

# IMPLEMENTATION OF MCH HANDBOOK IN TAJIKISTAN



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**MCH HANDBOOK**  
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# Basic Information about MCH Handbook Implementation



## Key MCH Indicators and the Target set in NHS (2010-2020)

- MMR: **32**/100,000\* → reducing to 25 by 2020
- IMR: **29.4**/1,000\*\* → reducing to 20 by 2020
- U5MR: **43.1**/1,000\* → reducing to 25 by 2020

\*World Health Statistics 2018, \*\*World Development Indicators

## Challenges of Improving MCH in Tajikistan

- Insufficient knowledge and awareness of mothers, family members on MCH issues
- Insufficient communication between health workers and community members
- Insufficient interaction between PHC facilities and hospitals

# MCH Handbook Implementation



- 2013: Developed design and content (UNICEF)
- 2016: Develop technical guidelines for health workers (JICA, UNICEF) , conduct trainings for health workers
- 2016: Conduct baseline study and pilot implementation in 5 districts (UNICEF)
- 2017: Update and print in Tajik, Russian and Uzbek languages
- Current: 38 districts (UNICEF :12, USAID: 14, WB :12) = 60% coverage



- ❖ MCH Handbook (“Rohnamo”) provides important information about the health status of the mother and child
- ❖ “Rohnamo” is given to every pregnant woman during the first antenatal visit and is used up child’s 2 years age
- ❖ Indicators of MCHHB Implementation:
  - Registration of Pregnant Women before 12 Weeks of Pregnancy is Improved (up to 95%)
  - Vaccination Coverage of Children under 2 Years is Improved (up to 98%)
  - Monitoring of Weight and Height of Children under 2 Years is Improved (up to 90%) - Children under 1 Year 12 times, from 1 to 2 Years - 4 times

# Achievements



- **Baseline study on population awareness of MCH issues conducted**
- **A new tool for obtaining knowledge and information on MCH issues developed = MCH HB**
- **Quality of consultation by health workers improved - pictures and information easily accessed through MCH HB**
- **Discussions in family based on the information provided in MCH HB held**
- **Communication between primary health care facility and hospital through MCH HB is improving**
- **Nutrition practices are improving**
- **Timely vaccination coverage is improving**

# Good Practices – How to Reach People



- MCH HB is developed in 3 languages to make it easy to read and understand for different ethnic groups  
*(“Leaving no one behind”)*
- Work with family and community members, local counsels
- Introduction of MCH HB into family medicine training programs in the courses of the RFMCTC

# Challenges



- **Institutionalization (Decree of the Ministry of Health nationwide implementation of MCH HB) of MCH HB implementation**
- **Lack of nationwide funding of MCH HB activities**
- **Insufficient training of health workers on effective and efficient implementation of MCH HB**
- **Insufficient M&E of MCH HB implementation**
- **Usage: women do not always bring MCH HB to the facility; health workers do not always register it**
- **Additional work for health workers = duplication with an immunization passport and exchange card and other medical records**

# Way Forward



- **Monitoring the effectiveness of MCH HB implementation**
- **Nationwide implementation of MCH HB**
- **Collaboration with local authorities to get their financial support**
- **Collaboration with the committee on women's affairs**
- **Collaboration with the media**

# Thank you very much for your attention!

