the neonate in the MCHHB, as well as more empty spaces to avoid multiplicity of booklets.
- Acquire total policy implication by Legislation for absolute use of the MCHHB (Ministerial Decision)
- Production should be centralized to avoid the challenges of decentralization (standardization, Program budget, stock outs, poor quality)
- Vulgarize use of the MCHHB by mobilizing human and financial resources for information and education using Multi-sector participative approach: Coordinate stake holders /partners (MINPROFF, MINAS, MINAT, MINESUP, MINSANTE, MINEDUB etc, civil society, local administration, opinion leaders).
- The circuits of MCHHB for facilitated distribution should consider allocation of roles for the different activities
- Maintain the 9<sup>th</sup> conference website for continuous sharing of experiences.

## **OPPORTUNITIES:**

1. Evidence based studies on contribution of MCHHB to reduce MMR and IMR (JICA)
2. Diffusion of bulk SMS on the importance to have MCHHB and other MCH issues.
3. Website creation for the MCHHB for sharing of experiences (international organizing Committee).

## **For Cameroon:**

4. Dr. MBAMBOLE Grace ALAKE was nominated as Board Member of the International Committee on MCH Handbook, being the second in Africa after Prof Miriam WERE of Kenya.

5. JICA Cameroon has decided to support printing of MCH handbooks for the nationwide scaling-up process in Cameroon (international Organizing Committee).
6. JICA Cameroon and the Japan Embassy shall send Japan Overseas Cooperation Volunteers (JOCV) to work on the MCH Handbook project at Mbalmayo. (Needs assessment done by the Secretary General of the International organizing Committee during site visit accompanied by the Cameroon pilot project Coordinator on 23/09/2015).
7. The Japan Embassy shall invite the Minister of Public Health of Cameroon and some officials to the 10<sup>th</sup> International conference on MCH Hand book in Tokyo Japan in 2016, during which the Minister shall present the Keynote speech on evolution of the MCH Handbook in Cameroon after the 9<sup>th</sup> International conference.

## **WHAT HAS BEEN DONE SO FAR IN CAMEROON**

### **From the Pilot project:**

- The second edition of the MCHHB exists in French and English versions
- The first edition of the user's Guide has been produced
- An expert group to revise the MCHHB has been put in place
- The short and medium term evaluation of the pilot project have been done and documented

### **By the Ministry of Public Health (DSF):**

The anticipated budget for scaling-up nationwide use of the MCH Handbook (capacity strengthening of Health Providers and Community Based Organization Leaders, printing of subsidized MCH Handbook copies and Lodge for 4 JOCV) has been proposed for insertion in the Public Investment Budget (BIP: 2016-2018) for the Ministry of Public Health.

## **WHAT NEEDS TO BE DONE**

- Evaluation of the pilot project at long term by the Ministry of Public Health (December 2015)
- Validation by the Expert Group of a national version of the MCH Handbook for nationwide use (January 2016)

-Production of an operational guide document for scaling-up of nationwide and sustained use of the MCH Handbook in Cameroon the Expert Group (February 2016)

-Lobby partner input for the scaling-up process (Ministry of Public Health)

-Vulgarize nationwide use of the MCH handbook following the operational guide document (March 2016)

**Next Step:**

- Post conference evaluation by the Internal Organizing Committee, (Financial report requested by the President of the International Organizing committee), technical report to be elaborated by the International Committee, validated by both committees and soft copy sent for production in Cameroon (October 2015).
- Audience by JICA Cameroon Representative and the Secretary General followed by Meeting of the MCH Handbook Expert Working Group to pave the way forward.



SOME PHOTOS



OPENING CEREMONY

























HD de Biyem-Assi



HD de Biyem-Assi









