

# CLOSER TO HEALTH:

Involved Communities, Healthier Citizens

## Final Accomplishment Report 2006-2010

JICA/Maternal and Child Health Project







# **Final Accomplishment Report 2006-2010**

## **JICA/Maternal and Child Health Project**

Department of Health (DOH)  
Biliran Provincial Government  
Ifugao Provincial Government  
Japan International Cooperation Agency (JICA)

# Contents

Foreword	iii
Message	iv
Acknowledgements	v
Acronyms Used	vi
<b>Project Profile</b>	
Introduction	7
Background	8
Project Design	9
Project Areas	10
Project Management	11
<b>Results of Project Implementation</b>	
<b>Project Outputs/Activities: 2006-2010</b>	
Output 1	16
Output 2	22
Output 3	31
Output 4	33
Output 5	36
<i>MCH in Biliran:</i>	39
<b>Almeria paves the way for MCH sustainability</b>	
<i>Making MCH work in the mountains:</i>	42
<b>The Alfonso Lista Experience</b>	
<b>Annexes</b>	
Annex 1: Record of Discussion Between JICA and the Government of the Republic of the Philippines	46
Annex 2: Biliran Provincial Resolution No. 166	47
Annex 3: Almeria Municipal Resolution No. 15, S-2007	48
Annex 4: Ifugao Provincial Executive Order on WHT Formation	49
Annex 5: Newspaper Article on Ifugao Ayod Community Health Team	50
Annex 6: Cover of the MCH Book "Teaming-Up for Safe Motherhood	51

# Foreword



Republic of the Philippines  
*Department of Health*  
**OFFICE OF THE SECRETARY**

2/F, Bldg. # 1, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila  
Telefax: (632) 743-1829; 743-1786 Trunkline: 743-8301 local 1125-32 Directline: 711-9501  
URL: <http://www.doh.gov.ph> ; E-mail: [osec@doh.gov.ph](mailto:osec@doh.gov.ph)



The four years of implementation of the Maternal and Child Health (MCH) Project has resulted to enormous strides in the improvement of service delivery and health seeking behavior of mothers in the project areas of Biliran and Ifugao provinces.

The Department of Health is indeed grateful to the Japan International Cooperation Agency (JICA) for the MCH project, which is in line with the Department's commitment to take on the challenge of two of our Millennium Development Goals: the reduction of maternal mortality ratio by three quarters and under-five mortality by two thirds by 2015.

The intricate issues of high maternal mortality ratio and newborn deaths, unmet need for reproductive health services and weak maternal care delivery system, have led the DOH to focus on making pregnancy and childbirth safer. The strategy is to empower women in decision making on matters related to pregnancy and childbirth while DOH tries to bring quality emergency obstetric and newborn care to facilities nearest their homes. This move ensures that those most in need of quality health care have easy access to such care.

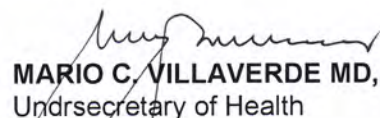
The Department of Health appreciates its Development Partners, among them JICA which joined the government effort by supporting the provinces of Biliran and Ifugao. The implementation of the Maternal and Child Health Project and Cooperation has helped these provinces attain their goals in line with the national agenda for women and children .

The project has been so successful that the Department, along with its development partners, sees the need to continue it not only in the initial two project provinces but in other areas as well. We shall be implementing the next phase in the province of Leyte and Ormoc City Starting July 2010, which we hope will further the gains made by the initial phase. And we hope other provinces , will also implement it as well.

The MDG challenge is tough; its goals, ambitious but the targets are attainable with extraordinary effort. Now is an excellent opportunity to show that the health system can do much to improve the lives of mothers and children, not by expensive high technology tools but by practical and empowering approaches.

To JICA and our LGU Partners, we are eternally grateful.

Mabuhay at Maraming Salamat !

  
**MARIO C. VILLAVARDE MD, MPH, MPM, CESO I**  
Undersecretary of Health



# Message



Japan International Cooperation Agency



## Message

For four years, the Maternal and Child Health (MCH) Project assisted in improving the health and safety of mothers and neonates by mainstreaming MCH issues in the local development agenda. The project was implemented in line with the Department of Health's Fourmula One for Health strategy and the Millennium Development Goals to improve maternal health outcomes, especially in the provinces of Ifugao and Biliran.

The project achievements have been consistent in increasing the number of mothers giving birth in health facilities, in raising the skills and confidence of health professionals in assisting mothers give birth, and in initiating and engaging the community to take responsibility towards good health for their families. All of these were successful because of the tremendous support that the project received from community members, local and regional stakeholders, as well as that of the national government agencies like the Department of Health and of the coordination from other development organizations.

We are honored to have worked with all these partners and to have learned a lot from them as we worked together to provide innovative solutions to the challenges of reducing maternal mortality. Of this we would like to thank everyone who worked hard together with our Project team to make the project work for their communities.

In particular, I would like to express my appreciation to the local government units in Ifugao and Biliran who played crucial roles in the adoption of the project through various political commitments; to the health service providers, women's health teams and community health teams in the two provinces for their tireless efforts and dedication; and, to the Department of Health and the Centers for Health Development in Region VIII and CAR for the all the support and guidance.

With all the gains and lessons from the project, we hope that the project's successes would motivate and encourage community stakeholders to further work for better health outcomes for mothers and neonates in the Philippines. May we all continue to work harder to improve the lives of mothers, their families, and their communities.

Maraming, Maraming Salamat sa Inyong Lahat!

Norio Matsuda

Chief Representative

Japan International Cooperation Agency (JICA) Philippine Office

### JICA PHILIPPINES

40th Floor Yuchengco Tower, RCBC Plaza, Ayala Avenue, Makati City, Philippines

P.O.Box 1026, MCPO, Makati City, Metro Manila

Tel: +632-889-7119 Fax: +632-889-6850

Homepage: <http://www.jica.go.jp/philippine/english>

# Acknowledgements

This project owes its accomplishment to the health care workers – both from the health care facilities and the communities, the communities themselves who wholeheartedly adopted its activities, as well as other institutions and individuals who passionately offer their full commitment to further improve, protect and promote the health of Filipino women and children.

## Department of Health Central Office

- Secretary of Health Esperanza I. Cabral, MD
- Undersecretary Mario C. Villaverde, MD, MPH, MPM, CESO II
- Undersecretary David J. Lozada, MD, MPH, CESO II
- NCDPC Director Eduardo C. Janairo, MD, MPH
- The staff of the NCDPC
- The members of the National Joint Coordination Committee
- Centers for Health Development: CAR and Region VIII

## Ifugao and Biliran

- Provincial Governors
- Municipal Mayors of Aguinaldo, Alfonso Lista and Mayoyao (Ifugao)
- Municipal Mayors of Almeria, Biliran, Culaba, Caibiran, Cabugcayan, Maripipi, Naval and Kawayan (Biliran)
- Provincial Health Officers
- The staff of the Provincial Health Offices of Biliran and Ifugao
- The staff of the Municipal Health Offices of the participating municipalities

## Development Partners

- PhilHealth
- United Nations Children's Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- World Health Organization (WHO)
- U.S. Agency for International Development (USAID)
- European Union (EU)
- German Technical Cooperation (GTZ)
- Asian Development Bank (ADB)
- World Bank (WB)
- Global Fund
- Plan International

# Acronyms Used

<b>AMADHS</b>	Aguinaldo-Mayoyao-Alfonso Lista District Health Aystem
<b>BEmONC</b>	Basic Emergency Obstetric and Newborn Care
<b>BHW</b>	Barangay Health Worker
<b>BNS</b>	Barangay Nutrition Scholar
<b>BPH</b>	Biliran Provincial Hospital
<b>CEmONC</b>	Comprehensive Emergency Obstetric and Newborn Care
<b>CMMNC</b>	Community Managed Maternal and Newborn Care
<b>CHD</b>	Center for Health Development
<b>DH</b>	District Hospital
<b>DOH</b>	Department of Health
<b>Execom</b>	Executive Committee
<b>EmOC</b>	Emergency Obstetric Care
<b>LSS</b>	Life Saving Skills
<b>IACHT</b>	Ifugao Ayod Community Health Team
<b>JCC</b>	Joint Coordination Committee
<b>MCH</b>	Maternal and Child Health
<b>MCP</b>	Maternal Care Package
<b>MHO</b>	Municipal Health Office
<b>MDR</b>	Maternal Death Review
<b>MMR</b>	Maternal Mortality Ratio
<b>NCDPC</b>	National Center for Disease Prevention and Control
<b>NMR</b>	Neonatal Mortality Rate
<b>PDM</b>	Project Design Matrix
<b>PHO</b>	Provincial Health Office
<b>PO</b>	Plan of Operation
<b>RHM</b>	Rural Health Midwife
<b>RHU</b>	Rural Health Unit
<b>SBA/SHP</b>	Skilled Birth Attendant/Skilled Health Professionals
<b>TBA</b>	Traditional Birth Attendant
<b>TWG</b>	Technical Working Group
<b>UNFPA</b>	United Nations Population Fund
<b>WHT</b>	Women's Health Team



# Project Profile

## Introduction

Since the 1970s, Japan's official development assistance, through the Japan International Cooperation Agency (JICA), has been helping address the perennial need to improve the quality of maternal and child health services and reduce maternal and child mortality in the Philippines.

This is because maternal and child health programs are among the priority health issues that JICA has focused its resources on. The others are: (1) control of infectious diseases, with emphasis on tuberculosis, malaria, schistosomiasis and SARS; (2) local health system strengthening; and (3) lifestyle-related diseases.

The Japanese government's commitment to maternal and child health programs in the Philippines started in 1967 through the following projects: Poliomyelitis control (1967-1974), Family Planning (1974-1989), and Maternal and Child Health and Family Planning (1992-2002).

Other assistance provided included a grant project for measles control (2002) and medical equipment supply project with the UNFPA from 1996-2003.

The basic policy followed in providing grants or technical assistance to the Philippine health sector focused on "human security."

JICA's latest participation in the Philippine health sector is in the Maternal and Child Health Project (2006-2010), a project initiated by the Department of Health based on recommendations of the Project Formulation Study in the Health Sector conducted in September 2004.

The project was envisioned to support the target under the Philippine Millennium Development Goals to reduce the ratio of maternal deaths and decrease the mortality rate among children.

JICA realized early on that achieving these MDGs will only be realistic through the political will of the national and local governments, commitment of health workers and concerted action of people in the communities, non-government organizations and development partners.

This led to the signing on March 16, 2006 of an agreement between the DOH and JICA to provide technical assistance to the Maternal and Child Health projects of Ifugao and Biliran, two of the poorest provinces in the Philippines.

This report includes the steps that Biliran and Ifugao have taken to strengthen their maternal and child health programs, specifically the enhancement of MCH services and Emergency Obstetric Care at all levels, as well as the community's support mechanisms for mothers and newborns.

## Background

The Philippines has seen high maternal mortality rates over the last decades.

The Family Planning Survey (NSO, 2006) estimated that 162 mothers die for every 100,000 live births.

Unfortunately, communities have traditionally blamed the death of pregnant women or new mothers on fate, saying that the death was inevitable.

Their death, however, should be seen as anything but typical. Experts said that many of the pregnant women or new mothers died due to the following:

- Delay in deciding to seek medical care;
- Delay in reaching appropriate care; and
- Delay in receiving care at health facilities.

### Strengthening Maternal and Child Health Care Programs

**KEY IMPLEMENTATION STEPS:**

**STEP 1:**  
Recognizing the problem and identifying options given available resources

**STEP 2:**  
Implementing strategies that are doable and realistic

- 2.1. Formulation of policies to improve MCH implementation
- 2.2. Organizing Community/Women's Health Team (WHT) as advocates for MCH
- 2.3. Improving the capacities of Health Personnel
- 2.4. Ensuring the availability of medicines, equipment and supplies for Facility-based delivery

**STEP 3:**  
Sustaining quality Maternal and Child Care by increasing financial resources and providing incentives

- 3.1. Providing incentives to BHWs and RHU staff
- 3.2. Acquiring PhilHealth Maternity Care Package (MCP) Accreditation
- 3.3. Increasing the number of PhilHealth indigent enrollees
- 3.4. Implementing user's fees and imposing penalties and incentives

**STEP 4:**  
Monitoring and Evaluation

- 4.1. Pregnancy Tracking Reporting
- 4.2. Monthly meetings

**CRITICAL FACTORS FOR SUCCESS:**

1. Pooling and mobilizing all available resources
2. Political commitment to harness MCH impact
3. Ensuring financial sustainability for continuous servicing
4. Capacity-building of health care providers for quality MCH services
5. Community involvement

**CONTACT US:**

**MCH PROJECT OFFICE**  
BUILDING 1, DEPARTMENT OF HEALTH (DOH)  
SAN LAZARO COMPOUND, REAL INTERIOR  
STA. CRUZ, MANILA  
OFFICE NUMBER: 8131 743 8301 LOC. 1345  
TELEFAX: 8131 339-2361

**BILIRAN PROVINCIAL HEALTH OFFICE**  
CAYAN E.T. NIVAL, BILIRAN  
TELEFAX: 8511 500-9519

**IFUGAO PROVINCIAL HEALTH OFFICE**  
NATUNOLAN, CUDOG  
LAGUANE, IFUGAO  
TELEFAX: 8741 362-2708 (via Provincial Government's Office)

## Project Design

To respond to these grim conditions, the DOH and JICA enhanced the Project Design Matrix to suit the specific needs of Ifugao and Biliran, the pilot sites of the landmark MCH project.

The table below outlines the specific strategies in the achievement of the project outputs according to the revised Project Design Matrix.

Project Outputs	Level/Targets	Intervention Type	Major Activities
<b><u>OUTPUT 1:</u></b> Implementation mechanism and capacity of the central level to enhance Emergency Obstetric Care (EmOC) at all levels are strengthened	Central/ DOH,CHD and training institution	Capacity building	<ul style="list-style-type: none"> <li>● Enhance training capacity of EmOC and neonatal care at the central level training institution</li> <li>● System formulation for monitoring</li> </ul>
<b><u>OUTPUT 2:</u></b> The MCH services and EmOC are strengthened in the project's target areas	Province and municipality/ PHs, DHs, RHUs/BHSs and SBAs working in the medical facilities	Facility development and capacity development of health personnel	<ul style="list-style-type: none"> <li>● BEmOC training</li> <li>● CMMNC training</li> <li>● LSS training</li> <li>● Provision of medical equipment</li> </ul>
<b><u>OUTPUT 3:</u></b> Supporting mechanisms for mothers and babies in the communities are strengthened	Municipality/ SBAs in RHUs and Barangay health volunteers, mothers, and community members	Organization of new system, education and awareness building, community mobilization	<ul style="list-style-type: none"> <li>● Formulation of WHTs</li> <li>● Formulation of multi-sectoral community supporting group for emergency transportation</li> </ul>
<b><u>OUTPUT 4:</u></b> Management and supportive mechanisms are in place for WHTs and midwives to improve quality of service and work environment in the project's target areas	Municipality/ SBAs in RHUs and Barangay health volunteers, and community members	Capacity building through supportive supervision, organization of new system, formulation of financial mechanism for sustainability	<ul style="list-style-type: none"> <li>● Supportive supervision for SBAs and WHTs</li> <li>● Improvement of managerial capacity of RHUs</li> <li>● Monthly meetings and Case Conference</li> <li>● Maternal Death Review</li> </ul>
<b><u>OUTPUT 5:</u></b> Lessons learned from the MCH project implementation contribute to dialogues at the national and provincial levels and MCH policy discussions, and are reflected in MCH policy formulation	Central /MCH Technical Working Group	Policy dialogues/ discussions	<ul style="list-style-type: none"> <li>● Reactivate MCH TWG</li> <li>● Discussion and revision of MCH policy</li> <li>● Dissemination of MCH training materials</li> </ul>

Source: Project Mid-term Evaluation Report, October 2007

## Project Areas



**Province of Ifugao**



**Province of Biliran**

### Province of Ifugao

Area (km <sup>2</sup> )	2,517.8
Population	180,711
Households*	31,346
Density (/km <sup>2</sup> )	72
Municipalities	11
Barangays	175

	Population	Households*	Barangays
Mayoyao	16,722	2,917	27
Aguinaldo	17,231	3,341	16
Alfonso Lista (Potia)	25,323	4,275	20
Sub-total	59,276	10,533	63
Banaue	21,448	3,952	18
Hungduan	9,601	1,699	9
Kiangan	15,448	2,692	14
Lagawe (Capital)	17,373	2,944	20
Lamut	22,109	3,654	18
Hingyon	10,071	2,063	12
Tinoc	12,045	1,680	12
Asipulo	13,340	2,129	9

### Province of Biliran

Area (km <sup>2</sup> )	555.4
Population	150,031
Households*	27,907
Density (/km <sup>2</sup> )	270
Municipalities	8
Barangays	132

	Population	Households*	Barangays
Almeria	14,420	2,886	13
Biliran	14,947	2,619	11
Cabucayan	18,799	3,372	13
Caibiran	20,616	3,597	17
Culaba	10,962	2,193	17
Kawayan	19,053	3,688	20
Maripipi	6,946	1,562	15
Naval (Capital)	44,288	7,990	26

## Project Management

As agreed upon between the DOH and JICA, the project was managed by the Joint Coordination Committee at the central level. It was implemented by the Provincial Executive Committee and Technical Working Group at the provincial level. These committees, at all levels, are composed of Filipino and Japanese counterparts. The detailed composition of each committee is shown below.

### Joint Coordination Committee

#### Members from the Philippine side:

*Chairperson* : Undersecretary, DOH

*Members* : • Director of National Center for Disease Prevention and Control (NCDPC)  
• Director of Bureau of International Health Cooperation (BHIC)  
• Director of Bureau of Local Health and Development (BLHC)  
• Provincial Governors of Ifugao and Biliran Province

#### Members from the Japanese side:

Chief Representative, JICA Philippine Office

Chief Advisor of the Project

Experts

### Provincial Executive Committee/ Technical Working Group

*Chairperson* : Governor

*Members* : • Vice Governor  
• Provincial Health Officer  
• Chairperson of the Inter-Local Health Zone  
• Sangguniang Panlalawigan Chairperson of the Committee on Health  
• Mayors of the Project Sites  
• Director of Center for Health Development Region  
• Representative from Philippine Health Insurance Corporation  
• Representative from European Commission  
• Representative from PSWDO, PPDO  
• Representative from JICA Philippine Office  
• JICA-MCH Chief Advisor, Experts, Assistant Project Manager  
• Other stakeholders



# Results of Project Implementation

## Indicators

The Maternal and Child Health Project was implemented starting March 2006. The tables below show 2005 as benchmark and the major accomplishments based on the Field Health Survey Information System.

### Trends in Deliveries (As of December 2008)

Indicators for the Purposes of the Project	BENCHMARK		ACHIEVEMENT			Means of Verification
	2005		2006	2007	2008	
% of deliveries assisted by the SBAs in the target areas	Biliran	44%	49%	83%	<b>92%</b>	Provincial FHSIS
	Ifugao	68%	68%	63%	<b>73%</b>	
	AMADHS	54%	59%	57%	<b>71%</b>	
% of facility-based deliveries in the target areas	Biliran	25%	24%	79%	<b>89%</b>	Provincial FHSIS
	Ifugao	37%	37%	32%	<b>49%</b>	
	AMADHS	19%	17%	23%	<b>34%</b>	

Source: Provincial FHSIS 2005-2008.

### Trends in Prenatal Care (As of December 2008)

Indicators for the Purposes of the Project	BENCHMARK		ACHIEVEMENT			Means of Verification
	2005		2006	2007	2008	
% of pregnant women who received prenatal care more than 3 or 4 times	Biliran	67%*3 (65%)*3	59%*3 (64%)*3	59%*3 (22%)*3	<b>69%*3</b>	Provincial FHSIS ( ) indicates data from the National FHSIS
	Ifugao	99%*4 (36%)*4	96%*4 (64%)*3	90%*4 (64%)*4	<b>65%*4</b>	
	AMADHS*	88%*4	93%*4	91%*4	<b>65%*4</b>	

**Note:** \*3 indicates data presenting “3 or more” prenatal care received and \*4 indicates data presenting “4 or more”. DOH definition of % of women who received prenatal care was changed in 2008, from “three times or more” to “four times or more”. However, the Project Evaluation Team recognized that the frontline staff are still confused in applying the new system.

### Trends in Maternal and Neonatal Mortality (As of December 2008)

Indicators for the Purposes of the Project	BENCHMARK		ACHIEVEMENT			Means of Verification
	2005		2006	2007	2008	
Maternal mortality ratio (per 1,000 livebirths) in project areas	Biliran	2.89 (#: 10)	2.80 (#:10)	1.15 (#:4)	<b>1.57</b> <b>(#:6)</b>	Provincial FHSIS
	Ifugao	0.85 (#:1)	1.20 (#:5)	1.32 (#:3)	<b>0.67</b> <b>(#:3)</b>	
	AMADHS*	0.85 (#:1)	0.87 (#:1)	0 (#:0)	<b>0</b> <b>(#:0)</b>	
Neonatal mortality rate (per 1,000 livebirths) in project areas	Biliran	4.3 (#:N/A)	7.43 (#:N/A)	3.8 (#:13)	<b>9.4</b> <b>(#:36)</b>	Data collected from MHO by the Project
	Ifugao	5.1 (#:34)	3.92 (#:40)	– (#:12)	– <b>(#:11)</b>	
	AMADHS*	5.12 (#:6)	4.34 (#:5)	– (#:8)	– <b>(#:7)</b>	
Infant mortality rate (per 1,000 livebirths) in project areas	Biliran	16.8 (#:58)	19.0 (#:68)	13.3 (#:49)	<b>19.1</b> <b>(#:73)</b>	Provincial FHSIS
	Ifugao	8.5 (#:34)	10.3 (#:40)	10.9 (#:35)	<b>12.9</b> <b>(#:53)</b>	
	AMADHS*	9.0 (#:11)	9.6 (#:12)	11.8 (#:11)	<b>11.8</b> <b>(#:12)</b>	

**Source:** Provincial FHSIS 2005-2008, Neonatal data were collected from each RHU by the Project Team.

**Note:** # indicates number of deaths.

## Ifugao

Ifugao is a mountainous province in the Cordillera Administrative Region with scattered villages and incomplete, rough roads that make it difficult for the residents to access vital health facilities.

Despite these conditions, there was a 5 percentage point increase in deliveries conducted by skilled birth attendants to 73 percent in 2008 from 68 percent in 2005. This was attributed largely to the formation of women's health teams in the Ifugao municipalities of Aginaldo, Alfonso Lista and Mayoyao where the MCH is being implemented.

There was also increased use of the birthing facilities at the BEmOC hospital, RHUs and BHSs from 37 to 49 percent. In Alfonso Lista, the incidence of facility delivery exceeded home delivery in 2008.

The Ifugao provincial government took a major step forward when it issued an executive order forming the province-wide WHT named the Ifugao Ayod (hammock) community health team with incentives to promote safe motherhood programs.

### ***MCP Accreditation with PhilHealth***

All three RHUs and six BHS have been accredited with MCP in Ifugao.

## AYOD Community Health Team

The Women's Health Team traces its beginnings to the DOH project on Women's Health and safe Motherhood. The MCH project adopted the concept to strengthen the capability of the local government to deliver quality women's health and safe motherhood services.

The WHT is headed by a midwife stationed at the barangay health center who is assisted by the barangay health worker, barangay nutrition scholar and traditional birth attendants, among others, depending on the community. Supervising the WHT is the municipal health officer.

As of end 2007, project target area of 3 municipalities had 96 teams with 321 members.

However, Ifugao, renowned for its unique culture and world-famous rice terraces, has its own version of the WHT called the **Ifugao AYOD Community health team**. Ifugao now has 219 teams with 2,500 members..

The community used the term "ayod" to refer to the hammock, which symbolizes the community's desire to



help each other. The Ifugaos bank on close community ties to respond to emergency situations, including transporting pregnant women on a hammock so she can get the help she needs.

The "ayod" thus signifies the concept of leaving "health in the hands of the community."

## Biliran

Biliran, the smallest province in the Eastern Visayas region, has shown remarkable improvement in its maternal and child health protection system after the province banned the delivery of children in the homes and encouraged births in facilities with the help of skilled birth attendants.

As Table 1 shows, 9 of 10 deliveries in 2008 were handled at the health facilities by skilled birth attendants. Most of the RHUs reported more than 90 percent facility delivery. Moreover, 15 Barangay Health Stations are now functioning as Birthing Centers.

### MCP Accreditation with PhilHealth

The MCH Project has provided rural health units with the technical training and medical equipment they need to qualify for Maternity Care package accreditation. As a result, all eight rural health units in Biliran were accredited by MCP as of 2007; six BHSs were also accredited by MCP.

**2** **MANILA BULLETIN**  
THE NATION'S LEADING NEWSPAPER

**News**

Sunday, March 22, 2008

## ‘Hilot’ fading away into history

By **CHARISSA M. LUCI**

Traditional “hilot” or birth attendants across the country could soon become just a part of history as modern — and much safer — medical practices take over.

Since time immemorial, “hilot” has been the popular way of child delivery, particularly in the country’s poor rural areas where there are no doctors or midwives and where access to healthcare facilities is limited.

But now things are changing — for the better. In the Eastern Visayas province of Biliran for instance, an anti-hilot ordinance was enacted in 2007 as authorities sought to promote the welfare of mothers and newborns.

But the ordinance drew stiff opposition from traditional hilot in the province. They recently trooped to the office of Biliran Governor Rogelio Espina to appeal for livelihood support. “I told them, don’t worry because they will become part of the maternal programs,” Espina said.

The governor said the ordinance was part of the maternal and child health project launched in 2006 by the Department of Health (DoH), and the provincial and municipal governments, with the support of the Japan International Cooperation Agency (JICA), the world’s largest bilateral aid agency.

“Espina said the number of maternal and newborn deaths dropped significantly as a result of the project. There was a drastic reduction at the end of 2007 after the maternal health project was implemented in 2006,” he said.

Teresita Calvez, president of the Biliran Health Workers (BHW) and a member of the Women’s Health Team (WHT), said in 2007, the traditional birth attendants were banned from practicing their work.

The year before that, a mother and a child died because of complications brought by home birth delivery through a hilot.

“Ang hilot last ang concern lang nya ang external, pero pa’no yung nasa loob,” Calvez said.

Biliran Municipal Health Officer Dr. Evelyn Garcia said last year saw a significant decrease in the number of home deliveries in the province.

She said since 2006, not even a single maternal or newborn death has been recorded in their municipality. “In 2005, we had two maternal deaths out of 289 live birth deliveries,” Garcia said.

Calvez attributed the decrease of

she said, is safer and ultimately cheaper.

Married to a *taho vendor*, I gave birth to her first child at home in 2006 through the help of a traditional birth attendant.

“Espina expressed gratitude to JICA for its health assistance to his province. “We are very grateful that Biliran was chosen. They helped to achieve my vision for the province. Since I sat as governor, I never stopped being a doctor launching health programs for constituents,” he said.

“This project of JICA is really something that no other agency thinks of and this is a very laudable project and I just hope this will happen to other poor provinces,” Espina said.

JICA’s health expert Iku Murakami described the Eastern Visayas province as “Biliran May” as recognized by the Health Department for its successful war against maternal and newborn deaths.

Murakami, chief advisor of JICA Maternal and Child Health Project in Biliran and Ilogao, said the provinces were chosen as pilot areas for the project because of the declining number of maternal and infant deaths in the areas.

A nurse and midwife by profession, she said the project was a success even as she expressed hope that it will be sustained.

She said they are still awaiting the response of the Japanese government on the request of the Regional Health Office to replicate a project in the other five provinces in the region.

The JICA, which has been funding various development projects in the Philippines, has provided US\$1 million worth of technical assistance to the “Paradise Island” of Biliran which is to end in March 2010.

Murakami said the reduction of maternal and child mortality remains a problem in the Philippines.

She noted the lack of effective and sustainable implementation of health programs in the grass roots level, particularly in poor rural areas in the country.

She also called on the Philippine government to launch more facility-based health programs and ensure that more people will have access to primary healthcare.

“Currently, the Philippines has a maternal mortality rate ratio of 100 per 100,000 live births. This should be reduced to 82 per 100,000 live births and you only have six years to achieve this,” she said.

Murakami also warned that decentralization in some health planning agencies has somewhat diluted the Philippine government’s efforts to achieve the Millennium Development Goals (MDGs), which



**CHECKING TWINS.** Dr. Evelyn Garcia, the only doctor in the Rural Health Unit of Almeria, Biliran, checks four-month-old Angela Congcong held by her mother Lixel, while her aunt and twin sister Angelica look on. The twins were born in the delivery facility equipped with the help of the Japan International Cooperation Agency (JICA) for the Mother and Child Health Project, in partnership with the Department of Health and the local government of Biliran. (JICA-MCH)

at home.

First-time offenders will be reprimanded, while those who again violate the ordinance will be fined P500, he said.

Second-time offenders will also be compelled to render community work for eight hours a day for two days at the discretion of the court.

A fine of P1,000 or an imprisonment for three days or both, depending on the court’s discretion, await third-time offenders.

“Ty said before, they encountered difficulty in introducing the facility-based delivery program to the people, especially to those living in mountainous and far-flung areas.

“But now there is acceptance. That is why there is a significant decrease of deaths,” he said.

Five months pregnant Paula Bernio, of Barangay Poblacion, 44, cited the difference between the home delivery and the facility-based delivery. Bernio, whose grandmother, 67-year-old Aunt Asuncion, and a sister are hilot, said it is safer to deliver her seventh child in a hospital or birthing center where there are skilled birth attendants and a set of birth delivery facilities.

“What if before or during delivery,



**NEW BABY.** A couple look at their newborn child at Rural Health Unit in Almeria, Biliran. (JICA-MCH)

“Minsan kami po ang namamasabhe pura sa kanila, instead na sila ang mamasabhe sa amin. Minsan din si mayor pa ang nagiging driver papunta sa hospital,” another barangay health worker, Maris Lourdes

Morazar, 44, is a member of the WHT in Almeria, Biliran. She said despite her low salary and tedious work, she is a happy to help her provincemates and save their lives. “Masaya ang makatulong lalo na’t



# Project Outputs/Activities: 2006-2010

## OUTPUT 1:

**S**trengthening the implementation mechanism and capacity of the central level to enhance Emergency Obstetric Care (EmOC) at all levels.

Establish the central level Joint Coordination Committee (JCC), a mechanism to monitor and manage the MCH project implementation.

Assist in establishing EmOC monitoring mechanism ( preparing checklist, defining the role and responsibility of supervisors).

Assist in strengthening the EmOC training by providing equipment for Fabella Hospital and reproducing existing standard manuals.

Develop and print training materials for CMMNC Trainers and implement nationwide Training of Trainers: TOT on CMMNC in collaboration with other funding agencies.

Provide Philippine side project counterparts capacity building training in Japan on the MCH program management.

### DEPARTMENT OF HEALTH (Central)

#### 1. Central Project Preparatory Committee Meeting, 2005

The very first meeting of MCH Project stakeholders was held on December 20, 2005 at the DOH National Center for Disease Prevention and Control (NCDPC) Conference Room, participated in by the following: the NCDPC Director, the NCDPC Bureau Chief, other NCDPC and Family Health Office staff, Bureau of International Health Cooperation administrative staff, the Governor of Biliran Province, a representative from the Ifugao Provincial Health Office, and the JICA-MCH Chief Advisor.

Discussions on the PDM were conducted during the meeting. It was agreed upon that on the first quarter of the project's first year, technical assistance will be provided for the baseline survey (i.e., situation analysis through quantitative and qualitative surveys); various training will be conducted; medical equipment, vehicles for supervision and ambulances for RHUs and district hospitals will be provided.

#### 2. Signing of the RD between JICA and the DOH, 2006

On January 10, 2006, the Record of Discussion was signed by the DOH and JICA as represented by Secretary Francisco T. Duque III and then Resident Representative Shozo Matsuura.



*Signing of RD between JICA and DOH.*



*A CMMNC Training held in Biliran, attended by Governor Espina.*

### **3. Development of Trainer's Guidebook for Community Managed Maternal and Newborn Care (CMMNC), 2006**

The Project has developed a training manual for the CMMNC through the technical inputs of the DOH-NCDPC. This was also made possible through the assistance of other development partners such as the UNICEF, UNFPA, WHO, Plan International, who are working on women and children's issues. The CMMNC aims to promote the DOH policy on increasing the number of facility-based deliveries at the community level. The CMMNC: A Trainer's Guide, is an instruction manual for trainers at the field level.



### **4. Training of Trainers (TOT) on CMMNC, 2006**

The Project supported the implementation of the TOT on CMMNC for the capacity building of trainers, attended by two participants each from 17 CHDs and 3 participants each from 19 FOURmula One sites. The Project also prepared TOT kits (each containing one copy of the CMMNC: A Guide for Primary Health Care Professionals, one copy of CMMNC: A Trainer's Guide, one set of OHP materials, and a CD presentation of the lectures).

The DOH agreed to conduct the roll out of trainings for the remaining 40 provinces. Each trainer has formulated a roll out plan for their respective SBAs at the local level. The trainings are aimed at strengthening the capacity of the SBAs and the local health units in managing and improving health service delivery for pregnant mothers and newborns. This strategy has been adopted nationwide.

A total of 184 participants were trained via a series of 4-day trainings nationwide, held in Baguio for the Luzon participants from November 6-9, 2006; in Cebu for Visayas participants from November 12-17, 2006; and in Davao for Mindanao attendees from November 20-23, 2006.

### **5. Joint Coordination Committee, 2006-2010**

Eight JCC meetings were held during the course of the project. A Mid-Term Evaluation of the project was conducted by JICA headquarters and results were disseminated to the JCC

on October 2007. A Terminal Evaluation was conducted in October 2009.

#### **6. FOURmula One, 2006-2010**

The project implementors attended meetings of the Technical Assistance Coordination Team in 2008.

#### **7. Discussion on safe motherhood policy strategy, 2006-2010**

The MCH Project has actively taken part in meetings conducted by the NCDPC on executing the Administrative Order for the Safe Motherhood Policy Strategy, which was implemented on July of 2008.

#### **8. National Launching of the CMMNC Guidebooks and Handover of the CMMNC Training Kits to the DOH, 2007**



Then JICA Resident Representative Shozo Matsuura headed the presentation and turnover ceremony of the CMMNC Guidebooks to the DOH on February 27, 2007. DOH Undersecretary Ethelyn Nieto officially accepted the guidebooks (a total of 32,000 printed copies for all SBAs throughout the Philippines and 300 sets of Training kits for 79 provinces).

Dr. Nieto expressed that the guidebooks are important components in further strengthening EmOC all over the country. The event was witnessed by 110 representatives from the DOH, other government agencies, the academe, and organizations working for

the welfare of mothers and newborns.

The DOH is planning to revise CMMNC.

#### **9. Evaluation of training on Basic Emergency Obstetric and Newborn Care and Life Saving Skills for midwives, 2007 and 2008**

Representatives from DOH and Fabella Hospital conducted a post-training monitoring evaluation mission to Ifugao and Biliran.

#### **10. 'Teaming-up for Safe Motherhood' book, 2008**

The book, 'Teaming-up for Safe Motherhood', a manual on MCH implementation based on

actual experience in the project sites, was published and launched in 2008.

### **11. Project Mid-Term Evaluation, 2008**

Together with national and provincial counterparts, the Mid-Term Evaluation of the MCH Project was conducted in 2008 to assess the status of its implementation in Biliran and Ifugao.

The team, which visited Ifugao from October 4-9, 2008 and Biliran from October 15-18, 2008, had the following objectives:

- To review the inputs, activities and achievements of the Project against the initial plan;
- To clarify problems and issues, and;
- To evaluate the Project using the five evaluation criteria (Relevance, Effectiveness, Efficiency, Impact, and Sustainability).

The team observed health facilities and interviewed health service providers and members of the WHT at the community level. The evaluation results and recommendations were presented to the members of the PEC and TWG. The Project's next steps were also discussed.

## **CENTER FOR HEALTH DEVELOPMENT**

### **1. Mother and Child Book, 2008 and 2009**

Each region developed user-friendly versions of the MC Book. In 2008, Region 8 developed a Cebuano/Visayan version of the MC Book (4,000 copies printed); while in 2009 CAR region developed a culture friendly Family Health Diary for distribution to 6 provinces (20,000 copies printed).

### **2. Re-print of textbook on Community Managed Maternal and Newborn Care, 2008**

In answer to requests from each region, 4,500 copies of the CMMNC textbook were printed and distributed to each province under Region 8 and CAR in 2008.

## **CAR**

### **1. Annual Health Decision Makers Forum, 2006-2010**

The Cordillera Administrative Region held its Decision Makers Forum each year in Baguio City. This is an initiative that will provide a venue for sharing best/good practices on health that other Local Government Units might emulate. AMADHS was selected to present several times its best practices, which the communities said contributed to the improvement of the health status of the people. One of the AMADHS MHO shared the



contribution of the organized Women's Health Team and the registration of AMADHS with the Securities and Exchange Commission. This will give them the chance to source funds for health programs/projects outside donor and LGU assistance.

## 2. Happitan di Cordillerans Ad Ifugao, 2008

A total of 411 delegates from the different provinces of Cordillera in their unique ethnic attires, together with their governors, mayors, legislators, health staff and employees, gathered at the Don Bosco Auditorium in Lagawe, Ifugao on November 12, 2008 to launch the book *Teaming Up for Safe Motherhood*. In addition to the launching, the Ifugao donors and stakeholders planned the activity as a forum for experience sharing, and integrating the Ifugao culture, inspired by Ifugao and Cordillera ethnic sounds, music, and colors. It was hoped that this opportunity will encourage other provinces to look into what they could replicate in their own provinces. Thus, it was not just a "launching" but Happitan di Cordillerans Ad Ifugao (an MCH forum of the Cordillerans in Ifugao).



## Region 8

### 1. Region VIII Health Summit, 2008

The CHD VII organized and conducted the Regional Health Summit with support from the MCH Project in November 2008 in Tacloban City. The DOH Central Office, PHO Staff and officials from Ifugao Province led by Gov. Teodoro Baguilat Jr., representative from JICA, the Embassy of Japan and other guests witnessed the activity. About 400 stakeholders participated in the: (1) Launching of the MCH project publication *Teaming Up for Safe Motherhood*; (2) Sharing of best practices from Biliran Province (MCH Program and Inter Local Health Board), Southern Leyte (Inter-Local Health Zone and Health City Initiative), Eastern Samar Province (Peso for Health: A Health Care Financing Scheme); and (3) Awarding of LGUs and local health managers.

### 2. Training on Supervisory and Monitoring for the Public Health Nurses, 2008

To strengthen supervision and monitoring systems, CHD VII and the MCH project supported the conduct of the Monitoring and Supervisory Training for Public Health Nurses in May and September 2008, attended by 50 PHNs.

This training aimed to enhance the capability of the PHNs to effectively perform their various roles as supervisors of their respective midwives using the monitoring tool formulated by the CHD and MCH project according to BEmONC strategy, Sentrong Sigla and PhilHealth's Maternity and Newborn Care Package.

### 3. Regional Consultative Meeting with Provincial MCH Coordinators, 2008

A meeting was held at CHD VIII to get a consensus on how to enhance the implementation of the Maternal and Child Health Program through the Woman's Health and Safe Motherhood Model of the Department of Health vis-à-vis Formula One Strategy. More than 50 public health managers from PHO, MCH Coordinator, FP Coordinators, Nutrition Coordinator, DOH Representative, and selected MHOs attended.

### 4. Regional Maternal Death Review, 2008

To strengthen the capacity of the skilled birth attendants to provide quality care for expectant mothers and newborns, a 2-day Regional Maternal Death Review (RMDR) was facilitated by the CHD VIII with more than 40 public health managers. Discussions included revisiting the strategy on conducting the MDR at the local level and its status, updates on public health programs (MCH, Family Planning and Breastfeeding), FHSIS, and Clinical Case Conference for Midwives.

### 5. Regional Development Partners' Meeting, 2006-2010

To strengthen coordination among the DOH-CHD VIII, PHOs in Region VIII, Provincial DOH-Reps, Representatives from the MHOs and other development partners (World Vision, GTZ, Plan Philippines and Spanish Red Cross), conducted regular meeting in the regions.



*A Regional Development Partners'/Donors' meeting held in Ifugao.*



## OUTPUT 2:

**T**he MCH services and EmOC are strengthened in the project target areas.

**2.1** Conduct baseline survey of current MCH situation in the project target areas.

**2.2** Establish project Executive Committees (EC) and Technical Working Groups (TWGs) to monitor project implementation and to conduct meetings to discuss project implementation issues.

**2.3** Provide BEmOC trainings for all SBAs working in district hospitals and RHUs in the project target areas.

**2.4** Provide CMMNC trainings for all SBAs.

**2.5** Provide Life Saving Skills trainings for midwives in BHSs in the project target areas.

**2.6** Assist in the upgrading of RHUs by providing equipment and trainings towards PhilHealth Insurance Cooperation accreditation for the Maternity Care Package, which will benefit the poor in the project area.

**2.7** Assist some remote BHSs to function as birthing stations.

**2.8** Assist DH to be upgraded to CEmOC facility and PH to be 3<sup>rd</sup> level hospital.

*LSS Training for SBAs at the Dr. Jose Fabella Hospital.*

### **1. Life-Savings Skills Training for Rural Health Midwives, 2006-2008**

To enhance the skills of rural health midwives in recognizing and responding to life-threatening obstetrical situations in their respective areas, a series of 6-day Life-Savings Skills (LSS) Training were conducted. The trainings were facilitated by the Philippine OB-Gyne Society (POGS) and held at the Dr. Jose Fabella Memorial Hospital in Manila (for Ifugao staff) and Eastern Visayas Regional Medical Center in Tacloban City (for Biliran staff). A total of 62 RHMs attended the training.

LSS Training is meant to ensure and safeguard the right of every mother and newborn to survival. The POGS designed the training according to the World Health Organization's (WH) Midwifery Modules – such as Advances in Labour and Risk Management (ALARM) and Advanced Life Support in Obstetrics (ALSO). The training employs both didactic and practicum methodologies.

During the course of MCH project implementation, a total of 24 RHMs from Ifugao were trained, while Biliran had 38 participants.

### **2. Basic Emergency Obstetric and Newborn Care (BEmONC) Training, 2006-2008**

The training on Basic Emergency Obstetric and Newborn Care (BEmONC) for Skilled Birth Attendants (SBAs) has been implemented in response to the need to improve



the Provincial Health Systems of Obstetric Care. Its objective is to enhance the knowledge and skills of SBAs such as rural doctors, nurses, and midwives as well as to advance their capacity in providing quality service delivery to pregnant women and newborns. Consequently, the participants were expected to perform technical skills for facility-based delivery. Sixty SBAs participated in the training, 33 from Ifugao and 27 from Biliran.

### **3. Provincial Executive Committee and Technical Working Group Meetings, 2006-2010**

Regular Provincial Execom and TWG meetings were conducted during the 4 years of MCH Project implementation.

During the meetings, project accomplishments and plans of activities were discussed and agreed upon.

The TWG, through its regular meetings (held monthly by the 4th year of project implementation), carefully provided inputs and recommendations to the Provincial Execom.

### **4. Medical Equipment, 2006-2010**

To respond to the need to bring birthing services to the barangay level in each municipality, the MCH project provided all needed medical equipment to BHS which were selected by facility mapping of DOH to function as birthing facilities. The total amount of equipment turned-over was Php24,133,821.

### **5. Organization of Women's Health Teams (WHT), 2006-2010**

After a series of meetings and consultations with the DOH and the PHOs, the WHT was finally organized, which transformed the TBAs as advocates of facility-based delivery. The members of the WHT are the midwife of the BHS who acts as the team leader, the TBAs, the Barangay Nutrition Scholar, and the Barangay Health Workers.

These community-based WHTs were trained by the RHU, PHO and DOH representatives to perform the following: (1) promote safe delivery; (2) conduct regular



*Some of the equipment turned over to RHUs and hospitals in the project sites.*

census of pregnant women in their respective areas; (3) promotion of newborn and infant care; (4) promotion on availing facility-based health services; and (5) assist the community on informed choices of various health services.

At the end of the project period, Ifugao has 182 WHTs (referred to as province-wide activities of *Ayod* Community Health Teams) with 2,436 members, while Biliran has 374 teams with 1,122 members.

In Biliran, the teams were supported by Provincial Resolution No. 166 regulating the practices of TBAs.

#### **6. Training on CMMNC for SBAs in the project sites, 2006-2010**

To promote further awareness and knowledge of community women and their families regarding safe delivery, a roll-out training by the trained PHO staff on CMMNC were conducted for all SBAs. The 4-day training contained essential information needed by the SBAs to sustain the safe motherhood programs.

#### **7. Provincial Donors' Meeting (Ifugao), 2007-2010**

A regular forum with the representatives from funding agencies together with other provincial stakeholders (PHTL, PHO, and COH) was conducted with the Governor as convenor. This gave the local consultants the opportunity to harmonize the activities/deliverables of each project. Schedules were synchronized and possible integration on funding was made to maximize the resources to make the PIPH truly work.

Each representative from the EC, UNFPA, ECCD, JICA-MCH, and Global Fund Malaria sponsors the meeting on a scheduled basis. To have a complete picture of PIPH implementation, the governor requested the local consultants not only to just give financial assistance but also go beyond their TOR to give technical assistance to the Provincial Health Office as it has limited manpower, and also to the municipalities since the technical expertise of each consultant is badly needed.

#### **8. Inter-Municipal WHT Annual Convention, 2007-2009**

To gather all members of the WHT, ACHT (Ifugao) and BQRT (for Naval, Biliran) and encourage them to share valuable experiences in carrying out their tasks and responsibilities as community based health volunteers, annual WHT



*Part of the huge crowd during one of Biliran's Inter-Municipal WHT Convention.*

conventions were held, organized by the PHO and RHUs.

The convention was also participated in by RHU staff, PHO staff, partners agencies, and LGU officials who recognized the WHT members for their valiant efforts to further strengthen the MCH at the community level.

Moreover, updates on health programs and projects were given to the participants, including materials on maternal and child health nutrition, rabies control, tuberculosis and blood donation programs.

Entertaining presentations by WHT members, as well as awards and recognition, give color to the event.

#### **9. Training on Newborn Screening, 2006**

Supporting the goal of the DOH in achieving greater survival rate for infants, the Project provided assistance to Biliran province for trainings on Newborn Screening in 2006. A medical technologist and 20 SBAs from the Biliran Provincial Hospital, along with 80 SBAs from the RHUs received the training through CHD VIII and the National Newborn Screening Center on November 23 and 26, 2006.

Each participating facility also received copies of the manual of operations and educational materials for the implementation of the program in their localities.

#### **10. Baseline Survey, 2006**

A baseline survey was conducted in both provinces. In Biliran, the dissemination was held on February 2, 2007 and attended by over 80 persons headed by the Municipal Mayors, the Provincial Council Chairman on Health, barangay officials and representatives from DOH-CHD VIII, the provincial hospital, RHUs, the academe, media, WHTs, and other partner organizations.

In Ifugao, a total of 250 participants, headed by the Vice Governor, the JICA Deputy Representative, and representatives from the PHO, CHD-CAR, PSWDO and PhilHealth attended the presentation of the Baseline Survey results.

One significant information mentioned in the presentation is the alarming increase in the rate of neonatal deaths in the province, at 9 per 1,000 births in 2006 and 13 per 1,000 in 2005.

#### **11. Maternal and Child Package accreditation with PhilHealth, 2007**

Biliran was the first project site to consider PhilHealth MCP accreditation for its RHUs. The PHO and a local PhilHealth representative conducted a field visit to Biliran province on January 29 and 30, 2007 to assess the situation and determine PhilHealth requirements.



At the end of fiscal year 2007-2008, all the province's eight RHUs were operating 24 hours a day to provide maternity care services. The first four RHUs to be PhilHealth MCP accredited also came from the province, with Almeria the first to be granted accreditation (August 19, 2006). This was followed by Cabucgayan (January 19, 2007), Biliran and Kawayan (March 15, 2007).

By the end of the project period, all eight Biliran RHUs and three Ifugao RHUs were already MCP accredited, along with 15 BHS from Ifugao and six in Biliran.

## **12. Skills-based Training on Lactational Management for Biliran, 2007**

The DOH has been promoting breastfeeding in all government hospitals, maternity facilities, and private hospitals since 1979. However, surveys show that close to 30 years later, breastfeeding is still not widely practiced, thus affecting the nutrition and health of newborn babies and children.

To contribute to the effort to encourage breastfeeding, a 4-day training was given to the SBAs of Biliran. It was conducted in two batches (August 28-31 and November 20-23, 2007) at the Eastern Visayas Regional Medical Center (EVRMC) for 78 SBAs.

## **13. TOT on Facilitating Parent's Class for Biliran WHT members, 2007**

The DOH strives to enhance the knowledge of the community on basic home based health care management by putting facilitators through sessions on birth preparedness, mother's health, and neonatal care.

The role of the facilitators of parents' classes is crucial and they have to organize activities, promote participation among parents and at the same time provide health care with sensitivity and understanding.

Spearheaded by Biliran PHO, the training on Facilitating Parent's Class was provided to all 700 members of WHT from the 132 barangays of Biliran Province in 2007 and again on August to December 2008. The goal was to provide adequate knowledge and skills to teach expectant/new mothers and their husbands on basic home-based care management and how to access services from the SBAs at the health facility.



*Training on Facilitating parent's Class in Biliran.*



#### 14. Barangay orientation on Safe Motherhood Programs by WHT in Ifugao, 2007

A total of 6,000 people from 63 barangays attended a series of 1-day orientations in AMADHS from July to December 2007, organized to make local stakeholders and the community better understand the safe motherhood program and importance of the WHT.

The orientation was facilitated by the Rural Health Midwives, Municipal Health Officers, and Public Health Nurses under the supervision of the Provincial Health Office.

#### 15. Launching of the Search for the Most Healthy Barangay, 2008

In Alfonso Lista, Ifugao, as part of localized integrated activities for the improvement of its people's health status, a search for the Most Healthy Barangay was launched in 2008. Not only focusing on MCH but also including other diseases that will also affect the health of the mother and child, indicators on MCH, malaria, nutrition and others were included as a measure to rate the barangays.

##### *Ifugao Ayod Community Health Teams:*

## Health in the Hands of the Community

Ifugao's mountainous terrain and bad roads make access to health facilities extremely difficult. More often than not, vehicles cannot get to the *sitios* (settlements) deep in the mountains. Thus, those in need of medical attention, including mothers about to give birth, are brought to the nearest BHS or RHU on a hammock or *ayod* which is carried by male community members over several kilometers of rough terrain. *Ayod* is the Ifugao *Tuwali* dialect term for hammock.

The JICA-MCH project has adopted the WHT initiative to promote facility-based delivery. Upon closer observation of WHTs in the AMADHS area, Ifugao governor Teodoro B. Baguilat, Jr. enacted Provincial Executive Order (EO) Nos. 19 and 22 to rename the WHT as *Ifugao Ayod Community Health Team*. Essentially, the EO expanded the membership of WHTs to include the barangay captain and two male volunteers. The inclusion of male members in the WHT is an indigenous adaptation to the local situation. Ifugao being predominantly mountainous, it would need men to carry *ayods* over long distances and difficult terrain. Thus, a group that is composed purely of women (such as the WHT) is not practical.

The province also provided for rewards and incentives to outstanding or high performing *Ayod* Teams. It also provided for Technical Assistance (in the form of training and monitoring) from the provincial and municipal health offices.

Gov. Baguilat with Ayod promotional bag.



Promotion drama during barangay orientations in Aguinaldo, Ifugao.



To motivate the barangays to really work towards a healthy community, P300,000 was allocated by the municipal government for awards to be used for development projects.

### **16. Launching of the Ifugao Ayod Community Health Team (IACHT), 2008**

June 2008 was a milestone in Ifugao's history for on this day, 1,200 people from all over the province and dignitaries from national and international offices witnessed the launching of the province's expanded and localized WHT – the Ifugao Ayod Community Health Team. Officials and representatives from the different funding agencies and other stakeholders pledged their commitment to support this initiative.

After the launching, a series of orientation programs were conducted even in non-project sites. This is for the purpose of popularizing Executive Order No. 22 organizing the IACHTs signed by the governor on April 22, 2008.

### **17. Prenatal Care Services Training for SBAs, 2008**

To enhance the knowledge and skills of SBAs in providing quality health care, the MCH project supported the conduct of two 4-day training on strengthening prenatal care services at the Eastern Visayas Regional Medical Center (EVRMC). Facilitated by members of the Region VIII Philippine OB-Gyne Society, it was attended by 70 SBAs.

### **18. Active Males Movement Against Violence (AMMA) Writeshop, Training of Trainers (TOT) and Pre-testing of Manual (Ifugao), 2009**

The Ayod was reorganized to include male members. This is in recognition of the role that males play in the health and social programs/activities at the community level. A series of trainings/capability-building sessions were conducted to empower men and women and make them contribute to the reduction of child and maternal mortality. In line with this, an integrated writeshop was conducted to come up with a book for male trainers was held on January 24, 2009 in Santiago City, Isabela.



*A cultural presentation ushered in the launching of the Ayod Community Health Team.*

From February 12-22, 2009, 32 participants from the different municipalities of Ifugao (except Tinoc and Hungduan) attended the AMMA Trainers Training and pre-testing of the TOT manual held at Bontoc, Mt. Province. Staff from the Provincial Social Welfare Office and the Provincial Health Office facilitated the training, together with the first batch of AMMA trainers.

From April 28-30, 2009, another batch of 17 AMMA members were trained in Kiangan, Ifugao, followed by another 13 members trained in Mayoyao from May 7-9.

#### **19. Training on Mother and Child Book for WHT members (Biliran), 2009**

To strengthen the knowledge and skills of WHT members to assist and empower expectant and new mothers using the MC Book, a series of training sessions were held for each municipality from April to May, 2009. Over 1,000 WHT members participated in the training closely monitored by the respective MHOs. At the end of each session, commitments were declared by the participants to fully provide information and appropriate guidance to all expectant and new mothers on how to take care of themselves and their newborns.

#### **20. Training on Monitoring and Supervision for RHM's (Biliran), 2009**

Two batches of training were held for a total of 70 RHM's in June of 2009 to improve their knowledge and skills and make them more effective leaders of WHTs.

#### **21. Newborn Care and Management Training for SBAs (Biliran), 2009**

To enhance the capacity of Skilled Birth Attendants (SBAs) of Biliran province towards reducing neonatal deaths and improving the provision of quality care at their respective BEmONC facilities, a training on Newborn Care and Management was held for three batches of participants from July to August, 2009. The training was participated in by 98 SBAs.



*The Untold Journey of Ms. Engracia Elmundo (Aling Gasing):*

## Me and the pregnant women behind Biliran MCH's success

I believe I am very lucky to be part of the Women's Health Team. I learned everyday and every way. I am glad that I had an opportunity to work with the community," quips Engracia D Elmundo, a 66-year old widow, mother, Barangay Health Worker and traditional birth attendant from Sitio Biasong, Barangay Talahid, Almeria municipality in Biliran province.

Aling Gasing, as friends and fellow health volunteers call her, has been active as a BHW in Almeria for over 10 years, in addition to being a traditional birth attendant or hilot.

In October 2007, Aling Gasing was chosen as one of the first batch of WHT members and received training on strategies to advocate, promote and support safe pregnancy and delivery in her barangay.

"As a WHT member, I think our activities met the needs of the pregnant women and mothers in our barangay. I felt that we were able to devote plenty of time on promoting good health practices and access to health facility services in every corner of our barangay," Aling Gasing shares.

The WHT member, as a volunteer, serves with little expectation of monetary rewards. "I really believe we, as WHT members, are a very lucky group. I for one have had one of the most unique experiences in my life so far. This is the first volunteer program I have been involved in where such high standards have been set. I have definitely given me confidence to go on and do more," says Aling Gasing.

Aling Gasing's first unforgettable experience with a pregnant woman happened in January of 2008. A patient named Gemma migrated to Almeria from the adjacent province of Leyte. When Aling Gasing first met her, she was

already on her 4th month of pregnancy. After listing her down in her patient's log, Aling Gasing advised Gemma to have her regular pre-natal check ups at the Rural

Health Unit.

One morning several months later, a relative of Gemma came to Aling Gasing's house asking for help since Gemma was already due for delivery. Seeing that the patient looked pale and her husband was not around, Aling Gasing wasted no time looking for a vehicle that would transport Gemma to the RHU.

After over 30 minutes of frantic searching, a neighbor found a motorcycle. When they got to the RHU, the midwife, seeing Gemma's condition, quickly advised them to proceed to the provincial hospital instead.

When her patient was admitted to the emergency room, Aling Gasing was dismayed to know that Gemma had no pre-natal record. According to Aling Gasing, she had been asking Gemma throughout her pregnancy about pre-natal visits, to which Gemma replied that she had been receiving regular check-ups.

Unfortunately, this turned out to be false. "I learned a valuable lesson from that patient. It reminded me that the initiative (for making sure that the patient got regular pre-natal check ups) should really come from WHT members. I should have double and triple checked this very important aspect since I will ultimately be responsible if the pregnancy has complications, especially those that can be prevented," Aling Gasing rues.

After 30 minutes in the ER, the patient was eventually transferred to the maternity ward to await her time to give birth. However, after half an hour, Gemma screamed from pain, indicating that she was ready to give birth. "I ran to call a doctor or nurse but no one came. When I checked her vagina, one of her baby's feet was already out. I tried to use my knowledge of being a TBA to prevent further complications but I was worried that my actions might cause further harm to the patient," Aling Gasing recounts.

She eventually found a nurse who rushed to call a doctor and, most probably due to Aling Gasing's quick and calm thinking, Gemma safely gave birth to a healthy baby girl, right there at the ward.

But Aling Gasing ordeal did not end with the baby's birth as she continued to help Gemma during her 3-day stay at the Provincial Hospital. She even took it upon herself to raise funds needed so that Gemma could be discharged.



## 1. Neonatal Mortality Review Training for Biliran

In 2007, a total of 28 SBAs attended the 4-day Neonatal Mortality Review Training in Tacloban City. This was facilitated by experts from the Eastern Visayas Regional Medical Center and the DOH-CHD VIII and was organized to enhance the skills and knowledge of the participants on understanding and preventing neonatal death at the community level.

Guided by the existing Infant Death Review protocol of the DOH, the training was modified to focus on infants up to 28 days old and draw up an effective infant death prevention plan. Topics covered by the talk include the overview of the DOH's Child 21 and neonatal mortality policies.

## 2. Consultative-Workshop on Barangay Health Emergency Preparedness and Readiness

In collaboration with the Municipal Office of the Local Government Operations Officer and Municipal Social Welfare Office, the PHO conducted the 2-day Consultative-Workshop on Health preparedness and readiness from July to October 2008. The goal was to establish a support system mechanism for all expectant and new mothers and their newborn at the 132 barangays for on-time response and preventive care.

The implementation of their plan will be closely monitored by the PHO, Municipal Interior and Local Government Office and the Municipal Social Welfare Office. The activity was participated in by the Barangay Captain, Brgy. Kagawad on Health, Brgy. Kagawad for Women and Children, Kagawad on Appropriation, WHT members and local PO/NGOs.

## 3. Training on *Burod-Tabang-Burod* (Pregnant-Helping-Pregnant) Mechanism

Designed to strengthen the involvement of the community members while relinquishing the responsibility for providing appropriate support

*Participants role-play during the Burod-Tabang-Burod training in Biliran.*



# OUTPUT 3:

**S**upporting mechanisms for mothers and babies are strengthened in the community.

**3.1** Organize Women's Health Teams to improve community participation through birth preparedness in the community, conduct of WHT trainings, and carrying out of WHT activities in their communities ( home visits, counseling, filling out pregnancy tracking records, conducting mothers' class, and conducting monthly meetings at BHSs).

**3.2** Assist in establishing community-based multi-sectoral group to assist in the needs of mothers.



to all expectant mothers and newborns, training on *Burod-Tabang-Burod* (Pregnant-helping-Pregnant) Mechanism was provided to 1,100 members of the WHT in January and February 2009.

The training was envisioned to effectively mobilize and transform the target clients (Pregnant and postpartum women) into trainers and educators to help their fellow expectant mothers and understand the essence of accessing appropriate health care services from the facility.

#### 4. Series of meetings of Women's Health Teams, 2007-2010

After going through formation and training during the first year, WHTs were encouraged to promote more facility delivery in Ifugao and Biliran.

Follow-up meetings were conducted to take a closer look at their tasks and responsibilities toward pregnant women, new mothers and newborns at the community level. Discussions covered the status of tracking and master listing of pregnant women, follow-up on the status of post-partum mothers and newborns, information and educational campaign and assistance to the RHU on gathering data for maternal and neonatal health.

#### 5. Ifugao Ayod Community Health Team Roll Out Trainings

As part of the commitment of the MCH project to make the IACHT functional, the project funded the re-roll out trainings to the 63 IACHT teams in AMADHS.

## WHT composition, roles and functions

In its most basic form, the WHT is composed of the Rural Health Midwife (as chairperson/head), Barangay Health Workers (BHWs), Barangay Nutrition Scholars (BNSs), and Tradition Birth Attendants (TBAs) or *hilots*/healers.

Other areas include the Barangay Captain and male members, for the simple reason that males are needed to transport pregnant women to the nearest health facility.

Formalization is the key to forming functional WHTs. This means that provinces and municipalities, even barangays, should enact resolutions to formalize the teams' composition, duties and responsibilities, support mechanisms, even incentives.

### Functions:

1. Conduct health promotion activities within the barangay (IEC, Advocacy on FOURmula One (F1) flagship programs);
2. Ensure that F1 Program projects and activities (PPAs) are reintegrated into the Barangay Development Plan;
3. Conduct parents' classes;

4. Conduct active listing and tracking of pregnant women in the barangay;
5. Assist couples in the preparation of birth plans using the Mother and Child Book or Pink Card;
6. Advise pregnant women to deliver in health facilities;
7. Report maternal and under-five deaths to the Municipal Health Office (MHO);
8. Make referrals to health facilities or appropriate agencies; and
9. Assist in malaria, dengue, TB, rabies, and environmental sanitation activities.

WHT members performing a dance number during one of their inter-municipal conventions.



## 1. Maternal Death Review, 2006-2010

Due to the instances of maternal death in each area in 2006 (5 in Ifugao and 10 in Biliran), the MCH Project supported the strategy of conducting Maternal Death Review. This is to evaluate each case with the view of supporting and accelerating the existing mechanism to prevent maternal death numbers from rising.

The first MDR for Biliran was held on September 28-29, 2006 with 25 participants from the RHU, PHO, CHD, the provincial hospital, along with 25 midwives, attending. Highlights of the meeting include the orientation on the MDR, review of the DOH-adopted forms used in the MDR, Mortality and Morbidity Review in the context of the Eastern Visayas Regional Medical Experience, and a workshop on managing the MDR.

For Ifugao, the first MDR was held on October 16-19, 2006 with a total of 70 people participating in the discussions. In cooperation with UNFPA, the review was attended by MHOs, PHNs, RHMs, the PHO, CHD representative, and representatives from LGUs.

A presentation and analysis of the four maternal death cases from four municipalities was made. The group also had a Review of the 3-Delays Model in relation to the causes of maternal deaths. The participants were given an overview of the BEmONC, a review of the guidelines regarding the formation of MDR Teams at the provincial and municipal levels.

In 2009, another MDR was conducted in Ifugao. After two years of no maternal deaths in the project areas, one occurred on January 14, 2009. Ironically, the one who died

## OUTPUT 4:

**M**anagement and supportive supervision mechanisms are in place for WHTs in order to improve the quality of care and their work environment in the project target areas.

**4.1** Conduct supportive supervision to WHT and SBA by PHO/MHO offices.

**4.2** Conduct regular meetings among RHU staff.

**4.3** Conduct regular meetings with WHTs and rural health midwives.

**4.4** Conduct Maternal Death Review and case conference by PHO, RHUs and SBAs.



*The Maternal Death Review conducted in Alfonso Lista in February of 2009.*

was a Barangay Health Worker and a member of the Ayod Community Health Team. Since the RHU staff was already empowered, an immediate review of the death was done on February 4, 2009 together with the staff from the Ifugao Provincial Health Office and the JICA-MCH. Midwifery students from the Ifugao State College of Agriculture were allowed to attend the review so they could learn more and at the same time be advocates for facility-based delivery.

In Biliran, continuing MDR was conducted to improve quality health care services for expectant mothers and newborns, a continuing Maternal and Neonatal Death Review was conducted both at the municipal (Cabucgayan, Caibiran and Naval) and hospital (with concerned MHO have participated) levels last July 2008 and November 2008, respectively. Discussions included:

Moreover, the team at the provincial level gathered in February 2009 to review all maternal deaths in the province that occurred from June 2008 to January 2009, including the status of the implementation of the formulated preventive plans of the Municipal and Hospital Maternal/Neonatal Death Review.

## **2. Meetings with RHU staff, AMADHS/TWG, WHTs, 2006-2010**

After providing all the inputs (equipment, capability, etc.), it became possible to have close coordination/consultations among community members. This provided a venue for threshing out issues involving people's preference to give birth at home rather than in a facility.

It was agreed that there was still a need to conduct parent's classes at the community and this could be included in the Barangay Development Plan.

In the Inter Local Health Zone meetings, the members of the health team were encouraged to exert effort to motivate mothers to deliver at the facility or at least call for a Skilled Birth Attendant during their delivery if they really wanted to deliver at home.

It was recognized that much effort has to be done to convince mothers/community people to recognize the advantages of having delivery at the facility. Thus, it was a part of the ILHZ plan to consider making legislations to regulate the TBAs attending to deliveries at home and doing it alone.

During these meetings, it was found out that some midwives were keeping the Mother and Child Book



*Meeting with WHTs in AMADHS, Ifugao.*

in their BHSs for fear that the mothers will forget to bring it with them during the next prenatal or immunization visit. This practice was corrected and parents/mothers were instead encouraged to bring it along every time they visit any facility, since this was an important record and would also act as a referral record.

The midwives and other RHU staff were urged to facilitate the monthly WHT/IACCT meetings and assist the Barangay Captain, since they have technical knowledge on health.

### **3. Community-based orientation on Maternal and Child Health service by RHUs in Biliran, 2006-2010**

To inform the people at the barangay level about safe pregnancy, safe delivery, newborn care and responsible parenthood, the RHUs conducted a series of orientations in all the covered barangays.

More than 50 persons attended the activity in each community, which was handled by the staff of both the RHUs and PHO.

### **4. Series of meetings and planning for the conduct of Monitoring and Supervisory Training**

A series of discussions and meetings were done in 2008 with the Training and MCH units of CHD VIII for strengthening the monitoring and supervision skills of frontliners. A tool was developed to ensure quality service delivery.



*Barangay officials and WHT members of Naval municipality in Biliran during one of their meetings.*



## OUTPUT 5:

**L**essons learned from the MCH project implementation contribute to dialogues at the national and the provincial levels. MCH policy discussions are included in national MCH policy formulation.

**5.1** Reactivate the MCH Technical Working Group (TWG).

**5.2** Participate in MCH TWG meetings to share the information about the project and to discuss policy issues that came out from the project's implementation.

**5.3** Provide MCH training materials nationwide through the MCH TWG.

### 1. Sharing of experiences, 2006-2010

The MCH program of Biliran Province, among the most documented and considered one of the best implemented programs nationwide, was heavily promoted by the DOH. As a result, several visitors conducted their inception workshop for possible replication in their respective areas.

In 2007, local leaders and health managers of Biliran played host to groups from Ifugao, Southern Leyte, the Autonomous Region in Muslim Mindanao (ARMM) and Region XII who came to learn from their valuable experience.

Ifugao sent a delegation of 33 headed by Governor Teodoro B. Baguilat Jr., Southern Leyte sent a contingent of 15, while ARMM and Region XII had 12 participants.

In 2008, the following visited Biliran:

- Sorsogon, Bicol region (October 2008): More than 20 Local Chief Executives and Public Health Managers
- Doctors to the Barrio (DTTB) Technical Exchange Program (October 2008): More than 45 doctors
- Masbate, Bicol region (March 2009): 25 Public Health Managers

During the discussions, the visiting groups were able to gather relevant lessons and insights from the sharing and interaction with MCH implementors who guided them around the health facilities of the province.



*Dra. Pedroza, Chairman of the Biliran ILHZ, speaks to participants during the inception workshop held in December of 2009.*

*The Ifugao delegation poses for a souvenir photo with their Biliran hosts during one of their visits.*

Another inception workshop was held from December 2-4, 2009 participated in by 40 health service managers from all over Region 8. The last inception workshop aimed to confer collective strategies and approaches used in the Biliran MCH project which can be utilized in each of the delegates' respective areas.

Biliran was given the opportunity to share its experience in implementing the MCH Project in Davao during the annual meeting of the ARMM and also in Tacloban during the CHD VIII annual meeting.

In January 2009, 40 participants from Biliran Province visited Ifugao project sites for 4 days. Participants learned first hand the difficulty of providing health service delivery to "mountains and hills".

Biliran province shared its best practices and experiences during the National Convention of Provincial and City Nutrition Officers in the Philippines in November. Specifically, 260 delegates benefitted from the sharing of SBAs' and WHTs' role in educating and enhancing the capability of expectant mothers and their families.

The MCH project sponsored one delegate from the Biliran Provincial Hospital to the convention organized by the Newborn Screening Society of the Philippines (NBS), in cooperation with the Newborn Screening Reference Center (Manila) and Phil. Pediatric Society – North Central Mindanao Chapter. Held on October 7, 2008, the convention was attended by over 700 participants nationwide.

## **2. Training in Japan**

A total of 18 Filipino health practitioners were sent for training in Japan during the course of the project.

Those who underwent a one month training on MCH program management in Osaka, Japan in 2006 were one Technical staff from Ifugao PHO, the Head of Mayoyao (Ifugao) District Hospital, one RHU nurse from Alfonso Lista, Ifugao, a Municipal Health Officer from Biliran, and the person in charge of the Pediatrics Department of the Biliran Provincial Hospital. In addition, one representative from the DOH participated in the month-long Asean Maternal and Child Health and Welfare Training held in Tokyo, Japan.



In 2007, three RHMs each from Ifugao and Biliran were sent to Nagoya, Japan for a 19-day training on managing an MCH program. In addition, four RHMs (two each from Ifugao and Biliran) participated in a 30-day training in Osaka, Japan. Another representative from the CHD-CAR was sent to Tokyo, Japan for a month-long MCH management training.

In 2008, four midwives from Ifugao and Biliran took part in a 4-week midwifery training in Japan. While one RHM from Biliran underwent training in Japan in 2009.

### **3. JICA experts and visitors**

Six short term Japanese expats were dispatched to strengthen various MCH programs in the project areas.

Also, five Japanese Master of Public Health students and one PhD candidate – from the University of Tokyo, the University of Nagasaki, and the University of the Philippines – conducted research in the Project areas for their thesis and dissertation requirements, and eventually earned their degrees.

## *MCH in Biliran:*

# Almeria paves the way for MCH sustainability

**A**lmeria, about 15 minutes drive from the capital town of Naval, is a model of sustainability. This relatively small municipality has proven that one need not depend too much on external funding to make maternal and child care happen.

It was the first municipality in Biliran to fully implement the provincial resolution limiting home deliveries.

It was also the first in the province to charge user's fees for delivery in health facilities (RHU and BHS). A portion goes to augment the LGU's budget for health (for the purchase of medicines and supplies), while the rest goes into a trust fund – under the name of Almeria municipality – to sustain the project even without funding agency and LGU support. The MCH project, which aims to significantly reduce if not totally eradicate maternal and child deaths, is implemented primarily by the local government units and local health systems, and supported by the Department of Health (DOH) provincial and regional operations and the Inter Local Health Zones (ILHZ), the Philippine Health Insurance Corporation (PhilHealth), various other government line agencies, NGOs.

Implementing the MCH project is not easy, as shown by the implementors' experience of the past three years. The logistical requirements in making rural health units MCH-ready takes a huge toll of an LGUs' meager resources. However, as proven by Almeria, and eventually by other municipalities in the project sites, it can happen.

All it takes is a considerable political will to revise mindsets, channel precious resources, and galvanize communities towards the effort of saving the lives of mothers and newborns.

Implementing MCH requires several investments in infrastructure, such as additional spaces in the RHU to serve as labor, operating, and recovery rooms. Construction of a separate facility should not be the case, initially.

At the beginning of the project, Almeria RHU converted the office of the Municipal Health Officer (MHO) into the delivery room, while the waiting

area was converted into a recovery room. Total cost incurred was a little over Php 100,000, which included construction of partitions, installation of tiles, re-wiring, and installation of an airconditioning unit.

However, since Almeria has one of the fastest growing rates of facility-based deliveries in all of the MCH sites, it is already planning ahead. Nearing completion is a four-room annex which would house a delivery room, labor room, recovery room and doctor's quarters, and a toilet – all within a 91 square meter facility.

Almeria, Biliran LGU allocated Php 300,000.00 to build an additional delivery room,







labor room, and recovery room. The decision to provide funds was largely due to the increased demand for facility-based delivery as manifested by a tremendous increase (from zero in 2005 to 172 in 2007).

Mayor Rolando Ty, an entrepreneur at heart, saw that the RHU was earning from deliveries and increasing its capacity would greatly improve its income. As a portion of what the RHU collects goes to a trust fund, increasing its income would eventually lead to sustainability of the program.

The health workforce is vital for the continued operation of any RHU. In Almeria as in other municipalities, a workforce consisting of physicians, nurses, midwives and sanitary inspectors are in place to make sure that each RHU will be able to efficiently perform the unit's responsibilities.

However, since facility-based delivery entails 24-hour operations, then staff must be added to ensure that productivity and effectivity are not compromised. With the 24-hour set-up, two midwives are

required to be on-duty for 24-hours every week (even Sundays) in the RHU so that the facility will be manned in case of deliveries during non-office hours. They will then have their day-off the following day, then report to their BHS the next day.

Almeria has added four contractual staff – one nurse and three midwives – to increase its staff complement to 13 staff. More importantly, the new hires were able to shore up their midwife

count to 8 from 5, dramatically increasing its facility-based delivery capability.

Additional cost for contractual staff is Php 15,840 per month for four staff, or Php 190,080 for the entire year.

The Philippine Health Insurance Corporation (PhilHealth), through its Maternity Care Package, has become an additional source of revenue for RHUs accredited to perform facility-based low-risk deliveries.

Implemented starting in 2002, the MC Package is founded on the belief that "to ensure accessibility of the care of normal pregnancy and normal birth to women in greatest need, the continuum of services of maternity care should be carried out at the most peripheral level at which it is safe and feasible."

It encourages indigent members of the community to access facility-based maternity services (pre-natal care, delivery, and post-natal care) by incentivizing RHUs who provide these services.



To enroll indigents to PhilHealth, all it takes is for the LGU to set-aside Php 300 per household per year, as PhilHealth's contribution requirement for indigents (defined as those individually paying members enrolled as members of KASAPI organized groups of the DSWD) to avail of MC Package is three (3) months worth of contributions.

The municipality of Almeria, has enrolled 1,690 households since 2006. Its total premiums set-aside (those coming from municipal funds as there are another 1,500 enrollees whose premiums are taken cared of by the provincial government) has been increasing from Php 202,800 in 2006 to Php 507,000 projected in 2009, since contributions increase per year of enrollment.

Becoming an MCP accredited facility enables it to access PhilHealth's capitation fund, a reimbursement the agency gives for services rendered. Since the RHU performed the service, the



capitation fund goes to it and helps augment its budget.

Almeria earned a total of Php 548,000 from both capitation and MCP reimbursements. In 2008, it so far earned Php 71,400 in MCP reimbursements. Add this amount to the expected capitation of Php 507,000 and the municipality has so far earned Php 578,000.

This money goes to purchase medicines, for the operating fund of the RHU, and to pay RHW incentives.

A portion of the Capitation Fund was also used to provide incentives to WHT members.

The biggest expenses for RHU and BHS operations are salaries and medicines. This does not change much with the implementation.

As proven by Almeria, only four (4) additional staff (contractual at that) were added to operationalize 24-hour

facility-based delivery required by MCP. Cost of medicines did not increase significantly since those who can afford are required to purchase medicines and supplies used for delivery.

During a Provincial EC meeting, it was announced that the local chief executives would help improve the morale of the health service providers by providing additional incentives. Ranging from 2% to 5% for this year, they believe that these incentives could be translated by the service providers into a higher level of performance.

Aside from the honorarium from the barangay to provincial levels, the members of the WHT now enjoy the following benefits:

- 30% from the birthing facility's User's Fee;
- 15% from the Provincial Capitation Fund; and
- Free hospitalization, extending to their direct family members.





# The Alfonso Lista Experience

**T**he municipality of Alfonso Lista in Ifugao province, known to be the home of the massive Magat Dam, is one of the three municipalities lucky enough to have benefitted from the JICA-MCH project.

One of the mandates of the Local Government Unit (LGU) under the Local Government Code is to protect the health of its constituents. Thus, under the dynamic leadership of Mayor Charles Catiling, much effort has been exerted to provide quality basic health services to the populace.

To discharge these functions, 10 Rural Health Midwives were assigned to the different barangays under the management and supervision of Dr. Jeffrey Atolba, the Municipal Health Officer, and Myrna Ancheta, its Public Health Nurse.

During the preliminary planning workshop of the Alfonso Lista-Mayoyao-

Aguinaldo District Health System (AMADHS), Alfonso Lista earned the dubious distinction of being ranked number one in number of maternal deaths from 2003-2005, with a total of two deaths – one each in 2003 and 2005.

The entry of the JICA-MCH project in March 2006 was gladly welcomed by the municipality.

Recognizing that the challenge for health is not only the undertaking of the health workers but also the entire community, the Women's Health Team (WHT) was organized and its members trained in September of 2006.

As a result of the training, mothers were meticulously tracked and reported by each WHT member with the use of



their second or third trimester of pregnancy.

But the implementation was not smooth sailing. In fact, the BHWs were the ones who did most of the recording and reporting since some of the members, like the *hilots*, were already old or found it hard to write. There were even some *hilots* who refused to be members of the team.

To further get the support of the community to participate in the MCH program, a Safe Motherhood Barangay Campaign and Fun Day was staged in every village. The cost of which was shared between the project and the *barangay*. The *barangay* council took charge of the firewood and kitchen utensils while the men of the village did the cooking. The project gave the money for the food and prizes for the fun games. There were even some *barangays* who provided additional funds for the activity.



the Tracking Form. This was a big improvement over previous years when there were mothers being left out, or reported when they are already on

Men, women and children alike actively participated in this campaign, which was a combination MCH session, role play and fun contests with prizes at stake.

While people were taught to improve their health seeking behavior, the health staff were also being prepared to handle deliveries effectively and efficiently. All 10 midwives were sent to a six-day Life Saving Skills (LSS) training and the team of the MHO, PHN and the main health center midwife to an 11-day Basic Emergency Obstetric Newborn Care (BEmONC) training at the Dr. Jose Fabella Hospital, the country's Obstetrics training center.

"The training was very helpful! We are already confident to attend to deliveries because we were taught how to insert the IV (intravenous needle) and

many updates were shared with us. We even know how to lacerate the vagina," the midwives said when asked during one of the RHU staff meetings what they can say about the training.

Furthermore, the PHN and two midwives who went for training in Japan came back more enthusiastic and challenged to contribute to the increase in facility-based deliveries in their hometown.

The collaboration and teamwork from the provincial government, under the stewardship of Governor Teodoro B. Baguilat Jr., together with the development partners who saw that the WHT concept was working in the JICA-MCH areas, was instrumental in the expansion of the project to include the local chief executives and male volunteers.

On June 19, 2007, the localized version of the WHT, the Ifugao Ayod Community Health Team (IACHT), was launched in the capital town of Lagawe. *Ayod*, the Tuwali (one of the three Ifugao ethnic subgroups) word for hammock, has unified the Ifugao people because even if there are diverse subgroups and many dialects, everyone agreed to use the word *ayod*.

After the *Ayod* Training of



Trainers program, the MHOs were required to conduct *Ayod* orientations in partnership with JICA-MCH, UNFPA, Global Fund for Malaria and EU to popularize the concept.

Complementing all above mentioned inputs is the provision of various equipment to the RHUs in 2007. The health workers used all these inputs not only to make their facilities user friendly but also to apply for PhilHealth's Maternity Care Package accreditation. In December 2008, Alfonso Lista RHU was accredited.

Despite all these, the number of mothers delivering in health facilities did not significantly increase. Mothers were still hesitant to use the facilities thinking that the RHUs still employed the old set-up – insufficient equipment and medicines, no health staff to cater to them during the night, and fees are high. In addition, they frequently do not have money for transportation and believe they

EXCERPT FROM THE MINUTES OF THE REGULAR MEETING OF THE SANGGUNIANG BARANGAY OF SAN MARCOS, ALFONSOLISTA IFUGAO HELD ON JANUARY 31, 2009 AT THE BARANGAY SESSION HALL

Present:	Hon. Alfredo Patli Hon. Lito Vino Hon. Napoleon Umila Hon. Roblito Pascua Hon. Daniel Bun –ol Hon. Jerry Ucol Hon. Dennis Patli Hon. Cristina Valdez	Barangay Captain/Presiding Chairman Barangay Kagawad Barangay Kagawad Barangay Kagawad Barangay Kagawad Barangay Kagawad Barangay Kagawad Barangay Kagawad
Absent:	None	

Resolution No. 18  
Series 2009

A RESOLUTION MANADATING ALL PREGNANT WOMEN OF THE BARANGAY TO DELIVER AT THE SAN MARCOS BARANGAY HEALTH STATION TO BE ATTENDED BY SKILLED BIRTH ATTENDANT

WHEREAS, it is mandated that pregnant women should go to the health facility for prenatal check up at least once during the first and second trimester of pregnancy and two times during the last trimester,

WHEREAS, all pregnant women should deliver at the Barangay Health Station when there are no complications however, they can be referred to a higher level of care as indicated and deemed necessary;

WHEREAS, through the assistance of JICA-MCH and the MLGU we have trained Skilled Birth Attendants who could efficiently and readily provide the necessary assistance needed by the pregnant mothers;

Now, therefore on motion of honorable Cristina Valdez, be it ;

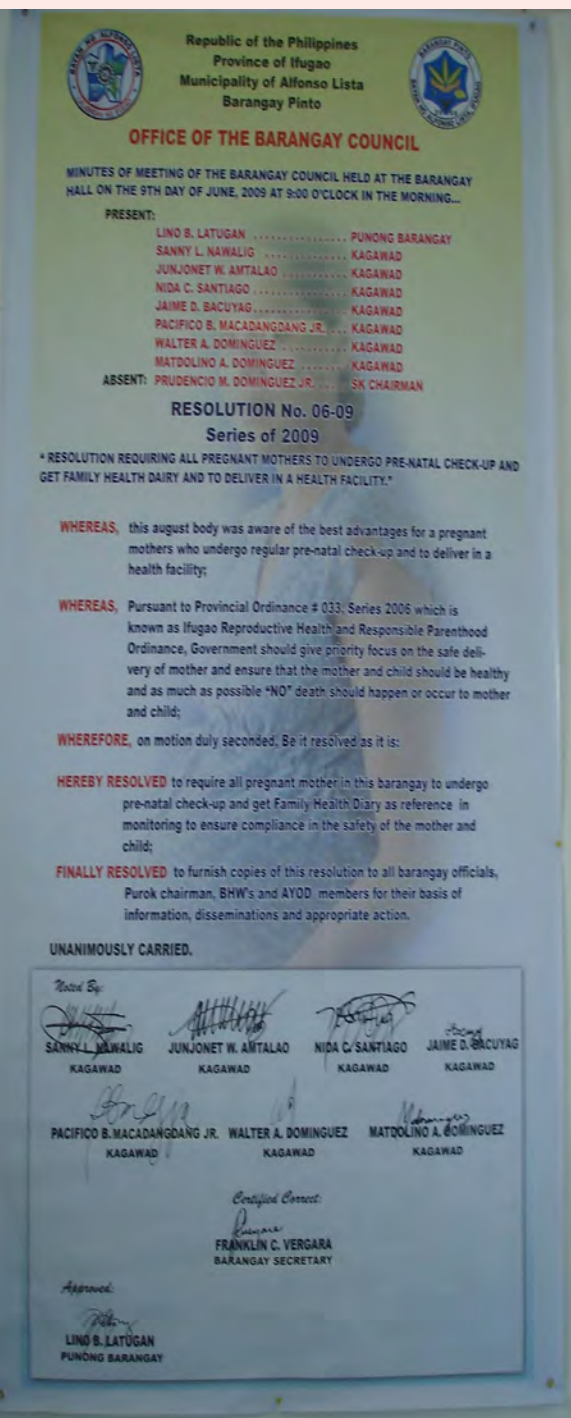
RESOLVED AS IT IS HEREBY RESOLVED to mandate all pregnant women to undergo the required regular prenatal check up and to faithfully comply with this resolution to deliver at the Barangay Health Station for her safety. Regular monitoring on the implementation of this resolution will be done by the Ayod Community Health Team.

WHEREAS, any violation of this resolution shall be imposed a fine of P1,500.00 to be receipt as trust fund so that it be solely spent for supplies or use of the Barangay Health Station;

Resolve further, to furnish a copy of this resolution to all members of the Ayod Community Health Team, Municipal Health Officer and other concern offices and post it in our barangay bulletin board for information and compliance.

Unanimously carried.





can deliver at home with the help of neighbors and traditional birth attendants or *hilots*. Husbands were also not supportive.

However, the health warriors, together with the *Ayod* teams, persisted. They utilizing the team work concept adopted from their BEmONC training, with *Ayod* as their working principle.

They also coordinated with the Philippine National Police to assist the midwives by using the

police cars to ferry them when they have to make deliveries at night. The municipal ambulance driver was oriented to keep watch for delivery calls, even at night, and have the ambulance on stand by for any emergency or referral. They also made the RHU hotline number available to the community, which they can call anytime. They also made sure that all mothers are given the Mother and Child Book/Family Health Diary, which gives strong emphasis on the birth plan.

Soon, the fruits of their labor were felt. The first RHU delivery, by a woman from *Barangay Pinto*, happened on September 7, 2007. From then on, facility-based deliveries became the norm rather than the exception.

Since the people were already sold to the idea of facility-based delivery, but were looking for facilities nearer their homes, the project provided equipment to upgrade *barangay* health stations into birthing centers. In June 2008, the BHSs of Pinto and Little Tadian were the first recipients.

In the morning of January 15, 2008, the Alfonso Lista populace was saddened with the news that a mother from Talo Purok, Barangay San Marcos, died while delivering her baby boy at home. What is ironic is that the casualty is a Barangay Health Worker and a member of the *Ayod* team. This incident prompted the barangay officials to come up with a resolution requiring all pregnant women to deliver at the BHS, to be handled by a

Skilled Birth Attendant.

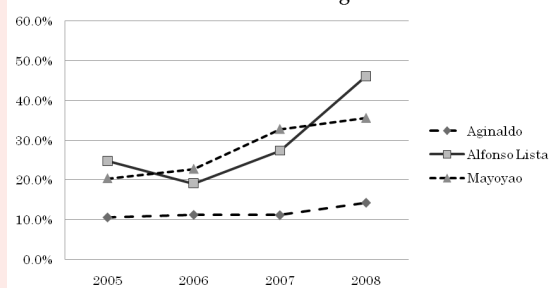
The birth of AMMA (Active Males Movement against violence and for *Ayod*) was contributory to the increase of pre-natal check ups and facility-based delivery. The JICA-MCH funded the production of the AMMA manual, the Trainers Training and the roll out trainings to the male members of the *Ayod* Community Health Teams and the other male members of the community.

On September 30, 2009, in a meeting of the League of Barangay Captains, the body agreed to pass a resolution requiring all mothers to deliver at the health facility. The resolution is currently awaiting approval at the office of the vice mayor.

To date, the number of deliveries at the RHU and BHSs have significantly increased – from eight in 2007, to 108 in 2008, and to almost 120 as of end-October 2009.



Facility-based Deliveries by LGU  
AMADHS-Ifugao



# Project Staff & Offices

The Project holds its offices at:

## **JICA-MCH Project**

Building 14, NCPDC, Department of Health  
San Lazaro Compound, Rizal Avenue  
Sta. Cruz, Manila  
Office number: (632) 743-8301 loc. 1345  
Telefax: (632) 339-2361

Chief Advisor: **Izumi Murakami**  
Health Program Coordinator: **Nobuko Yamagishi**  
Project Coordinator: **Shigeo Kobayashi**  
Secretary: **Rose Banghallan**

## **Biliran Project Office**

Biliran Provincial Hospital  
Castin St., Naval, Biliran

Assistant Project Manager: **Roland Eric Macanas**  
Driver: **Odelon Abanilla**

## **Ifugao Project Office**

Provincial Health Office  
Lagawe, Ifugao

Assistant Project Manager: **Marcelyn Dulnuan**  
Secretary: **Daisy Dulnuan**  
Driver: **Stephen Nadyahan**

page 1


**RECORD OF DISCUSSIONS  
BETWEEN  
The JAPAN INTERNATIONAL COOPERATION AGENCY  
AND AUTHORITIES CONCERNED OF THE GOVERNMENT OF  
THE REPUBLIC OF THE PHILIPPINES  
ON  
JAPANESE TECHNICAL COOPERATION  
FOR MATERNAL AND CHILD HEALTH PROJECT**

The Japan International Cooperation Agency (hereinafter referred to as "JICA") had a series of discussions through the Resident Representative of JICA Philippines with Philippine authorities concerned namely, Department of Health, Center for Health Development of Cordillera Administrative Region and Region VIII, Provincial Health Office of Ifugao and Biliran with respect to desirable measures to be taken by JICA and Government of the Republic of the Philippines for the successful implementation of the MATERNAL AND CHILD HEALTH PROJECT.

As a result of the discussions, JICA and the Philippines authorities concerned agreed on the matters referred to in the document attached hereto.

Manila, 10 January 2006

  
**SHOZO MATSUURA**  
Resident Representative  
Japan International Cooperation Agency  
in the Philippines

  
**FRANCISCO T. DUQUE MD MSc.**  
Secretary of Health  
Department of Health  
The Republic of the Philippines

3. The Government of the Republic of the Philippines will grant in the Republic of the Philippine privileges, exemptions and benefits to the Japanese experts referred to in II-1 above and their families, which are no less favorable than those accorded to experts of third countries working in the Republic of the Philippines under the Colombo Plan Technical Cooperation Scheme.
4. The Government of the Republic of the Philippines will ensure that the Equipment referred to in II-2 above will be utilized effectively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.
5. In accordance with the laws and regulations in force in the Republic of the Philippines, the Government of the Republic of the Philippines will take necessary measures to provide at its own expense:
  - 1) Services of the Philippine counterpart personnel and administrative personnel as listed in Annex IV;
  - 2) Land, buildings and facilities as listed in Annex V;
  - 3) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided by JICA under II - 2 above;
  - 4) Assistance to find suitably furnished accommodation for the Japanese experts and their families.
6. In accordance with the laws and regulations in force in the Republic of the Philippines, the Government of the Republic of the Philippines will take necessary measures to meet:
  - 1) Expenses necessary for transportation within the Republic of the Philippines of the Equipment referred to in II - 2 above as well as for the installation, operation and maintenance thereof;
  - 2) Customs duties, internal taxes and any other charges, imposed in the Republic of the Philippines on the Equipment referred to in II - 2 above; and
  - 3) Running expenses necessary for the implementation of the Project.

**IV. ADMINISTRATION OF THE PROJECT**

1. The Technical Coordination Group of the Health Sector Reform Agenda (TCG-HSRA) shall be the National Project Management Committee, with its Chairperson, Assistant Secretary of the Department of Health, as Advisor, Director of the National Center for Disease Prevention and Control as a Project Director will bear the overall responsibility for the administration and implementation of the Project.
2. Provincial Governors of both Ifugao and Biliran Provinces, as the Deputy Project Director, will be responsible for the managerial and technical matters of the Project.

page 3

page 2

**THE ATTACHED DOCUMENT**

**I. COOPERATION BETWEEN JICA AND THE GOVERNMENT OF THE REPUBLIC OF THE PHILIPPINES**

1. The Government of the Republic of the Philippines will implement the Project of Maternal and Child Health (hereinafter referred to as "the Project") in cooperation with JICA.
2. The Project will be implemented in accordance with the Master Plan, which is given in Annex I.

**II. MEASURES TO BE TAKEN BY JICA**

In accordance with the laws and regulations in force in Japan, JICA will take, at its own expense, the following measures according to the normal procedures under the Colombo Plan Technical Cooperation Scheme.

**1. DISPATCH OF JAPANESE EXPERTS**

JICA will provide the services of the Japanese experts as listed in Annex II.

**2. PROVISION OF EQUIPMENT**

JICA will provide necessary equipment and other materials (hereinafter referred to as "the Equipment") as listed in Annex III. The Equipment will become the property of the Government of the Republic of the Philippines upon delivery C.I.F. (cost, insurance and freight) to the Republic of the Philippine authorities concerned at the ports and/or airports of disembarkation.

**3. TRAINING OF THE PHILIPPINE PERSONAL IN JAPAN**

JICA will receive the Philippine personnel connected with the Project for technical training in Japan.

**III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF THE REPUBLIC OF PHILIPPINES**

1. The Government of the Republic of the Philippines will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation through full and active involvement in the Project by all related authorities, beneficiary groups and institutions.
2. The Government of the Republic of the Philippines will ensure that the technologies and knowledge acquired by the Republic of the Philippine nationals as a result of Japanese technical cooperation will contribute to the economic and social development of the Republic of the Philippines.

3. Provincial Health officer/ chairperson of the Inter Local Health Zone in Ifugao Province and Provincial Health Officer in Biliran Province as Project Manager will be responsible for the assisting managerial and technical matters of the Project.

4. The Japanese Chief Advisor will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.

5. The Japanese experts will give necessary technical guidance and advice to the Republic of the Philippine counterpart personnel on technical matters pertaining to the implementation of the Project.

6. For the effective and successful implementation of the technical cooperation for the Project, the TCG-HSRA and Executive Committees will be convened as necessary. Its functions and composition are described in Annex VI.

**V. JOINT EVALUATION**

Evaluation of the Project will be conducted jointly by JICA and the Philippine authorities concerned, at the middle and during the last six months of the cooperation term in order to examine the level of achievement of the Project.

**VI. CLAIMS AGAINST JAPANESE EXPERTS**

The Government of the Republic of the Philippines undertakes to bear claims, if any arises, against the Japanese experts engaged in technical cooperation for the Project either resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in the Republic of the Philippines except for those arising from the wilful misconduct or gross negligence of the Japanese experts.

**VII. MUTUAL CONSULTATION**

There will be mutual consultation between JICA and the Government of the Republic of the Philippines on any major issues arising from, or in connection with this Attached Document.

**VIII. MEASURES TO PROMOTE UNDERSTANDING OF AND SUPPORT FOR THE PROJECT**

For the purpose of promoting support for the Project among the people of the Republic of the Philippines, the Government of the Republic of the Philippines will take appropriate measures to make the Project widely known to the people of the Republic of the Philippines.

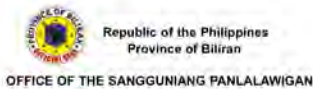
**IX. TERM OF COOPERATION**

The duration of the technical cooperation for the Project under this Attached Document will be four (4) years from 16 March 2006.

page 4



page 1



EXCERPT FROM THE MINUTES OF THE 25<sup>TH</sup> REGULAR SESSION OF THE SANGGUNIANG PANLALAWIGAN OF BILIRAN, HEALD ON AUGUST 2, 2006 AT THE SESSION HALL, LEGISLATIVE BUILDING, CAPITOL COMPLEX, NAVAL, BILIRAN

**PRESENT:**

HON. CARLOS L. CHAN, SR.	Presiding Officer
HON. LUCILA C. CORSO	Presiding Officer Pro Tempore
HON. GETOLIO B. SOLITE	Asst. Majority Floor Leader
HON. GINA MARIA B. ENAGE	Minority Floor Leader
HON. RICARDO R. KHO	Asst. Minority Floor Leader
HON. ERIBERTO D. TUBIS, JR.	SP Member
HON. ELIZAR S. SABITSANA	SP Member
HON. ROLANDO A. SABORNIDO	SP Member
HON. JESUS P. ESTRADA	Ex-Officio Member
HON. LORENZO A. REVELDEZ, JR.	Ex-Officio Member
HON. ICEE P. SALUT	Ex-Officio Member

**ABSENT :**

HON. ORENCIO T. GERVACIO	Majority Floor Leader
--------------------------	-----------------------

**Resolution No. 166**  
(Series of 2006)

**A RESOLUTION REGULATING THE PRACTICES OF TRAINED BIRTH ATTENDANTS ON SAFE MOTHERHOOD / MATERNAL AND CHILD HEALTH PROGRAM OF THE PROVINCE OF BILIRAN**

**WHEREAS**, Local Government Code of 1991 was enacted in 1991 and mandated the transfer of health services and facilities, powers and responsibilities from the Department of Health to Local Government Units (provinces, municipalities, and cities) and ensure to contribute to a more effective delivery of health services to the people especially by that of women and children.

**WHEREAS**, the Province of Biliran has experienced the following:

1. High rate of maternal death (2.39/1,000 livebirths as of December 31, 2005).
2. High rate of infant death (16.77/1,000 livebirths as of December 31, 2005).
3. High home-deliveries (58% of total deliveries of as December 31, 2005).

**WHEREAS**, a joint 1999 World Health Organization (WHO) / UNFP / UNICEF / World Bank statement called on countries to "ensure that all women and newborns have skilled care during pregnancy, childbirth and the immediate postnatal care.

**WHEREAS**, a joint 1999 statement only considered the registered doctors, nurses and midwives as skilled birth attendants.

**WHEREAS**, the World Health Organization have strictly referred Trained Birth Attendant as traditional, independent of the health system, non-formally trained and community-based providers of care.

**Now, therefore** be it resolved as it is hereby resolved by the Member of the Board of Biliran Province, that:

1. This resolution shall cover all the registered and non-registered Trained Birth Attendants of Biliran Province, either active or non-active;
2. Practices of Trained Birth Attendant should be limited only to the following:
  - a. Serving as member of Woman's Health Team (WHT) (Midwife as a team leader and Barangay Health Volunteer and TBA as a member) to support tasks of skilled birth attendants and maternal and newborn needs;
  - b. Serving as advocates for health facility-based birth delivery as a WHT ;
  - c. Encouraging women to enroll for essential pre-and postnatal care and to obtain care from a skilled attendant during childbirth;
  - d. Helping women and families to follow-up on self-care advice and other recommendations from the skilled birth attendants (nutrition, treatment, dietary supplementation, immunization, scheduled appointments, plan for births and emergencies, etc.);
  - e. Encouraging the involvement of the male partner in the care of the woman and their newborn;
  - f. Disseminating health information through the community and families;
  - g. Giving social support during and after delivery, either as a birth companion;
  - h. Informing the Skilled Birth Attendant about the women who have become pregnant in the community so that the Skilled Birth Attendant can make direct contact with them;
  - i. Serving as a link between the families, communities and local authorities and the reproductive health services;
  - j. Encouraging communities' involvement in the development / maintenance of the continuum of care.

Resolve as it is hereby resolved that this resolution shall take effect after 15 days upon approval. Regular monitoring on the implementation of this resolution should be done by the Municipal Health Office.

Resolve further, to furnish copies of this resolution to the Local Chief Executive, Barangay Captains/ Barangay Health Council and Municipal Health Officer.

APPROVED Unanimously.

CERTIFIED CORRECT

(SGD)

**ELISIO S. SABAGKIT**  
Legislative Staff Officer II  
Acting SP Secretary

ATTESTED BY:

(SGD)

**HON. CARLOS L. CHAN, SR.**  
Presiding Officer

page 2



# Annex 3

## Almeria Municipal Resolution No. 15, S-2007

page 1

Republic of the Philippines  
PROVINCE OF BILIRAN  
MUNICIPALITY OF ALMERIA  
-6544-

### OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE 7<sup>TH</sup> REGULAR SESSION OF THE HONORABLE SANGGUNIANG BAYAN OF THE MUNICIPALITY OF ALMERIA PROVINCE OF BILIRAN HELD ON FEBRUARY 12, 2007 AT THE SB SESSION HALL.

PRESENT:	Hon. Richard D. Jaguros	Vice-Mayor/ Presiding Officer
	Hon. Dominador O. Agajan	SB Member
	Hon. Henry O. Quijano	SB Member
	Hon. Domingo A. Barina	SB Member
	Hon. Dioscoro S. Mecaydor	SB Member
	Hon. Ricky A. Morillo	SB Member
	Hon. Zaldy P. Sailoman	SB Member
	Hon. Jasmine T. Jaguros	SB Member
	Hon. Orion B. dela Peña	SB Member
	Hon. Hilario C. Lanugan	SB Member
ABSENT:	Hon. Ma. Luz Rosario Jaguros	SB Member

### RESOLUTION NO. 15, S-2007

A RESOLUTION TO APPROVE AND ENACT AN ORDINANCE PRESCRIBING THE RATE ON SERVICE CHARGES RENDERED BY THE RURAL HEALTH UNIT OF ALMERIA MATERNITY CARE AND CHILD HEALTH CLINIC AND MANDATING FURTHER THAT THE INCOME GENERATED BY ITS SERVICE CHARGE SHALL ACCRUE TO A TRUST FUND TO BE DEVOTED SOLELY TO THE MATERNITY CLINIC OPERATIONS AND INCENTIVES TO WOMEN'S HEALTH TEAM OF THIS MUNICIPALITY.

WHEREAS, the Sangguniang Bayan of the Municipality of Almeria, pursuant to its powers and functions, deemed its best to enact an ordinance for the establishment and implementation of the maternity care package in our Municipality, so as to provide and give our expectant mothers and newborn babies quality health care they rightfully deserve;

NOW THEREFORE, on motion of Hon. Henry O. Quijano, as chairman of Committee on Health and Sanitation, duly seconded by Hon. Dominador O. Agajan, Hon. Domingo A. Barina and Hon. Dioscoro S. Mecaydor, be it;

RESOLVED AS IT IS HEREBY RESOLVED, to ordain as it is hereby ordained, the following ordinance to wit,

### ORDINANCE NO. 01, SERIES OF 2007

"AN ORDINANCE PRESCRIBING THE RATE ON SERVICE CHARGES RENDERED BY THE RURAL HEALTH UNIT OF ALMERIA MATERNITY CARE AND CHILD HEALTH CLINIC AND MANDATING FURTHER THAT THE INCOME GENERATED BY ITS SERVICE CHARGE SHALL ACCRUE TO

page 2

A TRUST FUND TO BE DEVOTED SOLELY TO THE MATERNITY CLINIC OPERATIONS AND INCENTIVES TO WOMEN'S HEALTH TEAM OF THIS MUNICIPALITY".

BE IT ORDAINED by the Sangguniang Bayan of Almeria, Biliran in session assembled that:

### ARTICLE I

#### GENERAL PROVISIONS

#### Section 1-Title

This ordinance shall be known and referred as "An ordinance prescribing the rate on service charges rendered by the Rural Health Unit of Almeria Maternity Care and Child Health Clinic and mandating further that the income generated by its service charge shall accrue to a trust fund to be devoted solely to the Maternity Clinic Operations and incentives to Women's Health Team of this Municipality".

#### Section 2-DECLARATION OF POLICIES

It is hereby declared to be the policy of the Municipality of Almeria in partnership with the Provincial Government of Biliran as provided under their Memorandum of Agreement to implement a comprehensive and integrated maternity care and child health clinic in our municipality to:

- 1) Provide high quality delivery care for pregnant women and newborn babies.
- 2) Help reduce maternal and newborn morbidity and mortality rate.
- 3) Give moral, social and technical support services during and after delivery as well as to the family of the pregnant mother.
- 4) Encourage community involvement in the development and maintenance of our maternity clinic.

### ARTICLE II

#### DEFINITIONS

#### Section 3

- A) Almeria Rural Health Unit Maternity and Child Health Clinic- shall refer to an establishment under the control and supervision of the municipality of Almeria that provides health services catering most especially to pregnant women and newborn babies.
- B) MSWD Officer – Refers to an officer of the Department of Social Welfare of our Local Government Unit, whose task mandated by the ordinance is to identify marginalized and indigent maternal patients.
- C) BARANGAY CAPTAIN – shall refer to the chief executive of the lowest level of a governmental unit whose duty under this ordinance is to work in tandem with the DSWD officer in selecting and identifying marginalized and indigent maternal clients.
- D) BeMOC Facilities- shall refer to the equipment and services provided by a team of trained health personnel of the Rural Health Unit Maternity and Child Care.
- E) LOCAL TREASURER- shall refer to the departmental entity of a local government unit who is mandated by this ordinance to collect the income generated by the service charges of the maternal and child health clinic.
- F) Skilled Birth Attendants- consist of a trained Doctor, Nurse and Midwife on basic emergency obstetric care.
- G) WOMEN'S HEALTH TEAM (WHT) – shall refer to a group of community health volunteers such as BHWs, BNS, and TBA.

### ARTICLE III

#### SCOPE/COVERAGE

#### Section 4

The Rural Health Unit of Almeria Maternity and Child Health Care Clinic is committed to provide quality maternal and child care by providing them with the basic package of needed services and skilled birth attendants through the implementation of the BeMOC facility.

#### Section 5

The above mentioned health facility is a PhilHealth OPB and Maternity Care package accredited unit providing basic health services to indigent and non-indigent clients.

#### Section 6

Indigent clients with or without PhilHealth cards are exempted from payment of service charge of Rural Health Unit, provided said obstetric patient is duly certified by the MSWD officer or his authorized representative or by the Barangay Captain. Service charges shall be collected by the Local Treasurer as follows:

1. A service charge of P1,000.00 shall be collected for the first delivery.
2. For the next succeeding deliveries an amount of P500.00 shall be collected.

#### Section 7

Provided that the income generated by its service charges shall accrue to a trust fund to be devoted solely to the Maternity Clinic Operations and incentives to Women's Health Team (WHT).

#### Section 8

The WHT organized per Barangay is composed of volunteer health workers such as BHWs, BNS, and TBA with the Rural Health Midwife as the team leader. These volunteer health workers are responsible for tracking all pregnant and post-partum mothers in their respective areas and reporting the same to the health facility for prenatal, natal, and post-partum care.

#### Section 9

Provided that the percentage of service charges is allotted to the clinic operation and WHT incentives as follows: 70% of the proceeds for the clinic operations, while 30% be distributed among the WHT members responsible for the reporting and referral of obstetric patients in their area.

#### Section 10

Provided further, that other service fees for health examinations provided under the 2006 Revised Revenue Code of the Municipality of Almeria is inapplicable to the enactment of this ordinance.

### ARTICLE IV

#### PENALTIES

#### Section 11-A

Hilots whether trained or untrained are hereby prohibited from performing live birth deliveries at home. Failure to follow will be meted the following penalties:

1. First offense –reprimand
2. 2<sup>nd</sup> offense – fine of P500.00 or rendition of community work for 8 hours a day for 2 days at the discretion of the court.
3. 3<sup>rd</sup> offense – fine of P1,000.00 or an imprisonment for 3 days at court discretion.

#### Section 11-B

Likewise, pregnant women delivering at home shall also be fined with the following penalties:

1. An amount of P1,200.00 shall be collected for those first deliveries made outside the maternity clinic.
2. Subsequent deliveries outside the designated maternity lying in shall be fined an amount of P700.00.

### ARTICLE –V

#### SEPARABILITY CLAUSE

#### Section 12

If any of this ordinance shall be held to be invalid, other parts or proviso which are not affected thereby, shall continue to be in full force and effect.

### ARTICLE-VI

#### EFFECTIVITY

#### Section 13

This ordinance shall take effect upon compliance of all requirements set by law.

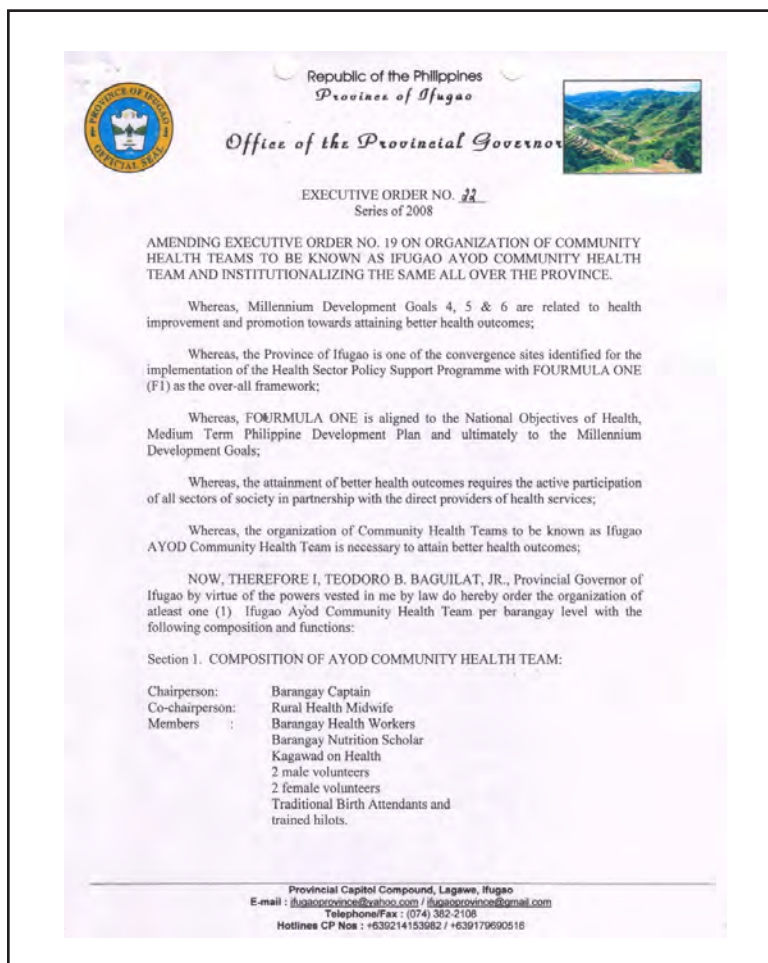
page 3

page 4

# Annex 4

## Ifugao Provincial Executive Order on WHT Formation

page 1



### Section 2. FUNCTIONS AND RESPONSIBILITIES OF AYOD COMMUNITY HEALTH TEAM:

1. Conduct health promotion activities within the barangay. (IEC, Advocacy on F1 flagship programs)
2. Ensuring that F1 PPAs are integrated into the Barangay Development Plan.
3. Conduct Parents Classes.
4. Active listing and tracking and listing of pregnant women in the barangay.
5. Assist couples in the preparation of birth plan.
6. Advice pregnant women to deliver in health facilities.
7. Report maternal and under five deaths to the Municipal Health Office.
8. Make referrals to health facility or appropriate agency.
9. Assist in malaria, dengue, rabies and environmental sanitation activities.

### Section 3. TECHNICAL ASSISTANCE:

The Provincial Health Office in coordination with the Municipal Health Offices and other health partners shall:

1. Train the officers and members of the Ifugao Ayod Community Health Teams to perform their functions.
2. Devise a monitoring and evaluation system to track the impact of the Ifugao Ayod Community Health Teams in improving the health status of their respective barangays.
3. Document the good practices of Ifugao Ayod Community Health Teams which can be replicated in other areas.
4. Devise a reward system to recognize outstanding/performing Ifugao Ayod Community Health Teams during appropriate ceremonies.

Section 4. The Ayod CHT shall subsume the functions of the GFMC initiated Barangay Action Team (Malaria and Dengue), UNFPA-initiated Barangay Health Committees, and the JICA-MCH initiated Womens Health Teams.

This ORDER shall take effect immediately.

DONE this 22<sup>nd</sup> day of April 2008 at the Provincial Capitol, Lagawe, Ifugao.

TEODORO B. BAGUILAT, JR.  
Provincial Governor

page 2



WEDNESDAY, JULY 2, 2008

ACROSS THE NATION

A7

**INQUIRER** *Northern Luzon*

E-mail: pr\_provincial\_news@inquirer.com.ph

Website: www.inquirer.net/regions

Editor Jun Bandayrel

Bureau Chief Rolando B. Fernandez

# In Ifugao, lowly hammock saves lives

By Jerome Dumlao  
Contributor

**C**ELY BLANZA WOULD PROBABLY not be alive today if not for the ayod, an indigenous means of transporting the sick in Ifugao.

On July 10 last year, the 36-year-old Blanza was in labor for hours with her second child, prompting her family to bring her to the nearest hospital, more than three hours away.

Since the village had no available emergency vehicle, Blanza's husband waited patiently for the arrival of the only bus for them to hire, but to no avail.

Since she was already in severe pain, her relatives decided to bring her to the hospital on a hammock or the ayod.

Along the way, they happened to come across a development agency vehicle, which was on the way to a project site. After another two hours of travelling, Blanza was admitted to a hospital where she finally gave birth.

Her case is repeated almost every day in Ifugao, where the mountainous terrain, poor road conditions and lack of access to transportation combine to prevent people from reaching health facilities in times of emergency.

Coming to the rescue of the Ifugao is the ayod—a large blanket tied to wooden or bamboo poles and carried by villagers over



mountain trails that no vehicle can traverse.

## Makeshift 'ambulance'

Long been used in Ifugao to transport the sick and those who can no longer walk, this makeshift "ambulance" is carried by male relatives (with others walking along as back up).

For many Ifugao folk who live in remote, inaccessible sites (subvillages), the ayod is not just an option but the only means of transport available. Recognizing the ayod's invaluable role in the health of Ifugaos, the provincial government honored the once lowly hammock by lending its name to the province's banner community health program.

Provincial Executive Order No. 22 provides for the establishment of Ayod Community

Health Teams (ACHT), which would handle health-related activities at the barangay level.

"We want to make health not just the concern of doctors, nurses, midwives and health workers, but by everybody," said Ifugao Gov. Teodoro Baguilat Jr.

## Health for all

While the concept of community health teams is not new—women's health teams have long been the backbone of the Department of Health's maternal and newborn care at the community level—the ACHT brings with it two firsts: It includes barangay captains and men in its membership and expanded its role to cover all health programs at the community level.

"Health is not just for women and mothers, but for men and fathers as well; the concept of ayod is for men and women working together," said Baguilat.

The establishment of a community-based health team is much needed in a country where maternal and infant mortality ranks among the highest in Southeast Asia, and where diseases like tuberculosis and malaria, long eradicated in other countries, still claim lives.

With 11 mothers and 200 children dying every day while giving birth or being born, the Philippines, according to the World Health Organization, is one of its priority countries when it comes to reduction of maternal and neonatal deaths.

The ACHT is an integral part of the Ifugao's maternal and child health (MCH) project, a novel approach to eradicating maternal and neonatal deaths via the promotion of safe motherhood and delivery in health facilities or by trained health workers.

Supported by the Japan International Cooperation Agency, the MCH project is now on its second year of implementation in Ifugao and Biliran in Eastern Visayas. Ifugao has 199 teams with 2,865 members.

EO No. 22 not only provides a name and grants a bigger role to the province's community health teams, it also establishes incentives in the form of Philippine Health Insurance Corp. cards and rewards for functional teams.

"My vision for the ayod is not for it to be just a word but a functional health team; and the provincial government will invest in its programs and projects," Baguilat said.



Maternal and Child Health Project



# TEAMING UP for Safe Motherhood



The Biliran and Ifugao Experience





