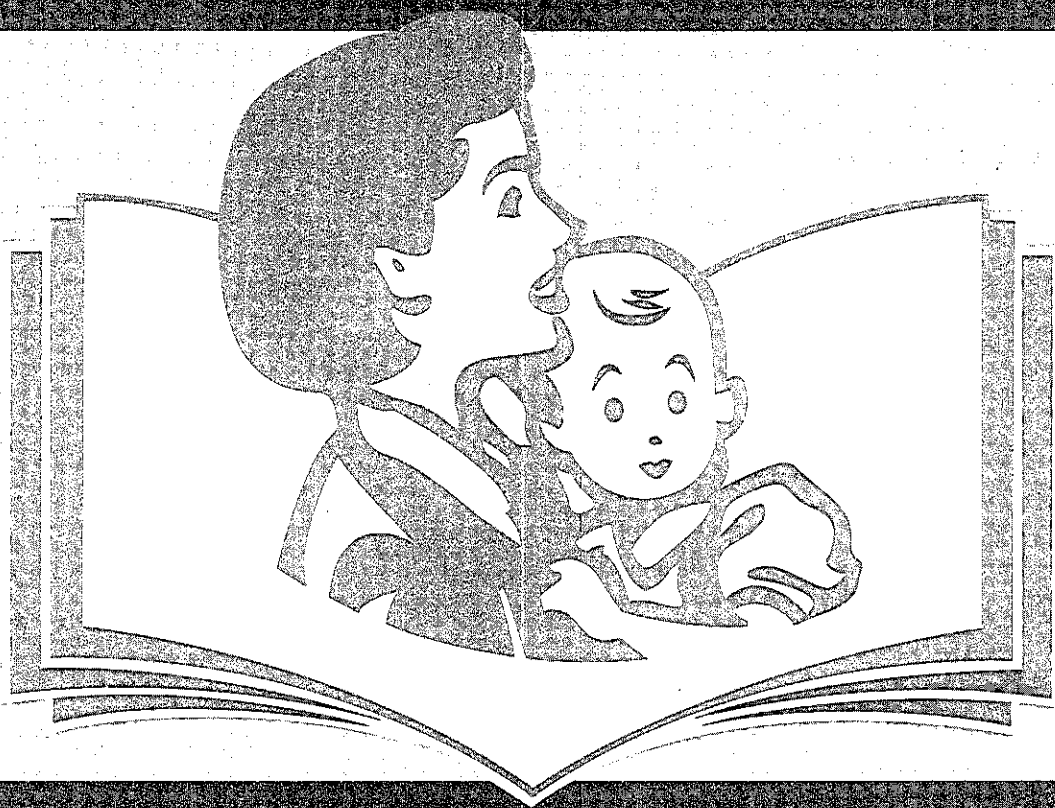


MANAGEMENT GUIDELINES FOR MCH HANDBOOK



MINISTRY OF HEALTH OF THE REPUBLIC OF INDONESIA
in cooperation with
JAPAN INTERNATIONAL COOPERATION AGENCY

2007



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MESSAGE FROM THE DIRECTOR GENERAL OF PUBLIC HEALTH

Indonesia's maternal mortality rate is still very high. Compared to other ASEAN countries, it can be 5 – 30 times higher. If we want to compare the same to that of developed countries, Indonesia's figure could be as much as 50 times higher. The same is the case with infant mortality rate, which is still very high in Indonesia. If compared to infant mortality rate in ASEAN countries, Indonesia's figure is 1.2 – 15 times higher.

The Government has been implementing many policies to deal with these problems. One of them is the empowerment of families. We are aware that without the involvement of families and community, it would be difficult to lower the maternal and infant mortality rates. We are grateful for JICA's support in our efforts to empower these families, through a very well-known and good book, namely the MCH Handbook. Through the MCH Handbook, we provide information for mothers and families enabling them to understand precisely and correctly the way to deal with health problems, and they can consult a doctor or a midwife directly.

The MCH Handbook is currently used in Indonesia in 27 Provinces. We would like to expand its use throughout the country. I encourage health program managers in districts/ municipalities and provinces to take a more active part in promoting the application of the MCH Handbook to the community. Let us plan the activity's steps carefully, and together we can achieve our objective to increase the health standards of mothers and children.

Jakarta, March 7, 2003

Director General of Public Health

[signed]

Prof. DR. Azrul Azwar, MPH

PREFACE

As stated in the **Convention on Children's Rights**, all children – ever since they are in their mothers' womb – have the rights for the sustainability of life, children's development and protection. One of the Government's priority efforts to guarantee the sustainability of children's life as well as their optimal growth and development, is by fulfilling the community's needs, especially of mothers and children, to obtain quality health services. Therefore, the Government, together with the community and all national potentials, has made serious efforts in providing human resources, infrastructures, amenities and health service facilities, which could reach and are affordable to all communities all over Indonesia.

The Maternal and Child Health Handbook or the MCH Handbook has been known in Indonesia as the pink handbook for mothers and children. This MCH Handbook is one of the means for health and nutrition extension, and at the same time an instrument for recording and monitoring mothers and children's health that has been applied in many countries around the world, including our neighboring countries such as Thailand and Japan. In Indonesia, this handbook has been developed and will be applied nationally. Gradually, it is expected that all Indonesian mothers and children will use this handbook as a guidance for mother and child health care and maintenance, and for monitoring the kinds of health and nutrition services they require.

In the decentralization era, regions, especially Districts and Municipalities have the full duty, responsibility and authority for lowering mothers and children's sickness and mortality rate through the improvement of mother and child health and nutrition status. One of the strategic efforts is to increase family and community independence in mother and child health care and maintenance by using the MCH Handbook.

To help the relevant program managers at the provincial and district/municipal levels and many parties interested in using the MCH Handbook, the Family Health Directorate – Ministry of Health of the Republic of Indonesia has compiled the Management Guidelines for MCH Handbook. We realize that these guidelines do not really meet the expectations yet, therefore, we look forward to receiving inputs and criticism from various parties.

Hope you enjoy your work and wish you good luck in developing this MCH Handbook.

Jakarta, March 7, 2003

**Director General of Public Health
Director of Family Health**

[signed]

Dr. Sri Hermiyanti, MSc.

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INTRODUCTION

The Mother and Child Health Handbook (MCH Handbook) has been applied in Indonesia since 1994. In 2003, the application of the handbook increased rapidly and has reached 27 provinces. Such success has been supported by, among other things, foreign aid in the form of soft loans or grants, in addition to local efforts.

With the enactment of Law No. 22 Year 1999 regarding the Regional Government, Law No. 25 Year 1999 regarding Financial Balance Between the Central and Regional Governments, and Government Regulation No. 25 Year 2000 regarding the Authorities of the Central Government and Provinces as autonomous regions, the central government's authority has been limited, including development policy in the field of health. Pursuant to the said regulation, health is one of the compulsory authorities that must be implemented by Regions (Districts/Municipalities). This means that District/Municipal Governments are fully responsible for the implementation of health development to improve the community's health standards in their respective regions.

Bearing in mind that the use of the MCH Handbook is one of the strategies to empower communities, especially families, in maintaining their health and obtaining quality mother and child health services, it deserves the attention of District/Municipal Governments.

To allow the use of the MCH Handbook by all families, decision-makers at provincial and district/municipal levels need to be equipped with Management Guidelines for MCH Handbook. These general guidelines provide information about the management of the MCH Handbook so that they can be used in a proper way to reach the target, and describe the stages of activities and efforts to ensure the sustainable use of the MCH Handbook by the community.

The stages in the MCH Handbook application are:

- I. Preparatory Stage.
- II. Application Stage.
- III. Development Stage.

CHAPTER I PREPARATORY STAGE

Provinces and Districts/Municipalities planning to apply the MCH Handbook need to take this preparatory stage, which includes socialization, data review to obtain basic data and planning. The purpose of these measures is to have a correct understanding of the MCH Handbook, to obtain the support and commitment from cross-programs and cross-sectors and to enable a proper activity planning in starting the application of the MCH Handbook.

1. SOCIALIZATION OF THE MCH HANDBOOK

Socialization is the first and a very important activity especially for districts/municipalities that are about to start applying the MCH Handbook. All parties involved in the application of the MCH Handbook need to be involved from the initial activity so that support and commitment can be obtained.

a. Objectives:

To ensure that decision-makers at every administrative level (province, district/municipality, sub-district and village):

- Are aware of and understand the whats, hows and the benefits of the MCH Handbook, the concept of the MCH Handbook use and the experience in the application of the MCH Handbook in other places.
- Agree on the planning and funding in the application of the MCH Handbook.

b. Activity:

The socialization of the MCH Handbook will be implemented in the form of a one-day meeting.

c. Implementors:

- The implementor at provincial and district/municipality levels is the Head of the Health Sub-Office (*Kasubdinkes*) in charge of activities related to the use of the MCH Handbook.
- The implementor at the sub-district and village levels is the Head of the Community Health Center (*Puskesmas*).

d. Participants:

- At provincial level:
From Provincial level : - Director of Health Office, All Heads of Health Sub-Offices and the related Head of Section.
- The related cross-sectors (Woman Empower

ment Bureau, Social welfare Bureau, Provincial Development and Planning Board (*BAPPEPROP*), Community Empowerment Board, Regional Office of the Ministry of Religious Affairs, National Family Planning Board (*BKKBN*)

- Provincial People's Legislative Assembly (Commission)
- Professional organizations. (Indonesian Midwives Association (*IBI*), Indonesian Pediatricians Association (*IDAI*), Indonesian Obstetrics and Gynecologists Association (*POGI*), Indonesian Medical Doctors Association (*IDI*), Indonesian Nurses Association (*PPNI*), Indonesian Nutrition Experts Association (*PERSAGI*))
- Family Welfare Development (*PKK*) and Non-Governmental Organizations in Health (NGOs)
- Paramedic educational institutions
- Province-owned and private Hospitals

From district/
municipality level

- The Head of Health Office, and the Head of Family Health Sub-Offices / MCH program manager.
- Province/district-owned and private Hospitals

Note: The number of Districts/Municipalities to be included in the legislation depends on the application plan

- At the District/Municipality, Sub-District and Village levels
The participants of socialization at the provincial level adjusted to the local situation and conditions.

Note: The number of Sub-districts to be included in the legislation depends on the application plan

e. Sources of reference:

- The Head of Family Health Sub-Office/program manager who masters the background and the contents of the MCH Handbook.
- If necessary, the Head of Sub-Office for the Health of Under-five Pre-School Children (*Balita*) of the Ministry of Health/staff, to share experiences in the MCH Handbook application in other regions.

f. Schedule and Materials (sample):

Time	Agenda	Trainer's Guide	Participants' Materials
Time depend on local condition	What is the MCH Handbook	OHP Transparency	MCH Handbook
	Benefits of the MCH Handbook/ How to use the MCH Handbook	OHP Transparency	MCH Handbook
	Development of the MCH Handbook	OHP Transparency	Photocopy
	Video Show	Video	MCH Handbook
	Benefis of the MCH Handbook for related sectos and programs	OHP Transparency	MCH Handbook
	Application management of the MCH Handbook	Management Guidelines for MCH Handbook	MCH Handbook
	Discussion		
	Summary, recommendations and agreement		

g. Funding:

Activity implementation requires operational funds deriving from General Allocation Funds (DAU), Non-governmental Organizations (NGOs), Entrepreneurs/Private Sectors and other non-binding funding sources. Such funds are to be used for transport expenses, honoraria for lecturers and organizers (meals and procurement of meeting materials). In addition to the above mentioned funds, activities at the Sub-district/Village level can also use the *Puskemas's* operational funds or combinedwith coordination meetings at the Sub-district level.

h. Outputs:

- The support and commitment of all participants to apply the MCH Handbook.
- The formation of a team for the application of the MCH Handbook.
- An agreement on the roles and duties of the cross-program, cross-sector, professional organizations, NGOs and the private sector.
- An agreement on the planning of and funding for the use of the MCH Handbook.

2. DATA REVIEW TO OBTAIN BASIC DATA

This activity needs to be implemented prior to the application of the MCH Handbook. The existing data, such as routine report on program scope, or information concerning paramedical affairs at Community Health Centers (*Puskesmas*) and villages, are utilized as the basic data, which is used to determine district/municipality or *Puskesmas* that will start using the MCH Handbook.

The organizers of private health services can use the data on the number of pregnancy examination visit, healthy children under-five (*Balita*) and personnel in the clinics/Hospitals concerned.

a. Objectives:

- Assess basic data and the scope of Mother and Child Health (MCH), Family Planning (*KB*), nutrition and immunization programs prior to the application of the MCH Handbook.
- Determine the working area of *Puskesmas* that will use the MCH Handbook.
- Prepare the manpower (paramedics and health volunteers) that will use the MCH Handbook.
- Prepare the required logistics.

b. Activity:

- Collect all secondary data at the District/Municipality level including at the *Puskesmas* that will use MCH Handbook and use the available data as basic data. The data collected will include the following:
 - Data on the targeted pregnant women, infants and children underfive.
 - Data on the coverage of MCH program (pregnancy examination visits, Tetanus immunization, Delivery attended by trained health worker, Neonatal visit, Early detection of problems in child development), Family Planning, Nutrition (Iron tablets for pregnant women, Iron tablets for post-partum mothers, Vitamin A for post-partum mothers and Vitamin A for babies and children under-five) as well as Immunization (HB-3, BCG, DPT-3, Polio-4, children under-five Measles).
 - Data on the number of all health facilities available in districts/municipalities, both state-owned as well as privately owned.
 - Data on personnel of *Puskemas*, Sub-Community Health Center (*Pustu*) and Midwives in Villages, Mother and Children Health Center (*BKIA*) and Private Practice Midwives/Doctors in the working area of *Puskesmas*.
 - Data on health volunteers of Family Welfare Development (*PKK*) integrated Service Post (*Posyandu*) at the working area of *Puskesmas*.
 - The existing MCH, Family Planning (FP), Nutrition and Immunization service card availability data (Card toward Health Condition (*KMS*) for Pregnant women, *KMS* for *Balita*, Immunization Card, FP Card etc).
- Set criteria to determine the district/municipality or *Puskesmas* that will begin using the MCH Handbook.
- Analyze and determine the district/municipality or *Puskesmas* as the application implementor.

- Determine the number of the MCH Handbooks required at the commencement of the application.

c. Implementors:

The person in charge of the MCH Handbook at the district/municipality level cooperates with members of the MCH Handbook utilization team.

d. Time-frame:

Following socialization activities, the districts/municipalities planning the use of the MCH Handbook will forthwith conduct data review.

e. Funding:

This activity does not require special funds. It could make use of the existing routine reports and meetings.

Notes:

- *When determining the Community Health Centers (Puskesmas) that will apply the MCH Handbook, it should be observed that all the targeted pregnant women in a year existing within the working area of the Puskesmas was included when determining the number of the MCH Handbooks required.*
- *This will ensure that at the commencement of the application, MCH Handbooks have already been provided in the amount of the targeted pregnant women in a year.*

3. PLANNING FOR THE MCH HANDBOOK APPLICATION

Immediately after determining the operational area of district/municipality and the *Puskesmas* that will forthwith apply the MCH Handbook, it is necessary to prepare a detailed activity plan to ensure the achievement of the expected objectives.

a. Objectives:

- Prepare budget and work plans for the application of the MCH Handbook at every administrative level, including the following:
 - Socialization
 - Orientation for paramedics and health volunteers
 - Procurement of MCH handbooks, Technical Guidelines and Manuals for health volunteers
 - Development, monitoring, supervision and evaluation
 - Campaign/promotion of the MCH Handbook use
- Maintain the sustainable use of the MCH Handbook

b. Activities:

Planning meetings at every administrative level attended by related cross-programs and cross-sectors to be involved (such as private *IBI* or *RB*). Each cross-program proposes the activities relevant to the application of the MCH Handbook. Budget and activity planning will be arranged based on the data review results (evidence-based planning).

c. Implementors:

The persons in charge of the MCH Handbook at each administrative level.

d. Time-frame:

The end of quarter II or the beginning of quarter III, in the planning process.

e. Funding:

This activity does not require special funds. It can be integrated with the on-going planning activity.

f. Outputs:

- Every related cross-program and cross-sector has a budget and MCH Handbook application activity work plan.
- The persons in charge of the MCH Handbook at any administrative level possess activity planning documentation.
- The integration of the MCH Handbook use planning into the Regional Strategic Plan (*RENSTRADA*).

CHAPTER II APPLICATION STAGE

In this application stage, the orientation of MCH handbook use, logistic and distribution management, promotion, monitoring and evaluation are needed to assure that the application of MCH handbook use by mothers/families and paramedics at the community level may go on properly. Proper logistic and distribution management constitute one of the keys to a successful use of the MCH Handbook.

1. ORIENTATION FOR THE MCH HANDBOOK USE

A. FOR HEALTH PERSONNEL

The contents of the MCH Handbook are not new for paramedics. MCH service activities have become their daily activities. Hence, in order to comprehend the MCH Handbook they do not need to undergo a special training. Orientation will suffice.

a. Objectives:

- Prepare the paramedics at Community Health Centers (*Puskesmas*), Sub-Community Health Centers (*Pustu*), Village delivery posts (*Polindes*), Maternity Hospitals, state-owned and private Hospitals as service providers so as to become skilled in using the MCH Handbook.
- Prepare the provincial and district/municipal MCH program managers as counselors in using MCH Handbook so as to improve the quality of health services.

b. Activities:

This technical orientation will be implemented gradually at district/municipality and *Puskesmas* levels in the form of one-day meetings.

c. Implementors:

- Provincial level : MCH program manager
- District/municipal level : MCH program manager
- Sub-district level : Head of *Puskesmas*

d. Participants:

- At provincial level : - Participants are related cross-program managers, representatives of IBI and state-owned, private Hospitals, and Maternity Hospital
- Trainers at district/municipal level, namely MCH manager and Midwife Coordinators.

- At District/Municipal level : - Participants are related district/municipal cross-program managers, representatives from *IBI* and state-owned and private Hospitals/Maternity Hospitals.
- Sub-district trainers namely Heads/Physicians of *Puskesmas* and Midwife Coordinators.
- At *Puskesmas* level : - Participants are all employees of *Puskesmas*, *Pustu* and Midwives in Villages.

e. Schedule and Materials (Sample):

Time	Agenda	Trainer's Guide	Participants' Material
Time depend on local condition	What is the MCH Handbook	MCH Handbook Video/OHP transparency Technical guidelines for the MCH Handbook use	MCH Handbook
Material will be provided gradually	How to use the MCH Handbook	MCH Handbook OHP transparency Technical guidelines for the MCH Handbook use	MCH Handbook
	How to fill in the MCH Handbook	MCH Handbook Technical guidelines for the MCH Handbook use	MCH Handbook
	What should health volunteers do	Technical guidelines for the MCH Handbook use	
	Simulation of filling out the MCH Handbook	MCH Handbook Technical guidelines for the MCH Handbook use	MCH Handbook

For paramedics' orientation at the provincial and district levels, plus the materials of General Guidelines for the MCH Handbook Program.

f. Funding:

The implementation of activities requires funds deriving from General Allocation Funds (DAU), NGOs (Non-government Organizations), Entrepreneurs/Private MCH Handbook is a new health-monitoring

instrument for health volunteers, though an already popular *KMS* for under-five children is contained therein. This orientation activity is very important because health volunteers are assigned to assist paramedics in MCH service at Integrated Health Service Posts (*Posyandu*).

g. Outputs:

All participants are capable of using the MCH Handbook and comprehend the MCH Handbook application management method.

B. FOR HEALTH VOLUNTEERS

MCH Handbook is a new health-monitoring instrument for health volunteers, though an already popular *KMS* for under-five children is contained therein. This orientation activity is very important because health volunteers are assigned to assist paramedics in MCH service at Integrated Health Service Posts (*Posyandu*).

a. Objectives:

Prepare the health volunteers at the village level so that they are capable of:

- Assisting paramedics in identifying new pregnant women to obtain the MCH Handbook.
- Reminding mothers to bring the MCH Handbook each time they visit the health service facility.
- Motivating mothers to read by themselves the MCH Handbook at home.
- Using the MCH Handbook in conducting early detection of mother and children health problems.
- Assisting paramedics in providing extension.

b. Activities:

This orientation is implemented at the *Puskesmas* and Village levels in the form of continuous development.

c. Implementors:

- Community Health Center : Head of *Puskesmas*/Coordinator Midwife
- Village : Midwives in Villages

d. Participants:

Health volunteers at *posyandu* and village level.

e. Schedule and Materials (Sample) :

Time	Agenda	Trainer's Guide	Participants' Material
Time depend on local condition	What is the MCH Handbook	MCH Handbook	MCH Handbook
	How to use the MCH Handbook	Technical guidelines for the MCH Handbook use	MCH Handbook
Material could be provided gradually in several meetings	How to fill in the MCH Handbook	Technical guidelines for the MCH Handbook use	MCH Handbook
	Stimulation of filling out the MCH Handbook	Technical guidelines for the MCH Handbook use	MCH Handbook

f. Funding:

The implementation of activities requires funds. Deriving from General Allocation Fund (DAU), *Posyandu's* development funds (from cross-sectors or PKK/NGOs), Entrepreneurs/Private Sectors and other non-binding funding sources.

Such funds will be used for transport fees, honoraria for teachers and organizers.

g. Outputs:

All participants are capable of filling out and using the MCH Handbook in accordance with their respective authorities.

2. PROCUREMENT, DISTRIBUTION, DISTRIBUTION CHANNELS, RECORDING AND REPORTING ON THE MCH HANDBOOK USE

MCH Handbook logistic and distribution management is an important matter to ensure the availability of books at any service facility and distribution to pregnant women.

Objectives:

To ensure the availability, distribution and reporting of the MCH Handbook, in accordance with the applicable standards.

A. PROCUREMENT:

- a. The procurement of MCH Handbook must meet the needs of all pregnant women for a year plus the MCH Handbook reserves in the amount of 10%. If funds are limited, the needs for the MCH Handbooks for all pregnant women

can be met gradually within a maximum of five years. In the first year of application, potential Districts/Municipalities and Sub-districts/*Puskesmas* should be selected, so that it is expected that the MCH Handbooks can be independently procured in the subsequent year. The selected *Puskesmas* would obtain book allocation in accordance with the number of pregnant women in their region (total coverage).

- b. MCH Handbook should be printed (whether by Government or private parties) in compliance with the stipulated provisions and standards in accordance with the national consensus, among other things:
 - Book size: paper size A5.
 - Paper used at least weighing 80 grams (so that it is durable).
 - Color of book cover: pink.
 - The Catalogue Number issued by the Ministry of Health shall be indicated.
 - Messages/pictures contradicting to the Government's program (for example: formula milk for 0-4 month babies) shall not be included.
 - Minimum service standard substance and extension for mother's health, Family Planning, Nutrition, Immunization and children's health.

- c. There are several matters that can be modified depending on regional conditions, namely:
 - Picture/photo on the MCH Handbook cover (the figure of a father can be added in the cover picture/photo).
 - The addition of father's name on book cover.
 - The text the Ministry of Health of the Republic of Indonesia in cooperation with JICA can be replaced by the Ministry of Health/Provincial Health Office in association with certain agencies/institutions.
Example: East Java Health Office with UNICEF
 - Local terms/language and local food.
 - The main MCH program of the local province closely related to the service/care for mothers and children's health.

- d. In the first year, Districts/Municipalities are expected to print MCH Handbooks for at least 20-30% of the new pregnant women in a year. Subsequently, the books are to be distributed to several selected *Puskesmas* based on the number of the entire pregnant woman target to obtain MCH Handbooks (all pregnant women in the chosen *Puskesmas* will obtain the MCH Handbooks).

- e. The method of calculating the total number of target:

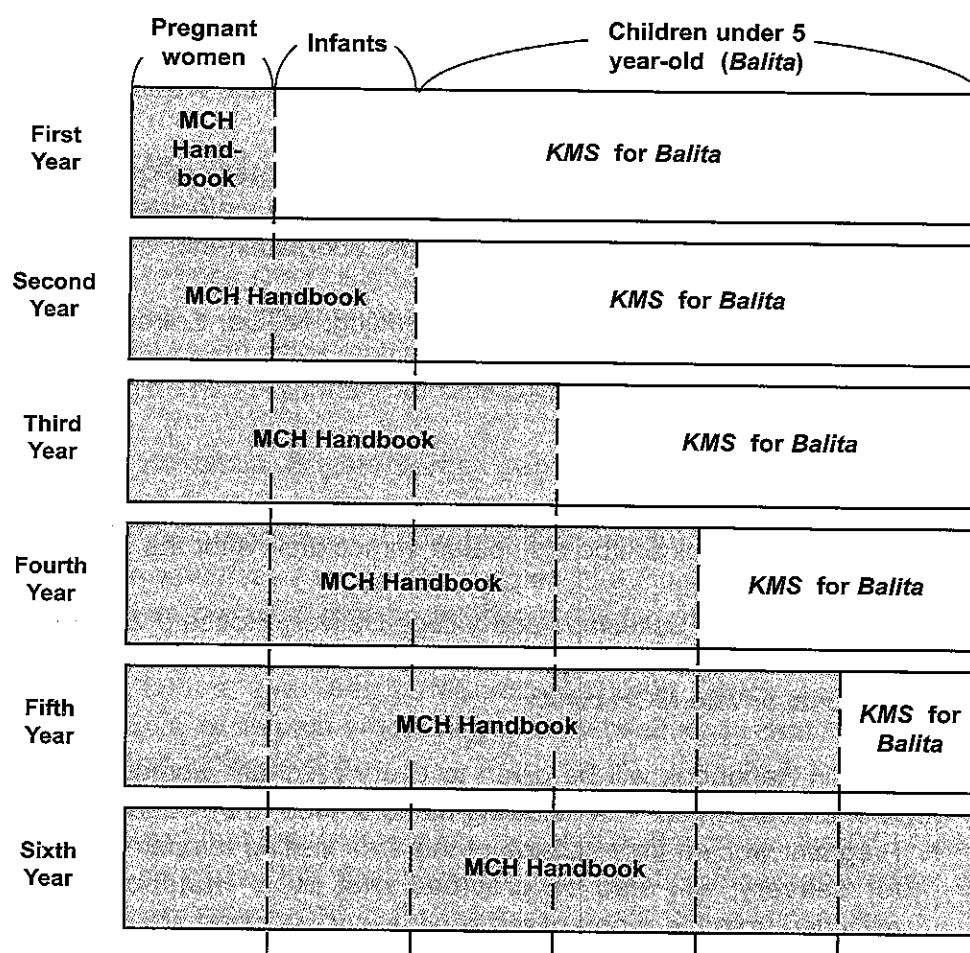
Estimated number of targeted pregnant women:

1.1 x Estimated number of infants in a particular working area in a year*

**** The estimated number of targeted infants is equal to the infant immunization target.***

- f. By printing MCH Handbooks, *KMS* for pregnant woman, *KMS* for *Balita*, FP Card and Immunization Card that are home based in nature (kept at home) the procurement of which can be reduced gradually, considering that the said cards have been indicated in the MCH Handbook. This is one of the efforts for cutting the card procurement expenses.

Transitional Stage from the Use of Various Cards to the MCH Handbook



- g. In addition to the MCH Handbook, the following supporting materials will also be required:
- General Guidelines for the Management of MCH Handbook Application for Provincial and District/Municipal program managers.
 - Technical Guidelines on the MCH handbook Use for officers providing services, distributed during orientation.
 - Recording and reporting forms.
- The procurement of these supporting materials will be adjusted to the local needs.

- h. The persons in charge of the procurement of the MCH Handbook and supporting materials are the Heads of District/Municipal Health Service Office based on the planning proposal from *Puskesmas*. In order to avoid over-supply, the Heads of District/Municipal Health Office need to review the *Puskesmas*' proposals. If conducted in provinces, the persons in charge will be the Heads of Provincial Health Offices.
- i. In order to ensure that all pregnant women own and use the MCH Handbook, the procurement of the MCH Handbook and supporting materials by private sector (Hospitals, Maternity Hospitals, Practicing Midwives, Mother and Children Health Center) will be coordinated by the Heads of District/Municipal Health Offices.
- j. Efforts will be made to ensure that the procurement is conducted at the beginning of each budget year, hence such printing materials can be used for subsequent activities such as socialization, orientation etc.
- k. Funding through DAU, consumer self-funding, NGOs, Entrepreneurs/Private Sectors and other non-binding sources.

B. DISTRIBUTION TO TARGET

- a. The MCH Handbook will be distributed immediately after the officers undergo orientation, through:
 - MCH clinics at *Puskesmas* and Village Delivery House (*Polindes*)
 - MCH clinics at hospitals
 - Regional private MCH clinics
- b. The MCH Handbook will be given to every pregnant woman in the working area of a *Puskesmas*. The following matters need to be observed:
 - Pregnant women from outside of the area visiting temporarily, for example for delivery, will also be provided with MCH Handbook, but will be excluded from the report of the service unit's working area.
 - Mothers with double pregnancy will obtain MCH Handbook in accordance with the number of babies born.
 - In the event that a mother becomes pregnant again or her MCH Handbook is missing, she will obtain a new MCH Handbook.
 - Private/state-owned clinics providing the MCH Handbook independently, can distribute the MCH Handbook to all pregnant women visiting their clinic even though they come from outside the region concerned, in so far as the mother concerned is able to pay the cost of printing the book.
- c. When distributing MCH Handbooks to targeted pregnant woman, the officers **must record the date in the cohort register**. After a mother delivers her baby, the MCH Handbook will become the property of the baby and it is to

be recorded in the **baby/children cohort register or integrated service post register.**

- d. Every service unit is expected to have MCH Handbook stocks at least in accordance with the target of 1st Pregnancy examination visit (K1) in a month (see MCH service Report (PWS)). In the event that the MCH Handbook stock does not suffice, the officers at service units must forthwith request additional MCH Handbooks from the *Puskesmas* or District/ Municipal Health Office concerned. If procurement is conducted independently, the health service unit concerned can place repeat orders for at least 6 months' stock.

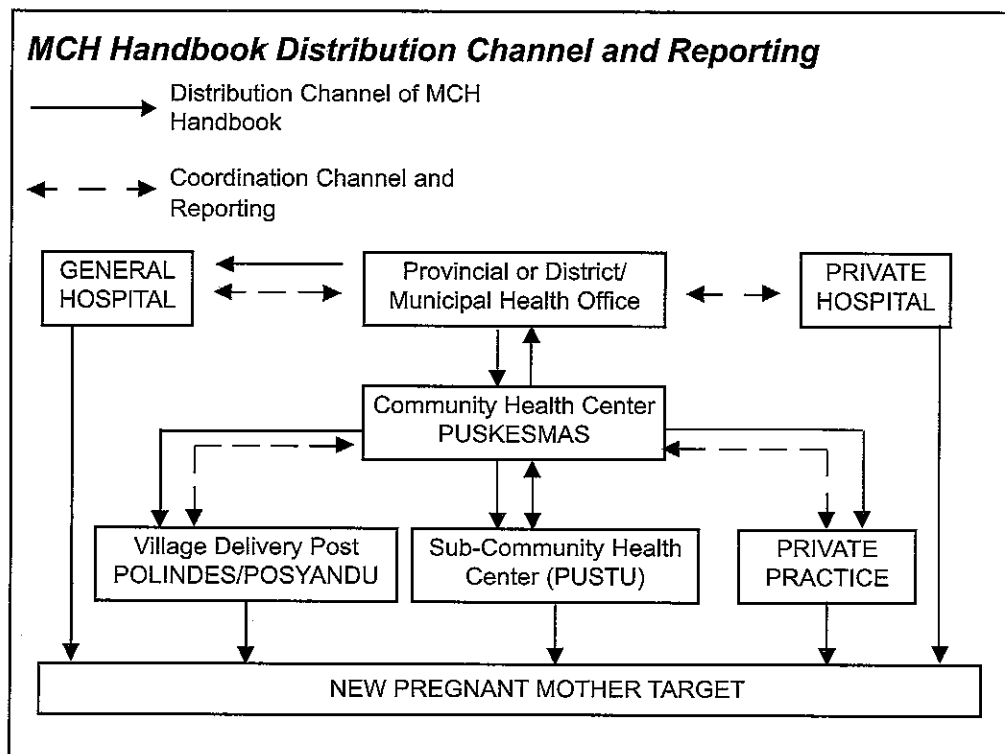
C. DISTRIBUTION CHANNEL

- a. In the event that the MCH Handbook is procured in Districts/Municipalities, the persons in charge of the MCH Handbook at the District/Municipal level shall distribute the MCH Handbook to the *Puskesmas* concerned, subsequently the *Puskesmas* shall distribute the books to *Puskesmas* working network, namely Sub-Community Health Center (*Pustu*) and Midwives in villages. The provincial health office requires information on the MCH Handbook distribution coverage so that reports from Districts/Municipalities are still needed.

NGOs, Hospitals, Private parties can print and then directly distribute the MCH Handbooks to targets; however, the book distribution report and service coverage must follow the existing system. In the event that the report is addressed to the *Puskesmas*, the *Puskesmas* will be responsible for its data processing to be subsequently reported to the District/Municipal Health Office. In the event that the report is reported to the District/Municipal Health Office, the District/Municipal Health Office concerned will be responsible for its data processing to be subsequently sent to the *Puskesmas* concerned as feed back.

- b. In the event that procurement is conducted in Provinces, the MCH Handbook will be distributed to District/Municipal health offices and every district/ municipality must report to the Provincial health office concerned.

The MCH Handbook will be distributed gradually once in every 3-4 months. This is to avoid the concentration of MCH handbooks in certain places, and shortage of the same in other places.



D. RECORDING AND REPORTING:

- a. At every health facility, such as *Puskesmas*, *Pustu*, Midwives in Villages and private practices including hospitals, there must be officers in charge of entering monthly records on the receipt and issuance of the MCH Handbook.
- b. Recording will be conducted by using "MCH Handbook Distribution Monthly Report Form". The officers will bring such record to the *Puskesmas* concerned to be recapitulated every month.
- c. The officers in charge of making report on MCH Handbook at *Puskesmas* level prepare recapitulation every three months using "MCH Handbook Distribution Recapitulation Report Form". Once in every three months the officers bring such record to the district to be recapitulated.
- d. Related units shall provide all format of record independently.

MCH HANDBOOK MONTHLY REPORT FORM

Name of service place : Month:Year :

Address :

1. Balance of books remaining from last month = Handbooks*
2. Total of books received this month = Handbooks*
3. Total of books distributed:
 - a. Total of books distributed to pregnant women = Handbooks*
 - b. Total of books distributed for other purposes = Handbooks*
4. Balance of books at the end of this month = Handbooks*
5. Total of pregnant women target = Pregnant women**
6. Total of pregnant women who have obtained the handbook = Pregnant women

Acknowledged by
Direct superior of the reporting party
Name :
Position :
Signature,

Date:
Reporting party
Name :
Position :
Signature,

(.....)

(.....)

* : Write 0 (zero) if there are no books left over/receipt/distributed.

** : Pregnant woman target, see calculation at page 3

The total of 3.a. is equal to the total under 6

MCH Handbook Distribution Recapitulation Report Form

Name of Community Health Center:Quarter:..... Year:
 Address :

Name of service place	Number of Handbooks		Number of pregnant women	
	Quarterly distribution...	Quarterly balance...	Targeted pregnant women	Pregnant women who obtain the MCH Handbook
(1)	(2)	(3)	(4)	(5)
The coverage of pregnant mothers who obtain MCH Handbooks = Pregnant women who obtain MCH Handbook / Target number of pregnant women x 100%				%

Explanation:

- Column 2 The number of handbooks distributed based on monthly report.
- Column 3 The sum of left over handbooks based on monthly report.
- Column 4 See the calculation on page 3
- Column 5 The number of pregnant women who obtained the MCH Handbook based on monthly report.

Acknowledged by
 Head of District/Municipal
 Health Office:

Date

Implementor:

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3. PROMOTIONAL ACTIVITIES FOR MCH HANDBOOK USE

The use of MCH Handbook at the community level still needs to be disseminated so that it becomes better known and mothers/families feel the need to use it. The media and the form of promotional activities can be adapted to local conditions.

a. Objective:

Socializing the MCH handbook so that mothers/families are willing to use it to obtain a quality health services.

b. Implementors:

The implementors of this activity need to coordinate and cooperate with health promotion units and cross-sectors.

c. Promotional activities include:

- Promotion to the community through printed media (poster), traditional media, such as Islamic teaching forum and symposium, electronic media and other mass media. Promotional activities can be combined with community routine activities or conducted on national holiday commemorations.
- Promotion to health volunteers and officers is to be conducted through existing activities, such as:
 - u Health Volunteers Quiz Contest
 - u Jamboree of Posyandu's Health Volunteers
 - u Model Midwife Selection
 - u Model Puskesmas doctor selection

d. Funding:

Fund allocation will be adjusted to the requirements. Funds derive from General Allocation Funds (DAU), NGOs, Entrepreneurs/Private Sectors and other non-binding funding sources. Such funds can be used for posters, TV spot, and prizes expenses for the winners and organizers.

e. Outputs:

Mothers and families know and are willing to use the MCH Handbook. Health volunteers and officers are prepared to provide services by using the MCH Handbook.

4 MONITORING AND EVALUATION

Monitoring and evaluation activities are important activities in every program management. Monitoring is implemented to ensure that the application of the MCH Handbook use runs in a proper and quality manner, as planned, while the evaluation of activities is implemented after the activities run for a certain period of time.

Objectives:

- Ensuring the compliance of officers in the application of MCH Handbook use.
- Enhancing the officers' skills in filling out and using the MCH Handbook.
- Identifying problems and help in problem solving.
- Determining the follow-up in the development of MCH Handbook use.

A. MONITORING

a. Implementors:

Monitoring will be conducted by the Provincial facilitators, District/Municipal supervisors and Community Health Centers.

b. Methods:

Direct observation, review of the existing records and monitoring of supporting facilities, such as the availability of medicines, amenities and distribution channel.

- Direct feedback following monitoring
- Discussion on the result of monitoring and evaluation conducted periodically (once in every three or six months)

c. Indicators of success:

1) Indicators of MCH Handbook Coverage

The coverage of the MCH Handbook is the percentage of pregnant women obtaining MCH Handbooks compared to the total of all pregnant woman targets in a *Puskesmas's* working area or district/municipality. It is expected that all pregnant women in a *Puskesmas's* working area possess the MCH Handbook.

Calculation Method:

$$\frac{\text{Number of pregnant women who obtain the MCH Handbook}}{\text{Number of targeted pregnant women in the working area concerned within a year}} \times 100\%$$

The MCH Handbook will be given to pregnant women by paramedics at the time of first contact antenatal service (K1). Therefore, the size of MCH handbook coverage must be equal to K1 coverage. In the event that the coverage of MCH handbook is less than K1 coverage, the officers must visit the pregnant women already having obtained K1 but not yet possessing the MCH Handbook by seeing the record in the Mother's Cohort Register.

2) Indicators of service quality

To evaluate the quality of MCH handbook use, District/Municipal Health Office or *Puskesmas* will conduct a rapid assessment on a small scale within a year.

The indicators used are as follows:

1. MCH Handbook bringing compliance (bringing rate): The percentage of mothers'/families' compliance who come to the health facilities bringing the MCH Handbook.
2. Completeness of filling out (filling rate): The percentage of completeness of MCH handbook filling out.

In planning the implementation of rapid assessment on the use of MCH Handbook, program managers must:

- Determine the implementation time of the rapid assessment.
- Calculate the funds needed and provide the budget by utilizing *Puskesmas*'s operational funds or other non-binding sources. Such funds will be used for officers' transport and photocopies of forms.
- For any *Puskesmas*, pick out randomly 100 targets possessing the MCH Handbook as follows: from integrated service post/village a total of 20 pregnant women and 30 children under-five. The total number is 40 pregnant women and 60 children under-five.

In the event that the said rapid assessment cannot be conducted by every *Puskesmas*, the District/Municipal Health Office must plan a survey involving at least 3 *Puskesmas*. The calculation of assessment target is the same as the above.

Furthermore, conduct the following assessment:

(1) The MCH Handbook bringing compliance indicator (*bringing rate*):

Calculation Method:

$\frac{\text{Number of pregnant, delivering and post-partum mothers' MCH Handbooks filled out completely}}{\text{Number of samples: 40 pregnant, delivering and post-partum mothers}} \times 100\%$
$\frac{\text{Number of babies/children's MCH Handbooks that had been filled out completely}}{\text{Number of samples: 60 babies/children}} \times 100\%$

In the event that the bringing rate is less than 80%, it is necessary to promote MCH handbook use so that the community members always bring the MCH Handbook every time they visit health facilities.

(2) Indicator of the Completeness of the MCH Handbook filling out:

Calculation method:

$\frac{\text{Number of pregnant, delivering and post-partum mothers who come bringing the MCH Handbook}}{\text{Number of samples: 40 pregnant, delivering and post-partum women}} \times 100\%$
$\frac{\text{Number of babies/children who come bringing the MCH Handbooks}}{\text{Number of samples: 60 babies/children}} \times 100\%$

Two variables are used, namely: Completely Filled Out (L) and Incompletely Filled Out (TL).

(L): in the event that all parts in the MCH Handbook that should be filled out (either written or ticked) have been completely filled out. In the event that one of the parts is not filled out, the filling out of such book is categorized as (TL).

In the event that the MCH Handbook filling out completeness is <60%, the Head of Puskesmas concerned needs to conduct a reorientation/refreshing in the filling out of the MCH Handbook followed by intensive monitoring or on the job training.

MCH Handbook Bringing Compliance Assessment Result Report Form

Name of Public Health Center:Month:Year:
 Address:

Health service place	Pregnant/Delivering/ Post-Partum Mothers			Infants/Under-Five Children		
	Number of Samples who have the MCH Handbook	Number of Samples who bring the MCH Handbook	% of Samples who bring the MCH Handbook	Number of Samples who have the MCH Handbook	Number of Samples who bring the MCH Handbook	% of Samples who bring the MCH Handbook
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	40			60		
	40			60		
	40			60		
	40			60		

Calculation Method:

% of mothers who bring the MCH Handbook (4) = $(3)/(2) \times 100\%$

% of Infants/Under-Five Children who bring the MCH Handbook (7) = $(6)/(5) \times 100\%$

Acknowledged by
 Head of Community Health Center or
 Head of District/Municipal Health Office:

Date.....

Implementor:

.....

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MCH Handbook Filling Out Completeness Assessment Result Report Form

Name Community Health Center:Month:Year:
 Address:

No.	Assessed matters	Samples	Complete	Incomplete	Percentage of filling out completeness
(1)	(2)	(3)	(4)	(5)	(6)
1.	Family Identity	40			
2.	Mother's Health Service Record	40			
3.	Birth Record	60			
4.	Child's Identity	60			
5.	KMS	60			
6.	Children's Health Service Record	60			

Calculation Method:

% of family identity filling out completeness (6.1) = $(4.1)/(3.1) \times 100\%$

% of mother's health service record filling out completeness (6.2) = $(4.2)/(3.2) \times 100\%$

% of birth record filling out completeness (6.3) = $(4.3)/(3.3) \times 100\%$

% of child's identity filling out completeness (6.4) = $(4.4)/(3.4) \times 100\%$

% of KMS filling out completeness (6.5) = $(4.5)/(3.5) \times 100\%$

% of child's health service record filling our completeness (6.6) = $(4.6)/(3.6) \times 100\%$

Acknowledged by
 Head of Community Health Center or
 Head of District/Municipal Health Office:

Date.....

Implementor:

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B. EVALUATION OF THE MCH HANDBOOK APPLICATION

a. Objectives:

- Evaluating the results of the MCH Handbook application.
- Identifying positive matters in the application and the possibility of their development.
- Identifying the problems/obstacles faced in the application of the MCH Handbook and the efforts for overcoming them.
- Preparing follow-up plan for the subsequent year.

b. Activity:

A 1-2 day meeting held at every administrative level (adjusted to the local situation).

c. Time:

This evaluation will be conducted once a year in the fourth quarter.

d. Implementors:

In accordance with the administrative level:

- The relevant Head of Health Office/the Head of Health Sub-Office at the provincial or district/municipal level.
- The Head of Puskesmas.

e. Participants:

- Provincial Level : Related provincial cross-program, representative of IBI (Association of Indonesian Midwives) and state-owned/private Hospitals; Heads of Health Office and MCH managers in district/municipality.
- District/Municipal Level : Related district/municipal cross program; representative of IBI and state-owned/private Hospitals; Heads of Puskesmas, Coordinating Midwife.
- Puskesmas Level : All Puskesmas officers, Pustu and Midwives in Villages.

f. Materials:

- Policy on the MCH Handbook application in Regions.
- Report and experience of regions in the application of the MCH Handbook.
- Feedback from monitoring and rapid assessment results.
- Discussion on the coverage of the MCH Handbook, adequacy of logistics, distribution and MCH handbook distribution channel.
- MCH Handbook development plan (new regions and the book's adjusted contents).

g. Funding:

Funds allocation will be adjusted to the requirements. Funds derive from General Allocation Funds (DAU), NGOs, Entrepreneurs/Private Sector and other non-binding funding sources. Such funds will be used for transport expenses, honoraria for teachers and organizers.

h. Outputs:

- The documentation of MCH handbook application.
- MCH handbook application follow-up plan.

CHAPTER III DEVELOPMENT STAGE

The experience obtained during the application stage in several regions is extremely useful in planning the development of MCH handbook application. At this development stage, the implementation of activity in districts/municipalities having applied the MCH Handbook continues to be conducted, the quality thereof is maintained and the expansion of application coverage to new Districts/Municipalities is planned. Districts/Municipalities starting to apply MCH Handbook will conduct activities in accordance with the existing stages.

a. Objectives:

To ensure the sustainable use of MCH Handbook in a region and expand the coverage of its use to other regions in the context of improving mothers and children's health.

b. Implementors:

The MCH Handbook team at every administrative level coordinated by the relevant Head of Health Office/Head of Health Sub-Office.

c. Time:

Starting in the second year, after the regions acquire experience in the application of the MCH Handbook. Thoughts on the development of the MCH Handbook need to be discussed together at the time of annual review/evaluation.

d. Activities:

The provision of the MCH Handbooks for all targeted pregnant women constitutes one of the keys to the successful application in a region, so that it is necessary to ensure that financing sources for the procurement of MCH Handbooks are available at this stage. It needs to be ensured that targeted underprivileged families (*gakin*) obtain the MCH Handbooks free of charge. The procurement of the MCH Handbooks for this target is the responsibility of the Local Governments. The targeted non-underprivileged families (*non-gakin*) need to be directed to obtain the MCH Handbooks independently by way of buying them at an affordable price.

It needs to be ensured that the procurement of MCH Handbooks independently by the Local Governments guarantees the sustainability of the book's use in the community. The following activities need to be implemented to maintain the sustainability of MCH Handbook use.

- Get the support of stakeholders mainly from cross-sectors to ensure the sustainability of MCH Handbook use.
 - Advocacy to Local People's Legislative Assembly (DPRD) to obtain support in submitting the budget for activities in the application of the MCH Handbook and support in submitting the MCH Handbook financing into *Puskesmas*'s and Hospital's tariff through Local Governments policy.

- Advocacy to the private sector, NGOs to obtain fund support for activities in MCH Handbook application and procurement.
 - Encourage the private health service facilities and agencies outside the health sector to use the MCH Handbook.
 - In line with the decentralization system, Health Office cooperating with the Vital Records, the Ministry of Religious Affairs and the Ministry of National Education includes the MCH Handbook as: the requirement to obtain deed of birth, to enter Kindergarten School or Elementary School.
- Introduce the financing of MCH Handbook use to the community by way of:
 - Including the financing of the MCH Handbook in health service tariff at government health facilities (approved by the local government in a District/Municipal Regulation).
 - Including the financing of the MCH Handbook in service tariff at private health facilities (in accordance with such private health facility tariff). In the event that the MCH Handbook is obtained from the local government, such private health facilities must reimburse the printing costs.
- The development of MCH Handbook use in Districts/Municipalities not yet applying such Book will be conducted through the following activities:
 - Including the planning of MCH handbook development in the Regional Strategic Plan (RENSTRADA).
 - Including the expense requirements in the initial application regions into the local budget.
 - Based on the result of evaluation in the initial application regions, a review on the measures will be conducted for the purpose of development in a new region.
 - Determine new development regions.
- The preparation of human resources capable of managing and using the MCH Handbook needs to be pioneered since the beginning during the paramedics' educational phase by way of including MCH Handbook material in MCH Program teaching materials or during briefing for field work practices at paramedic educational institutions (Academy of Midwifery, Nursing Academy, Academy of Nutrition, Academy of Environmental Health), Health Polytechnic, Faculty of Public Health and Faculty of Medicines.
- Encourage field study/research by using the MCH Handbook (for example: stimulus for children growth, advice on diet for under-two children, family behavior in the maintenance of the health of children under-five)
- Various training activities in the MCH program can be used to introduce the MCH Handbook to paramedics. Combining the MCH Handbook with other MCH activities can give added value both for users (community) as well as for the improvement of regional health system (for example: combining the MCH Handbook with counseling in the Integrated Management of Sick Children Under-Five).

