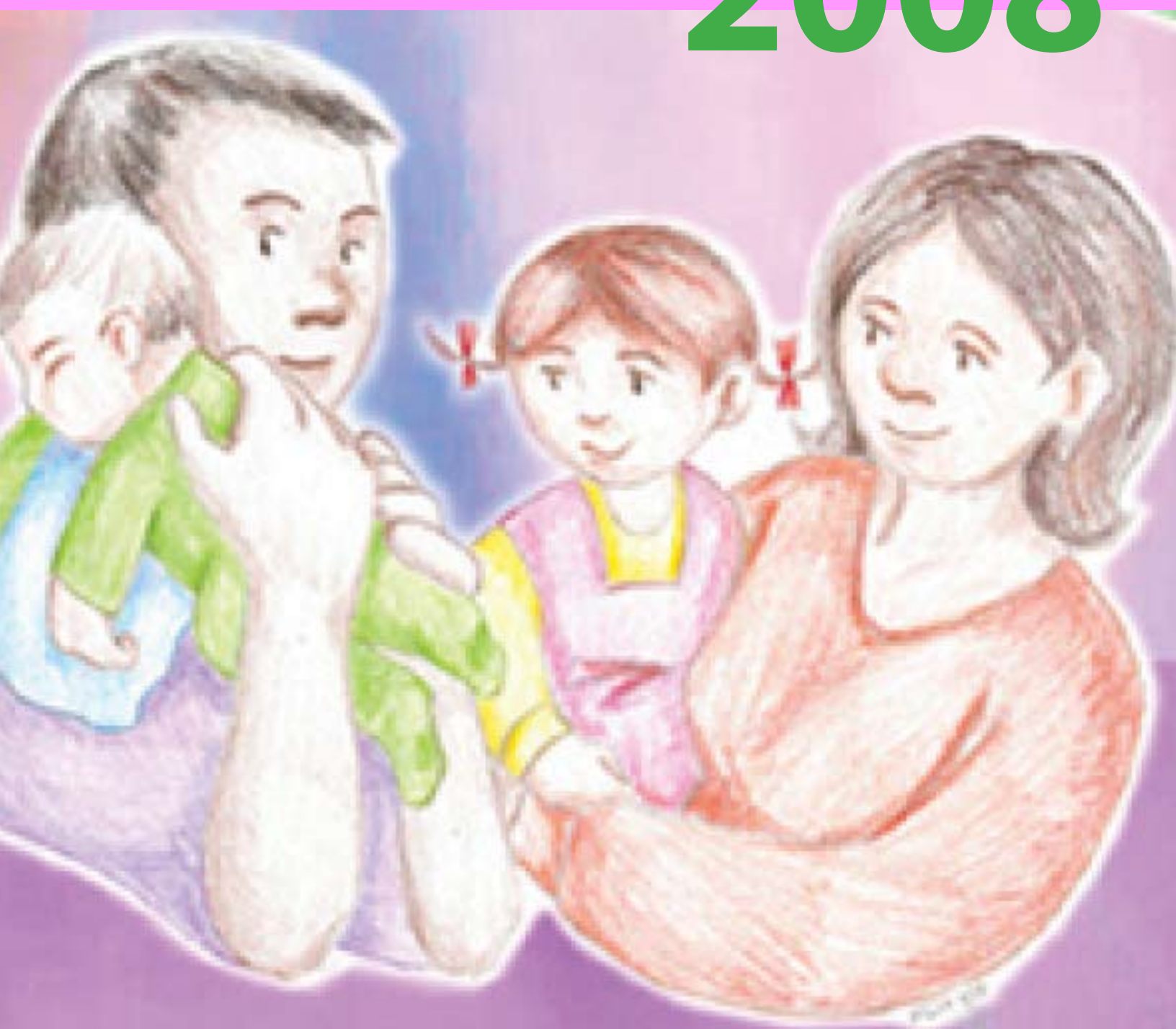




ANNUAL REPORT 2008



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(April 2008 - March 2009)

Maternal and Child Health Project



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

Contents

Foreword	3
Preface	4
Acknowledgements	5
List of Acronyms Used	6
1 Project Profile	
Introduction	7
Background	8
Project Design Matrix	9
Project Areas	11
Project Management	12
2 Results of Project Implementation	13
3 Activities and Accomplishments	16
4 Plans for 2009	26
5 Project Staff	27
6 Annexes	28

Foreword

The Department of Health takes on the challenge to champion maternal and child health and win the fight against unnecessary deaths of mothers and newborns by the reduction of maternal mortality ratio by three quarters and under-five mortality by two thirds by 2015 – two of our Millennium Development Goals.


The intricate issues of high maternal mortality ratio and newborn deaths, unmet need for reproductive health services and weak maternal care delivery system, has led the DOH to decide 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 the Japan International Cooperation Agency (JICA) which joined government effort in providing support to the provinces of Biliran and Ifugao. Their implementation of the Maternal and Child Health Project and cooperation in harmonizing this with the national agenda for women and children has helped these provinces attain their goals. In its final year, we look forward to the JICA assistance trying out innovative ways to deliver the MCH package in a cost effective and sustainable manner and ensuring that the MCH project benefits from the maternal newborn child health and nutrition (MNCHN) strategy and the on-going health sector reforms.

The MDG challenge is tough; its goals, ambitious but the targets are nevertheless attainable with extra-ordinary effort. The health MDGs are issues that we have to face up to. NOW is an excellent opportunity to show that the health system can do much to improve the lives of many, particularly mothers and children, not by expensive high technology tools but by practical and empowering approaches.

To JICA and our LGU Partners, this Annual Report is a documentation of your hard work . . . a reminder of your commitment to care to save lives of mothers and children.

Mabuhay at Maraming Salamat!


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



Preface



Since its commencement in 2006, the Maternal and Child Health (MCH) project marked a significant achievement in the provinces of Ifugao and Biliran. It has been able to increase the number of facility-based deliveries and increase the capacity of rural health units and skilled birth attendants. The project is also fortunate to have garnered the support and commitment from both national and local government units through policies that strengthen the project outputs and ensure its sustainability.

Equally essential to the project is the formation and strengthening of the women's health teams, which greatly helped pregnant women give birth in health facilities and have their deliveries attended by qualified skilled birth attendants. In the province of Ifugao, these women's health teams evolved into the *Ayod* Community Health Teams, which include the involvement of men and community members in MCH activities.

Now that the project is coming to its final year, our work to improve the well-being of mothers and their children is far from over. Our challenge now is to enhance the sustainability of project gains and improvement of current health practices.

It is our wish that the project's efforts can be replicated in other provinces in the country. This should remind us of the urgency of our goals to reduce maternal and neonatal mortality rates, of lending support and encouragement to grassroots initiatives and community efforts, and of pushing for national-level policies that would facilitate more effective implementation of MCH programs at the community level.

The past years of project implementation have been very fruitful and I am proud to note the warm and strong relationships that were formed between Japanese and Filipino counterparts. I extend my earnest appreciation to the Department of Health (DOH) and the Centers for Health Development (CHD) in CAR and Region VIII for their tireless commitment in improving the lives of mothers and children.

Finally, I express my deepest gratitude and sincere admiration to the stakeholders for working so hard to induce change in community health behaviors, particularly towards improved maternal and child health.

Maraming Salamat sa Inyong Lahat!

Norio Matsuda

Chief Representative

Japan International Cooperation Agency

Philippine Office

Acknowledgements

This project owes its success so far to the health care workers – both from the health care facilities and the communities, the communities themselves who wholeheartedly accepted the project, 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 Francisco T. Duque III, MD, MSC
- Undersecretary Mario C. Villaverde, MD, MPH, MPM, CESO II
- NCDPC Director Yolanda E. Oliveros, MD, MPH
- The staff of the NCDPC
- The members of the National Joint Coordination Committee

Ifugao and Biliran

- Provincial Governors of Ifugao and Biliran
- 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
- Directors of the Center for Health Development
- The staff of the Center for Health Development: CAR and Region VIII
- PhilHealth

Development Partners

- 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

List of Acronyms Used

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

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 annual report covers significant developments during the third year of implementation from March 2008 to March 2009.

These include 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 National Demographic and Health Survey (NDHS, 1998) estimated that about 172 mothers die for every 100,000 live births. The UNFPA said in a separate study that in 2000, the record worsened to 200 maternal deaths 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:

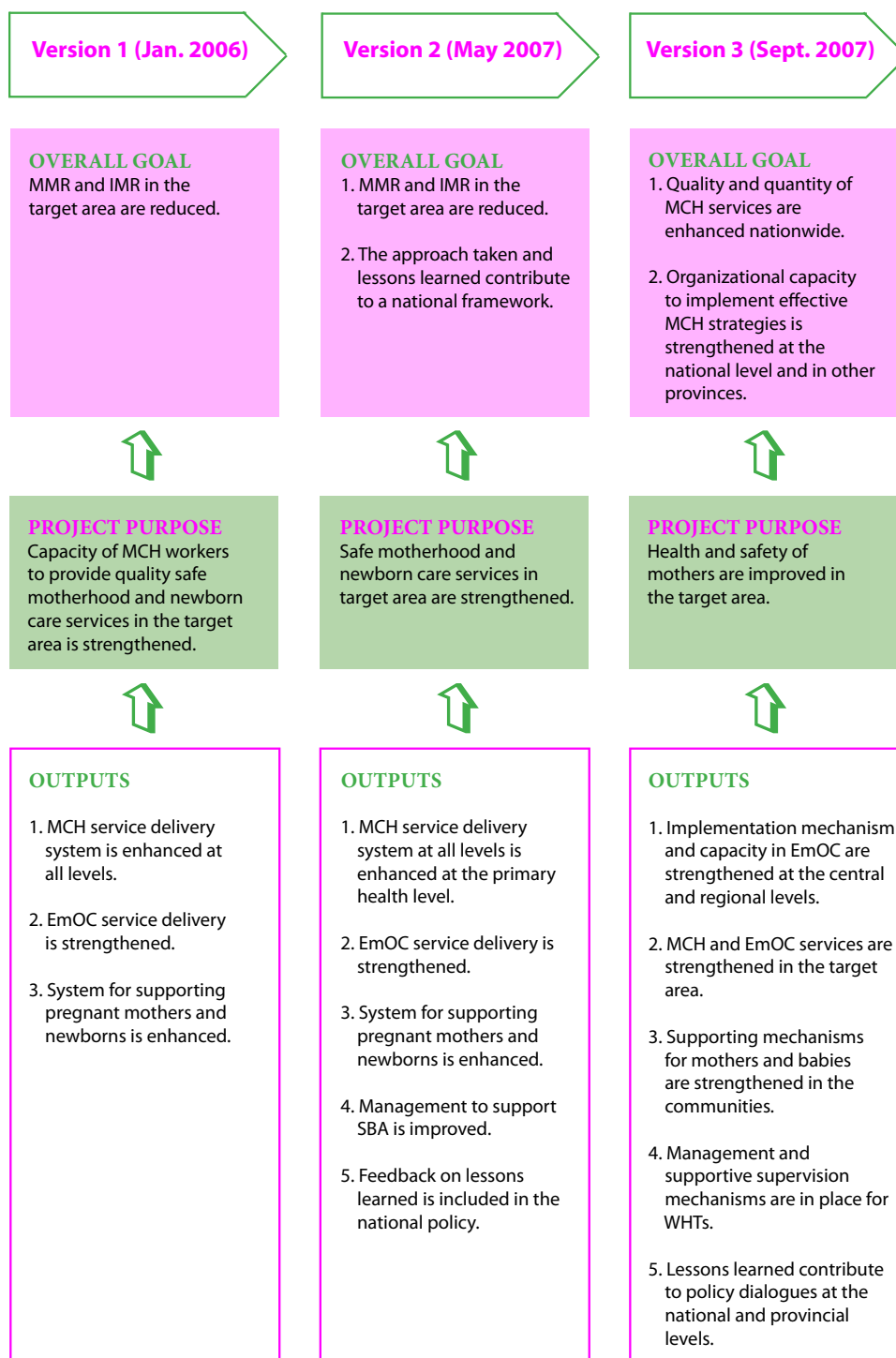
- Delay in deciding to seek medical care;
- Delay in reaching appropriate care; and
- Delay in receiving care at health facilities.

What's worse, around 17 of 1,000 newborns die within 28 days due to these delays and the severe lack of appropriate newborn care.



Project Design

To respond to these grim conditions, JICA sent Japanese experts to work with the government in enhancing 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
OUTPUT 1: 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"> Enhance training capacity of EmOC and neonatal care at the central level training institution System formulation for monitoring
OUTPUT 2: 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"> BEmOC training CMMNC training LSS training Provision of medical equipment
OUTPUT 3: 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"> Formulation of WHTs Formulation of multi-sectoral community supporting group for emergency transportation
OUTPUT 4: 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"> Supportive supervision for SBAs and WHTs Improvement of managerial capacity of RHUs Monthly meetings and Case Conference Maternal Death Review
OUTPUT 5: 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"> Reactivate MCH TWG Discussion and revision of MCH policy Dissemination of MCH training materials

Source: Project Mid-term Evaluation Report, October 2007

Project Areas



BILIRAN PROVINCE

Biliran is an island province located in the Eastern Visayas region, between the islands of Samar and Leyte. It is a fourth class province with a total land area of 55,550 hectares.

The smallest among six Eastern Visayas (Region VIII) provinces, Biliran has eight municipalities: Naval (the capital), Almeria, Culaba, Kawayan, Cabucgayan, Biliran, Caibiran and Maripipi (an island municipality).

IFUGAO PROVINCE

Home of the spectacular hand-carved rice terraces, Ifugao is located in northern Luzon, 384 kilometers away from Manila. This third class province lies deep in the Cordillera mountain range.

Landlocked, it is bounded on the west by Benguet, on the north by Mountain Province, on the east by Isabela and on the south by Nueva Vizcaya. Ifugao has 11 municipalities: Lagawe (the capital), Banaue, Kiangan, Lamut, Asipulo, Hungduan, Hingyon, Tinoc, Alfonso Lista, Aguineldo and Mayoyao.



Project Management

As agreed upon between the DOH and JICA, the project is managed by the Joint Coordination Committee at the central level. It is 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

The Project's Chief Advisor will provide necessary recommendations and advice on matters pertaining to the implementation of the project and will be assisted by an Assistant Project Manager for each of the two project sites.

Results of Project Implementation

Indicators

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

Indicators	IFUGAO			BILIRAN		
	2005	2007	2008	2005	2007	2008
% of SBA attended deliveries	54 %	57%	66.7%	30 %	79%	89%
Facility deliveries (hospitals, RHUs, BHSs)	19%	25%	34.4%	30%	79%	89%
% of pregnant mothers who get antenatal care more than 4 times	88%	90%		67%	64%	
MMR (Philippine MDG5 target to reduce from 209 per 100,000 to 52 per 100,000)	85.2 (1/1,173)	0 (0/1,392)		289.2 (10/3,458)	115.6 (4/3,461)	
	Ifugao total: 53.1 (2/3,768)	Ifugao total: 132.7 (5/3,764)				
IMR (Philippine MDG4 target to reduce from 57 per 1,000 to 19 per 1,000)	8.5 (10/1,173)	10.0 (14/1,392)		16.8 (58/3,458)	13.3 (46/3,461)	
	Ifugao total: 9.0 (34/3,798)	Ifugao total: 10.9 (41/3,764)				
Neonatal death rate	5.1 (6/1,173)	5.0 (7/1,392)		4.3 (15/3,458)	3.8 (13/3,461)	

Ifugao: Has totals indicated because project only covers 3 municipalities.

Biliran: SBA-attended delivery means facility delivery.

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 more than 10 percentage point increase in deliveries conducted by skilled birth attendants to 66.7 percent in 2007 from 54 percent in 2005. This was attributed largely to the formation of women's health teams in the Ifugao municipalities of Aguinaldo, 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 19 to 34.4 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 3 RHUs have been accredited with MCP in Ifugao. Six (6) BHS will apply in 2009.

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." (See *Annex 1, "Ayod in the News"*)

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 and 15 BHS were also accredited by MCP.

2

MANILA BULLETIN

THE NATION'S LEADING NEWSPAPER

News

Sunday, March 22, 2009

'Hilot' fading away into history

By CHARISSA M. LOPEZ

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.

Terencia 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 kasi ang naroroon lang nyo 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 259 live birth deliveries," Garcia said.

Calvez said that the decrease in



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 Lixet, 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. This is why there is a significant decrease of deaths," he said.

Five months pregnant Paula Bernina, of Barangay Poblacion, 44, cited the difference between the home delivery and the facility-based delivery. Bernina, 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 I deliver or during delivery,

she said, is safer and ultimate changes.

Married to a tahn vendor, I gave birth to her first child at home soon through the help of a traditional birth attendant.

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

"This project of JICA is not something that no other agency think of and this is a very laud project and I just hope this we happen to other poor provinces," Espina said.

JICA's health expert Iru Muralami described the Eastern Visayas province as "Biliran May" as imagined by the Health Department for its successful war against maternal and newborn deaths.

Muralami, chief advisor of JICA Maternal and Child Health Project in Biliran and Ilogos, said the province was chosen as pilot 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 her 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 financing various development projects in the Philippines, has provided US\$ million worth of technical assistance to the "Paradise Island" of Biliran which is to end in March 2010.

Muralami said the reduction in maternal and child mortality rates is a problem in the Philippines.

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

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

"Currently the Philippines has maternal mortality rate ratio of per 100,000 live births. This has been reduced to 32 per 100,000 live and you only have 45 years in life," she said.

Muralami 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



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

"Minaon kami pa ang nasa nasa nito para sa kani, instead na sila ang nasa nito sa amon. Minaon din si mayor pa ang nagiging drives papunta sa hospital," another barangay health worker, Maria Lourdes

Morera, 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 pregnant women and save their lives.

"Masaya ang makatutag lang na"

Project Activities in 2008

PROJECT OUTPUTS	Department of Health (Central)	Center for Health Development
<p>1 Strengthening the implementation mechanism and capacity of the central level to enhance Emergency Obstetric Care (EmOC) at all levels.</p> <p>Establish the central level Joint Coordination Committee (JCC), a mechanism to monitor and manage the MCH project implementation.</p> <p>Assist in establishing EmOC monitoring mechanism (preparing checklist, defining the role and responsibility of supervisors).</p> <p>Assist in strengthening the EmOC training by providing equipment for Fabella Hospital and reproducing existing standard manuals.</p> <p>Develop and print training materials for CMMNC Trainers and implement nationwide Training of Trainers: TOT on CMMNC in collaboration with other funding agencies.</p> <p>Provide Philippine side project counterparts capacity building training in Japan on the MCH program management.</p>	<p>Joint Coordination Committee In the presence of Undersecretary Dr. Lazada, the annual JCC meeting was held at DOH to share the achievements of Ifugao and Biliran provinces. During the meeting, the activity report from Ifugao and Biliran were presented by Gov. Baguilat of Ifugao Province and Biliran Provincial Health Officer Dr. Veneracion. Several comments and questions were made by DOH directors to encourage more efforts to promote facility delivery. The annual activity plan was presented by the Chief Advisor.</p> <p>FOURmula One The project implementors attended meetings of the Technical Assistance Coordination Team</p> <p>Evaluation of training on Basic Emergency Obstetric and Newborn Care and Life Saving Skills for midwives Representatives from DOH and Fabella Hospital conducted a post-training monitoring evaluation mission in Ifugao. Forty of 51 BEmONC trainees and 18 of 36 LSS trainees were evaluated.</p> <p>BEmONC training Conducted training for 8 Ifugao SBAs at Fabella Hospital.</p> <p>Training in Japan 4 midwives from Ifugao and Biliran took part in a 4-week midwifery training in Japan.</p>	<p>Mother and Child Book Each region developed user-friendly versions of the MC Book. Region 8 developed a Cebuano version of the MC Book while CAR region is developing a culture friendly Family Health Diary for distribution to 6 provinces.</p> <p>Textbook on Community Managed Maternal and Newborn Care 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.</p> <p>CAR Annual Health Decision Makers Forum Cordillera Administrative Region held its third Decision Makers Forum in August at 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 for the second time 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.</p> <p>Happitan di Cordillerans Ad Ifugao 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 <i>Teaming Up for Safe Motherhood</i>. In addition to the launching, the Ifugao donors and stakeholders planned the activity as a forum for experience</p>

PROJECT OUTPUTS

Department of Health (Central)

Center for Health Development



Annual Joint Coordination Committee meetings, held in DOH.



The BEmONC and LSS evaluation in Ifugao.

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 Hapitan di Cordillerans Ad Ifugao (an MCH forum of the Cordillerans in Ifugao).

Region 8

Region VIII Health Summit 2008

The CHD VII organized and conducted the Regional Health Summit with support from the MCH Project in Nov. 2008 at 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:

- Launching of the MCH project publication *Teaming UP for Safe Motherhood*;
- 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
- Awarding of LGUs and local health managers.

Training on Supervisory and Monitoring for the Public Health Nurses

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, 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.

Regional Consultative Meeting with


PROJECT OUTPUTS	Department of Health (Central)	Center for Health Development
 <p data-bbox="190 877 470 909"><i>Region 8 Health Summit</i></p>  <p data-bbox="190 1541 565 1572"><i>Happitan di Cordillera ad Ifugao</i></p>		<p data-bbox="1013 212 1354 239">Provincial MCH Coordinators</p> <p data-bbox="1013 245 1464 590">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.</p> <p data-bbox="1013 625 1398 653">Regional Maternal Death Review</p> <p data-bbox="1013 659 1446 1066">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.</p> <p data-bbox="1013 1102 1395 1163">Regional Development Partners' Meeting</p> <p data-bbox="1013 1169 1451 1415">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.</p>

PROJECT OUTPUTS	IFUGAO	BILIRAN
<p>2 The MCH services and EmOC are strengthened in the project target areas.</p> <p>2.1 Conduct baseline survey of current MCH situation in the project target areas.</p> <p>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.</p> <p>2.3 Provide BEmOC trainings for all SBAs working in district hospitals and RHUs in the project target areas.</p> <p>2.4 Provide CMMNC trainings for all SBAs.</p> <p>2.5 Provide Life Saving Skills trainings for midwives in BHSs in the project target areas.</p> <p>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.</p> <p>2.7 Assist some remote BHSs to function as birthing stations.</p> <p>2.8 Assist Mayoyao DH to be upgraded to CEmOC facility and Biliran PH to be 3rd level hospital.</p>	<p>Provincial Executive Committee and Technical Working Group Meeting</p> <p>1. Project accomplishment report for 2007</p> <p>a. Increase in the number of SBA attended deliveries and facility based deliveries though (a) the capability building given to the health workers, including the health volunteers at the community level, (b) the support of the local officials, and (c) the completeness of equipment for delivery at the RHUs and the district hospitals through JICA.</p> <p>b. Organized Women's Health Teams, which helped in tracking and referring of pregnant women.</p> <p>c. No maternal deaths at AMADHS compared to the other 8 municipalities, which had 3.</p> <p>d. The organization of Ayod community health teams was envisioned to solve the gap between the AMADHS and non AMADHS in terms of IMR and MMR reduction, thus their functionality should be given much attention.</p> <p>2. MCH Project plan of activities for 2008</p> <p>a. Equip 6 BHSs of AMADHS to become birthing facilities</p> <p>b. Assist RHUs in MCP accreditation</p> <p>c. Support Ayod Community Health Teams</p> <p>d. Strengthen and sustain the AMADHS Inter Local Health Zone</p> <p>Turnover of Medical Equipment 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.</p> <p>Life-Savings Skills Training for Rural Health Midwives To enhance the skills of rural health midwives in recognizing and responding to life-threatening obstetrical situations in their respective areas, a 6-day</p>	<p>Provincial Executive Committee and Technical Working Group Meeting Usec. Dr. David Lozada and NCDPC Director Dr. Yolanda Oliveros of DOH and JICA Chief Representative Norio Matsuda have joined the ExeCom.</p> <p>1. MCH Project accomplishments and the plan of activities for 2008</p> <p>a. Discussion of PIPH to ensure that MCH Project is strategically planned within the framework of investment and sustainability;</p> <p>b. Review the major issues relative to the implementation of the project and recommend solutions to be undertaken.</p> <p>The TWG, through its regular monthly meeting, carefully provides inputs and recommendations to the Executive Committee.</p> <p>Turnover of Medical Equipment To respond to the need to bring birthing services to the barangay level in each municipality of Biliran province while implementing the local mandate on full facility-based birth deliveries, the MCH project provided the medical equipment needed in BHSs designated as birthing centers.</p> <p>Provincial MCH Project Implementation Review This was participated in by more than 50 individuals from the Provincial Health Office (all program coordinators), Municipal Health Office (Municipal Health Officers and one Rural Health Midwives from each RHU), and representatives from Education, Social Welfare, DILG and private clinics. The following were discussed:</p> <ul style="list-style-type: none"> ● Status and concerns on facility-based deliveries, prenatal care services, postpartum care services, infant care services in CY 2006-2007; ● Maternal, neonatal and infant deaths in CY 2006-2007; ● Status and concerns on managing Women's Health Teams ● Issues and concerns of the project


PROJECT OUTPUTS	IFUGAO	BILIRAN
	<p>Life-Savings Skills (LSS) Training was conducted at Fabella Memorial Hospital with 15 participants.</p> <p>Launching of the Search for the Most Healthy Barangay in Alfonso Lista municipality As part of localized integrated activities in the municipality of Alfonso Lista for improvement of the health status of the people, 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 different barangays. 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.</p> <p>Launching of the Ifugao Ayod Community Health Team 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. (See attached newspaper clipping in Annex 1.)</p> <p>Active Males Movement Against Violence and for Ayod Writeshop and TOT 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.</p> <p>Provincial Donors' Meeting A regular forum with the representatives from funding agencies together with</p>	<p>implementors such as recurring home-based deliveries, lack of personnel, lack of monitoring tools, lack supervisory skills of midwives.</p> <p>Prenatal Care Services Training for SBAs 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.</p> <p>Training on Facilitating Parents Class for WHTs 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 from 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.</p> <p>Inter-Municipal WHT Annual Convention This is an annual convention of WHTs to share learnings, practices and experiences, while carrying out their tasks and responsibilities as core support group at the community level. Together with the Provincial Governor and Municipal Mayors, more than 400 members of WHTs from the municipalities of Caibiran, Cabucgayan and Culaba convened at the Caibiran Gymnasium, while more than 800 WHT members from the municipalities of Naval, Biliran, Almeria, Kawayan and Maripipi convened at the Naval Gymnasium. The PHO, MHO and MCH project staff witnessed the event.</p> <p>Assessment of BHSs for Maternity Care Package (MCP) accreditation with PhilHealth Aiming to bring birthing services at</p>

PROJECT OUTPUTS	IFUGAO	BILIRAN
	<p>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.</p> <p>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.</p>	<p>the barangay level, the PHO assisted Regional PhilHealth to conduct assessment on Sept. 2008 to all 15 BHS. The improvement of birthing stations and upgrading of BHSs were supported by the joint effort of all LGUs. MCH project provided all the required birthing equipment.</p> <p>Strategic Planning-Workshop for Biliran Provincial Hospital</p> <p>To enhance quality care for the expectant/new mothers and newborns at the hospital level, the CHD VIII responded to the request of GTZ and the MCH project for system improvement and organizational diagnostic through the conduct of Strategic Planning Workshop with 20 health managers of the Biliran Provincial Hospital, including the support units. Follow-up meetings and assessment were done which resulted the strengthening of the hospital Continuing Quality Improvement and Process Flow posted in each unit using the framework of the DOH.</p>

PROJECT OUTPUTS	IFUGAO	BILIRAN
<p>3 Supporting mechanisms for mothers and babies are strengthened in the community.</p> <p>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).</p> <p>3.2 Assist in establishing community-based multi-sectoral group to assist in the needs of mothers.</p>	<p>Maternal Death Review in Alfonso Lista</p> <p>After 2 years of no maternal deaths in the project areas, one occurred on January 14, 2009. Ironically, the one who died 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.</p>	<p>Continuing Maternal and Neonatal Mortality Review</p> <p>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:</p> <ul style="list-style-type: none"> ● Clinical cause of maternal and neonatal deaths; ● Health facility systems, set-up and personnel; ● Socio-economic, cultural and demographic factors; ● Formulation of preventive plans <p>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.</p>
 <p><i>LSS Training for Ifugao AMADHS midwives</i></p>		<p>Consultative-Workshop on Barangay Health Emergency Preparedness and Readiness</p> <p>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.</p>

PROJECT OUTPUTS	IFUGAO	BILIRAN
 <p data-bbox="237 816 734 846"><i>Training on Facilitating Parents' Class in Biliran</i></p>		<p data-bbox="1058 212 1477 270">MCH Programs Consultative Forum with Rural Health Midwives</p> <p data-bbox="1058 275 1513 527">The 40 rural health midwives were gathered by the PHO on Nov. 24, 2008 to determine and discuss their issues and concerns as front liners of MCH project implementation at the local level. This resulted in a commitment among the RHMs and Public Health Managers to work towards zero maternal deaths.</p> <p data-bbox="1058 562 1451 653">Training on Burod-Tabang-Burod (Pregnant-Helping-Pregnant) Mechanism</p> <p data-bbox="1058 657 1513 940">Designed to strengthen the involvement of the community members while relinquishing the responsibility for providing appropriate support to all expectant mothers and newborns, training on <i>Burod-Tabang-Burod</i> (Pregnant-helping-Pregnant) Mechanism was provided to 1,100 members of the WHT in January and February 2009.</p> <p data-bbox="1058 945 1513 1192">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.</p>

PROJECT OUTPUTS	IFUGAO	BILIRAN
<p>4 Management 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.</p> <p>4.1 Conduct supportive supervision to WHT and SBA by PHO/MHO offices.</p> <p>4.2 Conduct regular meetings among RHU staff.</p> <p>4.3 Conduct regular meetings with WHTs and rural health midwives.</p> <p>4.4 Conduct Maternal Death Review and case conference by PHO, RHUs and SBAs.</p>	<p>Meetings with RHU staff, AMADHS/ TWG, WHTs</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>During these meetings, it was found out that some midwives were keeping the Mother and Child Book 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.</p> <p>The midwives and other RHU staff were urged to facilitate the monthly WHT/IACHT meetings and assist the Barangay Captain, since they have technical knowledge on health.</p> <p>Ifugao Ayod Community Health Team Roll Out Trainings</p> <p>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.</p>	<p>Series of meetings and planning for the conduct of Monitoring and Supervisory Training</p> <p>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.</p> <p>Advocacy for the Provision of Monetary Benefits</p> <p>To ensure the continued implementation of BEmONC and to make services available anytime, the province provided additional benefits through implementation of the Magna Carta for Public Health Workers.</p> <p>A portion of the Capitation Fund was also used to provide incentives to WHT members.</p> <p>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.</p> <p>Aside from the honorarium from the barangay to provincial levels, the members of the WHT now enjoy the following benefits:</p> <ul style="list-style-type: none"> ● 30% from the birthing facility's User's Fee; ● 15% from the Provincial Capitation Fund; and ● Free hospitalization, extending to their direct family members.

PROJECT OUTPUTS	IFUGAO	BILIRAN
<p>5 Lessons 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.</p> <p>5.1 Reactivate the MCH Technical Working Group (TWG).</p> <p>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.</p> <p>5.3 Provide MCH training materials nationwide through the MCH TWG.</p>  <p><i>Ayod roll-out training in Mayoyao, Ifugao</i></p>	<p>Inception Workshop in Ifugao Province 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".</p>	<p>National Convention of Provincial and City Nutrition Officers 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.</p> <p>Inception Workshops at Biliran Province 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.</p> <ul style="list-style-type: none"> ● 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 <p>6th National Convention on Newborn Screening 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.</p>

Plans for 2009

According to the Provincial Health Investment Plan (PHIP), the following steps need to be taken to further strengthen and support the initiatives of Biliran and Ifugao:

Support CHD and PHO to:

- Create and implement a functional monitoring and supervision system at the local level;
- Strengthen quality assurance of MCH related services;
- Develop strong linkages among partner agencies, barangay leaders, community providers and service agencies, and families to facilitate communication, care coordination, and inter-family support; and
- Evaluation of project activities



Biliran MCH implementors and stakeholders during their visit to Ifugao

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INQUIRER

Northern Luzon

In Ifugao, lowly hammock saves lives

By Jerome Dumlaog
Contributor

CELY 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 sitio (subvillage), 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.

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



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Annex 3

Cover of MCH Book "Teaming Up for Safe Motherhood"

Maternal and Child Health Project



TEAMING UP for Safe Motherhood



The Biliran and Ifugao Experience





Maternal and Child Health Project



Maternal and Child Health Project: Issue 4

April 08 - March 2009

Page one

- Life Saving Skills Training
- Equipment hand over
- AYOD Launching
- Emergency Preparedness Training
- Turn-over of Equipment
- Project Monitoring by DOH

Life Saving Skills Training for Midwife

On May, 08, 2 batches of LSS training was conducted by Fabella Hospital to 14 midwives from Biliran Province and 19 midwives from Ifugao province. Each midwife has to: conduct 10 internal examinations, 5 laceration repairs, and 10 IV insertions to fulfill the graduate requirements. From this training, all the permanent employee of each province had completed skills training. Biliran has 15 Barangay Health Stations to be birthing station and Ifugao has 6.



Municipality Emergency Preparedness Meeting at Biliran

All of the Woman's Health Teams were actively conducting their safe motherhood promotion activities in all municipalities covered by the project. Addition to WHT, Municipality now make emergency preparedness systems with in municipality to support community



Meeting at Cabilan Municipality, Biliran

Launching of Ifugao AYOD (hammock) Community Health Team (former Woman's Health Team)

Launching of AYOD has conducted by Ifugao Province on Jun, 08 with 2500 renewed AYOD members from 11 municipalities. Same time, representatives from DOH, Population Council, JICA, Embassy of Japan, WHO, UNFPA, Global fund of Malaria, EU are gathered beside Provincial Governor and Municipal mayors.

Ifugao Province issued Executive Orders 19 and 22 mandating the organization of Community Health Teams in each Barangay throughout the province. In line with the provinces' culture preservation thrust, these teams shall be known as Ifugao AYOD Community Health Teams. AYOD refers to the hammock used to carry patients. Male participation is highly encouraged. Being Community based, the AYOD are envisioned to evolve into do-it-all Community health organizations assuming expanded task and function. Aside from maternal and Child health concerns, AYOD shall assume other health tasks such as: community health educations, promotions, malaria preventions, reproductive health gender issues. Ifugao Province commits itself to the development of the AYOD into truly dynamic group.



Equipment donated to Ifugao and Biliran

2008 batch of equipment to BHSS, RHUs and Provincial Hospital were turned-over to Ifugao and Biliran. Medical equipments are for upgrading Barangay Health Station to enable them to function as birthing stations. Equipments are: delivery tables, generators, suction machines, baby weighing schemes, equipment cabinets, BP apparatus, etc.



Project Monitoring by DOH

On Sep. 08, Ms. Recidoro, in-charge of MCH Program of National Center for Disease Prevention and Ms. Mendoza of Bureau of International Cooperation visited Biliran Province to observe project activities. Specially, they interviewed members of Woman's Health Team to know their roles to promote facility deliveries. In Biliran, each WHT teams has incentives from RHUs and medical cares are free in RHU and Provincial Hospital.



Page 2

- Launching of Teaming Up
- Provincial Executive Committee
- Monitoring of Post BEmOC and LSS Training
- Biliran Province Inception visit to Ifugao
- Maternal Death

Launching of "Teaming Up for Safe Motherhood"

On Nov. 08, MCH Project Process Documentation Book "Teaming Up for Safe Motherhood, Biliran and Ifugao Experience" has been launched for Region CAR and Region 8. Ifugao hosted CAR Region's launching ceremony. Hon. Gov. Dalog of Mountain Province, Hon. Gov. Diasen of Kalinga Province, Hon. Gov. Baguilat of Ifugao Province attended with other 500 participants from 6 different province with their traditional outfits. 6 Biliran delegates were also attended. In Region 8, Center for Health Development hosted launching at Tacloban City. Around 400 participants gathered from 6 provinces. This book launching conducted with Regional awarding ceremony for "Good Practice" of health programs. Almeria Municipality of Biliran Province has selected to the best performance awards. Teaming Up book is to disseminate 2 years Project experiences while implementing Safe Motherhood programs in Ifugao and Biliran. Both Province has very unique achievements and they reduced Maternal and Child mortality.



Monitoring of Post BEmOC and LSS Training

On November 08, the BEmOC monitoring team, composed of Dr. Tan, Dr. Andal, Dr. Mirano and Dr. Caluag of Fabella Hospital and Izumi Murakami of JICA-MCH, visited Ifugao to look into the EmOC system of the province and monitor BEmOC and Life Saving Skills training participants. The team observed both the technical and management side of the program. Recommendations made and presented to Provincial Health Office.

Biliran Province Inception visit to Ifugao

On Jan. 2009, total of 40 participants from Biliran Province visited Ifugao Project sites for 4 days. Along with long vehicle ride, participants experienced difficulty of health service delivery to "mountains and hills".



Executive Committee for Provincial Project Management

Provincial Executive commit has been held on August 08 at each province. In Ifugao, 40 members from Province, CHD/CAR and 3 municipality attended. While at Biliran, Under Secretary Dr. Lozada, Project Director Dr. Oliveros from DOH Central, Regional Director of DOH VIII Dr. Baluma, JICA Country Representative Mr. Matsuda and 40 others attended. In the Meeting, Agendas were 1, Presentation of status of the MCH Project, 2. Accomplishments and 3. Comments. When project achievements of increasing % of facility delivery from 30% in 2005 to 86.5% in 2008 at Biliran province presented, Dr. Oliveros expressed it as "Biliran Magic".

JICA Country Representative visited Almeria



Rural Health Unit to observe implementing more than 99% of facility delivery. Dr. Garsia has been trained in Japan for MCH service delivery. Almeria RHU perform more than 50 deliveries a month with 24 hours of service. Municipality also support operations and built new MCH Center beside RHU.



Indicator	Ifugao			Biliran		
	05	07	08	05	07	08
% of SBA attended deliveries	54	57	66.7	30	79	89
% of Facility deliveries	19	25	34.4	30	79	89

Maternal Death Review in Ifugao

On Jan. 09, one maternal death happened at Alfonso Lista Municipality in Ifugao. This municipality has been promoting facility delivery and number of delivery reached up to 100 on 2008. A mother of 5 children dead of post partum hemorrhage at home. She was member of AYOD Community Health Team and she, herself was a village health worker. All related personal had shocked with the fact that health promoter could not perform what they suppose to teach to community people. Behavior change is not easy task. This maternal death shocked province and in the review, every each one of participants promised not let it happened again.



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Department of Health (DOH)

Biliran Provincial Government

Ifugao Provincial Government

Japan International Cooperation Agency (JICA)

