



POVERTY REDUCTION

Ayod Maternal and child health

At noontime that Sunday in the province of Ifugao, the jeepneys, the motorized means of public transport in Alfonso Lista town, had left for the next province. It was a week before Marcelin Alasco was due to give birth. She was walking home from church when her labor pains began.

Marcelin hurried to her neighbor Alicia Kenept Dumay-a, a midwife for a health station in another village, and asked to be taken there. But there wasn't enough time.

In a town with rolling hills, flatlands, and few public facilities, Alicia is one of several midwives who move around on motorcycles. She seated Marcelin on the back of her bike and under the midday sun sped to their health station in their barrio. Upon arrival, Alicia delivered the baby, the first childbirth at that health station.

That experience, albeit an unusual one, illustrates a significant change in mind: Most of the rural town's pregnant women — along with the men and the community leaders — now realize the vital importance of giving birth in health facilities.

Alfonso Lista, with a population of less than 27,000, averages 500 to 600 births a year, says municipal nurse Myrna Ancheta. It is part of a district that also includes the towns of Mayoyao and Agualdo and which accounted for three of Ifugao's five maternal deaths from 2003 to 2005. Two of those deaths were

in Alfonso Lista.

The mind shift, which was not easy, resulted from a program of the Philippine Department of Health with the collaboration of local government units and support from JICA to make pregnancy and childbirth safer. The national maternal mortality rate has been unacceptably high for decades, and a 75 percent reduction by 2015 is specified in the government's Millennium Development Goals.

To find cost-effective and sustainable ways to that target, the JICA-assisted program started in 2006 in two provinces — Ifugao in the north and Biliran in the central Philippines — with a view to replication in other provinces.

In Ifugao, the program concentrated on the district comprising Alfonso Lista, Mayoyao and Agualdo. It trained expectant mothers in safe pregnancy and birth, gave midwives training in birthing and lifesaving skills,

(above photos) Easily improvised with a bamboo pole and a blanket, the "ayod," hammock, is now used to carry expectant mothers to health stations. It has also become a symbol of community synergy and male participation, both significant aspects of Ifugao culture.





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increasing the number of health professionals and enlarging the capacity of health facilities.

Moreover, in collaboration with the village councils, the program organized the pertinent members of the community. It formed Women’s Health Teams (WHT) and trained the members: the village health workers, village-sponsored nutrition scholars, and “*hilot*,” or traditional birth attendants, with midwives as the leaders. Each team member was tasked to monitor methodically pregnancies and mothers’ conditions.

A terrain problem also had to be overcome. Where no means of transport can access many places, such as terraced farms that have ridge-side paddies as the only passageways, the program has come upon the inspired idea of reviving a traditional means of ferrying women: in hammocks.

Easily improvised with a bamboo pole and a blanket, the hammock, or “*ayod*,” has come to be used to carry pregnant women to health stations. Carried by two men — with neighbors helping and with more men ready to substitute — the “*ayod*” has also become a symbol of community synergy and male participation, both significant aspects of Ifugao culture.

In mid-2007, the Ifugao government adopted the health team concept and the embodied practices province-wide. It gave the teams incentives, and expanded their membership to include the local chief

executives and male volunteers, now called *Ayod* Community Health Teams.

As of end-2007, there were 96 *Ayod* teams with a total of 321 members in Alfonso Lista, Aginaldo and Mayoyao.

In 2007-08, with the expectant mothers, the skilled health professionals, and the communities prepared, JICA provided the rural health facilities with delivery tables, oxygen tanks, weighing scales, blood pressure apparatuses and other birthing equipment that were previously absent.

By 2008, the childbirths that were assisted by skilled health professionals in the three towns had risen to 66.7 percent of the total, from 54.0 percent in 2005. Births at rural health facilities reached 34.4 percent of the total, from 19.0 percent in 2005.

“*Maraming naitulong*” — the JICA-assisted program gave a lot of help — said Lino Latugan, an *Ayod* health team leader and village council chief in Alfonso Lista.

A resolution that Lito’s council has passed, “requiring all pregnant women to undergo prenatal checkups, to get family health diaries, and to deliver at the health facility,” has since been adopted as ordinances in the three towns.

The technical cooperation project ends in 2010, and the three towns are preparing their own plans for sustaining the gains it has accomplished.

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Midwives in Alfonso Lista