



MACHI HEALTH NEWS

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From the Director's Desk

Greetings!

By: Dr. Jaime S. Bernadas, Director IV, DOH-CHD for Eastern Visayas



Foremost, I would like to express my sincerest thanks to our developmental partner JICA headed by Chief Advisor Ms. Satoko Ishiga and to all the people involved in Strengthening Maternal and Child Health Services in Eastern Visayas. Next month, June, marks the 2nd year since the launching of this project and likewise the start of the 2 year countdown of the end of project period in June 2014.

Even prior to my assumption as Regional Director of CHD Eastern Visayas on March 5, 2012, I have often heard of this project implemented in Ormoc City and the Province of Leyte, hence, I got interested in the project's comprehensive approach and the building of impressive cooperative structure to meet the goal of reducing child mortality and improving maternal health by 2015.

During the progress review of the project held on April 10-27, 2012, a review team conducted interviews and consultations or questionnaire with the persons involved and the project was assessed based on the perspective of relevance, effectiveness, efficiency, impact and sustainability. As a result of the continuous effort, the review team evaluated and rated the projects' overall performance as "very satisfactory". I am glad and so proud of this achievement and I sincerely congratulate the team and the people behind this success especially Director Edgardo M. Gonzaga and Ms. Nobuko Yamagishi, Health Programme Coordinator, JICA Philippine Office, who accomplished great achievement to the project before their transfer. I really feel a strong sense of responsibility and find great satisfaction to promote this project together with JICA-SMACHS-EV Project Team.

I believe with much confidence that with our continued concerted effort, the project would reap more significant achievements in saving lives of pregnant women and new born babies in Eastern Visayas.

Once again, my heartfelt thanks and congratulations!

Song for Health from Leyte

Sa Health Center, Sigurado ka!



On March 20, 2012, the national jingle for safe motherhood program “Sa Health Center, Suportado Ka!” was officially launched and released to promote health of pregnant women and newborns in the presence of no less than one of the icons of OPM, Ms. Kuh Ledesma and her daughter Isabella, who sung the jingle, and the DOH Assistant Secretary together with the DOH Regional Directors from the different regions of the Philippines. Being the ONE who initiated this national movement of health promotion for Nanays and babies, SMACHS-EV Project and Eastern Visayas are honored to be part of the launching!

The Project initially started health promotion activities to strengthen the work of Community Health Teams (CHT) to increase awareness and utilization of MCH services at health centers by communities. The production of the jingle came from the idea to disseminate the message to the community in the most simple and familiar way. Being aware that most Filipinos love and enjoy music, that music is firmly embedded in the culture of the Philippines, (our region is no exception), and that there are many talented local musicians working in Eastern Visayas to promote local culture and identity through music, the Project teamed up with these local artists to raise awareness of the community with a simple but clear message of the song: *“Let’s go to health center for safe delivery, healthy baby and happy family”*. The song uses familiar tune and was made in such a way that anyone, including small children, can sing easily.

The Project’s original song titled “Sa Health Center, Sigurado ka!”, was developed by the team of DOH-CHD8, Provincial Health Office of Leyte and City Health Office of Ormoc, together with local musicians, Mr. Richard Bugho & Ms. Jhekie Cinco as composers, Mr. Jairus Campo for musical arrangement, and Ms. Rizza Makabenta, a well-known local singer in Tacloban. The Team’s efforts and exemplary product were quickly acknowledged by the DOH– Central Office and



JICA-Philippines, which eventually led to this national movement of health promotion through music. During the national media launching of the song, DOH Assistant Secretary Enrique Tayag, Kuh Ledesma and all other participants from central to regional levels acknowledged the Eastern Visayas team composed of CHD8 Director and staff, Provincial Health Office of Leyte and staff, City Health Office of Ormoc City and staff, JICA SMACHS-EV Project Team and the people behind the original version. The national and regional versions of the jingle are now aired over the radios in the country.

Lastly, JICA SMACHS-EV is seeking the support from its partners for the continued patronage to disseminate the jingle even more. The rendition by Kuh Ledesma and her daughter Isabella, makes the jingle more popular and the message more acceptable at a national scale! With this, it is hoped that many mothers and families will continue to be motivated to access the services of health centers throughout the country through the power of music!





Check out or download the music!



Jingle “Sa Health Center, Sigurado Ka” (Original version)

**Sa sandaling malaman mong ika’y buntis
Sa Health Center, magpacheck-up agad
At gawing regular apat na beses bago manganak
Para komplikasyon ay maiwasan**

Chorus:

**Sa Health Center
Panganganak mo’y sigurado
Ika’y ligtas at protektado**

**Pagkatapos mong manganak
Sa Health Center, bumisita ulit
Para makaseguro at mapanatili
Ang kalusugan mo at ni baby**

Chorus:

**Sa Health Center
Panganganak mo’y sigurado
Buong pamilya’y protektado**

**Kaya laging tandaan
Sa Health Center, sigurado ka**

In Health Center, You’re secured (English Translation “Sa Health Center, Sigurado Ka”)

**The moment you know that your pregnant
Have a prenatal check up right away at the
health center
And make this regular, four times before child-
birth
To prevent complications**

Chorus:

**In Health Center
Your childbirth is secure
You will be safe and protected**

**After giving birth
In the Health Center visit again
To ensure and maintain
Your health and that of the baby**

Chorus:

**In Health Center
Your childbirth is secure
Family will be protected**

**Always remember
In Health Center, you’re secured**

Eastern Visayas Version “Sa Health Center, Sigurado ka!”

<http://www.youtube.com/watch?v=PLIZ7hktNvw>

National Version “Sa Health Center, Suportado ka!”

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

Capacity Enhancement on Maternal and Neonatal Care for Midwives

'Capacity Enhancement on Maternal and Newborn Care for Midwives' is a training program as a result of collaboration and a lengthy negotiation between EVRMC, DOH-CHD8, POGS (Philippine Obstetrical and Gynecological Society) and the Project. It aims to update the knowledge and skills of midwives assigned at the Barrangay Health Station (BHS) under the RHU/DHCs covered by the Project.

These midwives are the front-line workers, linking the community and the health services. They are the ones to whom the women come to ask advice and prenatal check-ups, they encourage and assist facility delivery, and provide the follow-ups for the mother and her baby once they return home. So it is crucial these midwives to have knowledge and skills to do so. The training is also aligned with BEmONC approach so that these midwives and other BEmONC trained staff at RHU can work as team in providing quality care.



Ninety-two (92) midwives from Leyte and Ormoc were trained from Jan 16th to May 6th and 25 more midwives are going to be trained by end of May 2012 at EVRMC. It is hoped that this training will help facilitate the delivery of quality care to the mothers and babies in the target areas, increase the community's trust to the services provided at the BHS and RHU/DHCs, and eventually contribute to the country's efforts at meeting the MDGs 4 and 5 in lowering maternal and neonatal deaths. The Project with CHD8, PHO/CHO will follow them up at their work-sites.

'Daghan Salamat po!' to the excellent facilitators at EVRMC headed by Dr. Loreta Rama, Training Unit Chief. No doubt, the Training Team strived hard to make the training better batch after batch. Without them, this training could have been next to impossible. The Project is likewise very grateful for the generous collaboration extended by Dr Fe Merin, POGS Regional Director Chapter 8. Her MDG lectures contextualized the training and motivated the midwives to learn.



Training officer's comment;

Dr. Loreta Yu-Rama MS III, Training Unit Chief, EVRMC



The training module is developed based on the POGS MDG countdown program for midwives with some extra contents to align the training contents with the latest DOH guidelines on maternal and Newborn care and BEmONC training for the RHU/DHC staff. The emphasis placed by the Project includes strengthening the capacity of midwives in recognizing the abnormality so that they can make timely referral, enhancing their skills in dealing with normal deliveries and lifesaving skills, and emphasizing on uniform understanding on BEmONC approach and the use of BEmONC clinical record forms.

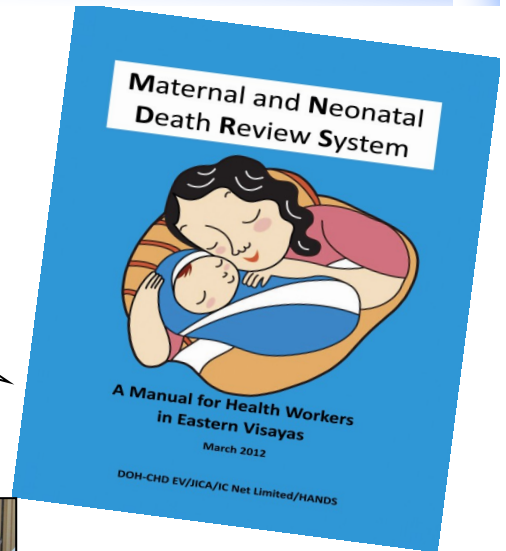
The trainees were interested to learn the proper technique and the skills of I.V. Insertion, suturing and Internal Examination, for them to be able to provide the appropriate services in their area of assignment. The series of training also gave us the opportunity to improve our training report and data analysis of our training program. To make the training successful, proper selection of participants and case load tracking during the practicum were essential and were to be taken into consideration.

Lastly, let me express my heartfelt appreciation to JICA for your assistance. The donation of JICA of training/medical equipments supported us a lot to expand our capacity as a training center and also helped creating safer environment for pregnant mothers and new born babies.



Maternal and Neonatal Death Review...

We have to learn a lot from the maternal and neonatal deaths to reduce any avoidable deaths in the future.



The Project trained about 200 health workers on BEmONC to improve the quality of health services. Also, more than 3,000 trained CHTs promote to mothers the use of local health facilities to avail of its services. Still, maternal and neonatal deaths continue to affect families. Hence, health workers have to learn better interventions from the tragic maternal and neonatal deaths by conducting quality Maternal and Neonatal Death Review to reduce occurrence of deaths.

In March, 2012, 250 health workers were trained on standardized Maternal and Neonatal Death Review. In the same manner, Regional Maternal and Neonatal Death Review Manual was developed and 1,500 copies will be distributed. This manual 1: generates accurate and timely maternal and neonatal mortality data, 2: identifies major medical and non-medical causes of maternal and neonatal mortality, 3: formulates appropriate interventions to address these causes, and 4: institutes improvements in the health delivery system.



< Trained Number >

Leyte	Doctors, Nurses of RHU, Provincial/ District /Community / Municipal hospital , Midwives of BHS	192
Ormoc	Doctors, Nurses of District hospitals Midwives of BHS, Doctor and midwives of private clinic	58

Dr. Navales(CHO I, Ormoc City) expressed her enthusiasm during the Joint Coordination Meeting that "MNDR training is very useful for doctors and nurses to really track maternal and neonatal death and to plan appropriate interventions to address issues and concerns related to the death". In Ormoc, in addition to DOHstaff, midwives and nurses from 3 private clinics joined the training.

Leyte Province and Ormoc City will soon become the 1st province and city to conduct Neonatal Death Review in Philippines.

Let us work hard to improve timely report and quality of database and intervention through MNDR.



Maternal, Newborn, Child Health and Nutrition Strategy

From Department of Health

UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH SERVICES IS KEY TOWARDS REDUCING MATERNAL MORTALITY

By Zenaida Dy Recidoro RN MPH, Chief Health Program Officer,
DOH National Center for Disease Prevention and Control, Family Health Office



High maternal mortality ratio. . . increasing newborn deaths particularly on the first week after birth . . . unmet need for reproductive health services . . . various systemic gaps in implementing technical interventions to address these problems . . . are some of the reasons for DOH's Universal Health Care (UHC). The DOH's UHC thrust is aimed at making pregnancy and childbirth safer and sought to change fundamental societal dynamics that influence decision making on matters related to pregnancy and childbirth, while it tries to bring quality emergency obstetrics and newborn care to facilities nearest to homes. This move ensures that those most in need of quality health care by and from competent doctors, nurses and midwives have easy access to such care.

7 Filipino women are said to die every 24 hours from pregnancy-related causes
(based on 2006 NSO survey result: 162 / 100, 000 live births).

Roughly 71 newborn deaths per day
(2008 National Demographic Health Survey: 17/1,000 live births).

Strategic Changes in the Design of Maternal and Newborn Services

Integration maximizes synergies , Horizontal integration & vertical integration, among key services:

- 1) Horizontal Integration: Delivering the following services at the same time to the same client. Maternal care, family planning, control of sexually transmitted infections, adolescent and youth health (MC, FP, STI, AYH)
- 2) Vertical integration: Ensuring a continuum of care across levels of the referral system
- 3) Full support systems by DOH: Drug and contraceptive security, safe blood supply, stakeholder behavior change, sustainable financing for an effective and sustainable implementation of the MNCHN service delivery package.

Local Health Systems Development

LGU agrees to undertake specific changes in the existing local health service delivery system. The foundation of the delivery system consists of LGUs organizing and deploying teams of health care workers that are provided with skills and resources and are based in strategically located, strengthened facilities. The service delivery teams consist of Community Health Teams and facility based teams.

Hospital Reforms

DOH works towards local level sustainability through cost recovery, revenue retention and effective financial management in LGU facilities. Costs may be recovered from user fees, claims reimbursed from PhilHealth and revenue sharing across LGUs. Part of the revenues is to be devoted to building a revolving fund for RH commodities and services.

Thus UHC enhances the capacity of DOH to create an environment conducive to enabling LGUs to manage and sustain local delivery of MNCHN services and to provide them the capacity to do so!!

This assures every child a mother...

Every newborn quality life.

Activities 2012.1-2012.5

16th January, 2012- 27th May, 2012	Capacity Enhancement on Maternal and Neonatal Care for Midwives
6 th March, 2012- 30th March, 2012	Maternal and Neonatal Death Review Training
20th March, 2012	A National Radio Jingle Launching
10th April, 2012 - 26th April 2012	Mid Term Review
25th April, 2012	4th Joint Coordinating Committee Meeting/ 4th Regional Management Meeting
16th May, 2012	Dissemination Forum
17th May,2012	Study tour of ILHZ
23rd May, 2012	4th Ormoc City Executive Committee (ExeCom) Meeting
29th May, 2012	4th Provincial Executive Committee(ExeCom) Meeting

What is “SMACHS-EV” ...?

Strengthening **M**aternal **A**nd **C**hild **H**ealth **S**ervices in **E**astern **V**isayas or **SMACHS-EV** is an initiative of the Philip-pine government through the Department of Health – Center for Health Development Eastern Visayas (DOH-CHD EV) with funding and technical support from JICA to reduce mater-nal and neonatal mortality in Eastern Visayas.

What is “MACHI” ...?

The title of our newsletter “MACHI” has many different meanings.

- It's a way of greeting friends in India.
- It's also used to address a close friend.
- It means “Town” in Japansese

BUT for this newsletter, it means **MA**-ternal and **CHI**-ld Health!!