



Maternal & Child Health Project

JICA
DOH
Ifugao and Biliran Provincial Government

ANNUAL REPORT
2006

Contents

Foreword	1
Message	3
Acknowledgements	5
Acronyms	7
Project Profile	9
Introduction	9
The Project	10
Project Management	
Activities and Accomplishments	
Next Steps...	
Publications	
Project Staff	

Foreword

Greetings of Peace and Love!

We are now in this momentous age of pushing for a healthy society by advancing gender equity and equality across the nation. One important step towards realizing this goal of having gender-responsive and healthy communities is through recognizing women's rights, particularly their reproductive health rights. We must be aware of women's equal role in the development of the Filipino society.

The Department of Health is a major advocate in this campaign to advance the welfare and rights of women. Accordingly, it has established the Women's Health and Safe Motherhood Program which addresses their health needs.

To further realize its aims, the DOH, in partnership with the Japan International Cooperation Agency, has created the Maternal and Child Health (MCH) Project. This project has been designed to achieve the Millenium Development Goal of reducing maternal and child mortality, specifically in its two selected target areas, namely the Provinces of Ifugao and Biliran.

The Project has recently completed its first year of implementation. However, the efforts of carrying out the project's long-term goal do not end here. Four more years of the project life shall be committed in supporting various communities in attaining a healthy and responsive environment for its mothers and children, including strengthening the capacity of health workers in providing quality maternal and newborn services.

This First Annual Project Report will present the initial accomplishments of the MCH Project which started its implementation in March of 2006. We expect that through its publication, we would be able to appreciate and realize the gains that the project has attained and identify the gaps that have yet to be resolved in terms of health service delivery.

In closing, we also hope that through this Project, we would be able to raise the awareness of the community members, especially the local chief executives, regarding the importance of establishing and maintaining a collective commitment in addressing and managing the maternal and child health of the country.

In the service of the Filipino nation,

Ethelyn P. Nieto, *MD, MPH, MHA, CESO III*

Message

The Japan-Philippines relation is both long-standing and strong. Cooperation between our two countries is close, particularly in the area of development. Since the 1960s, Japan International Cooperation Agency (JICA) has been providing aid to Filipinos and still growing in the recent years.

In 2005, the Japanese Government adopted the Millennium Development Declaration and committed to support in achieving the Philippine goal which emphasizes the core principle of “human security”. One of these supports is the maternal and child health project, which is developed in consultations between the two countries. This project is aimed at reducing maternal mortality and infant death in the Philippines.

I am certain that the goodwill engendered through the continuing development partnership will remain an important part of Japan-Philippine relationship.

As this report reflects, we are pleased to share all the activities and accomplishments of the project which were and still are being implemented in the provinces of Ifugao (CAR) and Biliran (Region VIII). Most of these were initiatives by our implementer, the rural health managers, which are essential in improving the service delivery for pregnant women and newborns.

Moreover, many real challenges must still be overcome. But they are not insurmountable. With 3 more years available for this project, a surge of political will and a groundswell of public demand for quality health service, the project objectives can play a critical role in focusing attention to the communities.

Acknowledgements

To the health care workers from the communities, to health facility-based workers, as well as the other institutions and individuals who passionately offer their full commitment to further improve, protect and promote the health of Filipino women and children.

Acronyms

AMADHS	Aguinaldo, Mayoyao Alfonso Lista District Health System
BEmOC	Basic Emergency Obstetric Care
BHS	Barangay Health Station
CAR	Cordillera Administrative Region
CHD	Center for Health Development
CMMNC	Community-Managed Maternal and Newborn Care
DOH	Department of Health
EC	Executive Committee
EmOC	Emergency Obstetric Care
F1	FourMula One
ILHZ	Inter-Local Health Zone
IMR	Infant Mortality Rate
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
MCH	Maternal and Child Health
MCP	Maternity Care Package
MDGs	Millennium Development Goals
MDR	Maternal Death Review
MMR	Maternal Mortality Ratio
NCDPC	National Center for Disease Prevention and Control
PDM	Project Design Matrix
PHIC	Philippine Health Insurance Corporation
PHIS	Philippine Health Information System
PHO	Provincial Health Office
RHU	Rural Health Unit
SBA	Skilled Birth Attendant
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TWG	Technical Working Group
UNICEF	United Nations Children
UNFPA	United Nations Population Fund
WHT	Women's Health Team

Project Profile

INTRODUCTION

Since the 1970's, Japan's Official Development Assistance (ODA), through the Japan International Cooperation Agency (JICA), has been supporting the persistent need to improve the quality of services on Maternal and Child Health in reducing the maternal and child mortality in the Philippines.

The basic policy in providing Grant Aid or Technical Assistance for the Philippine Health Sector focused on "human security". For the past years, assistance for priority health issues has been carried out selectively with emphasis on the following;

1. Maternal and Child Health Programs
2. Infectious Diseases Control (improving program of Tuberculosis and Malaria control, improving Lab facilities for prevention of HIV/AIDS and other STIs, improving program of Schistosomiasis control, emergency countermeasures against SARS and other emerging infectious diseases, strengthening research functions for infectious diseases).
3. Local Health System Strengthening
4. Life-style Related Diseases

The Japanese Government's commitment to the Maternal and Child Health has started since 1967 through the following project-type technical cooperation; Poliomyelitis control (1967-1974), Family Planning (1974-1989), Maternal and Child Health and Family planning (1992 – 2002). Other assistance provided were grant aid project for measles control (2002) and UNFPA multi-bi cooperation's medical equipment supply in 1996-2003.

The Department of Health initiated the Maternal and Child Health Project (2006-2010) following the recommendations from the Project Formulation Study in the Health Sector conducted last September 2004. This is envisioned to support the Philippine Millennium Development Goals (MDGs) target to reduce the rate of maternal deaths and decrease the mortality ratio among children. Achieving these MDGs will only be realistic through the political will of the national and local governments, the commitment of health workers, and the concerted action of people in the communities, non-government organizations and development partners.

On March 16, 2006, an agreement has been signed between the Department of Health and JICA for technical assistance for the MCH Project of Ifugao and Biliran Province.

This Project's first annual report covers the period of March 2006 to March 2007. The first year's accomplishments will highlight several preliminary activities which signal the commencement of the project as well as the initiatives of Biliran and Ifugao Provinces in strengthening their Maternal and Child Health Programs.

Project Profile

THE PROJECT

BACKGROUND

Pregnancy and childbirth-related complications are the leading causes of death and disability among women of reproductive age. According to the UNFPA, the estimated Maternal Mortality Ratio in the Philippines as of 2006 is 200 per 10,000 live births. Furthermore, around 17 out of 1,000 babies die within their first 28 days of life. These are mostly due to the same factors that cause the death and disability of their mothers and due to the lack of appropriate newborn care.

The maternal and child health services in many rural areas like the provinces of Ifugao (CAR) and Biliran (Region VIII) have limited reach and low uptake. From 2003 to 2005, the DOH report shows that Ifugao has a consistently increasing pattern from 28 in 2003 to 53 in 2005 per 100,000 childbirths. Likewise, Biliran Province has reported an increasing trend in MMR from 200 to 289 per 100,000 childbirths from 2003 to 2005.

PROJECT DESIGN MATRIX (PDM)

In response to the above conditions, the project aims to achieve the following as discussed and agreed upon by the DOH, the Center for Health Development (CHD), the Provincial Government, Provincial Health Office (PHO) of the target areas and other development project partners, in accordance with the Project Design Matrix (PDM).

1. Project Overall Goal

Maternal Mortality Ratio and Infant Mortality Rate in the target areas consisting of Ifugao Province and Biliran Province are reduced within the framework of National Goal of Improving Women and Child Health.

2. Project Purpose

Safe Motherhood and newborn care services to women of reproductive age in the target areas are strengthened through the approaches taken and lessons learned in the project which will contribute to the implementation of the above framework.

PROJECT EXPECTED OUTPUTS

1. Emergency Obstetric Care (EmOC) service delivery is strengthened
2. MCH Service Delivery System is enhanced at the primary health level
3. Management to Support SBA (Skilled Birth Attendants) is improved
4. System for supporting pregnant mothers and newborns in the community is enhanced
5. Feedback on lessons learned from the Project is reflected in the national policy implementation

ACTIVITIES

For each output, planned activities are as follows:

1. EmOC (Emergency Obstetric Care) service delivery is strengthened.
 - 1.1 Assist in strengthening the EmOC system by updating or reproducing standard manual, improving training equipment and conducting training of trainers.
 - 1.2 Organize teams towards strengthening health care at various levels of BEmOC (Basic Emergency Obstetric Care).
2. MCH Service Delivery system is enhanced at primary health level.
 - 2.1 Improve capacities of training to conduct MCH related trainings.
 - 2.2 Conduct CMMNC (Community Managed Maternal and Newborn Care) training.
 - 2.3 Fulfill the requirement for the PhilHealth Maternal and Child Package.
3. Management to support SBA (Skilled Birth Attendants) is improved.
 - 3.1 Implement monitoring and supportive supervision for SBA.
 - 3.2 Review complicated pregnancy and delivery cases among groups of SBA.
4. System for supporting pregnant mothers and newborns is enhanced at the community level.
 - 4.1 Advocate community-based supporting system for emergency
 - 4.2 Organize and train Women's Health Team towards strengthening health care at the community level.
5. Feedback on lessons learned from the Project is reflected in the national policy implementation.
 - 5.1 Participate in discussion and implementation of policies related to maternal and child health with special focus on EmOC by the DOH-MCH Task Force consisting of cooperation partners.
 - 5.2 Participate in developing monitoring and supervision system of MCH
 - 5.3 Implement TOT (Training of Trainers) of CMMNC (Community Managed Maternal and Newborn Care).
 - 5.4 Disseminate the MCH education materials with other cooperation partners.

PROJECT AREAS



Province of Ifugao



Province of Ifugao

Project Profile

PROJECT MANAGEMENT

As agreed upon between the JICA and the DOH, the Joint Coordination Committee (JCC) at the Central Level and the Provincial Executive Committee (Provincial EC) and Technical Working Group (TWG) have been delegated to manage the MCH Project. Meanwhile, discussions are still ongoing as regards to the final composition of the JCC.

PROVINCIAL EXECUTIVE COMMITTEE

The Provincial Governor provides the managerial and technical needs of the project and is assisted by their respective Provincial Health Officer/Chairperson of the Inter-Local Health Zone.

PROVINCIAL EXECUTIVE COMMITTEE:

Chairperson: Governor

Members:

- Vice Governor
- Provincial Health Officer
- Chairperson of the Inter-Local Health Zone
- Sanggunian 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 PSWDO, PPDO
- JICA-MCH Chief Advisor, Experts, Assistant Project Manager
- Representative from JICA Philippine Office
- Others stakeholders

Provincial Technical Working Group (Ifugao Province)

Chairpersons: Chief of PHO Technical Department

Members:

- Municipal Health Officers of Project Sites
- Sanggunian Bayan for Health of Project Sites
- Chief of Hospital
- Representative from Philippine Health Insurance Corporation
- Provincial Planning & Development Officer
- Provincial Social Welfare and Development Officer
- DOH Representatives
- JICA-MCH Chief Advisor, Experts, Assistant Project Manager
- Others stakeholders

Provincial Technical Working Group (Biliran Province)

Chairpersons: Provincial Health Officer

Members: Chief of PHO Technical Department
Provincial MCH Coordinator
Provincial FP Coordinator
Municipal Health Officers of Project Sites
Chief of Hospital
Representative from Philippine Health Insurance Corporation
CHD Representatives
JICA-MCH Chief Advisor, Experts, Assistant Project Manager
Others stakeholders

The Project Chief Advisor will provide necessary recommendations on any matter pertaining to the implementation of the project and will be assisted by the JICA-dispatched Assistant Project Manager for the two project sites.

Project Profile

ACTIVITIES AND ACCOMPLISHMENTS

1. CONVENE 1ST CENTRAL PROJECT PREPARATORY COMMITTEE MEETING

The meeting was held on December 20, 2005 at the DOH, National Center for Disease Prevention and Control (NCDPC) Conference Room with the following participants of: NCDPC Director, Bureau Chief, NCDPC, Staff of the Family Health Office, NCDPC, Bureau of International Health Cooperation Administrative Staff, Biliran Provincial Governor, Representative from the Ifugao Provincial Health Office, JICA-MCH Chief Advisor

Discussions on the PDM were made. It has been agreed upon that on the first quarter of the project year, technical assistance will be provided for the baseline survey (i.e. situation analysis through quantitative and qualitative surveys), as well as for the administration of various trainings and provisions of medical equipment, supervision vehicles and ambulances for RHUs and district hospitals in the project areas.

2. SIGNING OF THE RD BETWEEN JICA AND THE DOH ON THE PROJECT IMPLEMENTATION

On January 10, 2006, the Record of Discussion was signed by the DOH and JICA as represented by Secretary Francisco T. Duque III and Mr. Shozo Matsuura, respectively (*see Annex 1*).



(PHOTO 3)

3. PROVINCIAL EC AND TWGS (PHOTO 4)

A total of two (2) Provincial Executive Committee (EC) Meetings and four (4) Technical Working Group (TWG) meetings were conducted in each project sites. Succeeding meetings in each project sites focused the agenda on the following, including the agreements on JICA and Provincial Government responsibilities:



(PHOTO 4)

While efforts have been done and directed towards ensuring coverage of delivery, antenatal and postnatal care, less attention is paid to the quality of care provided. This was due to the lack of skills and updated knowledge on new technology to the respond the needs of pregnant women and newborns especially in managing complicated pregnancies and post-partum care. It also resulted in the under-utilization of facilities.

- Formulation of activities on improving Maternal and Child Health service delivery to be undertaken;
- Assist on the finalization of Provincial Health Operational Plan;
- Promotion of accreditation for Philippine Health Insurance Corporation for Maternity Care Package (MCP);
- Identification of stakeholders to support MCH-related Programs;
- Revisiting of the Provincial Health Referral System;
- Identification and promotion of strategies on implementing full facility-based delivery;
- Technical assistance on creating community-based support group such as Women's Health Team (WHT).

4. BASIC EMERGENCY OBSTETRIC CARE TRAINING (BEMOC)

Responding to the needs to improve the Provincial Health Systems of Obstetric Care, the training on Basic Emergency Obstetric Care (BEmOC) for Skilled Birth Attendants has been implemented. Its objective is to enhance the knowledge and skills of 37 Skilled Birth Attendants (SBA) such as rural doctors, nurses and midwives (12 from Ifugao and 25 from Biliran) as well as to advance their capacity in providing quality service delivery to pregnant women and newborns. Consequently, the participants were expected to perform technical skills to identify the facility based delivery.



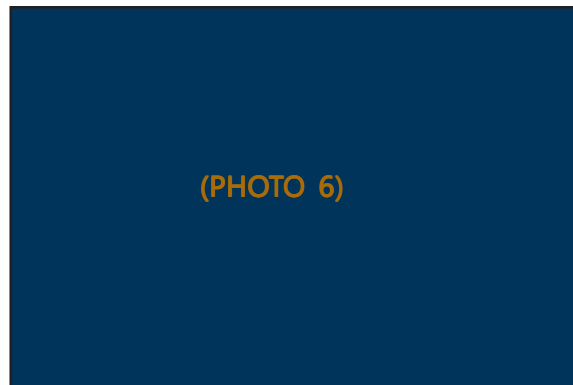
Trainings for Ifugao were conducted at the Dr. Jose Fabella Memorial Hospital in Manila on September 25 to October 5, 2006, and for Biliran Province, at the St. Anthony Mother and Child Hospital on October 16-26, 2006

A combination of didactic and practicum methods were used during the 11-day training. Inputs of the training include:

- Overview of BEmOC Course;
- Principles of Good Care;
- Quick Check and RAM Sessions 1-2;
- Antenatal Care (S1-4);
- Labor Delivery and Postpartum (S1-4);
- Perineal Anatomy, Lacerations, and Repair;
- Suturing of Perineal Laceration;
- Newborn Care (S1-3) (Exam of Newborn at Delivery);
- Postpartum Care (S1-4);
- Neonatal Resuscitation
- Use of Partograph

5. MATERNAL DEATH REVIEW (MDR)

Due to high Maternal Death occurring in each area (5 in Ifugao and 10 in Biliran in the year 2006), the JICA-MCH Project supported the strategy of the MDR of each PHO. This is to evaluate each case of the MDR from the view of supporting and accelerating the existing mechanism to prevent the rising number of maternal deaths. Specifically, the activity aims to explore the following areas:



- Conduct an in-depth review of each maternal death that occurred in each province from January 2006 to January 2007;
- Identify the main causes of maternal death;
- Determine the contributing factors of the death;
- Propose possible strategies to prevent maternal deaths; and
- Identify possible gaps in reporting and identifying maternal deaths
- Importance of timely reporting

Biliran

The Maternal Death Review discussion in Biliran Province was held on September 28-29, 2006. Some of the participants were representatives from the PHO, CHD, the Biliran Provincial Hospital and the Rural Health Midwives.

Highlights of the meeting include talks on the compositions of both the Provincial and Municipal MDR Teams. The Teams were given an orientation on the MDR, review of the DOH-adopted Forms used for MDR, Mortality and Morbidity Review in the context of the Eastern Visayas Regional Medical Experience, and a workshop on Managing the MDR.

Ifugao

A round of discussion on the MDR for Ifugao Province was held on October 16-19, 2006. The discussion was attended by the MHOs, Public Health Nurses, Rural health Midwives, the PHO, CHD and other local government unit representatives. This activity was launched in cooperation with the UNFPA.

A presentation and analysis of the 4 Maternal Death Cases from 4 Municipalities' was made. The group also had a Review of the 3-Delay Model in relation to the causes of maternal deaths. The participants were also given an overview of the BEMOC, a review of the MDR Guidelines regarding the formation of the MDR Teams at the provincial and municipal level.

6. INFORMATION MANAGEMENT SYSTEM (IMS) TRAINING FOR BILIRAN PROVINCE

The IMS training was held on September 25-27, 2006. Participants in the training were 16 SBAs from 8 RHUs. The objective of the activity is to further enable the health managers to appreciate, as well as encourage them to participate and begin maximizing their available data so as to serve their health information needs through the Philippine Health Information System (PHIS).



(PHOTO 7)

The PHIS is an information system promoted by the Bureau of Local Health Development of the DOH for the purpose of providing means of exchanging local health information. This would be useful in supporting the management or decision-making in the various local health programs and initiatives to advocate the information needs of the FOURmula One approach.

7. DEVELOPMENT OF TRAINER'S GUIDEBOOK FOR THE COMMUNITY MANAGED MATERNAL AND NEWBORN CARE (CMMNC) (SEE PUBLICATIONS)

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

8. TRAINING OF TRAINERS (TOT) ON CMMNC

The MCH Project supported to implement the TOT on CMMNC to support the capacity building of trainers of 2 participants from 17 CHDs and 3 participants from 19 FourMula One sites. The Project also prepared TOT kits (each kit contains one copy of the *CMMNC: A Guide for Primary Health Care Professionals*, one copy of *CMMNC: A Trainer's Guide*, a set of Overhead Projector (OHP) sheets and a CD presentation for the lectures). The DOH agreed to roll out trainings for the remaining 40 provinces. Each trainer has formulated a roll-out training plan for their respective SBAs at the local level. The trainings are aimed to strengthen the capacity of the SBAs and the local health units in managing and improving the health service delivery for pregnant mothers and newborns. This strategy has been adopted nationwide.



(PHOTO 8)

Below are details of training outputs supported by various funding agencies. A total of 184 participants were trained through a series of 4-day live-out trainings.

Date	Batch and Venue	Total	Provinces Supported by Agency			
			JICA (+all the CHDS)	UNFPA	UNICEF	Plan Phil.
Nov. 6-9, 2006	Luzon Batch: held in Baguio	70	(9) Ifugao, Mt. Province, Nueva Vizcaya, Pangasinan, Romblon, Sorsogon, Benguet, Ilocos Norte, Oriental Mindoro	(1) Olongapo	(7) Isabela, Aurora, Camarines Norte, Quezon City, Pasay, Manila, Masbate	(1) Occidental Mindoro
Nov. 12-17	Visayas Batch: held in Cebu	49	(5) Biliran, Capiz, Eastern Samar, Southern Leyte, Negros Oriental	(1) Bohol	(4) Antique, Guimaras, Cebu, Northern Samar	(1) Western Samar
Nov. 20-23	Mindanao Batch: held in Davao	65	(5) Agusan del Sur, Misamis Occidental, North Cotabato, South Cotabato, Surigao	(4) Sultan Kudarat, Maguindanao, Sulu, Tawi-tawi, Lanao del Sur	(4) Zamboanga Sur, Bukidnon, Sarangani, Davao	

9. FACILITY MAPPING FOR MATERNAL AND CHILD PACKAGE ACCREDITATION OF PHILHEALTH

The JICA-MCH Project, the PHO and a local PhilHealth Representative conducted a field visit in Biliran Province to determine the situation and requirements needed for the PhilHealth Accreditation for the MCP.

Below are the findings and standard medical equipment supported by the project.

Requirements and Provincial Status	Remarks
<ul style="list-style-type: none"> MCP Center has not yet been identified; MHO and Midwife should apply for accreditation from PhilHealth as service providers; No basic equipment for MCP available yet 	<ul style="list-style-type: none"> Mayors and MHOs signified their commitment, part of the health center will be renovated by the LGUs for the MCP Center. The service provider will file the application for accreditation
<ul style="list-style-type: none"> Comply basic equipment for MCP; No accredited service provider from PhilHealth 	<ul style="list-style-type: none"> Application for accreditation will be filed within August 2006
<ul style="list-style-type: none"> No area for leaning / resuscitation of newborn; Comply basic equipment for MCP 	<ul style="list-style-type: none"> RHU will utilize the PHN room as MCP where facilities needed for MCP is available. Application for accreditation as service provider will be filed.
<ul style="list-style-type: none"> Comply basic equipment for MCP; No electric connection 	<ul style="list-style-type: none"> Application for MCP accreditation will be filed as soon as all equipment are available

At the end of fiscal year, the following RHUs of Biliran Province were accredited by PhilHealth:

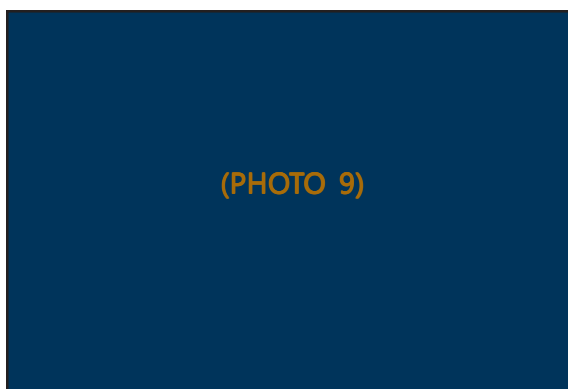
1. Almeria - approved in August 19, 2006
2. Cabucgayan - approved in January 19, 2007
3. Biliran, Kawayan - approved in March 15, 2007

As of March 30, 2007, the following equipment was supplied by the JICA-MCH Project to further strengthen the capacity of each RHU to get MCP Accreditation: (put annex copy of new paper of manila bulutain)

Biliran		Ifugao
Item		Items provided to RHUs and District Hospitals
Electric Generator	2 RHU	Medical equipment, ambulances and 2 monitoring vehicles for 3 District Hospitals and 3 RHUs BP Apparatus Baumometer, Nebulizer Compact, Infant Weighing Scale, Weighing Scale for Adult, Littman Adult Stethoscope, Littman Pedia Stethoscope, Gooseneck Lamp Droplight, Sphygmomanometer Baumometer with wheels, Hospital bed w/ mattress for pedia Stretcher, Ambu bag for Adult, Ambu bag Pedia, Bassinet Delivery Table with Accessories, Instrument Cabinet IV Stand, Oxygen gauge w/ regulator, Oxygen tank 50, lbs., Suction Apparatus, Doppler Machine, Autoclave, Forceps, Needle holders, etc. 3 Emergency Ambulances for 3 District Hospitals and 2 monitoring vehicles
Computer set	8 RHUs	
Medical Equipment: Delivery Table, Examining, Electronic Fatal Monitoring Apparatus, Instrument Table, Instrument Cabinet, Ambu bags (for adult and pedia), Weighing Scale (for adult and pedia), Suction Apparatus, Stethoscope, Rubber suction bulb syringe, Emergency Light, Oxygen tank and gauge/ regulator, Kelly pad, IV Stand, Goose neck lamp, BP apparatus, Bassinet	8 RHUs	

10. WOMEN'S HEALTH TEAM (WHT) (SEE PUBLICATIONS)

After a series of meetings and consultations with the DOH and the PHOs, the WHT has finally adopted and transformed the TBAs as advocates of the facility-based delivery. Members of which are Midwife of the Barangay Health Station acting as the team leader, the Traditional Birth Attendants (TBAs), the Barangay Nutrition Scholar and the Barangay Health Workers. These community-based WHTs were trained by the RHU, PHO and DOH Representative to perform the following:



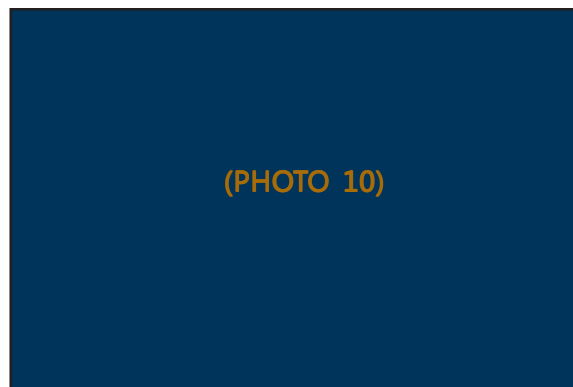
1. Promote safe delivery;
2. Conduct regular census of pregnant women in their respective areas;
3. Promotion of Newborn and infant care;
4. Promotion on availing facility-based health services;
5. Assist the community on informed choices of various health services

Presently, Ifugao has 96 WHTs (with 321 members) while Biliran has 221 WHTs (with 700 members). The barangay leaders and representatives from each community will act as advocates and support group for both the WHTs and the whole community.

In Biliran Province, the teams were supported by Provincial Resolution No. 166 regulating the practices of TBAs. This resolution has been approved last August, 2006. (see Annex 3)

11. TRAINING ON NEWBORN SCREENING

Supporting the goal of the DOH in achieving greater survival rate for the infants, the JICA-MCH Project provided assistance to the Biliran Province for Trainings on Newborn Screening (Ifugao trainings will be scheduled on July 2007). A total of 20 SBAs and medical technologist from the Biliran Provincial Hospital (BPH) and 80 from RHU received the training through the CHD VIII and National Newborn Screening Center on November 23, 2006 and December 1, 2006, respectively.

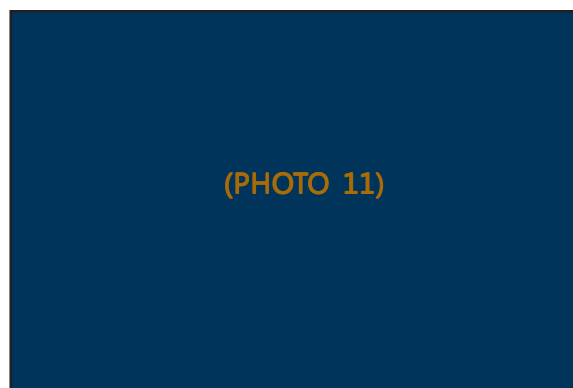


Prevention of the following congenital anomalies complication is a step towards having healthy children and is expected to decrease infant mortality ratio in the country: Congenital Adrenal Hyperplasia (CAH), Congenital hypothyroidism (CH), Galactosemia (GAL), Glucose-6-phosphate dehydrogenase (G6PD) deficiency and Phenylketonuria(PKU)

Each participating facility has also received copies of the manual of operations and educational materials for the implementation of the program in their localities. Presently, the Biliran Province has conducted 20 newborn screenings and one of the infants was detected with Congenital Hypothyroidism. The BPH's physician referred the patient to Cebu City for management and was recommended to undergo a lifetime treatment for survival.

12) TRAINING ON COMMUNITY-MANAGED MATERNAL AND NEWBORN CARE (CMMNC) FOR SKILLED BIRTH ATTENDANTS IN THE PROJECT SITES

To promote further awareness and knowledge of the community women and their families regarding safe delivery, a roll-out training by the trained PHO staff on CMMNC were conducted for all SBAs. Shown below are the accomplishments of the training through the assistance of the JICA-MCH Project. The 4-day training contains essential information needed by the SBAs to sustain the safe motherhood programs.



	Date Conducted	Number of SBAs trained
Biliran Province: held at the Biliran Garden Resort, Naval, Biliran Province		
1 st	January 16-19, 2007	35
2 nd	February 13-16, 2007	35
Total Trained		70
Ifugao Province: held at Wilmer's Hotel, Santiago, Ifugao Province		
1 st	January 8-11, 2007	37
2 nd	January 15-18, 2007	36
Total Trained		73

13) DISSEMINATION OF THE BASELINE SURVEY RESULT (SEE PUBLICATIONS)

The Baseline Survey was conducted by the JBJ Consulting Firm from August to October 2006 in the project areas. The survey was done to determine the current situation of the MCH Care in each province by:

1. Assessing the magnitudes of maternal death and neonatal death in the study area through compilation of primary, secondary data and interview of community-based midwives;
2. Assessing the existing accessibility of the MCH Services especially in EmOC;
3. Assessing the existing availability of the MCH Services especially the EmOC in facilities and communities; and
4. Review Health Seeking Behaviors of pregnant women and their families for MCH service.
5. Qualitative study of attitude of Traditional Birth Attendants on their profession

(PHOTO 12)

The evidence-based survey results were presented to the project sites and below are the highlights:

Biliran

The presentation of the Baseline Survey Results in Biliran was held last February 2, 2006.. A total number of 80 persons headed by Mayors, Sanggunian Panlalawigan Chair for Health, barangay officials and representatives from the following institutions and sectors: DOH-CHD VIII, provincial hospital, RHUs, the education sector, media, WHTs, and other partner organizations attended the occasion.

Mentioned in the presentation were some of the Province's response on the existing situation of maternal and child health in their area. The provincial local government vowed to lobby budget approval for the MCH Program at the provincial level, the creation of a team at the barangay level that would assist pregnant women in their community. On the other hand, the municipal level stated that it would promote a 24-hour service delivery at the RHUs, strengthen the provision of services at the Barangay Health Stations and would conduct more educational activities at the barangay level. Whereas the CHD promised to provide continuing assistance o all PHOs and RHUs.

Ifugao (annex: put copy of news paper provincial review???)

A total of 250 persons headed by the Provincial Vice Governor, the JICA Deputy Representative, representatives from the PHO, CHD CAR, PSWDO, PhilHealth attended the Baseline Survey Results presentation for he Province of Ifugao. Prior to the presentation of the Baseline Survey Results, a ceremonial turnover of the 3 ambulances and various equipment by MCH Chief Advisor to the 3 municipal mayors was held.

One significant information mentioned in the presentation is the alarming increase in the rate of neonatal deaths (9 per 1,000 live births in 2006 and 13.01 per 1,000 live births in 2005. It also revealed the primary causes of maternal and neonatal deaths (for mothers: post-partum hemorrhage & eclampsia; for infants: sepsis neonatorum, dehydration, pre-maturity and broncho-pneumonia)

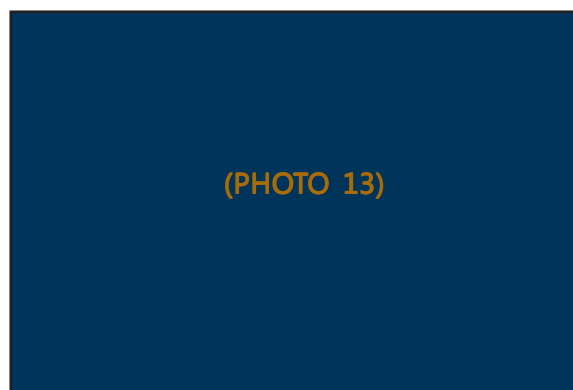
14) CAPACITY BUILDING TRAINING IN JAPAN

A total of 5 persons (3 from Ifugao: one from Technical staff of PHO, Head of Mayoyao District Hospital, 1 RHU nurse from Alfonso Lista, 2 from Biliran (Municipal Health Officer and in-charge of pediatric department from Biliran Provincial Hospital) have been sent to Osaka, Japan for a one month training on the MCH program management.

One representative from the Department of Health was sent to participate in the month-long *Asean Maternal and Child Health and Welfare Training* in Tokyo, Japan.

15) NATIONAL LAUNCHING CEREMONY OF THE COMMUNITY-MANAGED MATERNAL AND NEWBORN CARE (CMMNC) GUIDEBOOKS AND HANDOVER OF THE CMNNC TRAINING KITS TO THE DOH

The JICA Resident Representative, Mr. Shozo Matsuura, headed the presentation and turnover ceremony of the CMMNC Guidebooks to the DOH on February 22, 2007. DOH Undersecretary Ethelyn Nieto officially accepted the guidebooks (a total of 32,000 printed copies to be distributed to all the SBAs all over the country and Training Kits for 40 provinces). Dr. Nieto also declared that the National Launching of the Guidebooks is an important component in further strengthening the Emergency Obstetric Care. The event was witnessed by 110 representatives from the DOH, JICA, Embassy of Japan, other government officials, the academic sector, and other organizations working for the welfare of mothers and newborns.

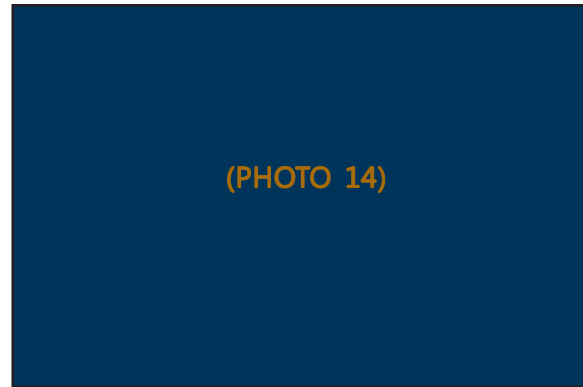


At the ceremony, Mr. Matsuura stressed JICA's commitment to provide greater effort in reducing child mortality and improving maternal health. Furthermore, some of the key figures who graced the event were Minister Akira Sugiyama and Health Attaché Norito Araki, both from the Embassy of Japan, and DOH-NCDPC Director Yolanda Oliveros, Former Secretary of Health Dr. Jaime Galvez-Tan.

16. CONVENE 2ND CENTRAL EXECUTIVE COMMITTEE (JOINT COORDINATION COMMITTEE) MEETING (PHOTO 14)

Central Executive Committee Meeting was held on March 13, 2006 at the DOH Secretary of Health Conference Room. The following were discussed during the ExeCom Meeting:

- a. Accomplishment of JICA-MCH Project in the Ifugao and Biliran (presented by the Provincial Health Officers of Ifugao and Biliran)
- b. Discussion of Project Design Matrix by the JICA-MCH Project Chief Advisor
- c. Project administrative issues



17. JICA EXPERTS AND VISITORS

JICA Experts

- a. Expert on Policy on Maternal and Child Health: Dr. Kyo Hanada (July 2006 and February 2007)
- b. Expert on Monitoring and Supervision of MCH Programs: Ms. Michiru Suda (January to March 2007)

Visitors

- a. Sasagawa Foundation 2006 Fellowship

The Sasagawa Foundation-sponsored 2006 Fellowship of International Health Cooperation delegates visited to Biliran Province on August 10-12, 2006. There were 17 members of the delegation (14 medical students, 1 adviser and 2 members of the secretariat).

- b. Japanese Red Cross

On August 24-26, 2006, 28 nursing students from Kyushu International Red Cross College of Nursing visited to Biliran Province.

- c. Public Health Students

Two Master of Public Health students from Gunma University
 One Master of Nursing student from Hyogo University
 Three Medical students and one Nursing student from Tottori University

- d. JICA Interns

One JICA intern for 3 months

Project Profile

NEXT STEPS

Below are the target priorities of the project in the succeeding years:

a. Strengthening Capability Building of SBAs

The JICA-MCH Project will continually provide various trainings on EmOC for SBAs. This includes the strengthening of the midwifery skills of the Rural Health Midwives.

b. Massive Campaign to promote the Safe Motherhood Programs by the Women's Health Teams

The MCH Project will support the WHTs to conduct campaigns at the barangay level.

c. Fulfill the need for equipment at each level of health facility

As part of strengthening the capacity of the health facilities, necessary equipment will be provided according to needs of the Maternity Care Services.

d. Training of Health Human Resources in Japan

As a part of the capacity building, MCH-related trainings in Japan will be provided.

e. Assist in the development of a functional monitoring and supervision system at the Provincial Level

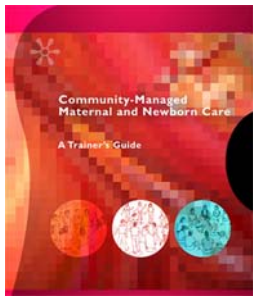
The JICA-MCH Project will assist and coordinate the DOH and other partners to develop a functional monitoring and supervision system at the provincial level.

g. Advocacy to promote safe motherhood

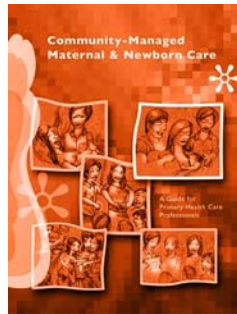
As planned by RHU worker, a community-based educational campaign will be done on safe delivery, promotion of infant care, promotion on availing facility-based health services and assist the community on informed choices. Through the assistance of WHT members, tracking of pregnant women should be continually done to closely monitor their health status. Other advocacy programs such as: **Advocacy to fulfill Human Resources, Advocacy to address improving socio-economic barriers and the low status of women, Advocacy to promote infant care through the assistance of the WHT members, promotion of Exclusive Breast Feeding, promotion of Weaning Food and promotion of Expanded Program of Immunization as well as strengthening the programs through training the WHTs and conducting campaigns at the Barangay level, Advocacy on increasing financial support from Local Government Units for scaling up programs** are also in the line-up of activities to be done.

Project Profile

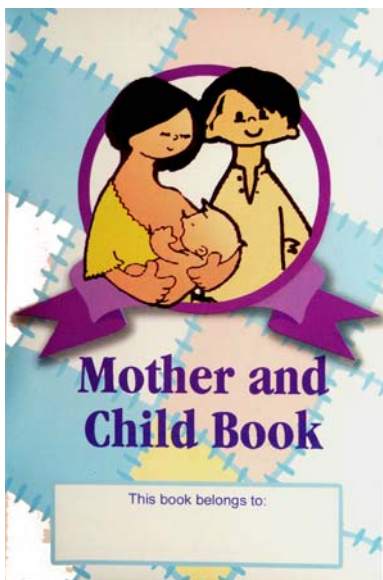
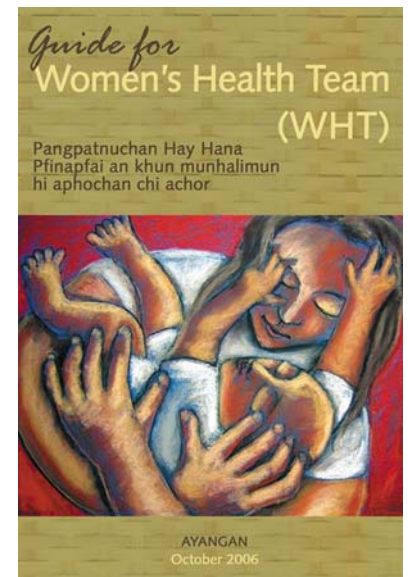
PUBLICATIONS



These guidebooks (Trainer's Guide and SBAs Guidebook) were published to support the capacity development of the SBAs in the community so they could promote facility-based delivery that would help reduce the maternal and neonatal mortality ratios.



The Women's Health Team guidebook was developed to encourage community-based volunteers as to promote safe delivery and healthy individual. The WHT Guidebook was published in four native languages (Cebuano, Waray, Ilokano and Ayanagan)



The JICA-MCH Project reproduced 100,000 copies of the Mother and Child Book in support of the Safe Motherhood Program of the DOH

CMMNC Training Kit

Project Brochure

Calendar

Baseline Survey Report

Use as advocacy materials

Project Profile

PROJECT STAFF

The JICA-MCH project holds its offices at:

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