

We are now on Facebook!

The ever flourishing and broadening dynamic cyber world brings a lot of conveniences for people. With this, the SMACHS EV Project has created its Facebook account to be able to share information and to connect with people in the page, people will get to know more about the project—its background, contact details and various activities and schedules.



Get to know more about SMACHS EV Project and its endeavors!

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MACHI HEALTH NEWS

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Health Referral System *in progress!*

The HRS...

The health referral system is a network of health facilities with varying capabilities and services, and the series of processes and activities that link these facilities together to ensure continuity of care for a patient.

Knowing that the variety of diseases that confronts health workers ranges from the most common everyday ailments to life-threatening conditions, it requires management at different levels of care where the patient can be managed effectively. A good referral system is therefore a need to ensure the effective management and intervention to patients by the right health worker at the right facility.

In this two-way relationship, it requires coordination and cooperation between primary health facility and the core referral hospitals during referrals and discharge of the patient. Also, taking into account the significant roles of each stakeholder play in the

system, from hospital staffs to RHUs, BHS and private facilities, even the CHTs and ambulance drivers.

In the formulation of the Health Referral System Manual of Eastern Visayas in October 2008, it paved the way to its implementation in the provinces of the region. With the initiative of the SMACHS-EV Project, HRS was then integrated to the Health Service Delivery Network for quality health care in the province of Leyte in the last quarter of 2011.

Since then, the HRS started its advance in cooperation of the DOH-CHD8, headed by the HRS/ILHZ Coordinator Dr. Verna Fernandez, the PHO and JICA. The Referral System in the Province of Leyte and Ormoc City has now come a long way despite several difficulties encountered.



The Primary Level HRS Orientation in Mabuhinil ILHZ

The activities

FIRST YEAR

- Situational analysis on HRS Implementation

SECOND YEAR

- ILHZ Board Meeting adopted HRS manual
- Revision of the Referral Forms

THIRD YEAR

- Development of the Step-by-Step procedure for the Hospitals
- Assignment of Focal and Point Persons in Hospitals
- Conduct of orientation to the district and provincial hospitals including private hospitals
- HRS Orientations to Hospital Staff
- Conduct of HRS Orientation in the Primary Level Care
- Roll-out orientations to respective health facility
- Provision of Standardized Health Referral Logbooks
- Monitoring of the HRS Implementation



National Version "Sa Health Center, Suportado ka!"

<http://chd1.doh.gov.ph/index.php/news/242-sa-health-center-suportado-ka>



What is "SMACHS-EV" ...?

Strengthening Maternal And Child Health Services in Eastern Visayas or SMACHS-EV is an initiative of the Philippine government through the Department of Health – Center for Health Development Eastern Visayas (DOH-CHD EV) with funding and technical support from JICA to reduce maternal and neonatal mortality in Eastern Visayas.

SMACHS-EV Project is being implemented in Collaboration with :



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Since the implementation of the Health Referral System in Leyte and in Ormoc City, there has been a significant progress. Presently, most of the core referral hospitals in the different ILHZ have an active and operational health referral systems. Even at the primary level, referrals now make use of the Two-way

Referral Forms as evidenced by return slips and files of acknowledgement receipts. Hence, continuity of health care services are now guaranteed. Although there are still loopholes and issues to be addressed, key persons on HRS pose a positive outlook on the effective implementation of HRS in their

respective facilities.

Furthermore, facilities are observed of their initiatives to facilitate the step by step procedures especially on the records and strategies to distribute return slips to the referring facility.

Facility Visit in Mahaplag RHU



The facilities' initiatives...



Referral Rack

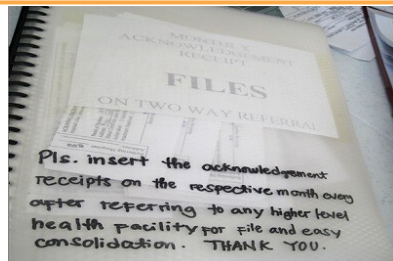
Burauen District Hospital

In the medical records, an old DTR rack was made into a referral shelf where return slips are placed for its easy retrieval, providing ambulance drivers the spot to claim return slips while waiting for acknowledgement receipts during referrals.

Systematized File of Return Slips

Ormoc District Hospital

ODH Medical Records Section files return slips in folders, organized by municipalities



Organized File of Acknowledgment Receipts

Valencia District Health Center
Valencia DHC uses a clear book to file Acknowledgement receipts by month

The challenges...

During the initial facility visits conducted by the HRS monitoring team, there has been a few areas that needs improvement in the referral system. One of these is the retrieval of return slips and acknowledgement receipts of outgoing referrals from hospitals to a higher facility. Another, monthly referrals are not consolidated

yet in some facilities. Some RHUs in the province have not conducted rollout orientations to their RHUs and a few do not utilize the referral logbooks. Focal and point persons as well as the District Nurse Supervisors also tend to perform the other's role and responsibility. Functions of each key person should be further clarified.

However, Dr. Fernandez noted the positive attitude of these health facility personnel towards improvement of HRS in their respective facilities. For this, she expresses her confidence that HRS will gain its 100% effective implementation in the near future.

1. Communication between private midwives and hospitals for referral of cases

In Leyte, we have encountered some difficulties in referral of cases, and faced with the reality that some patients have not appropriately been referred in the right place at the right time. One of the factors seems to be the lack of communications among health care workers. On the other hand, in Japan, private midwives keep good relationship with their referral hospital and conduct smooth referral among them. The system that they have developed is the key contributor to the good communication. For midwives in Japan, attendance in monthly meeting with the hospital is one of the requirements for them to renew their license, so that 100% attendance has been accomplished. Through the continued monthly meetings, hospital workers pursue their dialogue with private midwives on referral issues, thus the good referral relationship has been built. This tells me the importance of building a good "face to face relationship" among those professionals.

2. MC BOOK

I heard a story of the Great East Japan Earthquake which occurred in March 2011. After the earthquake, some Japanese volunteers, who found soiled victims' MC books during their search, has washed, dried, and sent those to the owners' family members as one of their mementos. This story was very moving for it tells us how much MC book means to Japanese. Some mothers left little notes of their baby's development in the blank sheets of the MC book and the MC book is considered not only as a recording book, but also a life story telling book. MC book becomes more valued today also in the Philippines. Although we are facing fund issue for reproducing MC Book, I am eager to continue our effort to overcome the barrier and keep moving forward when even the private and hospital practitioners use the MC book, as well.



MC Book from all over the world!

3. Environmental arrangement for early intervention in people with disabilities

Animal designed CT Scanner to lessen the children's fear to undergo the examinations and procedures.



Japanese facilities have paid scrupulous attention to environmental arrangement for children with disability. For example, in the hospital, anime characters are illustrated on the ceilings, walls, and halls to attract children and some equipment are also designed to lessen their fear and stress to undergo the examinations and procedures. In many towns in Japan, I saw textured paving blocks and sound signals to guide the visually impaired. I believe those environmental arrangement is a contributor to help them to stay independent.

I have so many things I want to share with everyone. I am very thankful to JICA for giving me a chance of learning experience in Japan. It was indeed a memorable activity from lecture to study visit whereby all other participants enjoyed, but most of all deepening the commitment to MCH in the Eastern Visayas. I am more inspired in my work after having the experience in Japan. Although there are several barriers we need to overcome to apply the learning in Eastern Visayas, I am willing to support and try my best to apply and create better environment for MCH.



Learning experience for an expectant father! With this advocacy tool, many of Japanese new fathers are learning the difficulties the pregnant wives are facing.

JICA's Group Training Course in Japan



The Group Training Course was held in Japan through JICA's Training Program for Overseas Participants from January 27th to February 23rd, 2013. The title of the training course was

"Promotion of the Collaboration between Child Welfare and Maternal and Child Health". National or local government administrators who are in charge of Child Welfare or MCH, and those who will be able to consider the collaboration between the two, gathered from Indonesia, Thailand, Nepal, Benin, Republic of Moldova, and Philippines.

Two participants joined from Philippines and one was Dr. Ma. Teresa N. Caidic, a Provincial Health Office Technical Chief of the Province of Leyte.

Where did you visit and for what purposes?
(Dr. Caidic:) We had great opportunities to learn MCH related approaches through lectures on Policy for Maternal and Child Health in Japan and on Achievement of MCH Handbook in Japan and International Practical Measures, study visits to Health and Welfare Center and Child Support Center, a group discussion about Country Report of Good Practices, and group exercise on Action Plan for Own Country.



With volunteers of SHOBU BOSHI AIKUHAN group of MCH and child welfare services

What did you learn from the other participants and from those you visited in Japan?

Through the discussion with other participants, I found the differences of the strengths in health care system of the different countries. For example, while Indonesia and Nepal have started BEmONC training recently, the Philippines started earlier. On the other hand, Indonesia, Thailand, and Republic of Moldova have a mental health, hearing and visual acuity evaluation for early detection and early intervention of children under 2 years old.

Through the field visit in Japan, I have learned so many things, especially three points;

1. The Communication
2. The Importance of MC Book
3. The Environmental Arrangements



The plan...

May 9	Referral Meeting with the DOH Reps	To orient DOH Reps on the Step by Step Procedures of HRS, involving them in the monitoring of health facilities
May-June	Facility Visits to the different health facilities unvisited	To monitor HRS implementation status
July 2013	Start the Collection of Quarterly Report	To establish a system in monitoring using the monthly and quarterly reports.
Sept 2013	Consultative meeting with Focal and Point persons	To evaluate and appraise the utilization of the monitoring tool and the implementation of HRS of each facility

As the end of the 3rd project year nears, the DOH through Dr. Verna Fernandez, together with the PHO and JICA have planned a number of activities to address the challenges to address the issues and problems for the continued progress of the Health Referral System in the province.

A Terrific Third!

3RD YEAR SMACHS-EV PROJECT ACTIVITIES

The project is going to end the 3rd Project year in June. We have been working together with the related counterparts to achieve the goal of reducing child mortality and improving maternal health and here are the Project 3rd year activities we have conducted so far.



OUTPUT 1.

To increase facilities providing BEmONC/MNCHN services

- The Project intervened actively to accelerate Maternal Care Package (MCP) accreditation of all the target facilities in collaboration with PhilHealth and, as the result, all target facilities of RHUs, DHCs, DH, and MH are MCH accredited, and 23 of 25 target facilities are also MCH+ accredited.
- For the reimbursement, the Project supported to improve the accuracy of such data in collaboration with PhilHealth, and identified the facilities which have difficulties in reimbursement by analyzing the updated data.



BEmONC FIELD VISIT 2012



SUPPORTIVE SUPERVISION VISIT 2012

OUTPUT 2.

To enhance technical skills of government service providers in BEmONC/MNCHN

- BEmONC clinical recording forms were revised to make them more user-friendly and all BEmONC teams have been oriented on the revised forms.
- SSV tools were revised in order to include CHT activities in the monitoring, to align with DOH monitoring tools as well as making them more user-friendly. The hospital based SSV teams were oriented, and DOH representatives and ILHZ coordinators were also trained to strengthen their involvement towards establishing a sustainable SSV/monitoring system.
- With the cooperation and efforts of host RHUs, SSV teams, and Technical Working Group, we were able to achieve a 95 % rate in its second year of implementation in the whole province.
- For neonatal and maternal death database of Provincial Health Office (PHO), the Project gave technical inputs and feedback to MCH coordinators.

OUTPUT 3.

To enhance the function of DOH-CHD EV and PHO/CHO in achieving and maintaining quality BEmONC/MNCHN services



MNDR TRAINING 2012

- The Project supported to assess the quality of the presentation of MNDR and findings for the improvement.
- A taskforce for referral is established consisting of the regional referral focal person as the chair and other representatives of PHO and hospital chiefs. The group has studied and established step-by-step referral procedures for the hospital, and oriented the staff involved in the referral of public and private referral hospitals.

OUTPUT 4.

To institutionalize Community Health Teams and operate in areas covered by the targeted BEmONC facilities

- CHT conventions were also held in Ormoc and in Leyte to reward remarkable members who have made an outstanding contribution to their communities, to share good practices among the counterparts, and to promote LGU's support to CHTs. The convention also strengthened the partnership among the CHT members, barangays, LGUs and other related organizations in reducing maternal and neonatal deaths.

CHT CONVENTION 2012



CHIEF NURSES SSV ORIENTATION 2012

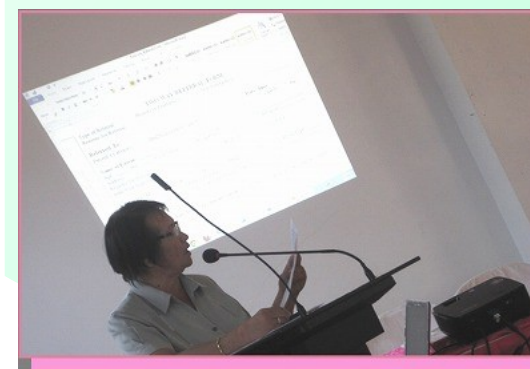


OUTPUT 5.

To enhance political support for pregnant women and their families in accessing BEmONC/MNCHN services in areas covered by the targeted BEmONC facilities

- The Project collected data of good practices or examples on implementation of MCH related status.
- The Project assisted development of reference materials for the smooth implementation of MCH related ordinances.

The project LAST 4th year is going to start in July, 2013 and will end in July, 2014. We are looking forward to working together with you to achieve the goal of reducing child mortality and improving maternal health!!



HEALTH REFERRAL SYSTEM ORIENTATION 2013



HOSPITAL VISIT 2013