MINISTRY OF HEALTH
& MEDICAL SERVICES

FIJI MATERNAL & CHILD HEALTH POLICY

2024 – 2030

MINISTRY of HEALTH & MEDICAL SERVICES
Shaping Fiji's Health

JICA

ResPACT
Resilient Pacific Team

FOREWORD

Fiji's First-ever Maternal and Child Health Policy (2024-2030) aims to achieve universal health coverage (UHC) by providing quality, accessible, equitable, and sustainable maternal and child health (MCH) services at all primary healthcare service delivery points within Fiji's healthcare system. The policy guarantees that women and children receive the full scope of healthcare at health facilities through the delivery of comprehensive wellness, antenatal, reproductive, and child health care services, along with customised healthcare, early detection, health promotion, and education.

The policy aligns with the 5 and 20-Year Development Plan (201 7), which emphasises the goal of providing access to quality health facilities and healthcare services, including reproductive healthcare. The policy affirms Fiji's commitment to the Sustainable Development Goals and ensures that "no one is left behind." It ensures that all pregnant women, including teenagers and mothers, as well as newborns, receive timely, safe, appropriate, and effective health services before, during, and after childbirth.

The policy provides a clear framework for delivering standardised, high-quality, and comprehensive maternal and child health (MCH) services. These services include reproductive care, antenatal care, postnatal care, child growth monitoring up to five years of age, immunisation services, psychosocial development care, and essential MCH services during health and disaster emergencies. Additionally, the policy emphasises the importance of providing a continuum of care from preconception to the perinatal period and into childhood.

The policy aims to ensure the safety and well-being of mothers and their children by strengthening primary healthcare and the continuum of care. Enhancing the capacity of primary-level healthcare workers with an effective, sustainable monitoring system will make the healthcare system more resilient, enabling it to maintain essential services even during health emergencies.

As we begin implementation, let this policy act as a catalyst for change, inspiring ongoing action, collaboration, and accountability. It aims to ensure all Fijians, regardless of age, gender, location, or background, can make informed choices about maternal and child health care and rights. Together, we can build a healthier, more equitable Fiji for current and future generations.

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Dr J emesa Tudravu
Permanent Secretary for Health and Medical Services
Government of the Republic of Fiji.

ACKNOWLEDGMENT

We want to extend our heartfelt gratitude to all those who have contributed to the development of the Maternal and Child Health (MCH) Policy and Standard Operating Procedures (SOP).

Our most profound appreciation goes to the dedicated members of the Technical Working Group (TWG), whose expertise, guidance, and collaborative efforts have been instrumental in shaping this comprehensive framework. Your commitment to improving maternal and child health services is truly commendable.

We also acknowledge the invaluable contributions of healthcare workers at all levels, whose insights and practical experiences have enriched the development process, ensuring that the policies are both realistic and useful.

Special thanks are extended to Japan International Cooperation Agency, NGO partners and development agencies for their continuous support, technical assistance, and resource sharing. Your partnership has been vital in fostering innovative approaches and sustainable solutions.

Together, with the combined efforts of government officials, healthcare providers, civil society, and development partners, we are confident that this policy and SOP will serve as a foundation for improved health outcomes and a healthier future for mothers and children.

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Thank you all for your dedication and commitment.

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1. POLICY GOALS & OBJECTIVES

1.1. GOALS

1.1.1 To achieve universal health coverage (UHC) by providing quality, accessible, equitable and sustainable maternal and child health (MCH) care services at all primary health care (PHC) service delivery points within the health care system in Fiji.

1.1.2 To ensure that the health and well–being of mothers and their children from preconception, periods and up to five years of age of a child's life, are met during service deliveries at all maternal child health care clinics.

1.1.3 To provide the services required to meet women's children's health needs through the promotion and provision of preventative and streamlined specialised care.

1.2 OBJECTIVES

1.2.1 To conduct quality antenatal care services at all the MCH clinics.

1.2.2 To deliver sexual and reproductive health care services at all MCH clinics.

1.2.3 To establish wellness screening for women attending MCH clinics.

1.2.4 To monitor the growth and development of children from birth to 5 years of age, including nutritional and oral health status.

1.2.5 To ensure that the childhood immunisation services are met and monitored for all children from birth to 5 years of age.

1.2.6 To ensure provision of care towards psychosocial development of children from birth to five years of age

1.2.7 To strengthen awareness and monitoring of maternal and child health well-being active community engagement.

1.2.8 To ensure that essential maternal child health services continue during health emergencies and/or natural disasters.

2. POLICY STATEMENT

To ensure that women and children are accorded the full scope of health care at all Maternal- Child health clinics by the delivery of comprehensive wellness, antenatal, reproductive and child health care services through the provision of customised health care, early detection and health promotion and education.

3. BACKGROUND

Fiji's healthcare system is tiered into 3 levels, the primary, secondary and tertiary level. Maternal and child health services are available in all levels depending on service type and level of specialized care. The primary and secondary levels of care include all health centres and sub divisional hospitals while the tertiary levels are the divisional hospitals which mostly focus on inpatient and outpatient specialized clinical care.

While maternal healthcare service at the secondary and tertiary level is well established, maternal health care at the primary level of care is not standardized and its service delivery is sporadic and limited. The limited-service delivery of maternal health care at the primary level has led to centralization of antenatal services at the sub divisional and divisional health hospitals. The current maternal health services in the primary levels are basic antenatal care at some health centres, and post natal and other reproductive health services at the Maternal Child Health (MCH) clinics. These existing services however have the potential for expansion for improved patient – centredness and accessibility through policies focused at the primary level of care.

The existing reproductive health policy by the Ministry of Health covers all areas of reproductive, maternal and neonatal health with aims of ensuring quality and accessibility of care at all health facilities. The policy has driven established care at the secondary and tertiary levels of care, but has lapsed in progression at the primary levels due to workforce challenges, limited health financing and other health priorities taking precedence.

The current scope of service of the MCH clinics are focused at child health care mostly immunization care. This has been evident through the consistent childhood immunization coverage of more than 95%. Apart from this, growth and development milestones are monitored at the clinics from newborn to 5 years of age. The maternal and reproductive health service at MCH clinics is focused on postnatal clinics, family planning and cervical cancer screening. Women seeking antenatal care at primary level of care are mostly referred to sub divisional and/or divisional hospitals for booking and further care if these hospitals are in proximity of the health centres. Therefore, maternal health services such as antenatal care are conducted at health facilities that are not easily accessible to secondary and tertiary levels of care due to distance barriers.

Like many countries around the world, Fiji's healthcare system was tested during the covid-19 pandemic. Maternal and child health care services at all levels were compromised leading to inadequate antenatal care and reduced family planning uptake (World Bank PHCPI Report) amongst other services. Maternal and child health services that were based at the tertiary level were decentralized to the MCH clinics at the primary levels during the covid-19 pandemic. This ensured continuity of care of essential maternal and child health services during a health crisis and therefore became a 'pilot' for testing these service areas during national emergencies.

The integration and strengthening of maternal health services at primary health care centres allows equitable access of care and therefore a policy focused on MCH services at the primary care level provides as a strategy to curbing Fiji's Maternal mortality and perinatal mortality rate. This aims towards the 2030 SDG goals of reducing the global maternal mortality ratio to less than 70/100000 and a country target of less than 26/100000. The current perinatal mortality rate for Fiji stands at 14/1000 which just falls short of the WHO standard to be less than 12/1000. Accessible quality ANC care is an established intervention in reducing maternal and perinatal morbidity and mortality.

3.1 HISTORICAL ASPECTS OF MCH IN FIJI

As underlined, Fiji has noticeable good practices in MCH, which were discontinued at some point in the past due to various reasons such as shortages of resources.

- **Childbearing age record card:** It was designed to maintain a comprehensive record of information related to individuals of reproductive age, typically women, and aimed to track various aspects of reproductive health, including FP and related medical histories of women. The card facilitated effective healthcare management, supported FP efforts, captured high-risk cases and ensured the well-being of both mothers and potential children.

- **Home visiting and community profiling:** Multidisciplinary teams (midwife, medical officer, zone nurse, health inspector, community rehabilitation assistant) conducted home visits, detected pregnancies and illnesses, and monitored under-five children, as well as emphasised sanitation in the environment.

- **Engagement of community rehabilitation assistants in MCH clinics:** community rehabilitation assistants actively participated in MCH clinics with a focus on the early detection of child disabilities, leading to timely referrals.

- **Availability of midwives in MCH care:** Midwives were stationed across MCH clinics, ANC, FP, and other critical areas. Breast screenings were carried out at all health facilities including maritime zones. Standard delivery services were available in all remote facilities.

- **Health education and cyclone preparedness:** Before the cyclone seasons in the 1980s and 90s, health education and awareness campaigns in communities took place. In the absence of dieticians, nurses were responsible for conducting food demonstrations on nutrition, children's diet, and food preparedness for cyclone seasons. This responsibility was particularly emphasised in MCH clinics, where nurses were crucial in advocating for dietary practices.

- **Management of Sexually Transmitted Infections (STIs) and HIV cases:** Zone nurses and MCH nurses managed STIs and HIV cases. Special attention was given in afternoons for high-risk clients and emphasis on maintaining confidentiality and building trust with clients.

- **Breastfeeding support group:** Groups of volunteers provided assistance and guidance to new mothers, both within hospital settings and in the community. They played a crucial role in helping mothers address challenges associated with breastfeeding. Their primary objective was to offer holistic care, addressing both mothers' and their babies' physical, emotional, and informational needs throughout their breastfeeding experience. The support group was a valuable resource, fostering a supportive environment where mothers could share experiences, receive advice, and build confidence in their breastfeeding journey.

4. DEFINITIONS/ ACRONYMS

4.1 DEFINITIONS

a) **Maternal health:** Maternal health refers to women's health during pregnancy, childbirth, and the postnatal period

b) **Community Health Worker (CHW):** CHW is a community member chosen by their leadership or organisation to promote wellness and healthy practices within that community

c) **Child health:** Child health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in individuals from birth through adolescence

d) **Outreach program:** Planned and facilitated by healthcare workers in collaboration with NGOs and other stakeholders to provide comprehensive primary health care in communities

e) **Parent:** In this policy, a parent is defined as a mother, father, or guardian who may accompany the child to the health facility

f) **Primary Health Care (PHC):** PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care, and as close as feasible to people's everyday environment (WHO/ UNICEF)

g) **Public health service:** Preventive and rehabilitative services provided by nurses including dieticians

h) **Shift clinic:** Conducted by nurses, dieticians and other allied workers to provide public health services

i) **Wellness screening:** Wellness screening at MCH clinics includes screening for new-born, as well as diabetes, hypertension, cervix, breast, hypercholesterolemia, and any other identified screening for mothers

4.2 ACRONYMS

ANC	Antenatal Care
CHW	Community Health Worker
DFAT	Department of Foreign Affairs and Trade of Australia
ECD	Early Childhood Development
EHR	Electronic Health Record
EmONC	Emergency Obstetric and Newborn Care
EPI	Expanded Programme on Immunization
FHU	Family Health Unit, Ministry of Health and Medical Services of Fiji
FP	Family Planning
GBV	Gender-Based Violence
IMCI	Integrated Management of Childhood Illness
IPC	Infection Prevention and Control
JICA	Japan International Cooperation Agency
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MHMS	Ministry of Health and Medical Services of Fiji
MNHSI	Maternal and Neonatal Hospital Services Initiative
NCD	Non-Communicable Disease
NICU	Neonatal Intensive Care Unit
OBS/GYN	Obstetrics & Gynaecology
PHC	Primary Health Care
PICU	Paediatric Intensive Care Unit
PNC	Postnatal Care
RHD	Rheumatic Heart Disease
RMNCAH	Reproductive Maternal, Newborn Child and Adolescent Health
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
SRMNCAH	Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health
STI	Sexually Transmitted Infection
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

5. RELEVANT LEGISLATIONS & AUTHORITIES

The following legislations, guidelines and key policy documents guide the MCH policy documents

Legislation and Acts

1) Constitution of the Republic of Fiji 2013
2) Family Law Act 2003
3) Child Welfare Act 2010
4) Public Health Act
5) HIV Act 2010 & 2011
6) Mental Health Decree 2010
7) Employment Relations Act 2007 (*Part 10 is on Child Labour)

Policy and Guidelines

1) Ministry of Health and Medical Services Strategic Plan 2021 – 2025
2) Maternal Neonatal Hospital Services Initiative Policy 2024-2029
3) Obstetrics & Gynaecology Clinical Practice Guideline
4) Family Planning Policy 2024-2030
5) Family Planning – A Global Handbook for Providers
6) Reproductive Maternal Newborn Child and Adolescent Health Policy 2023 – 2027
7) Child Health Policy and Strategy 2010 -2015
8) Child Protection Guidelines for Health Workers in Fiji 2012
9) WHO Pocketbook for Care of Children
10) Early Childhood Development Policy 2024 – 2028
11) National Breastfeeding Policy 2024
12) Integrated Management of Acute Malnutrition (IMAM)/ Nutrition in Emergencies (NIE) Guidelines
13) Integrated Management of Childhood Illness Policy 2024-2030
14) Expanded Programme on Immunization Policy 2024-2030
15) Joint Statement on Call for Support for Appropriate Infant and Young Child Feeding (IYCF) during Disasters and Emergencies
16) Marketing Controls - Food for Infants and Young Children 2010
17) Rheumatic Heart Disease (RHD) Policy
18) Neonatal Intensive Care Unit Clinical Practice Guidelines
19) Paediatric Intensive Care Unit Clinical Practice Guidelines
20) Scope of Practice for Registered General Midwives and Nurse Practitioners
21) Community Health Workers Policy

22) Fiji Policy on Food and Nutrition Security 2024

23) Youth Friedly Health Services (YFHS) Guideline

24) Responding to Cases of Gender Based Violence: Fiji Health Guidance for Comprehensive Case Management

25) Fiji National Health Emergencies and Disaster Management Plan (HEADMAP)

26) Food and Health Guidelines for Fiji 2024

27) HIV/ AIDS Treatment Guideline Fiji 2024

28) Infection & Prevention Control Guidelines

29) Fiji Medicinal Products Policy

30) Human Health Research Policy

31) Humanitarian Policy 2024

32) Reproductive Health Policy 2014

In the event of conflicts amongst processes aligned to more legislations or guidelines the **Fiji Constitution 2013** (Chapter 2 -Bill of Rights, clause 38 emphasized on the right of health and clause 41 furthermore emphasized on the rights to child) will set precedence over this policy.

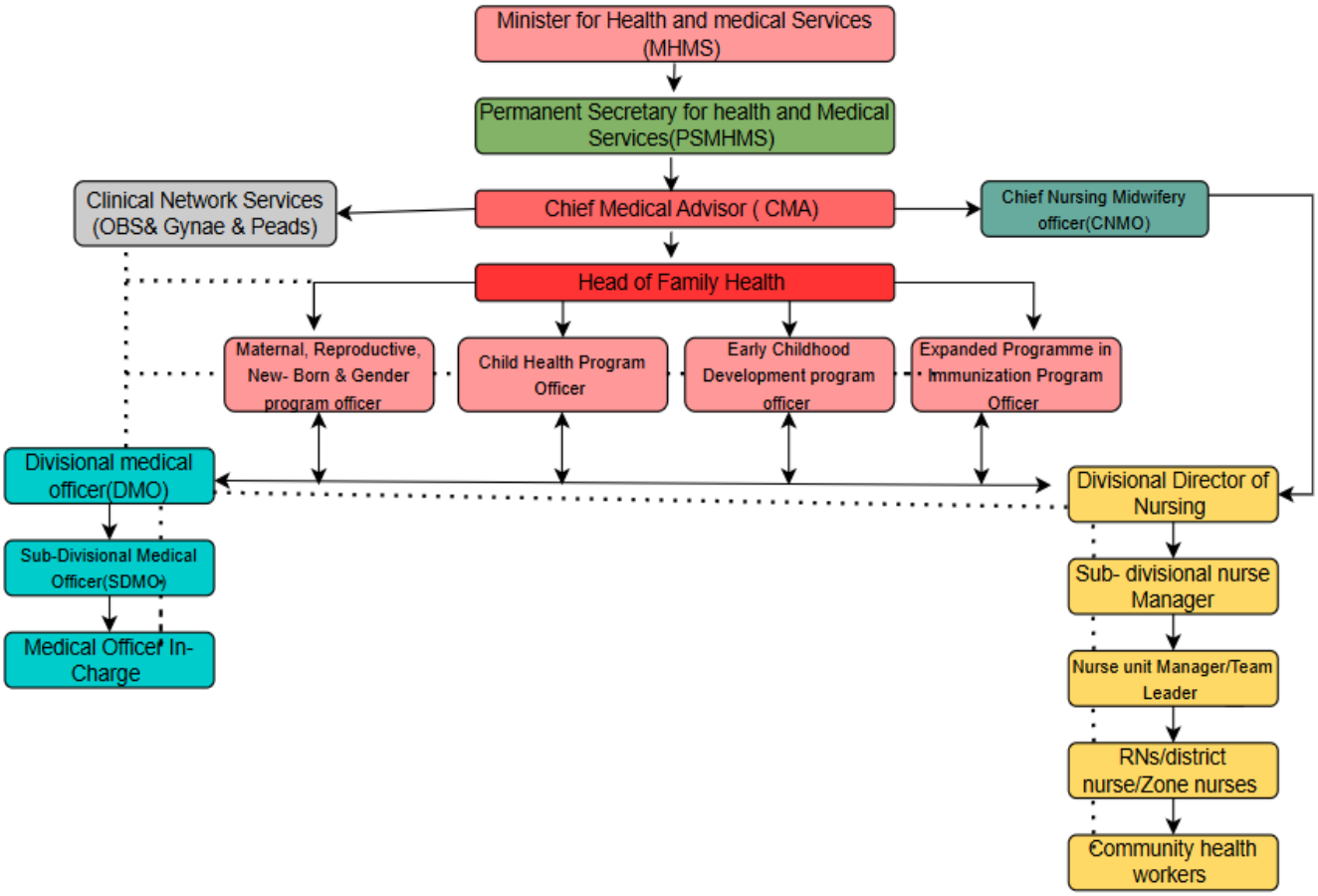
6. POLICY IN THE HEALTH SYSTEM

6.1 LEADERSHIP/ GOVERNANCE

6.1.1 Leadership and governance in MCH services and policy entail strategic directions, decision-making processes, and responsible oversight required to ensure the effective planning, implementation, and management of healthcare initiatives to improve the wellbeing and health outcomes for parents and children.

6.1.2 This policy includes a range of activities and responsibilities.

MATERNAL CHILD HEALTH POLICY GOVERNANCE STRUCTURE



6.1.3 The Maternal and Child Health (MCH) program is part of the Family Health Unit (FHU) within the MHMS and supported by respective divisions, sub-divisions, health centres, and nursing stations.

6.1.4 Under the FHU organisational structure, the MCH program will cut across all the different Programs led by respective program officers in the unit.

6.1.4 Under the Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) Committee, a Sub-Committee for Maternal and Child Health (MCH) will be officially developed under the Obstetrics, Gynaecology and Paediatrics Clinical Services Network. The discussion on MCH needs to occur during the combined clinical service meetings as a standing agenda.

6.1.5 The Sub-Committee needs a standing Terms of Reference under the MCH Policy, and action-oriented minutes followed by the secretariat team.

6.2 FINANCING

6.2.1 All MCH services within the MHMS are provided for free.

6.2.2 There needs to be an exploration of opportunities for collaboration with the private sector to provide MCH services by trained healthcare providers.

6.2.3 Prior to budget submission to the Government of Fiji, the Family Health Unit of MHMS will develop, implement, and monitor a strategic costed action plan for MCH for sustainability.

6.3 WORKFORCE/HUMAN RESOURCES

6.3.1 Every Sub-Division under the MHMS structure needs an established Sub-Divisional Nursing Manager for MCH.

6.3.2 The identified workforce for MCH Clinics needs to be:

1) Medical Officer MCH Clinic
2) Midwife MCH Clinic
3) Nurse MCH Clinic
4) FP Nurse
5) Physiotherapy/ Community Rehabilitation Assistant (CRA)
6) Dental Hygienist (possible to be just a nurse)
7) Dieticians or nurses
8) Medical Image Technologist
9) Phlebotomists
10) Counsellor/ Gender-Based Violence (GBV) trained officer
11) Peer Educator

*Dependant on population size

*Role delineation at facility level can be found in Annex 7

6.3.3 The following training needs to be conducted for all human resources within MCH Clinics.

1) Antenatal Care Orientation (clinical and classroom based)
2) Obstetrics and Gynaecology Clinical Practice Guidelines
3) Emergency Obstetric and Neonatal Care (EmONC)
4) Expanded Programme on Immunisation (EPI)
5) Non-Communicable Disease (NCD) basic training
6) Package of Essential Non-Communicable Disease Model
7) Motivational Interview (MI)
8) Oral Health Training for nurses
9) Child Health Record Card
10) Infant Young Child Feeding (IYCF)

11) Integrated Management of Acute Malnutrition (IMAM)

12) Integrated Management of Childhood Illness (IMCI)

13) Mental Health Gap Action Programme (mhGAP)

14) Rheumatic Fever and Rheumatic Heart Disease

15) WHO Hospital Care for Children (Blue Book)

16) Baby Friendly Hospital Initiative (BFHI)

17) Family Planning Training

18) Health Sector Response to GBV

19) Infection Prevention and Control (IPC)

20) Nutrition in Emergency

21) Consolidated Monthly Return Information System (CMRIS)

22) Contraceptive Logistic Management System (CLMS)

6.4 MEDICAL PRODUCTS/ TECHNOLOGIES

6.4.1 MCH Clinics will require standard base equipment and medicinal products for optimal service delivery inclusive of emergency obstetrics medicines (Annex 2).

6.4.2 The standard base equipment and medicinal products will be monitored in an identified monitoring tool.

6.5 HEALTH INFORMATION SYSTEM

6.5.1 The Patient Information System needs to be well captured in all MCH Clinics across Fiji, covering all aspects of this policy.

6.5.2 Every expecting woman or girl going through the ANC Clinic needs an ANC Clinic folder.

6.5.3 The Patient Information System should be able to generate national and facility level information for all individuals seen through MCH Clinic services.

6.6 SERVICE DELIVERY

Service delivery is the central function of the health system where patients/ clients receive the diagnosis, treatment and supplies, to which they are entitled for the promotion, maintenance and restoration of their health.

6.6.1 Access To Healthcare

1) Access to healthcare is a multifaceted concept influenced by geographical, economic, social, cultural, systemic factors, as well as natural and climate induced hazards. Ensuring equitable access to healthcare services is essential for promoting health equity and addressing disparities in healthcare outcomes among diverse populations.

2) Ensuring access to healthcare for MCH service delivery is paramount for the well-being of mothers and children. This involves strategically locating health facilities, particularly MCH Clinics, for easy access. Strengthening outreach programs, shift clinics, opening hours, and special facilities for those with disabilities of MCH Clinics facilitates overcoming geographical barriers to provide essential care both in urban and rural settings.

3) Through continuous quality improvement, training of healthcare providers, and collaboration with community organisations, a comprehensive approach to MCH service delivery can be established, ultimately promoting equitable access to healthcare for mothers and children across diverse communities.

6.6.2 Maternal Health Services

1) Fiji has tried improving maternal health by providing ANC services to pregnant women. This includes regular check-ups, education on nutrition and healthy behaviours during pregnancy, and the promotion of early, regular and complete prenatal visits.

2) Health centres and hospitals across Fiji offer maternal health services to ensure safe pregnancies and deliveries with the inclusion of establishing friendly MCH Clinics for mothers and parents in regard to Wellness Clinics (diabetes, cardiac, hypertension, cervical, breast, prostate, HIV and STIs screenings), and Preconception Clinics (FP, nutrition, oral health, physio, mental health, GBV and RHD) and ANC.

3) Efforts have been made to reduce maternal mortality by increasing access to skilled birth attendants and emergency obstetric care through training (in-service), revision of the Obstetrics & Gynaecology Clinical Practice Guideline, and establishing positions for midwives and medical officers in MCH Clinics.

4) Critical points in strengthening maternal health service delivery are underlisted.

- **Patient records/ folders:** Digitalise all patients records (shift from paper-based data to digital form).
- **First booking clinic:** Encourage all pregnant mothers to attend booking as early as possible in the first trimester.
- **Antenatal clinic:** All pregnant mothers are encouraged to attend at least 8 clinics before term/ delivery.
- **ANC diagnostic services:** All pregnant mothers must undergo all the minimum diagnostic services at health centre level and above (blood, urine, scan and echo). If such services are not available, the mother must be referred to the next level of care where such diagnostic tests are available.
- **Reproductive Health (RH) Clinic:** This clinic targets women of reproductive age (15 – 49 years) and their partners and provides preconception counselling and care for women with pre-existing diseases, history of obstetric complications and other vulnerable groups including individuals experiencing infertility issues, FP services, cervical and breast screening, and any other RH related services. This clinic is also responsible for outreach clinic for remote areas and underserved population.

6.6.3 Child Health Services (0-5 Years)

Strengthening child health in Fiji is a national priority for the MHMS. In order for Fiji to further reduce childhood morbidity and mortality and meet its obligations under SDGs and UHC, the following policies will be developed or further strengthened.

1) All children under 5 years of age must be fully vaccinated according to the Fiji's existing Immunisation Schedule.

2) MHMS must ensure that all essential services required for early childhood development are made available at health centre level and up.

3) Nutrition education programs aim to promote exclusive breastfeeding for the first six months of life and prevent malnutrition in all its forms.

4) MHMS must ensure that quality and effective IMCI services are made available at all health facilities.

5) MHMS must ensure that oral health services for children under five years of age are provided at all MCH clinics.

6) MHMS must ensure that essential newborn screening services are available at the divisional hospitals and that appropriate palliative services are provided for those newborns/ young children diagnosed with special needs.

6.6.4 Immunisation Programs

1) MHMS must ensure that all forms of paper-based immunisation records, reminders or alerts and reports are upgraded through digitalisation, or to an electronic registry.

2) The use of combination vaccines should be considered to reduce the number of injections for school entrance vaccination coverage.

3) Mothers/ parents/ guardians must be educated on the benefits of combination vaccines for comprehensive protection.

4) Community engagement activities are necessary to raise awareness about the importance of immunisation and to address vaccine hesitancy through community education and collaboration with local influencers.

5) Immunisation services should be integrated into ANC and PNC within MCH clinics. Tetanus Toxoid must be administered during pregnancy to protect both mothers and newborns.

6) It is important to participate in and promote special vaccination campaigns targeting specific age groups or diseases and collaborate with community leaders and CHWs to encourage participation in the campaigns.

7) Ongoing training should be provided for all healthcare providers on new vaccines, updated schedules, and best practices, equipping healthcare staff with knowledge to address concerns and questions related to vaccines.

8) Accurate and up-to-date records of immunisations administered in MCH clinics must be maintained and the transfer of vaccination records be facilitated when families move or switch healthcare providers.

9) Continuous quality improvement initiatives should be implemented to enhance the efficiency and effectiveness of immunisation services.

10) Feedback should be gathered from mothers and healthcare providers to identify areas for improvement.

6.6.5 Community-Based Care

1) Community-based care emphasises the significance of cultural competence, tailoring services to local needs and fostering trust by integrating MCH services into the community. This approach contributes to improved health outcomes, increased awareness, and a sense of shared responsibilities of mothers and children.

2) It not only addresses geographical barriers but also considers social, economic, and cultural determinants, ensuring a holistic and community-driven approach to MCH.

3) Fiji has a network of CHWs who play a crucial role in providing MCH education and services, particularly in rural and remote areas.

4) CHWs, who are members of the community, play a vital role in providing education, preventive services, and basic healthcare. They act as liaisons between the health care system and community. They are responsible for ensuring the health needs of the community are met and the linkage to health access and equity.

5) Their services are not limited to assisting outreach programs and shift clinics but also facilitating health education sessions and supporting families in accessing MCH services.

6) Accessing maternal health services in remote communities and in informal settlements present a challenge due to differing reasons. CHWs need to have standard operating procedure (SOP) in their role in managing and tracking reproductive and maternal health in the community.

7) CHWs collaborate closely with Zone Nurses in coordinating community activities for all MCH services.

6.6.6 Community Engagement and Education

Community engagement and education are crucial components of MCH clinics. By involving the community and providing education, clinics can enhance awareness, improve health outcomes, build trust, and empower individuals and families to make informed decisions, improving MCH outcomes. Here are strategies for effective community engagement and education in MCH.

6.6.6.1 Community Health Workers

1) Train and deploy CHWs to serve as liaisons between healthcare providers and the community

2) CHWs can offer education, support, and help bridge cultural and linguistic gaps.

3) The specific roles of CHWs may be further detailed in the CHW manual or guidelines provided by MHMS or relevant health authorities. It is essential to align the roles with the local context and priority to ensure the effective delivery of MCH services.

4) The following manuals make up the full training package for CHWs, targeted to support CHWs to develop knowledge and skills to share with their communities to promote MCH.

    1) Core Competencies
    2) Safe Motherhood
    3) Child Health
    4) Emergency Training (First Aid)
    5) Disaster Preparedness
    6) Wellness

6.6.6.2 Community Needs Assessment

1) CHWs conduct a thorough needs assessment to understand the specific health needs, cultural beliefs, and socioeconomic factors of the community, involving community members in the assessment process to gather insights and perspectives.

6.6.6.3 Cultural Competence Training

2) Provide cultural competence training to healthcare staff to ensure sensitivity to diverse cultural practices, beliefs, and values.

3) Foster an environment that respects and embraces cultural diversity.

6.6.6.4 Community Partnerships

1) Establish partnerships with local community organizations, leaders, and influencers.

2) Collaborate with schools, religious institutions, and community centres to reach a broader audience.

6.6.6.5 Health Literacy Programs

1) Develop health literacy programs that are accessible and easy to understand for community members with varying levels of education

2) Use visual aids, multimedia, and culturally relevant materials to convey health information

6.6.6.6 Community Workshops and Seminars

1) Organize workshops and seminars on MCH related topics, including prenatal care, breastfeeding, nutrition, and child development

2) Invite healthcare professionals, specialists, and community leaders to share information

6.6.6.7 Support Groups

1) Establish support groups for pregnant women, new mothers, and families to share experiences and information

2) Facilitate peer-to-peer support to address common concerns and provide a sense of community awareness

6.6.6.8 Interactive Educational Campaigns

1) Use interactive campaigns, such as community events, health fairs, and awareness drives, to engage community members

2) Incorporate games, demonstrations, and interactive activities to make education more engaging

6.6.6.9 Media and Communication Channels

1) Utilize local media channels, including radio, television, and community newsletters, to disseminate health information.

2) Leverage social media platforms to reach a younger population and encourage community discussions.

6.6.6.10 Feedback Mechanisms, Monitoring and Evaluation

1) Establish feedback mechanisms to allow the community to voice concerns, provide input, and suggest improvements.

2) Use community feedback to adapt and improve education programs.

6.6.6.11 Promote Antenatal and Postnatal Classes

1) Offer antenatal and postnatal classes that cover topics like childbirth preparation, breastfeeding, and newborn care.

2) Create breastfeeding support group at every hospital and public health setting.

3) Encourage partners and family members to participate in these classes.

6.6.6.12 Sustainability Strategies

1) Develop long-term strategies for sustaining community engagement initiatives

2) Empower community leaders to take ownership and play a role in the ongoing success of health education programs

6.6.7 Non-Communicable Diseases screening in MCH

Screening for non-communicable diseases (NCDs) in MCH clinics is crucial for identifying and managing health risks in pregnant women and children. NCDs encompass a range of conditions such as diabetes, hypertension, cardiovascular diseases, and obesity, among others. By integrating NCD screening into MCH clinics, healthcare providers can contribute to the prevention, early detection, and management of NCDs, hence, promoting the overall health and well-being of both mothers and children. Here are some key considerations for implementing NCD screening in MCH clinics.

6.6.7.1 Integration into Routine ANC

1) Incorporate NCD screening as a routine component of ANC visits to ensure early detection and management.

2) Provide comprehensive health assessments during pregnancy, including checking for pre-existing conditions and risk factors.

6.6.7.2 Screening Tools and Protocols

1) Develop standardized screening tools and protocols for NCDs that are tailored to the MCH setting.

2) Use validated questionnaires, physical examinations, and laboratory tests to assess risk factors and detect existing conditions.

6.6.7.3 Postpartum Follow-up

1) To address ongoing health needs, extend NCD screening and management into the postpartum period together with the 1st and 6th weeks PNC.

6.6.7.4 Screening for Diabetes

1) Screen for diabetes as part of routine parent and child health care clinic
2) Where a parent is found to have diabetes s/he should undergo necessary referrals including the preconception clinic for women
3) Conduct diagnostic tests, as appropriate, to identify women at risk of developing diabetes during pregnancy

6.6.7.5 Blood Pressure Monitoring

1) Regularly measure blood pressure during antenatal visits to identify hypertension
2) Implement guidelines for diagnosing and managing hypertension in pregnancy

6.6.7.6 Nutrition Counselling and Obesity Screening

1) Provide nutrition counselling to pregnant women and screen for obesity
2) Encourage a healthy diet and lifestyle to prevent excessive weight gain during pregnancy

6.6.7.7 Education and Awareness

1) Educate pregnant women and their families about the importance of NCD screening
2) Promote awareness of lifestyle factors that contribute to NCDs, such as diet, physical activities, and smoking

6.6.7.8 Referral and Follow-up

1) Establish a system for referring pregnant women with identified NCDs to appropriate specialists for further evaluation and management
2) Ensure continuity of care by facilitating communication between MCH clinics and other healthcare providers and specialists
3) Develop a system for tracking mothers and children in MCH clinics

6.6.7.9 Data Collection and Monitoring

1) Implement a robust data collection system to monitor the prevalence of NCDs among pregnant and postpartum women and their children
2) Use data to assess the effectiveness of screening programs and make necessary improvements

6.6.8 Sexual Reproductive Health

Integrating sexual reproductive health (SRH) services into MCH clinics is essential for providing comprehensive care to women and couples throughout the reproductive life cycle, contributing to healthier outcomes for women, children, and families. Here are key components to consider when incorporating SRH services into MCH clinics.

6.6.8.1 FP Services

1) Offer a range of contraceptive methods, including counselling on their effectiveness, benefits, and potential side effects

2) Provide education on FP options, allowing individuals and couples to make informed choices based on their reproductive goals

6.6.8.2 Preconception Care

1) Offer preconception counselling to women and couples who are planning to conceive.

2) Address health behaviours, risk factors, and chronic conditions that may affect pregnancy outcomes.

6.6.8.3 Prenatal Care

1) Include comprehensive prenatal care services, covering regular check-ups, screening tests, and education on healthy pregnancy practices

2) Provide information on foetal development, nutrition, and lifestyle choices during pregnancy

6.6.8.4 Sexual Health Education

1) Offer sexual health education to both men and women, covering topics such as safe sex, STIs, and healthy relationships

2) Promote communication about sexual health within families and communities

6.6.8.5 STI Screening and Treatment

1) Conduct routine screening for STIs during ANC visits

2) Provide timely treatment and counselling for individuals diagnosed with STIs

6.6.8.6 HIV Counselling and Testing

1) Offer voluntary HIV counselling and testing to pregnant women and their partners

2) Implement prevention of mother-to-child transmission (PMTCT) programs for HIV-positive pregnant women.

6.6.8.7 Postpartum Care

1) Extend SRH services into the postpartum period, addressing issues such as FP, breastfeeding support, and emotional well-being including postpartum depression

2) Screen for and manage postpartum complications, including sexual health concerns.

6.6.8.8 GBV Screening and Support

1) Integrate GBV screening into routine care, providing support and referral services for those affected.

2) Train healthcare providers to identify signs of abuse and respond appropriately.

6.6.8.9 Adolescent Sexual Health Services

1) Create a supportive environment for adolescent sexual health education and services including teenage pregnancies.

2) Offer confidential counselling, contraception, and STI testing for adolescents.

6.6.9 Counselling and Psychosocial Support

1) Provide counselling services to address the emotional and psychological aspects of sexual and reproductive health

2) Address concerns related to fertility, pregnancy loss, and other reproductive health challenges

6.6.9.1 Community Engagement and Outreach

1) Conduct community outreach programs to raise awareness about SRH services and encourage utilization.

2) Foster partnerships with community organizations to enhance accessibility and acceptance of services.

6.6.9.2 Cultural Competency and Sensitivity

1) Ensure that SRH services are culturally competent and sensitive to the diverse needs of the community.

2) Train healthcare providers to offer inclusive and non-judgmental care.

6.6.10 Access and Equity

1) Fiji faces challenges related to geographic disparities in healthcare access, with more remote and rural areas often having limited access to healthcare facilities.

2) Efforts have been made to address these disparities by improving infrastructure, transportation, and outreach services as well as the use of digital health.

3) The combined clinical services network for OBS/GYN with the Paediatrics Team will coordinate outreach work when and where required to support geographically challenged areas.

6.6.11 Partnerships and International Support

1) Fiji collaborates with international organisations such as JICA, DFAT, UNICEF, UNFPA and WHO to improve MCH outcomes. These partnerships often involve technical assistance and funding for healthcare programs.

2) The Fijian government also allocates resources to support MCH initiatives.

6.7 MCH SERVICES IN EMERGENCIES

MCH services are crucial during health emergencies to ensure the well-being of mothers and children. Humanitarian crises have a significant impact on the health and well-being of mothers and children. Access to life-saving health care is critical in the initial stages of emergencies. The primary goal of the MCH response is to prevent maternal and newborn morbidity and mortality. Essential health services (minimum standards) for MCH in such situations align to the national response, which include the following:

6.7.1 Emergency Preparedness and Response

1) Developing and implementing emergency response plans for MCH services
2) Training healthcare workers in emergency response protocols

6.7.2 Antenatal and Postnatal Care

1) Monitoring and supporting pregnant women before and after childbirth
2) Ensuring safe deliveries and immediate postnatal care

6.7.3 Emergency Obstetric Care

1) Managing complications during pregnancy, childbirth, and the postpartum period.
2) Ensuring access to skilled birth attendants and emergency obstetric facilities.
3) Establishing a referral system with communication and transportation from communities to health facilities including hospitals that function at all times.
4) Provide all visibly pregnant women with clean delivery kits when access to skilled health care providers and health care facilities cannot be guaranteed

6.7.4 FP Services

1) Making a range of long-acting reversible and short-acting contraceptive methods available at health facilities based on demand, in private and confidential setting
2) Providing counselling that emphasizes informed choices and effectiveness

6.7.5 Immunisation Services

1) Maintaining routine immunisation schedules to prevent vaccine-preventable diseases
2) Implementing catch-up campaigns for children who missed vaccinations during emergencies

6.7.6 Nutrition Services

1) Providing nutritional support for pregnant and lactating women
2) Ensuring adequate nutrition for infants and young children
3) Providing nutritional packages for pregnant women and children in collaboration with other stakeholders

6.7.7 Child Health Services

1) Diagnosis and treatment of common childhood illnesses
2) Routine well-child check-ups and growth monitoring

6.7.8 Communicable Disease and NCD Prevention and Control

1) Surveillance and control of communicable diseases and NCDs, including vaccines and treatments
2) Health education on disease prevention and hygiene practices

6.7.9 Mental Health Support

1) Addressing the mental health needs of pregnant women, new mothers, and children in crises.
2) Offering counselling services and psychological support.

6.7.10 Water, Sanitation, and Hygiene (WASH) Services

1) Ensuring access to clean water and sanitation facilities to prevent waterborne diseases
2) Promoting hygiene practices to reduce the risk of infections

6.7.11 Community Engagement and Education

1) Engaging CHWs and communities in health education and awareness
2) Encouraging community participation in health promotion and disease prevention

6.7.12 Mobile Health (mHealth) Services

1) Utilizing technology for remote consultations, health education, and monitoring
2) Providing information through mobile applications and SMS services

6.7.13 Collaboration and Coordination

1) Coordinating efforts among healthcare providers, NGOs, government agencies and other stakeholders
2) Establishing referral systems to ensure seamless care across different healthcare system levels

6.8 QUALITY OF CARE

Ensuring high-quality care in MCH clinics is essential for promoting positive health outcomes for mothers and their children. Quality of care encompasses various aspects, including clinical care, interpersonal interactions, availability, accessibility, and patient satisfaction. Here are key considerations to enhance the quality of care in MCH clinics.

6.8.1 Clinical Competence

1) Ensure that healthcare providers possess the necessary competencies and skills and are trained in MCH

2) Regularly update staff on evidence-based practices and guidelines related to prenatal care, childbirth, postpartum care, and paediatric health

6.8.2 Evidence-Based Practices

1) Implement evidence-based clinical protocols and guidelines for MCH services

2) Regularly review and update clinical practices based on the latest research and recommendations

6.8.3 Patient and Family-Centred Care

1) Foster a patient and family-centred approach that respects the preferences, values, and cultural diversity of individuals and families.

2) Involve patients and families in decision-making processes and provide clear communication about treatment options.

3) Implement initiatives that enhance communication and shared decision-making.

6.8.4 Continuity of Care

1) Establish systems to ensure continuity of care throughout the MCH continuum, from prenatal to postnatal care.

2) Facilitate smooth transitions between healthcare providers and different stages of care including strengthening the referral pathway from hospitals to public health facilities with a use of a checklist.

3) The Maternal and Child Health (MCH) Record Book in Fiji serves as a comprehensive tool to monitor and track the health of both mothers and children. This essential document provides a systematic approach to recording vital health information, including prenatal care, childbirth details, and postnatal check-ups for mothers as well as growth, immunizations, and developmental milestones of infants and young children. By documenting the information in a centralized record, healthcare providers can ensure continuity of care, identify potential health concerns early, and tailor interventions to meet the specific needs of each mother and child.

6.8.5 Timely and Accessible Services

1) Minimize appointment waiting times and provide timely access to prenatal care, diagnostic tests, and emergency services

2) Implement systems for prompt follow-up and communication of test results

6.8.6 Comprehensive ANC

1) Offer comprehensive ANC, including regular check-ups, screenings, and education on nutrition, exercise, and self-care during pregnancy.

2) Provide appropriate interventions for high-risk pregnancies.

6.8.7 Safe Childbirth Practices

1) Ensure adherence to safe childbirth practices, including infection control measures and skilled attendance during labour and delivery.

2) Monitor and manage complications promptly, ensuring the availability of emergency obstetric care,

6.8.8 Newborn Care and Postpartum Support

1) Provide comprehensive newborn care, including vaccinations, screenings, and guidance on breastfeeding

2) Offer postpartum support and education on maternal self-care, mental health, and FP as well as the importance of regular baby clinic

6.8.9 Infection Control and Hygiene

1) Implement strict infection control measures to minimise the risk of healthcare-associated infections.

2) Maintain a clean and hygienic environment in all clinic areas.

6.8.10 Health Information Systems

1) Utilize electronic health records (EHRs) to maintain accurate and up-to-date patient information.

2) Ensure that health information systems support care coordination and facilitate data-driven quality improvement efforts

iii. Ensure that every child has the National Health Number upon discharge

6.8.11 Patient Education, Counselling, and Empowerment

1) Develop and implement patient education programs to empower mothers and families with the knowledge to actively participate in their care

2) Provide comprehensive patient education and counselling on MCH topics

3) Empower patients to participate in their care and make informed decisions actively

6.8.12 Feedback Mechanisms and Continuous Quality Improvement

1) Establish mechanisms for collecting feedback from both healthcare providers and patients and use it for continuous quality improvement

2) Conduct regular internal audits and quality assessments to identify areas for improvement

6.8.13 Cultural Sensitivity and Respect

1) Ensure that healthcare providers are culturally competent and respectful of diverse backgrounds and beliefs.

2) Train staff to provide inclusive and non-discriminatory care.

6.8.14 Interdisciplinary Collaboration

1) Promote collaboration among healthcare professionals, obstetricians, paediatricians, nurses, and other support staff.

2) Facilitate interdisciplinary team meetings to discuss complex cases and ensure comprehensive care.

6.8.15 Risk Management Programs

1) Develop and implement risk management programs to identify and mitigate potential risks in MCH services.

2) Use risk assessments to proactively address challenges and prevent adverse events.

6.8.16 Utilization Reviews

1) Conduct utilization reviews to assess the appropriateness and effectiveness of MCH services.

2) Identify patterns and trends in service utilization and adjust resources accordingly.

6.8.17 Data-Driven Decision-Making

1) Utilize data analytics to inform decision-making and quality improvement efforts

2) Implement data dashboards to track key performance indicators and outcomes

6.8.18 Technology Solutions

1) Integrate technology solutions, such as EHRs and telehealth, to streamline processes and improve communication.

2) Leverage technology for remote monitoring and patient engagement.

6.8.19 Community Engagement and Education

1) Engage the community in quality improvement initiatives by soliciting feedback and involving them in program planning

2) Conduct educational campaigns to raise awareness about MCH and promote preventive care including school health programs

6.8.20 Benchmarking and Peer Comparisons

1) Participate in benchmarking initiatives and compare performance with peer institutions

2) Identify best practices from high-performing organizations and adapt them to local contexts

6.8.21 Leadership Support

1) Secure leadership support for quality improvement initiatives

2) Ensure that leaders prioritize and allocate resources for ongoing improvement efforts

By implementing these quality improvement initiatives, MCH services can continuously enhance their effectiveness, safety, and patient satisfaction, ultimately contributing to better health outcomes for mothers and children. Regular evaluation and adaptation of these initiatives based on performance data and feedback are essential for sustained improvement.

6.9 MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING

Monitoring and evaluation (M&E) are essential components of MCH services to assess the effectiveness, efficiency, and quality of care. Proper M&E processes help identify strengths, weaknesses, and areas for improvement, ultimately contributing to better health outcomes for mothers and children. Regular and systematic monitoring, evaluation, accountability and learning (MEAL) contribute to the ongoing improvement of MCH services, helping healthcare providers and policymakers make informed decisions (Annexes 5 & 6). Essential components under the MCH policy for M&E services are as follows.

6.9.1 Establishing a Monitoring System

1) Implement a robust monitoring system to track routine activities, service delivery, and key performance indicators.

2) Monitor inputs, processes, outputs, and outcomes related to MCH services.

6.9.2 Data Collection and Reporting

1) Standardize data collection methods and tools to ensure consistency across the nation (Annexes 4)

2) Train healthcare staff on data collection procedures and the importance of accurate and timely reporting

3) Develop and implement EHRs to streamline data collection and reporting processes

6.9.3 Routine Reporting

1) Establish a routine reporting schedule to regularly update stakeholders on the status of MCH services in Fiji and prepare for necessary international reports such as SDGs updates

2) Ensure that reports include relevant data, trends, and insights for informed decision-making

6.9.4 Quality Assurance and Clinical Audits

1) Conduct regular clinical audits to assess the quality of MCH services

2) Identify areas for improvement in clinical practices, adherence to protocols, and patient outcomes

6.9.5 Patient Satisfaction Surveys

1) Implement patient satisfaction surveys to gather feedback from mothers and families

2) Use survey results to identify areas for improvement in communication, accessibility, and overall patient experience

6.9.6 Outcome Monitoring

1) Monitor health outcomes related to MCH, such as maternal mortality ratio, infant mortality rate, and vaccination coverage

2) Analyse trends and patterns to identify factors influencing outcomes

6.9.7 Performance Metrics for Healthcare Providers

1) Develop performance metrics for healthcare providers involved in MCH services

2) Conduct regular performance reviews and provide constructive feedback to support professional development

6.9.8 Utilization Rates

1) Monitor the utilization rates of MCH services, including preconception, ANC, PNC, nutrition, wellness screening and child immunizations

2) Identify barriers to the utilization and develop and implement strategies to address them

6.9.9 Capacity Building

1) Assess the capacity of healthcare facilities and staff to deliver MCH services

2) Provide ongoing training and professional development opportunities based on identified needs

6.9.10 Partnership and Collaboration Assessment

1) Evaluate the effectiveness of partnerships and collaborations with other healthcare providers, community organizations, and stakeholders

2) Assess the impact of collaborations on service delivery and outcomes

6.9.11 Budget and Resource Utilization

1) Monitor the allocation and utilization of financial and human resources for MCH services

2) Ensure efficient use of resources to maximize impact

6.9.12 Feedback and Learning Loops

1) Establish mechanisms for continuous feedback and learning

2) Use M&E findings to inform decision-making, adapt strategies, and improve the delivery of MCH services

6.9.13 Documentation and Knowledge Management

1) Maintain a comprehensive system for documenting M&E findings, reports, and lessons learned

2) Ensure that knowledge is shared within the organization and with relevant stakeholders

6.9.14 Ethical Considerations

1) Adhere to ethical guidelines in data collection and reporting, ensuring confidentiality and privacy

2) Obtain informed consent when applicable, especially in the case of patient satisfaction surveys

6.10 DATA AND INFORMATION MANAGEMENT

Effective data and information management is crucial in MCH services to support decision-making, monitor health outcomes, and enhance the quality of care. Here are key aspects of data and information management in MCH services.

6.10.1 Electronic Health Records

1) Adopt and implement EHR systems to store and manage patient information electronically
2) Ensure interoperability between different health systems to facilitate seamless sharing of patient data

6.10.2 Health Information Systems

1) Develop integrated health information systems that encompass MCH data along with other relevant health information.
2) Establish standardized data formats and coding systems to promote consistency and interoperability.

6.10.3 Data Collection and Entry

1) Train healthcare providers on standardized data entry procedures to ensure accurate and consistent data collection
2) Promote real-time data entry to enhance the timeliness and relevance of health information

6.10.4 Data Quality Assurance

1) Conduct regular audits of health data to ensure accuracy, completeness, and consistency
2) Implement validation checks to identify and correct errors in data entry

6.10.5 Privacy and Security

1) Adhere to privacy and security regulations to protect sensitive health information
2) Implement access controls and authentication mechanisms to restrict unauthorized access to patient data

6.10.6 Telehealth and Telemedicine Data

1) Integrate data from telehealth and telemedicine services into the overall health information system.
2) Ensure secure communication channels for telehealth consultations and data transfer.

6.10.7 Data Analytics and Reporting

1) Utilize data analytics tools to analyse trends, patterns, and outcomes in MCH
2) Implement automated reporting mechanisms for routine reporting of key indicators

6.10.8 Maternal and Child Health Registries

1) Establish registries specifically dedicated to MCH to track outcomes and monitor high-risk pregnancies.

2) Link MCH registries with other health information systems.

6.10.9 Decision Support Systems

1) Implement decision support systems to assist healthcare providers in making informed decisions based on available data

2) Incorporate evidence-based clinical guidelines into decision support systems

6.10.10 Mobile Health (mHealth) Applications

1) Integrate data from mHealth applications used for MCH monitoring

2) Develop user-friendly mobile applications for data collection and patient engagement

6.10.11 CHW Data Management

1) Provide training to CHWs on data collection, entry, and management

2) Facilitate secure and efficient data transmission from community settings to central databases

6.10.12 Research and Surveillance Data

1) Collaborate with research institutions to leverage research data for improving MCH services

2) Establish surveillance systems for tracking emerging health issues and disease outbreaks

6.10.13 Patient Engagement and Education

1) Develop health information portals for patients to access and contribute to their health records

2) Provide educational resources to patients through digital platforms

6.10.14 Cross-Sectoral Data Sharing

1) Collaborate with other sectors (education and social services) to share relevant data that impacts MCH outcomes

2) Develop integrated solutions that address social determinants of health

6.10.15 Continuous Training and Capacity Building

1) Establish continuous training programs for healthcare providers on data management best practices

2) Build organizational capacity for effective data governance and management

6.10.16 Feedback Mechanisms

1) Establish mechanisms for patients to provide feedback on data accuracy and completeness

2) Use feedback to drive continuous improvement in data management processes

6.10.17 Interdisciplinary Collaboration

1) Encourage interdisciplinary collaboration among healthcare providers, data managers, and IT professionals

2) Conduct regular meetings to discuss data-related challenges and opportunities

6.10.18 Scalability and Future Planning

1) Implement scalable data management solutions that can accommodate the evolving needs of MCH services

2) Anticipate future data requirements and plan for technological advancements

Effective data and information management in MCH services contribute to improved quality of care, health outcomes, resource allocation, and decision-making at individual and organizational levels. Regular evaluations and updates to data management systems are essential to meet the changing needs of healthcare delivery.

6.11 MCH CARE STANDARD OPERATING PROCEDURES

Standard operating procedures (SOPs) outline the procedures for MCH care covering ANC, intrapartum care, PNC and MCH programmes in public health settings. This SOP ensures the provision of standardized and compassionate healthcare services for mothers and children.

6.12 MCH CARE INFRASTRUCTURE AND RESOURCES

A robust healthcare infrastructure and adequate resources are critical components of effective MCH services. By prioritizing and investing in healthcare infrastructure and resources to ensure the availability of well-equipped facilities, skilled healthcare professionals, and essential resources, communities and healthcare systems can deliver high-quality, accessible, and comprehensive care for mothers and children. Here are key considerations for healthcare infrastructure and resources in MCH services.

6.12.1 Healthcare Facilities

1) Ensure the availability of well-equipped and accessible healthcare facilities that cater to MCH services

2) Provide standard MCH equipment, supplies, and resources (if the MCH equipment, supplies and resources are 60% or below than the standard of each facility is not regarded as safe to carry out the services for audit standard)

3) Set up MCH clinics equipped with necessary facilities for prenatal examinations, screenings, and counselling

4) Ensure these clinics are easily and fully accessible to pregnant women

6.12.2 Laboratory and Diagnostic Services

1) Provide on-site point of care diagnostic services for timely and accurate testing

2) Equip facilities with ultrasound machines, and other diagnostic tools relevant to basic MCH services

6.12.3 Medical Equipment and Supplies

1) Ensure healthcare facilities are well-stocked with essential medical equipment and supplies, including delivery instruments, incubators, and resuscitation equipment (Annex 2)

2) Implement regular maintenance and calibration of medical equipment

3) Provide training on medical equipment maintenance and calibration

6.12.4 Medications and Vaccines

i. Ensure a consistent and sufficient supply of essential medications for MCH

ii. Implement vaccination programs to protect mothers and children against preventable diseases

6.12.5 Skilled Healthcare Professionals

i. Research and development, and upskilling of health professions

6.12.6 Emergency Obstetric and Newborn Care

i. Establish referral mechanism for EmONC to manage complications during pregnancy and childbirth

ii. Develop timely referral mechanisms to access emergency services for high-risk pregnancies

iii. These points are captured in EmONC policy (to ensure that due immunization is given during this period of time)

6.12.7 MCH Record Book, Relevant Standard Registers, Forms, and Reporting Tools

i. In order to facilitate MCH continuum of care and integration of relevant primary health services for mothers and children into MCH, individual health records, registers, forms and reporting tools are revised to ensure all the relevant data can be captured, shared among different healthcare workers, and tracked.

ii. The MCH Record Book systematically records personal health data for mothers during pregnancy and for children since birth up to the age of five. It guides healthcare workers in providing appropriate care to mothers and children and contains information on care during pregnancy and early childhood for mothers and their families/ partners. It is distributed to mothers attending ANC across the country and the mothers are required to carry it to MCH clinics and other relevant healthcare services for both mothers and children under five years of age.

iii. MCH clinics must be equipped with standard maternal and child health registers and forms as well as reporting tools, which capture all the primary healthcare services required for pregnant and postpartum mothers and children under five, including maternal NCD status.

6.12.8 Information Technology Infrastructure and Telehealth and Telemedicine

i. Implement robust information technology infrastructure, including EHRs, patient information and health information systems

ii. Facilitate secure and efficient data exchange for improved patient care and monitoring

iii. Integrate telehealth and telemedicine services to enhance accessibility, especially in remote or underserved areas

iv. Provide virtual consultations, remote monitoring, and tele-education

v. Ensure that basic teleconference equipment is available at healthcare facilities.

vi. Improved IT facilities for provision of telemedicine and efficient MCH services

6.12.9 Ambulance Services

i. Establish a reliable and well-equipped ambulance service for timely transportation of pregnant women, newborns and children in case of emergencies

ii. Ensure the availability of trained personnel in emergency medical services

6.12.10 CHWs

i. Train CHWs to provide education, support, and basic healthcare services

ii. Utilize CHWs to extend MCH services to remote or underserved communities

6.12.11 Public Health Education Programs

i. Strengthen and integrate mandatory health education programs to raise awareness about MCH

ii. Use various channels, including community events, media, and outreach programs, to disseminate health information

6.12.12 Research and Development

i. Support research and development initiatives to continually improve MCH services

ii. Encourage collaboration with academic institutions and research organizations

6.12.13 Public-Private Partnerships

i. Foster public-private partnerships to leverage resources and expertise for MCH services

ii. Collaborate with non-governmental organizations and private healthcare providers to enhance service delivery

7 IMPLEMENTATION PLAN

- The Family Health Unit (FHU) coordinates the policy implementation, with the assistance of the combined sub-committee clinical services network and the divisional medical offices.
- The process of implementation planning, and delivery will be driven through the lead program officers within the FHU with the support of the Divisional Medical Officers, Director of Nursing, Sub-Divisional Nursing Managers and Team Leaders as described under the governance structure.
- The MHMS through the FHU will develop an operational plan. (Annex 1).
- The plan goes alongside the MEAL framework. (Annex 7).

8 EFFECTIVE DATE

This policy is effective from the date of signed endorsement in the section 15.0 below.

9 REVIEW DATE

This policy should be assessed in accordance with all guidelines and will be reviewed in 2030 or when deemed necessary by MHMS.

10 KEY SEARCH WORDS

Maternal Health, Child Health, Immunisation, Preconception, Antenatal Care, Postnatal Care, Milestones, Gestational Diabetes, Hypertension, Family Planning, Human Immunodeficiency Virus (HIV), Cervical and Breast Screening

11 APPROVED BY

Permanent Secretary for Health and Medical Services

..... 12-10-2025 .....

Signature Date

Honourable Minister for Health and Medical Services

..... 20-10-2025 .....

Signature Date

Annex 1: Maternal Child Health Operational Plan

TIMING	KEY ACTIONS
January - February 2025	**Request Endorsement of MCH policy and SOP.** ☐ Endorsement from the policy and planning unit for MHMS Final version of the policy endorsed by the head of Policy &planning unit. ☐ Endorsement from the NHEC. Submitted to NHEC by Policy and planning unit ☐ Endorsement from Fiji Government Prepare a cabinet paper with a long-term investment approach and a compiled key MCH budget data, to get endorsement and approval for securing funds to implement the MCH Policy from Fiji Government.
Feb - March 2025	**Launching of MCH Policy & SOP** Planning and conducting a launching of the MCH Policy ☐ Confirmation of date, venue and other logistics
March 2024	**Finalization of the Pilot Site** Confirm pilot sites after baseline survey Finalize a concept note on pilot sites selection and designate pilot sites of the MCH policy implementation *The sites will be identified based on the policy goals and priority areas, considering geographical diversity, population density, and existing healthcare infrastructures
March 2025	**National Training of Trainers** Plan and conduct training of divisional trainers in MCH Policy implementation ☐ 3 divisional training (Central/Eastern, Northern & Western ☐ Participants from the identified pilot site ☐ Logistic support
March – April 2025	**Pilot Site Preparation** ☐ Develop a tailored implementation plan for each site ☐ Equip pilots' sites with IT equipment, human resource officers
April 2025 – ongoing	**Divisional Cascade Training** ☐ Training and Capacity Building ☐ Conduct training at the sub-divisional, facility and community levels in MCH Policy implementation ☐ Plan and conduct a comprehensive training program targeting healthcare providers to enhance their knowledge and skills of MCH services ☐ Develop specific training modules for Community Health Workers and other relevant personnel and train them

TIMING	KEY ACTIONS
August 2024	**Budget Submission** ☐ Develop and submit a proposal for budget approval by the Family Health Unit of MHMS for MCH Policy implementation
August 2024	**Budget Announcement** ☐ Release of allocated budget as per proposal by the Ministry of Finance
October 2025 - ongoing	**Monitoring, Evaluation, Advocacy & Learning (MEAL)** ☐ Regularly collect and analyse data to assess the effectiveness of the pilot implementation and the overall policy at all levels of MCH services and make informed adjustments
November 2025	**Sustainability Planning** ☐ MHMS with the Ministry of Finance to develop a long-term investment approach for capacity enhancement of healthcare professionals and advocates with the aim to sustain the MCH policy implementation
2025	**Scaling Up** ☐ Evaluate the effectiveness of the overall pilot implementation and develop plans for scaling up the MCH policy implementation to other locations of MCH services
2025	**Collaboration with Tertiary Institutions** ☐ Collaborate with local tertiary institutions to develop and deliver training modules/ research opportunities in line with the MCH Policy for all healthcare providers
2025	**Community Engagement** ☐ Engage local communities to raise awareness and gather inputs to ensure that MCH services are culturally sensitive and responsive to community needs
2026	**Continuous Improvement** Ensure to conduct monitoring and evaluation at all levels of the health system for regular reviews and updates to adapt to changing healthcare landscapes based on lessons learned
2029	**MCH Policy Review** Review the five-year implementation of the MCH Policy to modify the policy and implementation strategies as needed

Annex 2: Standard Equipment and Medicinal Needs

Maternal and Child Health (MCH) Clinic

	Cubicles / Areas	No.
1	Examination room	5
2	Antenatal care	3
3	Family Planning	1
4	Pap Smear cubicle	1
5	Treatment room	1
6	Triage room	1
7	Patient waiting area	1
8	Equipped Staff room	1
9	Lecture halls/ Training rooms	—

Equipment and Medicinal Products for MCH Services

	Equipment	Medicinal product
Antenatal Care		
1	Blood pressure monitor	Prenatal vitamins
2	Stethoscope	Iron supplement
3	Ultrasound scan	Folic acid supplements
4	Weighing scale (adult)	Vaccines (as per Immunization Schedule)
5	Tape measure	Antiemetics
6	Glucometer	Antihypertensive medication
7	Doppler device/ cardiotocography machines	Gestational diabetes medication
8	Foetal monitoring equipment	Antenatal corticosteroid
9	Speculum	
10	Blood test & laboratory equipment	
11	Urinalysis strips	
12	Gynaecological examination table	
13	Electrical accessories	
14	Stadiometer	
15	Emergency drug trolly	
16	Bar fridge (for oxytocin, insulin, etc.)	
Labor and Delivery		
1	Delivery bed	Oxytocin
2	Foetal monitoring equipment	Local anaesthetics
3	Intravenous lines and fluids	Antiemetic
4	Infusion pump	Haemorrhage medication
5	Blood pressure monitor	Topical antiseptics
6	Pulse oximeter	Eye ointment
7	Sterile delivery kit	Vitamin K
8	Neonatal resuscitation equipment	Sterile saline solutions
9	Cord clamps and scissors	Portable light, head light/ torch

Postnatal Care		
1	Foetal monitoring equipment	Pain relievers
2	Newborn Scale	Iron supplements
3	Incubator or radiant warmer	Lactation support products
4	Blood pressure monitor with cuffs in various sizes	Vitamin supplements
5	Stethoscope	Contraceptives
6	Resuscitation equipment for newborns	Antiemetics
7	Breast pump and feeding cups	Wound care products
8	Glucometer	Vaccines
9	Monitoring device for paediatric vital signs	
10	Bassinets or cribs for newborns	
11	(Comfortable seating for mothers)	
12	(Play areas for children)	
Infant & Child Health Care		
1	Infantometer/ stadiometer	Vaccines (as per Immunization Schedule)
2	Measuring tape, MUAC tapes	Paediatric pain reliever
3	Blood pressure cuff for paediatric	Oral rehydration solution
4	Stethoscope	Antibiotics
5	Thermometer	Antipyretics
6	Otoscope	Cough and cold medications (as per IMCI Guideline)
7	Ophthalmoscope	Asthma inhalers and nebulizers
8	Pulse oximeter for paediatric	Topical antibiotics and antiseptics
9	Growth chart	Anti-parasitic medications
10	Developmental assessment tools	Allergy medication
11	Neonatal/ infant resuscitation	Vitamins and mineral supplements
12	Community health worker kit (basic medical supplies, educational materials, mobile devices for data collection)	Antifungal medication
13	Vaccine refrigerators	IMCI drugs (as per IMCI chart booklet & IMCI policy)
14	Cold chain equipment (as per Cold Chain Policy)	
Laboratory and Diagnostic Services		
1	Ultrasound machines for prenatal imaging	
2	Equipment for blood tests and other diagnostics	
3	Point-of-care testing devices	
Laboratory and Diagnostic Services		
1	Electronic health records (EHR) systems	
2	Computers & tablets for data entry	
3	Data storage & backup system	
4	Phone	
5	Printer	
6	Audio Visual equipment for waiting area	

Telehealth and Telemedicine Facilities		
1	Telehealth platform	
2	Video conferencing equipment	
3	Remote monitoring devices	
Ambulance Services		
1	Medical equipment for ambulance care	
2	Communication Devices	
Community Health Worker's Kit		
1	Basic medical supplies	
2	Educational materials	
3	Mobile device for data collection	
Research and Educational Facilities		
1	Research labs	
2	Lecture halls and training rooms	
3	MCH related materials	
Emergency situations		
1	Personal Protective Equipment (PPE)	
2	Storage containers	
3	Knapsacks	
4	Gum boots	
5	Communication tools	
6	Standby generator/ portable generator	

Annex 3: Standard MCH Registers & Forms

No.	Types	Data to Capture
1	Maternal Health	Information related to pregnant women, including antenatal care visits, risk assessments, ultrasound findings, laboratory test results, and details of the delivery as well as maternal demographic details, medical history, immunizations, and any complications during pregnancy
2	Delivery	Information related to delivery such as date and time, type, and complications, as well as newborn details (weight, length, Apgar score)
3	Postnatal Care	Information related to postnatal care visits for both mother and newborn during the immediate postpartum period, including postpartum examination outcomes, vaccinations, breastfeeding support, and postpartum complications
4	Child Health	Information on newborns and infants, including growth monitoring, immunizations, developmental milestones, and health concerns, tracking weight, height/length, head circumference, and nutritional status over time
5	Immunization	Detailed information on the immunization history of both mothers and children, including types of vaccines, dates of administrations, and adverse reactions
6	Family Planning	Information related to family planning services provided, such as contraceptive methods, counselling, and follow-up appointments, including changes of methods or family planning preferences
7	Antenatal Care (ANC)	Information on antenatal care visits, tracking the number of visits, services provided, and assessments conducted during each visit as well as details of risk assessments, laboratory test results, and counselling sessions
8	High-Risk Pregnancy	Identifies and monitors pregnancies assessed high-risk due to medical or obstetric complications by recording the nature of risks, interventions, and outcomes
9	Adolescent Health	To address the unique health needs of adolescent mothers and their infants, information on antenatal care, counselling, and support specific to adolescent health
10	Stillbirth and Neonatal Death	Information related to cases of stillbirths and neonatal deaths, such as date, time, cause of death, and any contributing factors
11	Referral	Information related to cases where patients are referred to or received from other healthcare facilities, including referral process, reasons for referral and follow-up care
12	Non-Communicable Diseases (NCDs)	Information, education, and support related to preventing, managing, and treating NCDs before, during, and after pregnancy, including awareness raising about the risk factors (diabetes, hypertension, and cardiovascular diseases) and guidance on healthy lifestyle (diet, physical activity, and smoking cessation)
13	Sexual and Gender-Based Violence (SGBV)	Education, awareness, and support mechanisms aimed at preventing and addressing SGBV within the context of reproductive health, including information about the signs and consequences of SGBV, promotion of healthy relationships and consent, and resources for survivors such as access to counselling, legal support, and medical care

	Divisional/ Sub-Divisional Hospital	Health Centre/ Nursing Station
Registers		
Maternal Health Register		✓
ANC Register	✓	✓
Labour and Delivery Register	✓	
PNC Register	✓	✓
Preconception Care Register		✓
Family Planning Register	✓	✓
SGBV Register	✓	✓
NCD Register		✓
Child Health Register		✓
Neonatal and Stillbirths Register	✓	✓
Disability Head to Toe Register		✓
Delayed Milestone Register		✓
Cerebral Palsy Register		✓
Records		
Antenatal Appointment Card	✓	✓
Antenatal Case Record	✓	✓
Immunization Record Book	✓	✓

Annex 4: Standard MCH Reporting Template (PHIS/ CMRIS)

	Types	Purpose/ Contents
1	Public Health Information System Statistical Summary	To provide an overview of key health-related indicators and trends within a given population or geographical area, both at hospital and public health settings, it gives summary statistics of quantitative data
2	Public Health Information System Narrative Summary	To provide an overview of key health-related indicators and trends within a given population or geographical area, both at hospital and public health settings, it gives narrative summary based on the statistics of quantitative data
3	Data Collection for Hospital Maternal & Child Health Services	To collect data for monitoring and improving the quality of care provided to pregnant women, mothers, and children
4	Nutritional Monthly Return	For dietitians and healthcare professionals, to assess dietary patterns, identify trends, make recommendations for improvements in nutritional habits, track progress toward health and wellness goals or manage specific health conditions at health centre level
5	Sub-divisional Monthly Return	To capture hospital-based services provided, it provides a compiled report

Annex 5: Indicators List for MCH Policy

Maternal and child health (MCH) indicators are essential for assessing and monitoring the well-being of mothers and children. These indicators help identify areas of concern, track progress, and inform public health interventions. Underlisted are essential MCH indicators. These indicators collectively provide a comprehensive overview of the health status of mothers and children, helping policymakers, healthcare providers, and public health professionals make informed decisions and implement targeted interventions.

Maternal Mortality Ratio (MMR):

- Definition: The number of maternal deaths per 100,000 live births in a given time period.
- Importance: MMR is a key indicator of the overall health and healthcare access for pregnant women.

Infant Mortality Rate (IMR):

- Definition: The number of deaths of infants under one year of age per 1,000 live births in a given time period.
- Importance: IMR reflects the general health and well-being of newborns and the effectiveness of healthcare services for infants.

Under-5 Mortality Rate:

- Definition: The number of deaths of children under five years of age per 1,000 live births in a given time period.
- Importance: This indicator provides a broader perspective on child health and survival.

Maternal Morbidity Ratio:

- Definition: The number of women who experience complications or adverse outcomes during pregnancy and childbirth per 1,000 live births.
- Importance: Maternal morbidity is an important aspect of maternal health, and monitoring it helps identify potential issues and improve healthcare services.

Antenatal Care (ANC) Coverage:

- Definition: The percentage of pregnant women who receive a specified number of ANC visits during pregnancy.
- Importance: Adequate ANC is crucial for monitoring and promoting maternal and foetal health.

Skilled Birth Attendance Rate:

- Definition: The percentage of births attended by skilled health professionals (e.g., doctors, nurses, midwives).
- Importance: Access to skilled birth attendants is essential for ensuring safe deliveries and reducing maternal and neonatal mortality.

Exclusive Breastfeeding Rate:

- Definition: The percentage of infants under six months of age who are exclusively breastfed.
- Importance: Exclusive breastfeeding is crucial for infant nutrition and immunity, contributing to overall child health.

Low Birth Weight Rate:

- Definition: The percentage of live births with a birth weight less than 2,500 grams.
- Importance: Low birth weight is associated with increased risk of mortality and health complications, making it an important indicator for newborn health.

Immunization Coverage:

- Definition: The percentage of children who receive recommended vaccines by a certain age as per immunization schedule.
- Importance: Immunization is key to preventing childhood diseases and reducing mortality rates among children.

Contraceptive Prevalence Rate:

- Definition: The percentage of women of reproductive age (15-49 years) who are currently using or whose partner is using a contraceptive method.
- Importance: Family planning (FP) is vital for maternal and child health, and this indicator reflects access to and utilization of contraceptive services.

Maternal and Newborn Safe Hospital Initiative (MNSHI) Indicators

ANC Booking in 1st Trimester:

- Definition: Average proportion of women who receive ANC in their first trimester.
- Importance: Starting regular ANC in the 1st trimester (before 14 weeks of gestation) is associated with better maternal health in pregnancy, fewer interventions in late pregnancy and positive child health outcomes, through early treatment of health issues that could lead to complications for mothers and children later on.

ANC 4+ Coverage:

- Definition: Average proportion of women who made at least 4 ANC visits at term.
- Importance: Receiving ANC at least four times increases the likelihood of receiving effective maternal health interventions during the antenatal period.

Postnatal Care (PNC) at 1 week Coverage:

- Definition: The proportion of women attending 1 week postnatal clinic.
- Importance: Ensuring high coverage of PNC at 1 week is essential for achieving optimal maternal and newborn health outcomes, reducing complications, and promoting a positive start to the postpartum period.

PNC at 6 weeks Coverage:

- Definition: The proportion of women attending 6 weeks postnatal clinic.
- Importance: PNC at 6 weeks provides an opportunity to offer guidance on FP, breastfeeding, and overall postpartum selfcare, contributing to optimal long-term health outcomes for mothers.

Other Related Indicators

Postpartum FP Coverage:

- Definition: The proportion of postpartum women who receive FP counselling and services at child clinic contact points.

- Importance: Spacing births allows mothers to recover physically and emotionally before getting pregnant again, and faces the demands of pregnancy, birth and breastfeeding.

Cervical Screening Coverage:

- Definition: The proportion of women screened for cervical cancer using a high-performance HPV test (Pap smear/ ThinPrep) by age 35 years and again by 49 years.

- Importance: Precancers rarely cause symptoms, which is why regular cervical cancer screening is important, even for those who have been vaccinated against HPV.

Maternal Near Miss Prevalence:

- Definition: The proportion of very ill pregnant or recently delivered women who nearly died but survived complications during pregnancy, childbirth or within 42 days of termination of pregnancy.

- Importance: Maternal deaths in absolute numbers are rare in a community. To overcome this challenge, maternal near miss has been suggested as a complement to maternal death, which is vital for policy planners to know the requirements of essential and emergency obstetric care (EmOC) to manage severe morbidity cases and informs designing, monitoring, follow-up and evaluation of safe motherhood programs.

Annex 6: MCH Policy Monitoring, Evaluation, Accountability and Learning (MEAL) framework

Developing a Monitoring, Evaluation, Advocacy, and Learning (MEAL) framework for Maternal and Child Health (MCH) clinics is crucial to ensure the effectiveness of programs and interventions. This MEAL framework should be adaptable to the specific context of the MCH clinics, considering the local healthcare infrastructure, cultural factors, and community dynamics. Regular reviews and updates to the framework will help ensure its relevance and effectiveness over time. Here's a framework that integrates these components:

1. MONITORING

Monitoring is a process of observing and tracking activities and progress. It is a critical component of any successful project, intervention, public policy or program.

1) Key Performance Indicators (KPIs):

- Maternal Mortality Ratio (MMR)
- Infant Mortality Rate (IMR)
- Antenatal care coverage
- Skilled birth attendance rate
- Immunization coverage
- Exclusive breastfeeding rate
- Contraceptive prevalence rate
- Maternal morbidity rate
- Perinatal mortality rate
- Moderate Acute Malnutrition (MAM) rate
- Severe acute malnutrition (SAM) rate
- Fertility rate
- Crude birth rate
- Crude death rate
- Foetal death ratio
- Foetal birth ratio
- Neonatal mortality rate
- Cervical screening coverage

2) Data Collection:

- Regular collection of demographic and health data.
- Routine health facility reporting.
- Patient records and registries.
- Privet sector/ hospital records

3) Frequency:

- Monthly, quarterly, and annually.

2. EVALUATION

Evaluation is a critical component of monitoring and evaluation (M&E) that involves assessing the success, impact and effectiveness of projects, programs, and policies.

1) Impact Evaluation:

- Assess changes in MCH indicators over time
- Analyse the effectiveness of specific interventions

2) Process Evaluation:

- Evaluate the implementation of MCH services
- Assess the quality and accessibility of healthcare services

3) Feedback Mechanism:

- Gather feedback from patients, healthcare providers, and community stakeholders
- Use surveys, focus group discussions, and interviews
- Collaborate with clinical governance and communication departments

4) Evaluation Tools:

- Use standardized assessment tools for MCH programs
- Involve external evaluators for periodic assessments

3. ACCOUNTABILITY

Effective accountability ensures that individuals and organizations are responsible for their actions and decisions and that resources are used efficiently and effectively.

1) Stakeholder Engagement:

- Engage with local communities, NGOs, government agencies, and policymakers.
- Conduct awareness campaigns on MCH issues.

2) Policy Influence:

- Provide evidence-based data to influence policy decisions.
- Advocate for resource allocation to improve MCH services.

3) Media and Communication:

- Develop communication strategies to raise awareness and promotion
- Utilize various media channels for advocacy campaigns.
- Multisectoral approach

4. LEARNING

Effective learning in M&E involves establishing a culture of continuous improvement, where data is regularly collected, analysed and used to inform decision making

1) Continuous Improvement:

- Regularly review monitoring and evaluation findings.
- Identify areas for improvement in service delivery.

2) Capacity Building:

- Provide training for healthcare staff and other stakeholders on new practices and guidelines.
- Promote continuous professional development.

3) Knowledge Sharing:

- Establish a platform for sharing best practices and lessons learned.
- Encourage collaboration with other health facilities and organizations.

4) Community Health Workers:

- Train and involve community health workers in MCH programs.
- Utilize their role for community education and awareness.

5) Community Scorecards:

- Implement community scorecards to assess and improve service quality.
- Involve communities in decision-making processes.

5. TECHNOLOGY INTEGRATION

1) Digital Health Solutions:

- Implement electronic health records for efficient data management.
- Use mobile technology for data collection and reporting.

2) Telemedicine:

- Integrate telemedicine for remote consultations and follow-ups.
- Facilitate access to healthcare services in remote areas.

6. Sustainability

1) Resource Planning:

- Develop and implement a resource mobilization strategy.
- Ensure sustainable funding for MCH clinics.

2) Policy Integration:

- Integrate MCH programs into broader health policies and strategies.
- Advocate for the mainstreaming of MCH services within the healthcare system.

Framework for monitoring and evaluating the policy and action plan

The information in the table below outlines a framework for monitoring and evaluating MCH outcomes in Fiji.

MEAL Framework for MCH in Fiji

Indicators	Data sources	Data collection points
MMR	Vital statistics Report - Fiji Bureau of Statistics	Baseline 2022 then every 3 years, starting in 2024
Maternal morbidity ratio	Vital statistics Report - Fiji Bureau of Statistics	Baseline 2022 then every 3 years, starting in 2024
Infant Mortality Rate	Fiji Multiple Indicator Cluster Survey (MICS) MHMS Health Information Unit	Baseline 2021, then every 3 years, starting in 2024
Under-5 Mortality Rate	Fiji MICS MHMS Health Information Unit	Baseline 2021, then every 3 years, starting in 2024
Antenatal care coverage	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024
Skilled birth attendance rate	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024
Low birth weight rate	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024
Immunization coverage	Fiji MICS, Fiji Education Management Information System (FEMIS)	Baseline 2021, then every 3 years, starting in 2024
Exclusive breastfeeding rate	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024
Contraceptive prevalence rate	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024
ANC booking in 1st trimester	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024
ANC 4+ coverage	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024
PNC at 1 week coverage	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024
PNC at 6 weeks coverage	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024
mCPR – modern contraceptive prevalence rate	Fiji MICS	Baseline 2021, then every 3 years, starting in 2024

Indicators	Data sources	Data collection points
Cervical screening coverage	Monthly CMRIS reporting	Baseline 2023 average
Maternal near miss prevalence	WHO Maternal near miss audit tool	Baseline 2022
Number of facilities meeting the MNSHI standards	MNSHI audit tool	Baseline 2024
Avg. customer satisfaction rating	Patient satisfaction survey	Baseline 2024
Perinatal mortality	Fiji MICS MHMS Health Information Unit	Baseline 2021, then every 3 years, starting in 2024
Neonatal mortality	Fiji MICS MHMS Health Information Unit	Fiji MICS MHMS Health Information Unit

Reporting strategy

Reporting in a purposeful, easy to understand format is an essential part of monitoring and evaluation. It is vital for the continuous development of programs and budget plans. Reports need to provide all stakeholders with the information about the status of MCH in the country. This evidence-based information will show the progress of services for mothers and children, and their families as well as the gaps and needs that need to be addressed.

Early evidence of positive outcomes may increase the support and engagement of stakeholders, help to gain additional resources, and ensure the timely use of lessons learned for future decision making.

Methods for disseminating evaluation results include the media, publications, mobile devices, and websites. Discussions and communication of results of reports could be held at forums, meetings, webinars, workshops, and committees.

Types of reports to be generated should include:

- Annual comprehensive report - linked to yearly programme and budget, recommendations to ministries, relevant committee prepared in line with Fiji's fiscal year and critical dates of yearly programme and budgetary planning for MCH.
- Quarterly progress reports – linked to the annual comprehensive report, programme and budget planning prepared in line with Fiji's fiscal year and critical dates of yearly programme and budgetary planning for MCH. Quarterly reports would initially include monitoring results for the implementation of the MCH policy and action plan only as results for outcomes and impacts would be reported in the annual reports as they become available over a longer period of time.
- Occasional special reports on specific topics such as parenting programs, health issues, stunting.

All stakeholders, such as multilateral agencies and CSOs will share their input for the report, as needed; however, the report will be led and prepared by the Family Health Unit (FHU) of MHMS.

The recipients of these reports are the relevant Ministries, officials involved in relevant committees, donors, stakeholders, NGOs, INGOs, CSOs and multilateral and bilateral agencies, and all other MCH stakeholders.

Audiences and uses

Reporting results in a meaningful way to key people will help to strengthen relationships and build trust in the data being collected. The following people, communities and organizations would benefit from receiving the MEAL reports:

- **Public, media, community leaders, faith communities, civic sector, business sector**
    - for MCH awareness, support, leadership and action
    - for advocacy and collaboration
- **Ministries, service provider organisations**
    - for MCH awareness, support, leadership and action
    - for strategic planning and budgeting
    - for systems stewardship and collaboration/integration
    - for expert advocacy and advice
    - for accountability
- **Ministers and Members of Parliament**
    - for public dialogue and leadership
    - for strategic decision making
    - for oversight
- **Families and communities**
    - for MCH awareness, support, leadership and action
    - for advocacy and collaboration

Learning and reflection

Personnel supporting the MEAL Framework will benefit from having designated time scheduled into their current roles and responsibilities to conduct MCH MEAL activities. They will also need to have relevant skills in data collection, processing, analysis, and report preparation with the relevant professional development available to support these skills. Building MEAL capacity will benefit the quality of data collection, interpretation and utilisation of the results. The role of the FHU is fundamental in supporting the MEAL System.

Annex 7: Role Delineation by Health Facility for Maternal and Child Health Services

Level	Services to provide
Divisional Hospitals	1. **Antenatal Care** General health check-ups for pregnant women including bloods, diagnostic test, oral health, monitoring foetal development and maternal health during pregnancy and identifying and monitoring pregnancies with potential complications 2. **Maternal and Child Health Education** Health education classes for expectant mothers and caregivers on nutrition, oral health, hygiene, immunization, family planning, exercise, pregnancy related topics and childcare practices and distribution of educational materials 3. **Labor and Delivery Services** Obstetric care for expectant mothers during childbirth and supervision and assistance during labour and delivery, including emergency obstetric care for complications 4. **High-Risk Pregnancy Care** Specialized care for women with high-risk pregnancies including monitoring and management of complications and consultations with maternal-fetal medicine specialists. 5. **Postnatal Care** Health assessments for mothers after childbirth, support and guidance on breastfeeding and infant care, and monitoring and management of postpartum complications 6. **Gynaecological Services** Diagnosis and treatment of gynaecological conditions, reproductive health screenings and preventive care, and gynaecological surgeries when necessary 7. **Newborn Care** Neonatal assessments and screenings, and care for newborns, premature or low-birth-weight rate babies 8. **Maternal and Child Immunizations** Administration of routine vaccines for pregnant women, catch-up vaccinations for mothers who missed scheduled doses, and immunizations for newborns, premature or low-birth-weight rate infants, including unimmunized/ partially immunized children admitted in children's wards as well as vaccine campaigns for specific diseases as per immunization schedule 9. **Counselling services** Counselling for mothers with HIV/STI, teenage mothers, single mothers, mothers with disability, rape survivors, mothers in incestual relationship and GBV survivors
Sub-divisional Hospitals - Staffed by general medical practitioners, midwives, RNs and assistants who work across inpatient, outpatient and community settings	1. **Antenatal Care** General health check-ups for pregnant women including bloods, diagnostic tests, oral health, monitoring foetal development and maternal health during pregnancy, including identifying and monitoring pregnancies with potential complications 2. **Labor and Delivery Care** Obstetric care for low-risk deliveries including supervision and assistance during labour and delivery as well as early detections and referrals to divisional hospitals 3. **Maternal and Child Immunizations** Administration of routine vaccines for pregnant women, catch-up vaccinations for mothers who missed scheduled doses and immunizations for low-birth-weight infants including unimmunized/ partially immunized children admitted in children's wards as well as vaccine campaigns for specific diseases as per the immunization schedule. For any emergency or preterm immunization, refer to the emergency protocols. 4. **Postnatal Care** Health assessments for mothers after childbirth, support and guidance on postpartum recovery and infant care, and management of postpartum complications

Level	Services to provide
- May share some services/ resources with a level C or B Health Centre, particularly if located on the same site - Operates 24/7 - Provides primary health and acute services	5. **Newborn Care** Neonatal health assessments and screenings, immunizations for newborns, care for premature or low-birth-weight infants 6. **Family Planning Services** Counselling on family planning methods and contraception, provision of contraceptives and family planning devices, and education on family planning choices 7. **Paediatric Care** General health check-ups for infants and children, vaccinations according to the immunization schedule, and diagnosis and management of childhood illnesses 8. **Child Nutrition Services** Nutritional counselling for mothers and caregivers, assessment and management of malnutrition in children, and support for breastfeeding and complementary feeding 9. **Child Developmental Assessments** Screening for developmental milestones in infants and children, early detection and intervention for developmental delays, and referral for specialized services if needed 10. **Reproductive Health Services** Diagnosis and treatment of reproductive health issues, counselling on sexually transmitted infections (STIs), and provision of contraception and family planning services 11. **High-Risk Pregnancy Care** Specialized care for women with high-risk pregnancies, including monitoring and management of complications and consultations with maternal-foetal medicine specialists 12. **Mental Health Services** Assessment and support for maternal mental health, including counselling and interventions for postpartum depression and referral for psychiatric services when needed 13. **Community Outreach Programs** Mobile clinics and community health workers for providing MCH outreach services as well as health campaigns targeting remote or underserved areas, through collaborations with community organizations for awareness creation 14. **Psychosocial Support for Mothers and Families** Support groups for mothers and caregivers and assistance with social and economic challenges impacting MCH 15. **Counselling Services** Counselling for mothers with HIV/STI, teenage mothers, single mothers, mothers with disability, rape survivors, mothers in incestual relationship and GBV survivors
Health Centres	1. **Paediatric Care** General health check-ups for infants and children, with early identification and referrals to subdivisional/ divisional hospitals, vaccinations according to the immunization schedule and diagnosis and management of childhood illnesses 2. **Nutrition Guidelines to Mothers and Children** Nutritional counselling for mothers and caregivers, assessment and management of malnutrition in children, and support for breastfeeding and complementary feeding 3. **Maternal and Child Health Education** Health education sessions for expectant mothers and caregivers on nutrition, hygiene, oral health and childcare practices and distribution of educational materials 4. **Child Developmental Assessments** Screening for developmental milestones in infants and children, early detection and intervention for developmental delays, and referral for specialized services if needed.

Level	Services to provide
	5. **Community Outreach Programs** Mobile clinics and community health workers for providing MCH outreach services as well as health campaigns targeting remote or underserved areas, through collaborations with community organizations for awareness creation. 6. **Maternal Mental Health Services** Assessment and support for maternal mental health including counselling, motivational interviews and interventions for postpartum depression and referral for psychiatric services when needed 7. **Postnatal care** Regular check-ups at 1st and 6th weeks for postpartum mothers and newborns, breastfeeding support, and education on postpartum recovery and care 8. **Family Planning Services** Counselling on family planning methods and contraception, provision of contraceptives and family planning devices, education on family planning choices and monitoring, addressing any concerns related to family planning 9. **Reproductive Health Services** Cervical cancer screening, breast self-examination and preconception counselling to provide guidance for couples planning to conceive
Nursing Stations (The services are designed to address the specific healthcare needs of mothers, infants, and children within the community)	1. **Antenatal Care** Routine check-ups to monitor the health of pregnant women including blood pressure and weight management and identification of high-risk pregnancies as well as education and counselling on pregnancy, nutrition, and hygiene 2. **Postnatal Care** Regular check-ups at 1st and 6th weeks for postpartum mothers and newborns, breastfeeding support, and education on postpartum recovery and care 3. **Child Health Services** Scheduled check-ups for infants to monitor growth and development, parental guidance on infant care and development and nutrition, routine vaccinations according to the immunization schedule, diagnose and treatment of common childhood illness. 4. **Family Planning Services** Counselling on family planning methods and contraception, provision of contraceptives and family planning devices, education on family planning choices and monitoring and addressing any concerns related to family planning. 5. **Reproductive Health Services** Cervical cancer screening breast self-examination and preconception counselling to provide guidance for couples planning to conceive, 6. **Preventive Healthcare** Health promotion campaigns to promote preventive healthcare practices, community health screenings for common health conditions, organization of special events to increase vaccine coverage, participation in community events for community engagement, and advocacy for MCH within the community 7. **Collaboration and Referrals** Collaboration with other healthcare providers through coordinating with hospitals, specialists, and community health organizations and facilitation of referrals for specialized care when needed 8. **Support for High-Risk Pregnancies** Identifying and monitoring pregnancies with potential complications and ensuring timely referrals for high-risk pregnancies to specialized services 9. **Record-Keeping and Monitoring** Keeping detailed records of maternal and child health visits and collecting data for monitoring and reporting purposes

Level	Services to provide
Community based care	1. **Prenatal Care** Community Health Workers (CHWs) to identify pregnant women in the community and notify Zone Nurses or make referrals to nearby health facilities 2. **Family Planning Services** Healthcare workers to offer family planning counselling and services for women and couples to make informed choices about contraception and spacing of pregnancies, including the provision of contraceptives, counselling on contraceptive methods, and follow-up care 3. **Child Health and Immunization** CHWs and other healthcare providers to conduct shift clinics in the communities to provide immunization and ensure that children receive essential vaccines according to the schedules, as well as to provide education on child nutrition, growth monitoring, and hygiene practices to prevent childhood illnesses 4. **Nutritional Support** Community-based nutrition programs to address malnutrition among mothers and children, including distribution of nutritional supplements, counselling on balanced diets, and promotion of breastfeeding and appropriate complementary feeding practices and backyard gardening 5. **Health Education and Promotion** CHWs to conduct health education sessions and awareness campaigns on topics such as maternal nutrition, safe childbirth practices, newborn care, and childhood illnesses, aiming to empower families with knowledge and skills to promote healthy behaviours and prevent health problems (core competencies, safe motherhood, child health and emergency training) 6. **Referral and Linkages to Higher-Level Care** Community-level health workers to facilitate referrals and linkages to higher-level health facilities for specialized care and treatment when needed, ensuring smooth coordination and continuity of care between community-based and facility-based services 7. **Antenatal and Postnatal Support Groups** Support groups formed within the community as a platform to provide emotional support, share experiences, and foster peer learning among pregnant women and new mothers through discussing concerns, receiving guidance, and accessing additional resources

Annex 8: References

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