



## Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services

Newsletter Volume 2, No. 1 September 2013

### MNCHN Manual of Operations Localized in the Cordillera

Aimed at improving the health status of the people in the region, particularly women and children, the “Project for Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services” facilitated the localization of the MNCHN Manual of Operations in CAR.

The MNCHN Manual of Operations in CAR was designed according to national policies and ongoing health systems in the region, allowing the observance of helpful indigenous health practices. The four areas of integration cover the manual’s agreement with the provisions of the Indigenous People’s Rights Act (IPRA), strengthening Barangay Health Stations as Birthing Centers, the Inter-Local Health Zone, and the integration of the Family Health Diary and strengthening the Community Health Team.

The MOP was developed based on results of consultative workshops conducted by the Family Health Cluster of CHD-CAR in all six provinces of the region in August to September 2012.

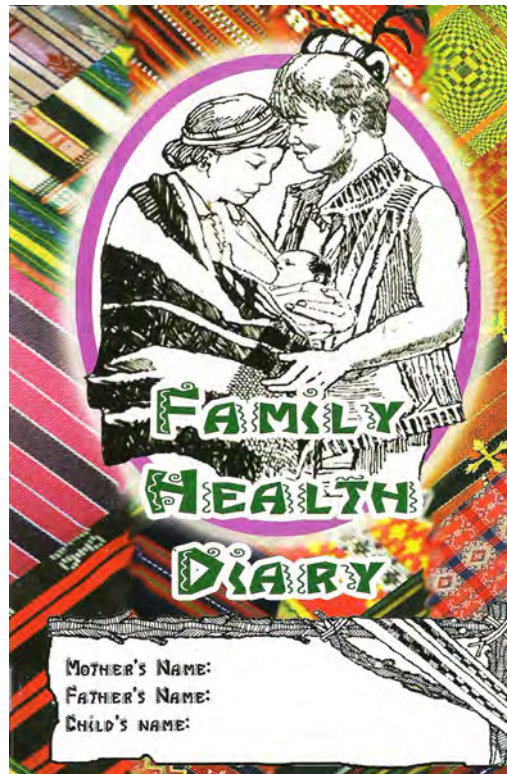
The Training of Trainers (TOT) was held on March 11-15, 2013 to enhance the participants’ knowledge and skills of the objectives and processes of maternal and neonatal death review to improve MCH service delivery. The TOT also guided LGU health workers to implement the Maternal, Newborn and Child Health and Nutrition (MNCHN) strategy in their respective locality; and to capacitate local health managers and workers in providing the core package of MNCHN services. //

### FAMILY HEALTH DIARY: A Tool to Improve Service Delivery for Mothers and Children

By Cristeta M. Turqueza, Nurse III, PHO – Abra

*Ohayo gozaimasu!*. Those were the first two Japanese words I learned on my first day in Japan. Yes, I was very lucky to be given the chance to step on Japanese soil courtesy of JICA. Though it was not really a vacation, I enjoyed the four weeks in the most expensive city to stay in the world.

The training I attended is the “Promotion of the Collaboration of Maternal and Child Health and Welfare Services.” The Japanese system of Health and Welfare Services is very comprehensive so the mothers and children including those with disability are well taken care of. They have all the facilities and, most importantly, their Health Care Insurance has universal coverage.



*The Cordillera Family Health Diary*

One of the most important learnings I acquired during the training is the use and relevance of the Maternal and Child Handbook or the Family Health Diary we use in the Cordillera.

The Family Health Diary (FHD) or the Maternal and Child Handbook (MCH) as mentioned by the author who localized the FHD in the Cordillera has three main purposes. First, it records all the pertinent findings during pregnancy, delivery and post-partum period of the mother, and the growth and development of the child until 6 years old. Secondly, it can be used as a referral tool by any health facility not only among the government facilities but also by any private facilities.

Lastly, the FHD contains all the information regarding pregnancy, childbirth and post-partum which the family members can understand

Turn to Page 4

## Gaining more birthing skills and virtues through the “Harmonized Basic Emergency and Obstetrical Care for Midwives”

by Merly Marzo, BHS Sagpat Proper, Kibungan



Participants attentively listen to the lectures of resource speakers. Notice that even old practicing Midwives were invited to train because they can still serve their community for many more years.

How could we advocate for the millennium development goals and improve the health and well-being of mothers and the unborn? How could we reduce infant and child mortality?

As Midwives, there were times we faced situations of clients with life threatening pregnancy complications and we had to choose between two difficult decisions: shall I do it or shall I let the physicians do it soon after referral? Then we would end up “doing everything” in order to save both lives, because of the far distance of the next referral facility.

As frontline health care providers, we are compelled to face the daunting challenges in the field, such as changing health trends; clients’ poor health seeking behaviors; and hundred thousand footsteps to cross several mountains, creeks and rivers. These challenges double the risks of pregnancy and

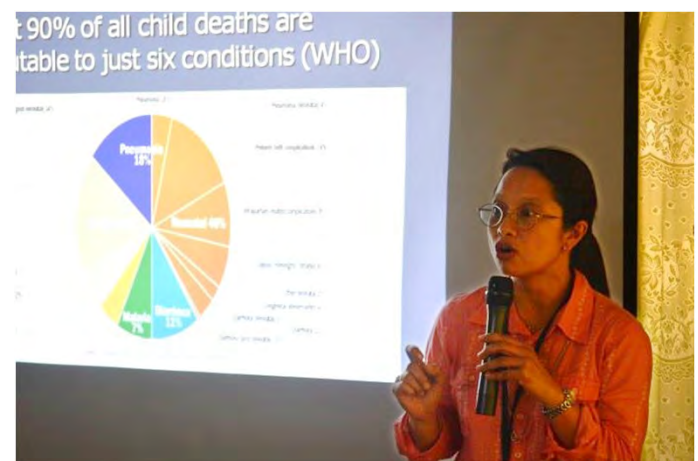


The author inserting an IV into a patient during the training at BGHMC as the other trainees watch.

endanger the life of a woman who may be suffering from complications and facing probable death. Thus the demand for quality health services at our birthing facilities is high.

In light of these changing health situations, the Department of Health-Center for Health Development- Cordillera conducted the first training on the “Harmonized Basic Emergency and Obstetrical Care for Midwives” in cooperation with Local Government Units on July 1-6, 2013 at Baguio General Hospital and Medical Center (BGHMC).

The training was funded by Japan International Cooperation Agency (JICA). The first batch of trainees consisted of 16 Registered Midwives from the municipalities of Kibungan, Kapangan, Mankayan, and Tuba. It was facilitated by the BGHMC Training



Dr. Eleanor Cuarte from the Baguio General Hospital and Medical Center (BGHMC) giving a lecture about newborns to the first trainees of the Harmonized BEmONC for Midwives.

Team composed of Dr. Jessie Diaz, Dr. Filipina Ramos, Dr. Asuncion Ogues, Dr. Eleanor Cuarte, Dr. Ferdinand Gangangan, Ms. Joyce Bayeng, RN, and Ms. Lourdes Suarez, RM.

The six-day training consisted of two and a half days didactic and two and a half days hands-on activities. It focused on skills development in maternal, neonatal and child health care which includes pre-natal care, essential newborn care, suturing of first and second degree perineal lacerations, intravenous insertion and basic obstetric and newborn care.

The training design paved way to our deeper understanding of the do’s and dont’s of giving basic maternal care to our clients without doing them harm. There will be no uncertainties whether to do a step or not in giving quality health services, because we are now more confident and equipped with virtues and skills in attending to the various health needs of our clients at the new birthing facilities.//

## Health workers trained in MNCHN and MNDR to reduce maternal and child deaths

by Dr. Teofanes Ganac, Apayao

Health workers from the seven municipalities of Apayao, namely, Luna, Pudtol, Flora, Calanasan, Kabugao and Conner, attended the roll-out training of the localized Maternal, Neonatal, Child Health and Nutrition Manual (MNCHN) and Manual of Operations on July 3-5, 2013 at North View Hotel, Laoag City, among efforts to reduce maternal and neonatal mortality rates.

The localized Manual of Operations was designed strategically to address the various causes of maternal and neonatal mortality. It identifies the standard package of services provided for each life event, including the necessary provisions a health facility should have, such as, appropriate infrastructure and equipment, adequate and capable staff, adequate logistics and supplies, available source of safe blood supply as well as available transportation and communication systems.

Distinguishing the new Manual of Operations is its cultural sensitivity in delivering maternal and child health services. It recognizes and observes the traditional practices of Indigenous People which are acceptable by medical practice and would not interfere in the overall management of the patient

or client. The health worker would help decide the applicability of indigenous practices in their provision of health services.

During the training the Provincial Maternal Neonatal Death Review (MNDR) Team was organized in preparation for the Maternal Death Review to be conducted in the roll-out seminars in the municipalities. One of the important activities of the seminar, the Maternal Death Review aims to give hospital and RHU staff the experience of conducting MNDR as well as to develop critical thinking and decisions on events surrounding maternal and neonatal deaths.

The MNDR Team of Apayao consists of the Chairperson who is the Provincial Health Officer II, and members composed of the Provincial Health Team Leader/CHD Representative, OB-Gyne, Pediatrician, Representative from the Inter-local Health Zone (ILHZ) and the Technical Secretariat. The Technical Secretariat will be chaired by the Provincial MNCHN Coordinator and supported by the members coming from the 4 ILHZs.

The Manual was approved by the Department of Health for the use of the Cordillera people.//

### Benguet MNCHN and MNDR Roll-Out Training

In Benguet Province the Provincial Health Office held its roll-out training on the MNCHN localized Manual of Operations at the Provincial Health Office Conference Hall on May 28-29, 2013 attended by 57 participants and facilitators.

Acting Leyte Health Officer Dr. Edgardo E. Daya discussed maternal and neonatal death review (MNDR) based on their experience in Leyte Province and Ormoc City, and commented on the MDR and NDR experiences shared by Itogon Hospital Chief Dr. Evelyn Tello of BLIST ILHZ and Dennis Molintas Hospital Chief Dr. Meliarazon Fianza Dulay. Dr. Daya shared the points to raise whenever a case is presented for review, such as what went right, what went wrong, which of the three delays occurred (delay in the decision to seek care, delay in the arrival at health facility, or delay in the provision of adequate care), and what interventions are proposed in the action plan.

The participants committed to create the Provincial and Inter-Local Health Zone MNDR Teams, and to conduct MNDR of all maternal deaths and at least twenty percent



Participants (left) from the PHT, PHO, RHUs, and District Hospitals listen to Dr. Daya (top).

to effectively provide their support to the pregnant woman. In addition the FHD contains essential child care tips for parents in child rearing.

It is indeed a precious belonging of the mother and the child as he/she grows. It contains all the necessary information about them from pregnancy until the baby reaches 6 years old. The developmental milestones of the child are recorded in this book and help health workers or the parents identify any abnormal findings as their baby grows.

Who are responsible in keeping that the FHD serves its purpose? It should both be the parents and the health workers. For the parents, they need to understand the contents of the FHD and all that are recorded on it.

to mothers and children. It ensures the continuity of care from pregnancy to delivery until the child reaches age six.

The mother must always bring with her the FHD whenever she goes with her child for health care. Likewise the health provider should religiously record all the services given and findings made during each visit by the mother and child.

As the Program Coordinator of the MCH program, I look forward to that time when every pregnant woman is given her Family Health Diary and that all private and public health care providers use the same FHD. My concern however is the availability of supply of the Family Health Diary in all the facilities.

There is also the need to enhance the knowledge of the health workers in the use and importance of the Family Health Diary. In the end this document



Parents' Class at the Abra Provincial Hospital where one of the topics is the use of Maternal and Child Handbook or Family Health Diary (FHD).

There is also a space in the book where the parents write their reflections at every stage of pregnancy, which help health workers to address any concerns that may arise. The Family Health Diary is brought home by the mother and should be kept properly to avoid its lose, damage or toyed by the siblings.

The Health workers on the other hand ensure they explain all the entries in the handbook. They should take time to inform the parents about the relevance and all the contents, including the information components of the handbook.

The maximum utilization of the FHD would help the health sector improve the delivery of services

can become a legacy or proof of the parents' love to their child. They can hand the FHD to their child who later on can also become a parent.

Finally, I would like to quote the comment of a Japanese lady when her mother handed her the MCH Handbook. She said, "I think the MCH Handbook is not only a Medical Record but also includes the love of our parents. I felt I am loved through this handbook. When I become pregnant, I would like to make my MCH Handbook nice as a treasure for my child." The challenge is ahead of us; let us start in small things and together we can make a big difference!//



JICA - SSC Office, 3rd floor  
Regional Training Center,  
CHD-CAR, BGHMC Compound,  
Baguio City  
Telefax: (074) 422-0239