

## ANNEX 8 : フィリピン側カウンターパートリスト

### Annex 8. List of Philippine Counterpart List

#### List of Counterparts Assigned for the Project

Project name: Maternal and Child Health Project

No.	Name	The post or position and organization	Project Designation	Period of Assignment		Remarks
				From	To	
<b>Department of Health</b>						
1	Dr. Yolanda E.. Oliveros	Director IV, NCDPC	Project Director		Present	
2	Dr. Diego C. Danila Jr.	Medical Specialist III, NCDPC	Project Staff		Present	
3	Dr. Ma. Elizabeth I. Caluag	Medical Specialist IV, NCDPC	Project Staff		Present	
4	Dr. Myrna Cabotaje	Center for Health Development Officers, CAR	Project Staff		Present	
5	Dr. Benita Pastor	Center for Health Development Officers, Region VIII	Project Staff		May.2007	
5	Dr. Teogenes Baluma	Center for Health Development Officers, Region VIII	Project Staff	May.2007	Nov. 2008	Transferred to DOH-CHD XI (Davao)
5	Dr. Adelaida Asperin	Center for Health Development Officers, Region VIII	Project Staff	Nov. 2008	Jan. 2009	Retirement
5	Dr. Edgardo Gonzaga	Center for Health Development Officers, Region VIII	Project Staff	Jan. 2009	Present	
<b>Province: Ifugao</b>						
6	Hon. Benjamin Cappleman	former Governor	Project Deputy Director		2007/10/31	Deceased
6	Hon. Glenn D. Prudenciano	former Governor	Project Deputy Director	2006/11/1	2007/6/30	due to Election
6	Hon. Teodoro Baguilat Jr.	Governor	Project Deputy Director	2007/7/1	Present	
7	Dr. Mary Jo Dulawan	Provincial Health Officer	Project Manager		Present	
8	Hon. Delfin Bullan	Chair Person, the ILHZ of AMADHS (Mayor, Aguinaldo)	Project Manager		Present	
9	Dr. Catherine A. Haynes	former Municipal Health Officer (Aguinaldo)	Project Staff		2007/2/28	Personal Reason
10	Dr. Virgie Dulman	Municipal Health Officer (Aguinaldo, Ifugao)	Project Staff		Present	
11	Dr. Alain J. Aliguyon	Municipal Health Officer (Mayoyao, Ifugao)	Project Staff	2007/3/1	Present	
12	Dr. Jeffrey Atolba	Municipal Health Officer (Alfonso Lista)	Project Staff		Present	

<b>Province: Biliran</b>						
13	Hon. Rogelio Espina	Governor	Project Deputy Director	2006/5/2	Present	
14	Dr. Alfonso Veneracion	Provincial Health Officer	Project Manager	2006/5/2	Present	
15	Dr. Evelyn Garcia	Municipal Health Officer (Almeria)	Project Staff	2006/5/2	Present	
16	Dr. Evelyn Mejia	Municipal Health Officer (Biliran)	Project Staff	2006/5/2	04/30/2009	
16	Dr. Roentgen Radam	Municipal Health Officer (Biliran)	Project Staff	07/01/2009	Present	
17	Dr. Romana Atok	former Municipal Health Officer (Cabucayan)	Project Staff	2006/5/2	2007/4/1	Diceased
17	Dr. Julieta Tan	Municipal Health Officer (Cabucayan)	Project Staff	2007/6/18	Present	
18	Dr. Gloria Ramirez	Municipal Health Officer (Caibiran)	Project Staff	2006/5/2	03/30/2008	Diceased
18	Dr. Elaine Mera	Municipal Health Officer (Caibiran)	Project Staff	10/28/2008	Present	
19	Dr. Estrella Pedrosa	Municipal Health Officer (Culaba)	Project Staff	2006/5/2	Present	
20	Dr. Kristine Balasbas	Municipal Health Officer (Kawayan)	Project Staff	2006/5/2	Jun.2009	
20	Dr. Kristopher Casas	Municipal Health Officer (Kawayan)	Project Staff	06/18/2009	Present	
21	Dr. Ernesto Rustata	former Municipal Health Officer (Maripipi)	Project Staff	2006/5/1	2006/8/1	Work abroad
21	Dr. Gamaliel Villaruel	former Municipal Health Officer (Maripipi)	Project Staff	2006/10/15	2007/6/30	Personal Reason
21	Dr. Grace Raypan-Llever	Municipal Health Officer (Maripipi)	Project Staff	2009/3/1	Present	
22	Dr. Fernando Montejo	Municipal Health Officer (Naval)	Project Staff	2006/5/2	Present	
<p>NCDPC: Nationa Center for Disease Prevention and Control  CAR: Cordillera Administrative Region  AMADHS: Aguinaldo, Mayoyao, Alfonso Lista District Health System</p>						

## ANNEX 9 : フィリピン側コストシェア

### Annex 9. Cost Sharing by the Philippine Counterpart

#### Contribution from the counterpart

Project name: Maternal and Child Health Project

#### Central level:

- 1 Office, Parking at DOH
- 2 Expense on JCC (food and venue)
- 3 TA and DA for field visit by counterpart
- 4 Utilities of the office (electricity, non-drinking water)
- 5 Bill for DOH internal telephone

#### CHD-CAR

Contribution from CHD-CAR on Launching of the Family Health Dialy on May 14, 2009

(Unit: PhP)

Activity	Contribution	Amount	No.		Total
Tokens	Guests and Resouce	280	15	pax	4,200
Fee	Documentor	5,000			5,000
Transportation	BHWs/Parents	50,000			50,000
Reproduction	IEC materials	5,000			5,000
				Total	64,200

#### CHD REGION 8

- 1 Health Summits Meeting
- 2 Contriution's to Various Region based Trainings
  - \* New born Care
  - \* WHT Supervision

#### Ifugao Province:

Province:

- 1 Mayoyao DH Office: utilities (electricity and non-drinking water)
- 2 Lagawe Office: utilities (electricity and non-drinking water), bill for telephone
- 3 Expense on EC and TWG (food and venue)
- 4 Expense on attending JCC at central level
- 5 TA/DA of PHO to monitor field activities and Governor to witness barangay MCH activities
- 6 Gas expense and TA/DA of Provincial MCH coordinators/point person and DOH representatives during MCH field activities

Municipal:

Duration of Review: Mar.06 ~Sep.09

Contribution from Municipality and Barangay

(Unit: PhP)

Activity	contribution	amount	No.		total
BEmOC (Manila)	TA/DA of participants	2,600	28	pax	72,800
CMMNC	TA/DA of participants	1,200	73	pax	87,600
LSS (Manila)	DA of participants before and after the training	1,600	15	pax	24,000
WHT TOT (Santiago)	DA of participants before and after the training	1,200	15	pax	18,000
Maternal Death Review	TA/DA of participants before and after the training	1,200	42	pax	50,400
WHT Brgy campaign <sup>1</sup>	food from Brgy	3,000	63	Brgy	189,000
				TOTAL	441,800

WHT Conventions : TA of Participants  
 ANMA Trainings : TA of Participants

1) the entire Barangay official and husbands of attended woman help cooking food for average more than 80 people. Some big barangays spend more than 30,000 for the program due to big number of attendance (500 people or more).

**Biliran Province**

Province:

- 1 Office Space in Biliran Provincial Hospital
- 2 Utilities of the office (electricity, non-drinking water)
- 3 Meals and venue during the Annual Joint Executive Committee and Technical Working Group

Contribution from Biliran Province for Annual Joint Executive Committee (Unit: PhP)

Activity	Contribution	Amount	Total
Venue	Annual Joint Executive Committee Member	3,000	3,000
Meal	Annual Joint Executive Committee Member	10,000	10,000
		Total	13,000

Contribution from Biliran Province for Technical Working Group (Unit: PhP)

Activity	Contribution	Amount	Total
Venue	Technical Working Group Meeting	3,000	3,000
Meal	Technical Working Group Meeting	10,000	10,000
		Total	13,000

- 4 Gasoline for Project Car  
 However, project handled the cost because of the following:
  - \* During provincial audit with hold order of procurement
  - \* Non-released of gasoline from supplier due to non-payment of provinces
  - \* Provincial gasoline storage is un-useable due to mixed with water due heavy rainy season
- 5 Overtime pay of Provincial Health Office during preparation for the training, meetings supported by JICA-MCH
- 6 Driver from May 2006 to September 2006
- 7 TA/DA of provincial MCH Coordinator during monitoring to RHUs

Municipal:

- 1 Local transportation of all participants for training and meetings
- 2 Renovation and construction of Birthing Facilities
- 3 Cost of meals for monthly WHT meetings
- 4 Day Allowance of Before and After Training

ANNEX10 : 活動実績

Annex 10. Progress of Activities (as of 2009 September)

Plan (as per PDM ver.3)	Progress
Activities under Output 1: Implementation mechanism and capacity of the central level to enhance Emergency Obstetric Care: EmOC in all levels is strengthened.	
1.1 Establish the central level Joint Coordination Committee	<ul style="list-style-type: none"> <li>■ September 2006, Technical Management Committee Core Group for Maternal and Newborn Health (TMC/CG-MNH) established under Technical Core Group –Health Sector Reform Agenda</li> <li>■ March 2007, in the absence of a central technical coordination body on MCH issues, the Joint Coordination Committee which is a mechanism to monitor and manage the MCH project implementation was established. At least once a year JCC was conducted with attendance of stakeholders.</li> </ul>
1.2 Assist in establishing EmOC monitoring mechanism	<ul style="list-style-type: none"> <li>■ Sep. 2006, Philippine Health Information System Workshop organized by CHD 8 for sixteen (16) SBAs from Biliran Province.</li> <li>■ Sep. 2006, One (1)-day assessment workshop on 2-way referral system organized by PHO of Biliran for nineteen (19) SBAs</li> <li>■ Oct. 2007 and Oct 2008, team of BEmONC facilitators from DOH and BEmONC training Institute conducted Monitoring and Supervision visit of BEmONC and LSS trainees of Biliran and Ifugao</li> </ul>
1.3 Assist in strengthening the EmOC training by providing equipment for Dr. Fabella Memorial Hospital and reproducing the existing standard manuals	<ul style="list-style-type: none"> <li>■ May 2006, clinical training equipments was provided to the Fabella Hospital</li> <li>■ Sep 2006, 500 copies of BEmONC manual of “Pregnancy, Childbirth, Postpartum and Newborn Care Manual” have been donated to Fabella Hospital for training.</li> </ul>
1.4 Develop and print training materials for CMMNC Trainers Guide and implement national-wide Training of Trainers: TOT on CMMNC collaborated with other funding agencies.	<ul style="list-style-type: none"> <li>■ May 2006, CMMNC Guide for SBAs were printed, and distributed to 32,000 community-based SBAs (Doctors, Nurses and Midwives) nation wide.</li> <li>■ Oct. 2006, CMMNC Training materials (Trainer’s Guide) were produced. Three-hundred (300) copies were printed.</li> <li>■ Nov. 2006, CMMNC Training of Trainers was conducted in which 184 trainers were trained by the master trainer of DOH to 19 provinces, 17 CHDs, UNICEF and UNFPA project areas</li> </ul>
1.5 Provide Philippine side project counterparts capacity building training in Japan on the MCH program management.	<ul style="list-style-type: none"> <li>■ Feb. 2007. Six counterparts, including the technical staff in Ifugao Province, Mayoyao DH in-Charge, PHN in Alfonsolista RHU, MHO in Almeria RHU, a pediatrician in BPH and the MCH coordinator in DOH (ASEAN MCH training) were trained for one (1) month.</li> <li>■ Feb, 2008 6 midwives from various BHS of Ifugao and Biliran attended Maternal and Child Health Counterparts Training in Nagoya</li> <li>■ Mar. 2008, 4 Midwives from various BHS of Ifugao and Biliran attended Area-focused training course on Midwifery course for safe motherhood in Osaka.</li> <li>■ Mar. 2009, 2 midwives from Ifugao and Biliran attended Area-focused training course on Midwifery for safe motherhood in Osaka.</li> </ul>
<i>Activities under Output 2: The MCH services and EmOC are strengthened in the project target areas</i>	
Plan (as per PDM ver.3)	Progress (Ifugao Province)      Progress (Biliran Province)

Plan (as per PDM ver.3)	Progress	
<p>2.1 Conduct baseline survey of current MCH situation by a contractor in the project target areas</p> <ul style="list-style-type: none"> <li>■</li> </ul>	<ul style="list-style-type: none"> <li>■ Sep 2006, Baseline survey conducted by a contractor in the project target areas</li> <li>■ Jan 2007, Dissemination workshop was conducted with 250 participants, including the local chief executives, SBAs, representatives from the education sector, religious leaders and media personnel</li> <li>■ Jan 2007, supplementary baseline survey was conducted in non-Project areas of the Province to capture the province-wide situation.</li> </ul>	<ul style="list-style-type: none"> <li>■ Sep 2006, Baseline survey conducted by a contractor in the project target areas.</li> <li>■ Feb 2007, Dissemination workshop was conducted with the participation of 80 people, including the local chief executives, SBAs, Representatives from the education sector, religious leaders and media personnel.</li> <li>■</li> </ul>
<p>2.2 Establish project Executive Committees (EC) and Technical Working Groups (TWGs) to monitor project implementation and to conduct meetings for discussion any project implementation issues.</p>	<ul style="list-style-type: none"> <li>■ July 2006, The Executive Committee (EC) and the Technical Working Group (TWG) were established with the involvement of the Provincial Health Officer and representatives from health sector and local government. TWG meets every three months, while EC meets twice a year for Project monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>■ July 2006, The Executive Committee (EC) and the Technical Working Group (TWG) were established with the involvement of the Provincial Health Officer and representatives from health sector and local government. TWG meets once in three months, while EC meets twice a year for Project monitoring.</li> </ul>
<p>2.3 Provide BEmOC training for all SBAs working in District Hospitals and RHUs in the project target areas</p> <ul style="list-style-type: none"> <li>■</li> </ul>	<ul style="list-style-type: none"> <li>■ Sep 2007, eleven (11)-days BEmOC training was provided to a team of SBAs from RHUs and DH. 27 trained, and thus all the RHUs and DHs in the target were covered.</li> </ul>	<ul style="list-style-type: none"> <li>■ Oct 2006, eleven (11)-days BEmOC training was provided to a team of SBAs from RHUs. 26 trained. All facilities were covered.</li> <li>■ Nov. 2006, One (1) day Newborn Screening Training was conducted for sixty-nine (69) SBAs and Medical Technicians.</li> <li>■ Oct 2008, 2 additional SBA trained</li> </ul>
<p>2.4 Provide CMMNC training for all SBAs</p>	<ul style="list-style-type: none"> <li>■ Feb 2007, Four (4)-day CMMNC training was provided by trainers in PHO to all 48 SBAs in the target area and 25 additional SBAs in UNFPA supported areas by cost sharing</li> </ul>	<ul style="list-style-type: none"> <li>■ Jan 2007, Four (4)-day CMMNC training was provided by PHO to whole seventy (70) SBAs in the target area.</li> </ul>
<p>2.5 Provide Life Saving Skills (LSS) training for midwives in BHSs in the project target areas</p>	<ul style="list-style-type: none"> <li>■ Jun 2007, Six (6)-day Midwifery training (Life Saving Skills) was provided to 31 Midwives</li> <li>■ Jun 2008, 10 trained</li> </ul>	<ul style="list-style-type: none"> <li>■ June 2007, Six (6)-day Midwifery training (Life Saving Skills) was provided to 25.</li> <li>■ May 2008, 28 trained</li> </ul>

Plan (as per PDM ver.3)	Progress	
2.6 Assist in the upgrading RHUs by providing equipment and trainings towards PhilHealth Insurance Cooperation accreditation for the Maternity Care Package: MCP that will benefit the poor in the project area	<ul style="list-style-type: none"> <li>■ Mar 2007, Medical equipment was provided to all three (3) RHUs and three (3) District Hospitals to assist establish BEmONC and PhilHealth accreditation for the Maternity Care Package.</li> <li>■ July 2007, One (1) day MCP Accreditation Management Training for thirty-eight (38) RHU staff was conducted</li> <li>■ 2008, 3 RHUs at the project site are already MCP accredited.</li> </ul>	<ul style="list-style-type: none"> <li>■ Jan 2007, one (1) day Maternal Care Center Management Training for RHU staff (38) was conducted</li> <li>■ Mar 2007, Medical equipment was provided to all eight (8) RHUs to assist PhilHealth accreditation for the Maternity Care Package</li> </ul>
2.7 Assist some remote BHSs to be functioning as birthing stations.	<ul style="list-style-type: none"> <li>■ 2008, Six (6) BHS were provided with needed equipment to cater to normal deliveries and to support the requirement for MCP accreditation.</li> <li>■ 2009, Local Government Unit of Alfonso Lista allotted financial support to the upgrading of the birthing station at barangay Pinto</li> <li>■ July 2009, a barangay resolution in Pinto requiring all its pregnant mothers to use the Family Health Diary and deliver at the facility made their birthing station as a functional birthing facility. The barangay is on the process of getting ready with their application for MCP accreditation.</li> </ul>	<ul style="list-style-type: none"> <li>■ 2007, 8 RHUs were accredited by PhilHealth as MCP</li> <li>■ 2009, 7 out of 15 BHS acknowledged by facility mapping accredited by PhilHealth MCP. 8 BHSs is applying</li> </ul>
2.8 Assist Mayoyao DH to be upgraded to CEMOC facility and Biliran PH to be 3 <sup>rd</sup> level hospital	<ul style="list-style-type: none"> <li>■ Not conducted due to lack of permanent Health service providers. .</li> </ul>	<ul style="list-style-type: none"> <li>■ Dec. 2006, one (1) day strategic planning workshop on setting-up NICU for Biliran Provincial Hospital was conducted with twenty-five (25) Hospital staffs.</li> </ul>
<b><i>Activities under Output 3: Supporting mechanism for mothers and babies in the communities is strengthened</i></b>		
Plan (as per PDM ver.3)	Progress (Ifugao Province)	Progress (Biliran Province)
3.1 Organize WHT to improve community participation to the birth preparedness in the community, carry out WHT trainings, and carry out WHT activities in their communities ( home visits, counseling, filling out pregnancy tracking records, conducting mother's class, and conducting monthly meetings at BHSs)	<ul style="list-style-type: none"> <li>■ Sep 2006, One (1) day WHT Orientation was conducted to one hundred and six (106) members</li> <li>■ Oct. 2006, two (2) day TOT for WHT was conducted, where 23 SBAs</li> <li>■ 2007, two (2) day WHT Training was conducted to the aforementioned trainers. 96 teams with three hundred and eighty two (382) members were established</li> <li>■ 2008, WHT conventions were conducted in each municipality</li> </ul>	<ul style="list-style-type: none"> <li>■ 2006, series of One (1)-day consultative workshop with TBAs with the participation of one-hundred and sixty-three (163) TBAs</li> <li>■ Oct. 2006, two (2) day TOT for WHT, where 16 Skilled Birth Attendants, including Midwives and Public Health Nurses were trained.</li> <li>■ Dec 2006, Two (2) day WHT Training in Dec. 2006 by the aforementioned trainers, in which four hundred and eighty (480) RHMs, BHWs, BNSs, and TBAs were trained</li> <li>■ 2007, 221 WHT teams were established</li> </ul>

Plan (as per PDM ver.3)	Progress	
		<ul style="list-style-type: none"> <li>■ Feb 2009, WHT/BQRT convention to all 1,122 members on enhancing their knowledge, skills and initiatives</li> <li>■ Feb. 2009, The 1,122 WHT/BQRT members were provided a 1-day seminar on creating and managing a Pregnant-helping-Pregnant mechanism</li> <li>■ Apr 2009, RHUs' initiated orientation for all 1,122 members and selected BHWs about the content of the MCBook handbook using the newly released Cebuano version.</li> </ul>
<p>3.2 Assist in establishing community based multi-sectoral group to assist the needs of mothers</p>	<ul style="list-style-type: none"> <li>■ Apr 2008, Executive Order # 22 legalized the localization of the Women's' Health Team to the Ifugao version of Ifugao Ayod Community Health Team. The membership was expanded and accommodated the membership of men to make them participate in health care and responsible parenting.</li> <li>■ June 2008, AYOD TOT was conducted to the SBA of RHU staff province wide with the responsibility of conducting the AYOD training roll out in their specific municipalities</li> <li>■ Jun 2008, launching of the Ifugao AYOD community Health team was conducted at t Lagawe</li> <li>■ July, 2008, AYOD orientations conducted to the all members of the 63 barangays of AMADHS thereafter.</li> <li>■ May 2009, each barangay (63 brgys) in AMADHS created the Barangay Health Council formulate emergency preparedness and readiness include plan for the pregnant women at</li> <li>■ Sep 2009, the Members of the AYOD Community health team were oriented with the use of the Family Health Diary ,the localized version of the Mother and Child book</li> <li>■ Jun 2009, training manual was launched to Male members of the Ifugao AYOD Community health Teams in AMADHS were trained using the AMMA(active Males Movement Against violence and for Ayod).This is a training strategy for males to teach other males in the</li> </ul>	<ul style="list-style-type: none"> <li>■ June 2008, each barangay (132 brgys) in Biliran Province created the Barangay Health Council formulate emergency preparedness and readiness include plan for the pregnant women at</li> </ul>



Plan (as per PDM ver.3)	Progress	
	community discussing social and health topics(Reproductive Health and MCH).	
<b>Activities under Output 4: Management and supportive supervision mechanisms are in place for WHTs and midwives to improve the quality of care and their work environment in the project target areas</b>		
Plan (as per PDM ver.3)	Progress (Ifugao Province)	Progress (Biliran Province)
4.1 Conduct supportive supervision to WHT and SBA by PHO/MHO offices	<ul style="list-style-type: none"> <li>■ Jun 2009, A simple monitoring tool for the AYOD Teams was conceptualized and shall be updated/ revised to be adopted in the other 8 municipalities of Ifugao</li> </ul>	<ul style="list-style-type: none"> <li>■ June 2009, more than 50 RHM from region 8 include Biliran have attended and formulated the Monitoring and Supervisory Tool for WHTs during the 4-day training on Monitoring and Supervisory spearheaded.</li> <li>■ Sep 2009, the tool was presented to the members of Biliran ILHZ-Technical Management Committee and adapted</li> </ul>
4.2 Assist conducting regular meetings among RHU staff	<ul style="list-style-type: none"> <li>■ Monthly meetings among RHU staff have been conducted as their normal course of duty. through out project period</li> </ul>	<ul style="list-style-type: none"> <li>■ Monthly meetings among RHU staff have been conducted through out project period.</li> </ul>
4.3 Assist regular meetings with WHTs and rural health midwives	<ul style="list-style-type: none"> <li>■ Monthly meetings of WHT have been conducted with Barangay Captain as chairman of the team accommodating the new members of the team</li> </ul>	<ul style="list-style-type: none"> <li>■ Monthly meetings of WHT have been conducted</li> </ul>
4.4 Assist conducting Maternal Death Review and case conference by PHO, RHUs and SBAs	<ul style="list-style-type: none"> <li>■ Oct 2006, Two (2)-day Province-wide Maternal Death Review was conducted by PHOs with PHNs, RHMs and LGU representatives. Forty-two (42) participants took part in the process.</li> <li>■ Feb 2009, MDR conducted at Alfonso Lista Municipality</li> <li>■ May 26,2009, MDR conducted in Aguinaldo municipality participated by the PHO, RHU Staff, representatives from the District hospitals</li> </ul>	<ul style="list-style-type: none"> <li>■ Sep 2006, Two (2)-day Maternal Death Review Training was conducted for 23 SBAs.</li> <li>■ 2006, conducted 3 MDR</li> <li>■ 2007, conducted 1 MDR with Fifty-six (56) SBAs attended.</li> <li>■ July 2008, PHO conducted MDR to revisit the medical cause of death reported from January 2008-June 2008 and determine the status of preventive plan formulated by the respective RHUs. Participated by the concerned MHOs, hospital staff (Chief of Clinic, OB-Gyne, Delivery Room personnel and chief of Nurse), Provincial MCH Coordinator and DOH-Rep.</li> <li>■ 2008 and 2009, Biliran Provincial Hospital have carried out two (2) MDR which was presided by the Chief of Clinic and attended by their OB-Gyne consultants, staff of delivery room and Provincial MCH Coordinator.</li> <li>■ 2009, At the regional level, the Regional MCH Coordinator</li> </ul>

Plan (as per PDM ver.3)	Progress	
		facilitated and spearheaded the 3-days Regional MDR with all Provincial MCH Coordinators and FP Coordinators, Provincial DOH-Rep and CHD VIII Staff (total of 67 participants). The Biliran Provincial MCH Coordinator presented and discussed their experiences on implementing MDR
<b><i>Activities under Output 5: Lessons learned from the MCH project implementation contribute to dialogues at the national and the provincial levels and MCH policy discussions; and is reflected to the MCH policy formulation</i></b>		
5.1 Reactivate the MCH Technical Working Group (TWG)	<ul style="list-style-type: none"> <li>■ 2007, The Project has facilitated convening of the MCH Technical Working Group chaired by the NCDPC twice</li> <li>■ After 2008, none of the TWG has held</li> </ul>	
5.2 Participate MCH TWG meetings to share the information of the project and to discuss policy issues aroused in the project	<ul style="list-style-type: none"> <li>■ 2007, in the above-said meetings, issues on 1) the dissemination of the CMMNC trainer's guide, 2) training sites for the BEmOC, 3) monitoring mechanism to ensure quality of the training contents in three BEmOC training sites, were discussed and coordinated among DOH technical group and development partners.</li> <li>■ After 2008, collaboration with CHD/CAR and CHD/Region8 become the focus of strengthening decentralized health systems below CHD down to province</li> </ul>	
5.3 Provide MCH training materials to the whole nation through the MCH TWG	<ul style="list-style-type: none"> <li>■ Nov 2006, Three-hundred (300) sets of CMMNC Trainers Guide, and Training Kit) to the CHDs nation-wide</li> <li>■ May 2007, shared CMMNC textbook with Philippine Private Midwife Association, USAID-affiliated NGOs</li> <li>■ 2007, 600 copies (Ayagan &amp; English version, Ilocano &amp; English version) to Ifugao Province; 700 copies (Wray-Wray &amp; English, Cebuano &amp; English) to CHD8</li> <li>■ 2009 Re-printed 5,000 CMMNC guide book. 3000 copy to CHD/CAR and 2000 copy to CHD/Region 8</li> <li>■ 2008, 500 copies of project process documentation "Teaming Up for safe motherhood" were published and launched in Ifugao and Biliran</li> <li>■ 2009, 20,000 copies of Family Health Diary (CAR version of Mather and Child Book) and 6,000 copies of Cebuano Version of MCH Book were printed and supplied to each CHDs</li> </ul>	

Source: MCH Project Annual Report, 2006, 2007, 2008; TEAMING UP for Safe Motherhood; Report of Experts.

## ANNEX11 : プロジェクトで実施した研修の概要

### Annex 11. Summary of Main Training

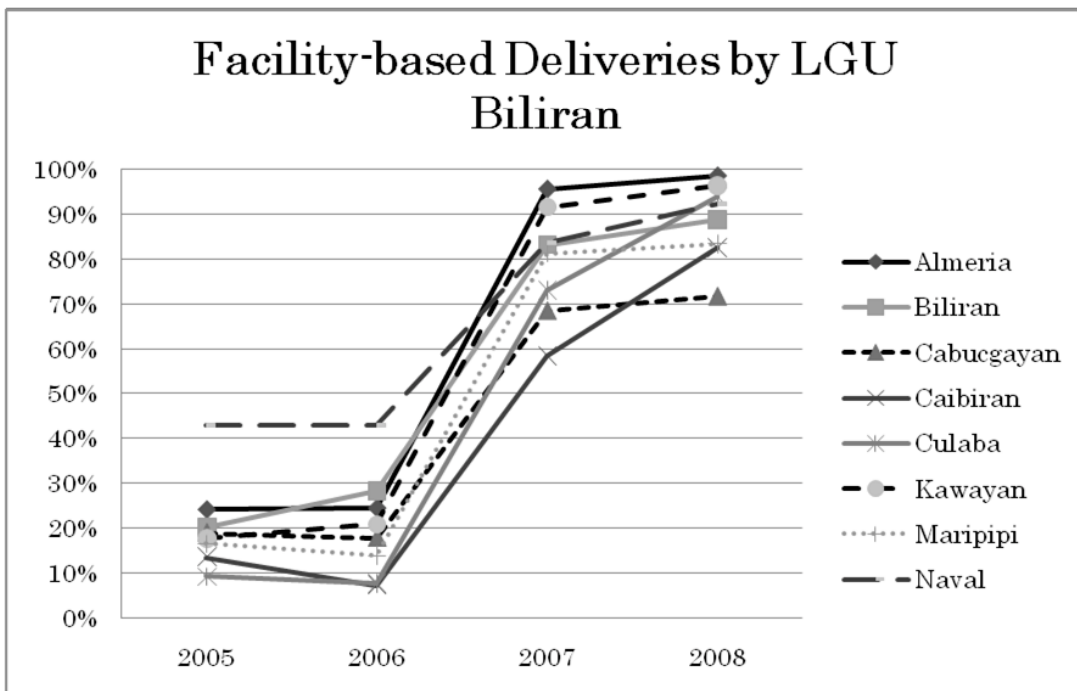
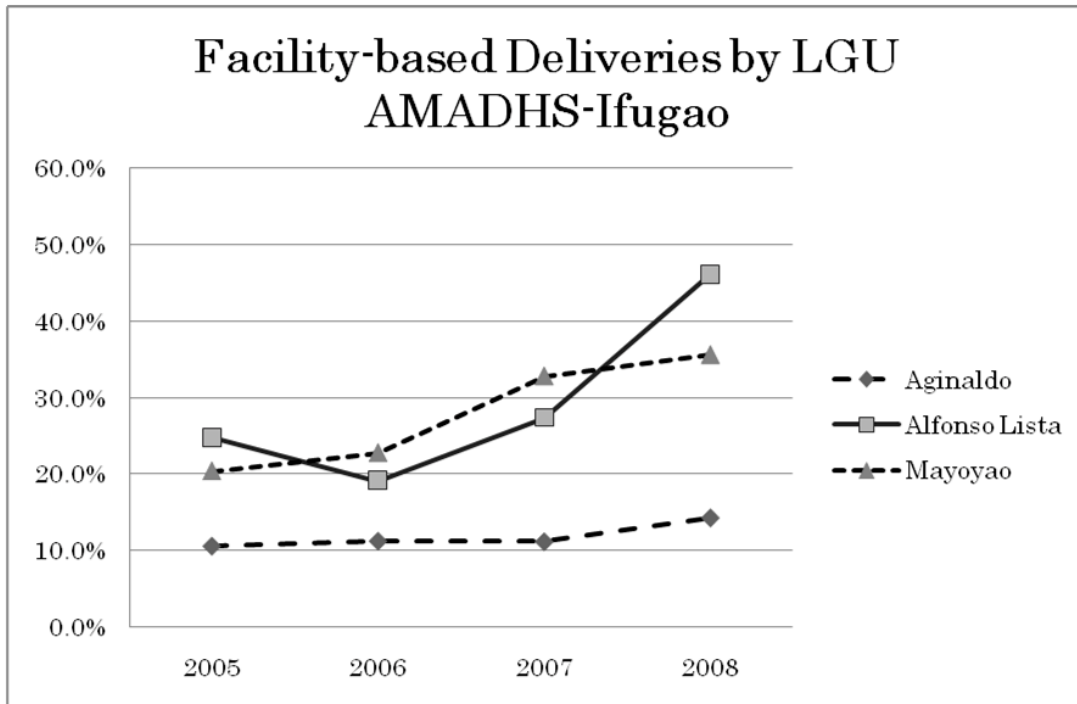
#### Summary of the Main Training Contents

Project: JICA Maternal and Child Health Project

Training	Target	Purpose	Contents	Venue
BEmOC	A team of Dr. Nurse and MW from each RHU and DH	To Improve the knowledge and skills of BEmOC among SBAs and to improve the quality of MCH services	Overview of BEmOC, principles of good care, Antenatal care, labor delivery and postpartum, perineal anatomy, lacerations and repair, suturing of perineal laceration newborn care, postpartum care, neonatal resuscitation, use of	Fabellia Hospital
CMMNC	All SBAs	To make awareness among SBAs the importance of community involvement to the birth preparedness in community and teach how to promote the importance of facility delivery among pregnant mothers	Community support for the safe motherhood and improving the health of neonates, birth preparedness and complication readiness, community awareness and education	At each province
CMMNC, TOT	Trainers from CHDs and Formular one provinces	To teach how to conduct effective CMMNC trainings	Training methods, Formulation of Roll-Out training plans	Baguio, Cebu, and Davao
Midwifery(Life Saving Skills)	MWs in facilities for normal deliveries	To update the knowledge of midwifery and skills such as IV injection, suturing of laceration	Basic obstetrics, clinical practice of delivery, IV injection and suturing of lacerations	Fabellia Hospital
WHT	WHT members (RHM,BHW, BHNS,TBA)	To teach how to register pregnant mothers by using pregnancy tracking records, follow-ups, and how to fill up the mother's card	The objectives of WHT, pregnancy tracking record and mother's card, counseling skills, health education, postnatal care and family planning	At each barangay
Newborn Screening	SBAs in BEmOC facility	Early detection of abnormalities among newborn babies	Blood examination, follow-ups	Biliran site

ANNEX12 : 自治体間で異なる施設分娩の推移

Annex 12. Different Changes in Facility-Based Deliveries by LGU



Source: Provincial FHSIS (Biliran, Ifugao)

### Annex 13. Situations of PhilHealth MCP Utilization

At the time of mid-term evaluation it was assumed that PhilHealth accreditation of non-hospital health facilities and professional providers for maternity care package (MCP) together with enrollment of indigent families will generate income through reimbursement of P4,500 per case for standard services of prenatal care, normal birth, newborn care and screening required by R.A. 9288, health education including family planning and breastfeeding, and postpartum care. Such incomes were expected to be used for sustaining and improvement of services, through purchase of equipment and supplies and provision of incentives for health workers and WHTs.

It was found, however, that MCP reimbursement was much fewer in cases and less in the amount than the expectation. In Biliran Province, only three RHUs received MCP reimbursement in 2009, while all eight RHUs (MCP accredited) generated income by user fees collection as approved by municipal ordinances.

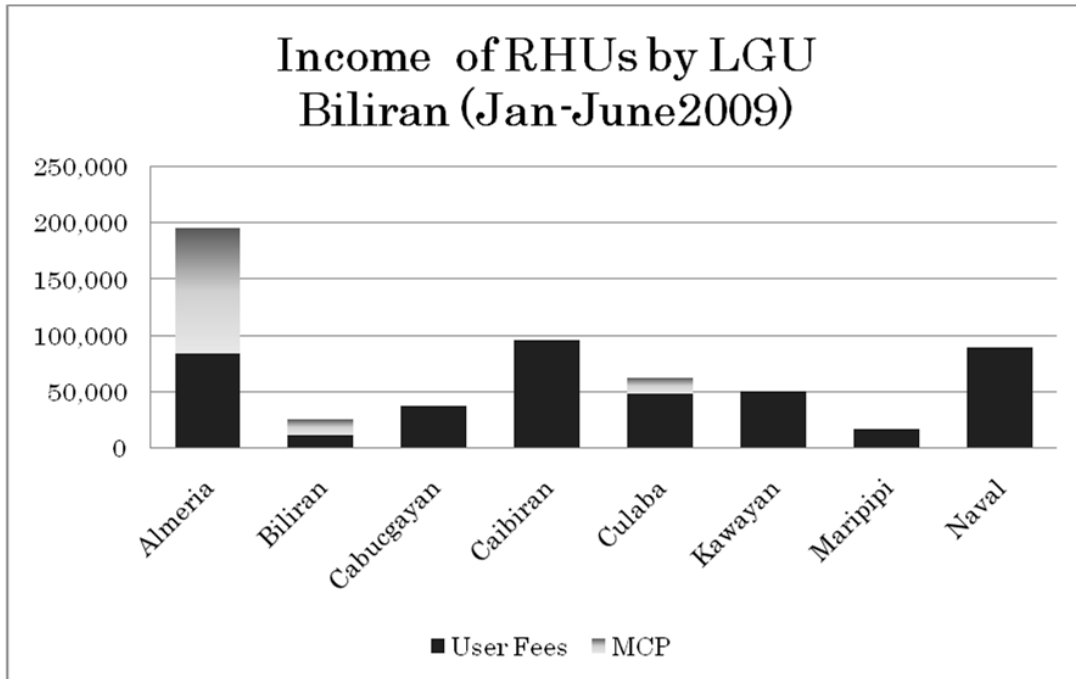
Probable reasons for low MCP reimbursement given by interviewees were; 1) high parity birth (4<sup>th</sup> or higher) that is excluded from benefit entitlement, 2) other conditions that disqualifies the PhilHealth card holders, such as missed 1<sup>st</sup> trimester prenatal care, or shortage of minimum paying period of premium for paying members, 3) insufficient knowledge among clients and health workers about MCP benefits, 4) cumbersome procedures/documentation requirements which put heavy workload on the shoulders of RHU staffs. But the definitive cause was not known.

Data regarding coverage of PhilHealth membership is inconsistent between the supply side (PhilHealth) and demand side (population), too. Effective membership including paying and indigent (sponsored) are lower than the expectation. According to the records of PhilHealth Provincial Offices, only 18% of population in Ifugao Province and 22% of population in Biliran Province were covered, with remaining 82% and 78% uncovered in 2008<sup>a</sup>. But about 50% of expectant mothers surveyed at RHUs and BHSS in Ifugao and Biliran told that they hold membership.

The similar situation of low utilization of PhilHealth MCP benefit in other provinces of CAR was mentioned by a CHD-CAR officer. It is necessary to look into the issue by analyzing the not-reimbursed facility deliveries cases and identify the problems to be solved, for the MCP reimbursement is thought to be the tool to assure equitable access to and financial sustainability of quality maternal and newborn care services.

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<sup>a</sup> PhilHealth Membership Status Report (yearly).



Source: RHU records

