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## Expanding the Contribution of Private Practicing Midwives (PPMs) to Family Planning and Maternal and Child Health Outcomes



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November 2014

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## TABLE OF CONTENTS

|                                                                                                   |    |
|---------------------------------------------------------------------------------------------------|----|
| ABBREVIATIONS AND ACRONYMS .....                                                                  | ii |
| PART ONE: BACKGROUND INFORMATION.....                                                             | i  |
| PART TWO.....                                                                                     | 3  |
| Program Description.....                                                                          | 3  |
| General Objective.....                                                                            | 3  |
| Target partners who will benefit from this document.....                                          | 5  |
| PART THREE: BUILDING THE CAPACITY OF PPMs.....                                                    | 6  |
| PhilHealth Accreditation Process of PPMs as Healthcare Providers.....                             | 7  |
| DOH Licensing of Birthing Homes/PhilHealth Accreditation of Birthing Homes as MCP Facilities..... | 8  |
| Pre-PhilHealth accreditation / Pre-DOH Licensing Trainings .....                                  | 10 |
| PhilHealth claims / reimbursements .....                                                          | 12 |
| Value of PhilHealth accreditation .....                                                           | 12 |
| PART FOUR: EMPOWERING PPMs.....                                                                   | 13 |
| FP-CBT2 training on IUD insertion and removal.....                                                | 13 |
| Quality Assurance Package for Midwives (QAP) Orientation Workshop.....                            | 14 |
| <i>Usapan</i> (Conversation) Series.....                                                          | 20 |
| Alternative Distribution Points (ADPs).....                                                       | 23 |
| PART FIVE: SUSTAINING THE PPMs.....                                                               | 26 |
| Public Private Partnerships (PPPs).....                                                           | 26 |
| Integration of the PPMs into the local SDNs .....                                                 | 27 |
| Policies defining and / or expanding the roles of PPMs in the community.....                      | 28 |
| PART SIX: PRISM2 EXPERIENCES .....                                                                | 30 |
| PART SEVEN: CHALLENGES TO IMPLEMENTATION.....                                                     | 31 |
| On Trainings.....                                                                                 | 31 |
| On PHIC Accreditation.....                                                                        | 31 |
| PART EIGHT: RECOMMENDATIONS .....                                                                 | 33 |
| ANNEX A: PhilHealth Accreditation for Health Providers Readiness Checklist.....                   | 34 |
| ANNEX B: DOH Licensing Requirements for Birthing Homes.....                                       | 34 |
| ANNEX C: Planning and Design Guidelines for Birthing Homes.....                                   | 47 |
| ANNEX D: Annual Statistical Report for Birthing Homes.....                                        | 52 |
| ANNEX E: DOH Licensing Checklist.....                                                             | 58 |
| ANNEX F: Description of Contents of the QAP Toolkit.....                                          | 63 |
| ANNEX G: Sample computation of Costs associated with PhilHealth Accreditation .....               | 66 |

## ABBREVIATIONS AND ACRONYMS

|        |                                                            |
|--------|------------------------------------------------------------|
| ADP    | Alternative Distribution Point                             |
| BEmONC | Basic Emergency Obstetric and Newborn Care                 |
| BnB    | Botika ng Barangay                                         |
| BHW    | Barangay Health Worker                                     |
| BLS    | Basic Life Support                                         |
| BTL    | Bilateral Tubal Ligation                                   |
| CEmONC | Comprehensive Emergency Obstetric and Neonatal Care        |
| CHO    | City Health Office                                         |
| CPE    | Continuing Professional Education                          |
| CPR    | Contraceptive Prevalence Rate                              |
| DOH-RO | Department of Health-Regional Office                       |
| EINC   | Essential Intrapartum and Newborn Care                     |
| FPCBT  | Family Planning Competency-based Training                  |
| FP-MCH | Family Planning-Maternal and Child Health                  |
| ILHZ   | Inter-Local Health Zone                                    |
| IMAP   | Integrated Midwives Association of the Philippines         |
| MCP    | Maternal Care Package                                      |
| MFPI   | Midwives Foundation of the Philippines, Inc.               |
| MHO    | Municipal Health Office                                    |
| MNCHN  | Maternal, Newborn, Child Health, and Nutrition             |
| NBS    | Newborn Screening                                          |
| NCP    | Newborn Care Package                                       |
| NSV    | Non-Scalpel Vasectomy                                      |
| PHO    | Provincial Health Office                                   |
| PLGMI  | Philippine League of Government and Private Midwives, Inc. |
| PPM    | Private Practicing Midwife                                 |
| PPP    | Public-Private Partnership                                 |
| PTWG   | Provincial Technical Working Group                         |
| SBA    | Skilled Birth Attendant                                    |
| SDN    | Service Delivery Network                                   |

## PART ONE

***Filipino women of reproductive age face serious barriers to contraceptive care due to challenges in accessing quality health care information, products and services.***

### Background Information

The Department of Health (DOH) has committed to reducing the maternal mortality ratio by three quarters by 2015, Millennium Development Goal 5 (MDG5). Crucial to realizing this goal is expanding and/or improving women's access to services, i.e., skilled birth attendants at delivery, prompt care in facilities with a higher level of obstetrical care, provision of family planning products and services, etc.

|                                                    |     |
|----------------------------------------------------|-----|
| Contraceptive prevalence (%) 2013*                 | 55  |
| Antenatal care (%) 2013*, At least one visit       | 95  |
| Antenatal care (%) 2013* At least four visits      | 84  |
| Delivery care (%) 2013* Skilled attendant at birth | 73  |
| Delivery care (%) 2013* Institutional delivery     | 60  |
| Maternal mortality ratio , 2007-2011+, Reported    | 160 |
| Maternal mortality ratio , 2010,+ Adjusted         | 99  |

\* From the 2013 National Demographic and Health Survey (NDHS) Preliminary Report

+ From: [http://www.unicef.org/infobycountry/philippines\\_statistics.html](http://www.unicef.org/infobycountry/philippines_statistics.html). Accessed 9 September 2013

To address the high, unmet need for public health services, the DOH launched the Universal Health Care (UHC) Program, also known as *Kalusugan Pangkalahatan (KP)*. UHC provides every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public. It aims to ensure that every Filipino shall receive affordable and quality health benefits" ([www.doh.gov.ph](http://www.doh.gov.ph)). Despite UHC, most Filipino families' access to healthcare services such as family planning, prenatal care, safe delivery and post-partum care remains limited.

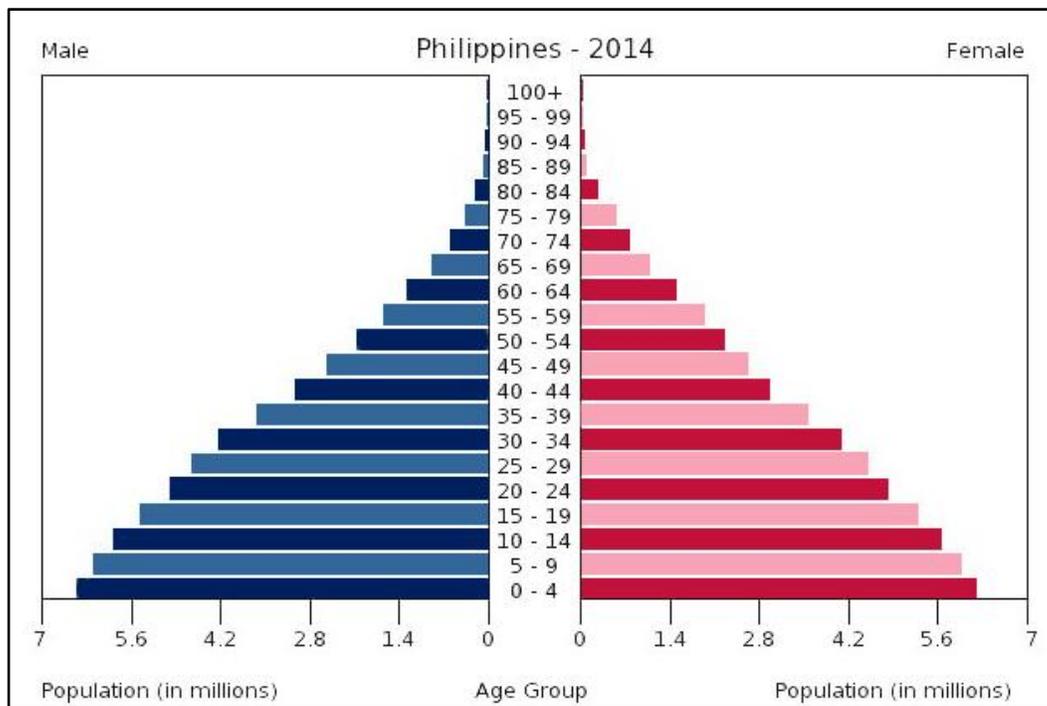
More concerted efforts are needed to achieve significant progress towards safe motherhood. Midwives are a major stakeholder; they play a vital role in the care of women and children. Midwives generally serve as primary health providers, and are in direct contact with the community. Unfortunately, there is no reliable source on the actual number of midwives in the country. Unconfirmed data reveals that in 2012, around 167,000 midwives are registered under the Professional Regulations Commission; 17,500 midwives are employed by public facilities (approximately 10.5 percent). Midwives are present and available in government-run health centers; however, their numbers are inadequate to serve the needs of women between 15-49 years old.

In 2010, 23.8 million Filipino women were of reproductive age, equaling 52 percent of the 45.6 million females in the country (*National Statistics Office*).

The age structure of the country in 2013 (shown below) shows a further increase in the number of women of reproductive age (WRA). With Filipino WRAs increasing each year, the gap between women seeking FP-MCH services and those public midwives who able to provide those services is widening.

| Number of females in the Philippines : 45,638,660 (year 2010) |       |            |
|---------------------------------------------------------------|-------|------------|
| 0-14 years:                                                   | 32.5% | 14,864,773 |
| 15-29 years:                                                  | 27.5% | 12,573,045 |
| 30-49 years:                                                  | 24.7% | 11,276,712 |
| 50-64 years:                                                  | 10.1% | 4,610,642  |
| 65 years and over:                                            | 5.1%  | 2,313,488  |

Adapted from: [http://www.nscb.gov.ph/secstat/d\\_popn.asp](http://www.nscb.gov.ph/secstat/d_popn.asp). Accessed September 9, 2013



Reference: CIA World Factbook. Accessed September 9, 2013

Due to the shortfall of public service providers, the services that private midwives provide are necessary to enhance family planning (FP) and maternal, newborn, and child health and nutrition (MNCHN). Unfortunately, there is no data on the number of private practicing midwives (PPMs). Nevertheless, any additional health care providers strengthen comprehensive, quality health services to both women and children, especially marginalized women and children.

## PART TWO

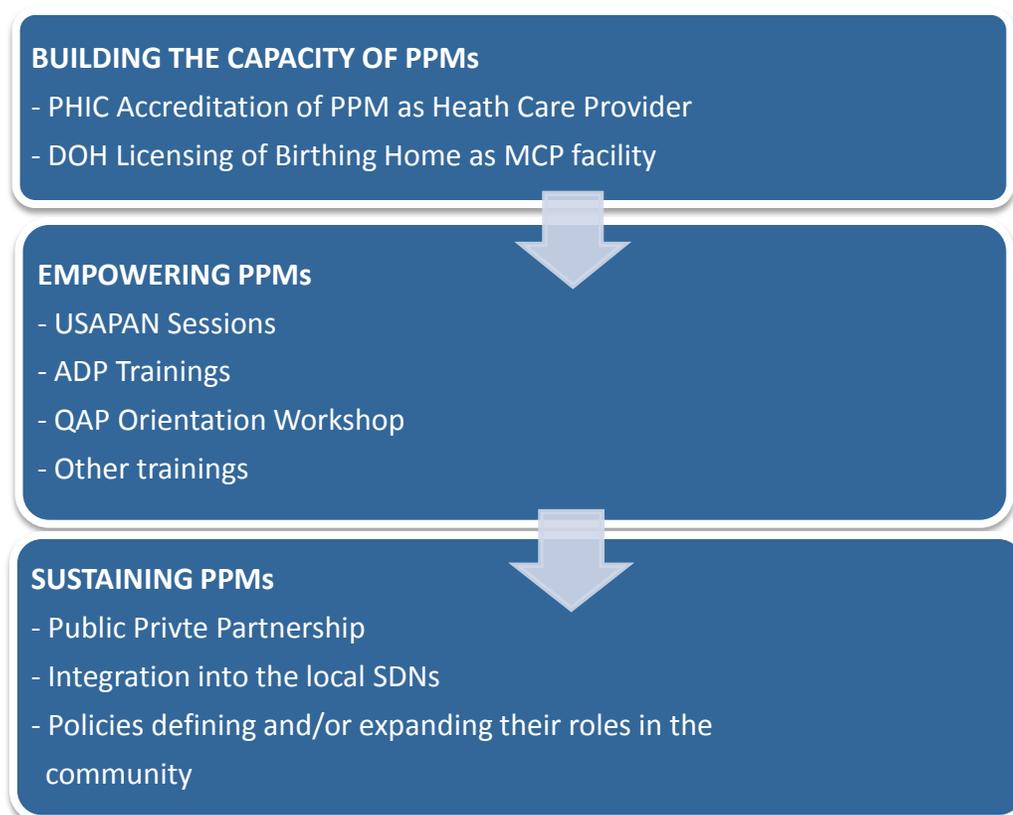
### Program Description

PPMs play a significant role in improving FP-MCH services, and as a result, program designs should maximize their use. The Technical Initiatives for Public-Private Partnership (TIPPP) works under the belief that the most effective way to support PPMs is threefold: empowerment, capacitation and sustainability.

This document serves as a process description or a 'how-to' guide for expanding PPMs contribution to FP-MCH outcomes, detailing the effort, resources, and timeline required to accomplish the desired objectives.

### General Objective

This document will guide partners through the various processes necessary to maximize PPMs potential contribution in providing quality FP-MCH services to the community (see table below). This can be achieved by capacitating PPMs to become Philippine Health Insurance Corporation (PhilHealth) accredited as healthcare providers and also acquire DOH Licensing of their birthing homes as Maternal Care Package (MCP) facilities; empowering the PPMs through technical competence trainings, *Usapan* Sessions, Alternative Distribution Points (ADP) trainings, Quality Assurance Package Orientation Workshop, etc.; and, sustaining the practice of PPMs through public-private partnerships (PPPs), their integration into the service delivery networks (SDNs), and the passage of policies defining/expanding their roles in the community.



### Summary of Processes to Maximize Contribution of PPMs in FP-MCH Program

| Goals                           | Main Objectives                                                              | Specific Objectives                                                                                                                                                                                                                  |
|---------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Building the Capacity of PPMs   | PPMs accredited as healthcare providers by PHIC                              | To list and describe the documents and the processes necessary to receive PhilHealth accreditation                                                                                                                                   |
|                                 | DOH licensing birthing homes as Maternal Care Package (MCP) Facilities       | To list and describe the necessary documents and to give guidance on the DOH licensing requirements                                                                                                                                  |
| Empowering PPMs                 | Technical competency-based trainings                                         | To list and describe required PPMs trainings pre- and post-PhilHealth accreditation                                                                                                                                                  |
|                                 | Conducting <i>Usapan</i> sessions                                            | To give an overview of what <i>Usapan</i> is, to give guidance on the necessary steps for <i>Usapan</i> implementation, and to describe how PPMs can benefit by conducting <i>Usapan</i> sessions in their respective birthing homes |
|                                 | Birthing homes as ADPs                                                       | To give an overview of the Alternative Distribution Points (ADP) training and describe the steps PPMs can take to link their businesses with suppliers of family planning commodities                                                |
|                                 | Effectively conducting Quality Assurance Package (QAP) Orientation Workshops | To provide the partners with the necessary materials                                                                                                                                                                                 |
| Sustaining the practice of PPMs | Establishing public-private partnerships (PPPs)                              | To describe PPPs and discuss the role of PPMs in these mechanisms                                                                                                                                                                    |
|                                 | Integration of PPMs into local service delivery networks (SDNs)              | To give guidance on how to integrate PPMs into local SDNs -- who are the partners to approach, what are the necessary documents, etc.                                                                                                |
|                                 | Drafting of Policies defining / expanding the role of PPMs in the community  | To provide samples of draft policies which define and/or expand the roles of PPMs in the community                                                                                                                                   |

## **Target partners who will benefit from this document**

**Department of Health-Regional Office:** DOH-RO provides most of the technical assistance to LGUs, including the Provincial Health Office / City Health Office / Municipal Health Office (PHO/CHO/MHO). With the aid of the processes described herein, it is hoped that they will be more effective in relating to or managing PPMs.

**PHO/CHO/MHO:** Responsible for developing and implementing local programs that can integrate midwives/PPMs as legitimate members of the local SDN and as service providers in the regular family planning (FP) and maternal and child health (MCH) network of the local government unit.

**Local PPP:** Establishes the SDN for FP-MCH services where PPMs can be recognized as legitimate service providers with the same standards, reporting requirements, and competencies as the public sector midwives.

**Private Midwives Organizations (IMAP, MFPI, PLGPMI):** Private midwives organizations (PMOs) assist their member PPMs in getting the support they need. Providing technical assistance to these PMOs can strengthen them as an organization and empower them to be effective negotiators on issues concerning midwives and/or the practice of midwifery.

## PART THREE

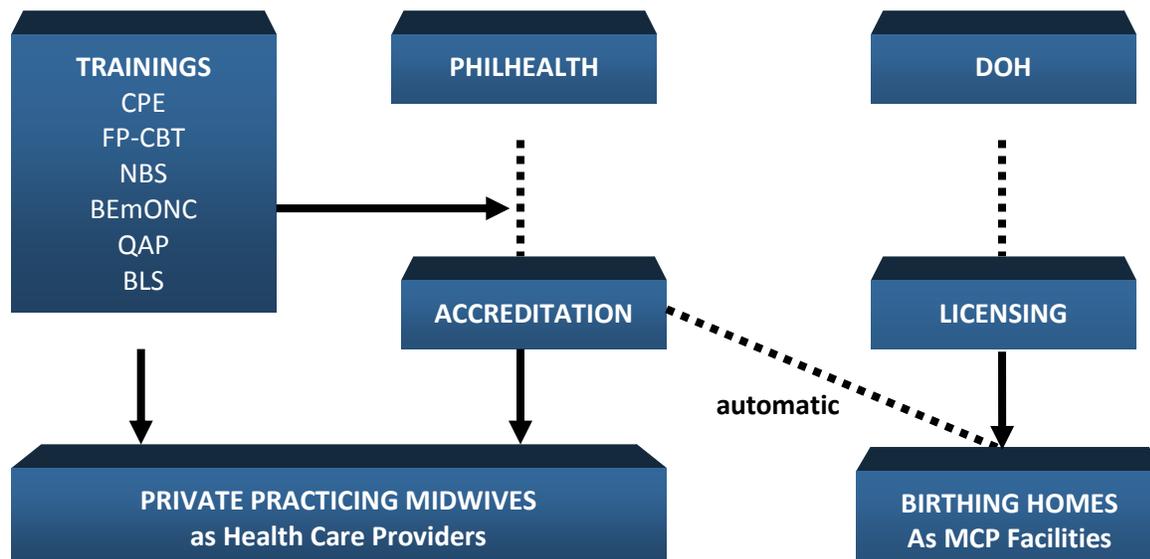
### Building the Capacity of PPMs

It is important to have programs that create sustainable PPMs while helping to improve their provision of quality healthcare, i.e., FP-MCH information, products and services. PhilHealth is a social insurance program that provides universal health coverage for its members through medical care subsidies.

In line with the Philippines' Universal Health Care (UHC) agenda of increasing Philippine Health Insurance Program (PhilHealth) enrolment and benefit delivery, UHC provides health insurance to the poor segment of the population, i.e. families who are part of the *Pantawid Pamilyang Pilipino Program (4Ps)* of the government. As beneficiaries of PhilHealth coverage, the 4Ps are no longer required to pay when availing of medical cases and surgical procedures which are reimbursable on a case-rate basis. FP-MCH services are part of these no-balance-billing cases.

The PPMs are encouraged to become PhilHealth-accredited healthcare providers to benefit from the possible PhilHealth reimbursements. To increase the number of facilities that offer quality FP-MCH services to the marginalized sector, it is strongly recommended that the birthing homes of PPMs secure a License to Operate from the DOH, which carries with it an automatic PhilHealth-accreditation as a Maternal Care Package (MCP) facility. Becoming PhilHealth accredited can result in monetary gain, facility upgrades and improved health care services.

### PHILHEALTH ACCREDITATION



## PhilHealth Accreditation Process of PPMs as Healthcare Providers

- A. Assess the 'Accreditability' of the PPM
  1. Conduct PPM orientation, including information on the PhilHealth accreditation requirements
  2. Ask each PPM to complete a PHIC assessment tool (Annex A)
  3. Visually assess and validate each participating PPMs PhilHealth assessment tool results and discuss action to address deficiencies
  4. Collect each PPM's assessment tool results and action plan, drafted to address PhilHealth accreditation deficiencies. These can be used as references when the application is being processed.
  
- B. Complete the Midwives PhilHealth accreditation requirements
  - I. General Requirements
    - a. Provider Data Record for professionals
    - b. Performance commitment
    - c. Professional Regulatory Commission (PRC) license or its alternative
    - d. Two 1 x 1 photos
    - e. Proof of payment for premium contribution
    - f. Any document from the following list which proves competency on the expanded functions of midwives (not required for those who graduated after 1994):
      - (1) A certificate of training from a program accredited by the Continuing Professional Education (CPE) Council of the Board of Midwifery of the Professional Regulation Commission (PRC) or
      - (2) A Training certificate from a DOH-recognized training program, or
      - (3) A certificate of apprenticeship for one or more years with a PHIC accredited Obstetrician-Gynecologist or an accredited midwife completed in an accredited facility
  
  2. Sign a memorandum of agreement (MOA) with any of the following, designating them as a referral point when OB and pediatric complications arise:
    - a. Accredited partner physicians (OB and Pedia)
    - b. Inter-local Health Zones (ILHZ) which allows for sharing of human resources
    - c. DOH-certified BEmONC-CEmONC network
      - i. It is necessary for PPMs to consult with the Department of Health-Regional Office (DOH-RO), Provincial Health Office (PHO), Municipal Health Office (MHO) and City Health Office (CHO) to identify and/or map out referral medical doctors and facilities for the birthing homes and to seek their support for the drafting of a MOA. Next, PPMs should link their practice with the referral doctors (Obstetrician-Gynecologists and pediatricians who are certified by their respective specialty board) and hospitals through regular meetings/consultations.

3. Training Certificates for the following: *(Details of each of the trainings are given in the next section)*
  - a. Continuing Professional Education (CPE)/Post-Graduate training on the Expanded Functions of Midwives
  - b. Family Planning Competency-Based Training Level I (FP-CBT I)
  - c. NBS or Newborn Screening Training
  - d. BEmONC Skills Training
  - e. Essential Intrapartum and Newborn Care (EINC) training
  - f. Basic Life Support (BLS) training
- C. Compile all requirements and submit application for PhilHealth accreditation to the PhilHealth Regional Office where the PPM is covered.
- D. Conduct follow-up meetings with the PPM to monitor their progress regarding accreditation.

#### DOH Licensing of Birthing Homes/PhilHealth Accreditation of Birthing Homes as MCP Facilities

Birthing homes are now recognized as vital primary care facilities in the community, increasing the number of deliveries attended by skilled birth attendants and promoting facility-based deliveries. As PPMs deliver quality healthcare services, they need to carefully and effectively manage their clinics to ensure its viability. Birthing homes need to have enough financial resources for staff, supplies and equipment in order to maintain adequate operations. PhilHealth reimbursements are the main source of resources for birthing homes, and therefore PhilHealth accreditation is important for sustaining business.

PhilHealth spearheads the accreditation of birthing homes as MCP facilities. However, the DOH recently issued Administrative Order (AO) 2012-0012 (Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines) which re-categorized health facilities based on set standards. Birthing homes are now recognized as primary health care facilities.

With the adoption of the new DOH classification, birthing home licenses will now be under the mandate of the DOH, and beginning 2015, all birthing homes will be required to undergo DOH Licensing. The DOH licensing process requires additional documentation and an expanded list of requirements which birthing homes need to comply with. Once a birthing home receives the DOH-License-to Operate (LTO), this needs to be submitted to PhilHealth, and the birthing home automatically becomes PhilHealth-accredited.

The process of acquiring DOH licensing for birthing homes includes:

- A. Assessing the readiness of the birthing home for DOH licensing
  1. Ensuring the birthing home owner or PPM manager is already PhilHealth-accredited as a health care provider
  2. Conducting an orientation for birthing home owners and midwife-managers on the DOH licensing requirements (Annex B, C and D)

3. Facilitating and requesting the birthing home owner/midwife-manager to complete the DOH Licensing Requirement Checklist (Annex E)
4. Visiting the birthing home to validate DOH Licensing Requirement Checklist results and discussing actions to address deficiencies.
5. Collecting checklist results and action plans drafted to address deficiencies. These can be used as a point of reference should there be a need while the application is being processed.

B. Gathering and completing the DOH licensing requirements

1. Standard Operating Procedures (SOP)/Manual of Operations
2. Certificate of Commitment from the DOH-RO as a Mother-Baby Friendly Health Facility
3. Certification of Compliance (from the DOH) in BEmONC for health facility
4. Certificate as a Newborn Screening Facility
5. MOA with a health facility of greater capability as its referral facility
6. \*Notarized certification that the birthing facility does not perform D&C (Dilatation and Curettage)
7. \*Notarized certification that the birthing facility does not perform permanent sterilization procedures such as bilateral tubal ligation (BTL) or non-scalpel vasectomy (NSV)
8. Documentary requirements for new applicants:
  - a. Valid Mayor's or Business Permit (for private facility)
  - b. Valid Certificate of Business Name Registration: Department of Trade and Industry (DTI) for single proprietorship (for a private facility) or Security and Exchange Commission (SEC) with Articles of Incorporation (for corporations)
9. Documentation that the collection, treatment and disposal of solid and liquid waste is in compliance with existing local ordinances (or Healthcare Waste Management which states that the waste disposal process must be included in the birthing home's Policy Manual.

(\*). Only one notarized certification as proof that birthing facility does not perform Dilatation and Curettage (D&C) and permanent sterilization procedures (BTL or NSV) is adequate.

- C. Conduct follow-up meetings with each PPM to discuss and implement strategies to ensure DOH compliance on facility set-up, medicines, supplies and records systems.
  1. Identify documentation deficiencies
  2. Conduct a visual inspection of the facility, determine if set-up conforms to DOH guidelines, discuss action plans to 're-structure' if needed, and ensure implementation of the action plans
  3. Inspect medicines, supplies, and logbooks to ensure availability
- D. Compile all required documents and submit the licensing application to the DOH.
- E. Coordinate the facility inspection with the DOH.

- F. Coordinate and conduct follow-up sessions between the PPM and the DOH representative regarding application findings and steps to be taken to correct deficiencies. Submit 'deficiencies' to DOH.
- G. Follow-up with the DOH regarding the License to Operate

#### Pre-PhilHealth accreditation / Pre-DOH Licensing Trainings

PPM skills and knowledge are enhanced through several training programs. These trainings are organized and conducted by recognized and accredited DOH-RO training providers.

PPMs are required to undergo six mandatory trainings and present the corresponding training certificates to PhilHealth to receive accreditation as healthcare providers and also to the DOH to license their birthing homes.

1. Continuing Professional Education (CPE)/Post-Graduate training on the Expanded Functions of Midwives: This is required for PPMs who graduated before 1995. The training focuses on three main interventions— suturing perineal lacerations, intravenous insertion, and performing internal examinations. Participants are required to perform a specific number of procedures to complete the training.
2. FP-CBT I training (Family Planning-Competency Based Training I): This integrated family planning training system aims to develop the knowledge, attitudes, and skills of participants to provide quality family planning service, and includes sessions on the Philippine Family Planning Program, human reproductive anatomy and physiology, family planning client assessments, infection prevention in family planning services, family planning products and services, family planning counselling, Informed Choice and Voluntarism (ICV), and action planning.
3. NBS or Newborn Screening Training: PPMs learn the importance of NBS and how to perform the procedure. NBS is performed 24-72 hours after delivery, screening the newborn for the presence of treatable, but not clinically evident, diseases, namely, Congenital Hypothyroidism, Congenital Adrenal Hyperplasia, Phenylketonuria, Galactosemia, and Glucose-6-Phosphate Dehydrogenase Deficiency. Early detection and treatment of these conditions prevents mental retardation, and infant morbidity and mortality.
4. BEmONC (Basic Emergency in Obstetric and Newborn Care) Training: Gives support to the DOH-A.O 2008-0029 on 'Implementing Health Reforms to Rapidly Reduce Maternal and Newborn Mortality,' also known as the MNCHN Policy. BEmONC focuses on building obstetric and newborn care providers with the ability to immediately recognize and manage mother and child pregnancy, delivery, and postpartum risks. The main goal is to teach early detection and treatment of problems to prevent emergencies, and also how to adequately manage an emergency complication should one arise.
5. EINC (Essential Intrapartum and Newborn Care) Training: Trains participants on how to comply with DOH A.O. 2009-2005 which mandates implementation of the EINC Protocol in both public and private facilities. EINC is an evidence-based set of practices that provides a standard quality of care for the mother during the intrapartum period

(inclusive of labor and delivery) and the newborn, within the first week of life. For the newborn, four core steps are recommended and these should be performed in a time-bound sequence.

*The EINC training is one of several modules in the BEmONC training. Once the BEmONC training for midwives is in place and PPMs undergo this training, the separate EINC training will no longer be mandatory.*

6. **BLS (Basic Life Support) Training:** This training course was designed to teach healthcare providers how to recognize life-threatening emergencies, and subsequently, how to perform CPR (cardiopulmonary resuscitation) and other life-saving skills, such as relieving choking in a safe, timely and effective manner until that individual reaches a hospital.

Trainings should be performed sequentially to ensure resources are maximized.

1. PPMs are oriented on the necessary documents and requirements to become PhilHealth accredited. Except for the CPE course which is waived for PPMs who graduated after 1994, PPMs are required to take all of the trainings listed above. It is suggested that PPMs complete a checklist, after which, each PPM must be evaluated on their respective training needs.
2. Consult with the DOH-RO to determine available training dates. Trainings organized and conducted by the DOH-RO are usually cost-effective, if not free. Should there be no available time for the PPM to attend, the PPM may opt to enlist under a private training provider. It is important that the trainee ensures their chosen facilitator is an accredited DOH training provider. In addition, private institution trainings often include registration costs, depending on the nature and length of training.
3. Ensure the training provider complies with DOH-recommended modules and training times.
4. Attending all training sessions is necessary. For trainings that include a practicum, trainees must complete their case load under the supervision of a trainer or training facilitator. Case loads are generally conducted in government-run facilities which were contracted by the training provider for this purpose. Trainees are provided with schedules indicating when they should report back to the trainer.
5. Once case loads have been completed, a Certificate of Completion or Certificate of Training is issued to the trainee. If the training is organized by the DOH-RO, the corresponding Regional Director signs the certificate. Otherwise, the certificate is signed by the authorized signatory of the accredited training provider.

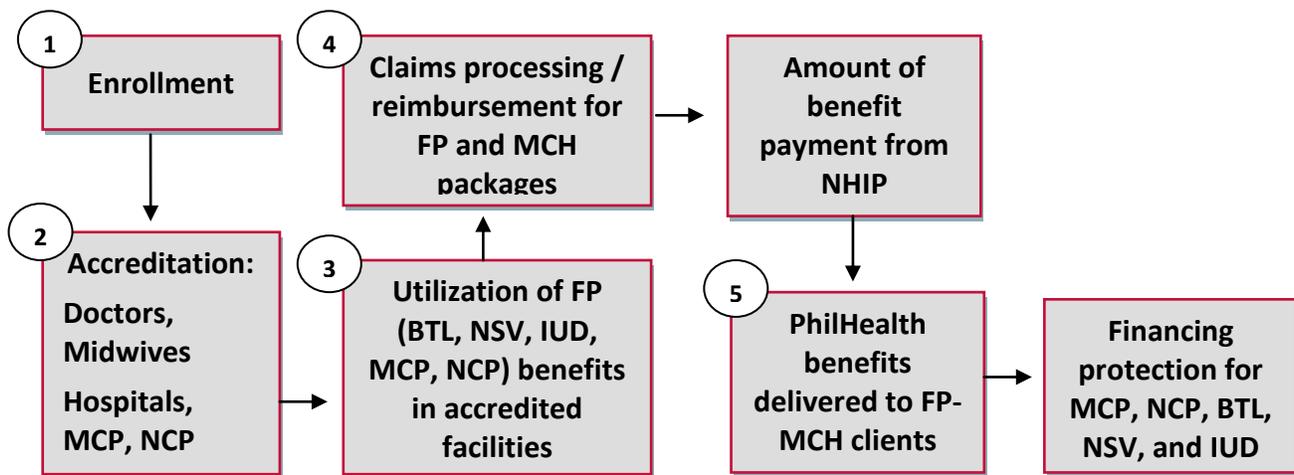
### PhilHealth claims / reimbursements

PPMs, especially those who became PhilHealth-accredited for the first time, often have difficulty submitting claims for reimbursement. Stewards, (whether the public sector or the private sector) should therefore guide PPMs through this aspect:

1. Set up an orientation meeting with the PhilHealth-accredited PPMs, especially with established birthing homes who have their initial accreditation.
2. Coordinate with PhilHealth and invite a resource person to discuss the PhilHealth claims processing guidelines.
3. During the meeting, the PhilHealth resource person presents the Maternity Care Package/Newborn Care Package benefits, the PhilHealth reimbursement guidelines and process, samples of accomplished PhilHealth claims forms, and, if possible, conducts exercises on filling out the claims forms.
4. Discuss challenges encountered by PPMs and come up with actions to address these challenges.

### Value of PhilHealth accreditation

PhilHealth accreditation is a means for health care providers to improve their clinic finances. PhilHealth claims and reimbursements can increase PPMs/birthing home's revenue by two to three times the amount they would generally get from non-PhilHealth clients; generating more income will help PPMs sustain their clinic.



*National Health Insurance Program Value Chain contributing to increase in CPR and SBA.*

## PART FOUR

### Empowering PPMs

PhilHealth accreditation can improve the financial status of both the PPMs and their respective birthing homes. With supplementary funds, PPMs will have the capacity to expand the services. It is, however, necessary to empower these health care providers through trainings and other initiatives, enabling them to address challenges that may arise in the course of their clinical practice and to motivate them to continuously provide quality service.

It is encouraged that all PPMs enhance their competencies through post-PhilHealth accreditation trainings, such as the FP-CBT2 (IUD insertion and removal). To supplement their knowledge and skills, it is also recommended that PPMs undergo the training on the use of Adolescent Job Aid Manual and Quality Assurance Package (QAP) for Midwives orientation workshop.

PPMs should participate in the *Usapan* Facilitators training and Alternative Distribution Point (ADP) training to increase demand for FP-MNCHN services and to further improve PPM income-generating opportunities.

#### FP-CBT2 training on IUD insertion and removal

The FP-CBT2 training on IUD insertion and removal is a five-day course which consists of a didactic part (2 days), and a practicum/preceptorship part (3 days). Modules sessions include infection prevention, client assessment, insertion and removal of IUDs, and follow-up care and management of potential problems. The main objective is to enable the midwives and other participants to provide IUD service.

This training is the same as the pre-PhilHealth accreditation trainings discussed in Part III of this document. The practicum presents the main challenge for the FP-CBT2, wherein each participant is expected to perform a required number of actual IUD insertions and/or removals under the supervision of a preceptor. This is performed at either an assigned health facility (as arranged by the training provider) or at the participant's birthing clinic. If done at the latter, the scheduling must be coordinated with the respective preceptor. A Certificate of Competency/Completion is only issued upon compliance with all the requirements set forth by the DOH. It is important to note that complementary to the training, MWs need to regularly do actual IUD insertion (and removal) for their skills to be sustained.

#### **Training on the Use of the Adolescent Job Aid Manual**

PPMs play a critical role in providing services to the youth. They are part of the multi-sectoral public-private partnership in addressing the reproductive health concerns/needs of youths/adolescents. The objectives of this training are: (1) to introduce the concept and use of the Adolescent Job Aid Manual; (2) to understand the Filipino adolescent in the context of his environment and how it can influence his health and lifestyle; (3) to provide tips on how to operate an Adolescent-friendly health facility; (4) to gain additional knowledge and skills in

Adolescent Interview, History taking, and Physical assessment; (5) to demonstrate the algorithm and flow in the assessment, diagnosis, and management of adolescents; and (6) to appreciate the importance of providing health information to adolescents and their parents regarding preventive health. The training focuses on youth behaviors, based on the Adolescent and Youth Policy Guidelines, that need to be addressed to reduce mortality and morbidity in the country. Aside from the midwives, this training can also be conducted for students and other medical & paramedical workers.

### **Quality Assurance Package for Midwives (QAP) Orientation Workshop**

The Quality Assurance Package for Midwives: A Toolkit for Practicing Professional Midwives was developed through collaboration between the DOH-Health Human Resource Development Bureau (DOH-HHRDB) and the USAID Private Sector Mobilization for Family Health – Phase 2 (PRISM2) project. The toolkit provides continuing quality improvement by setting standards of quality care, and providing an opportunity for midwives to conduct their own technical self-assessment, followed by technical monitoring and assistance by their supervisors. This set of standards and tools were designed to ensure both public and private practice midwives adhere to quality standards when providing Maternal, Newborn, Child Health and Nutrition (MNCHN) services, in both government birthing facilities and in private clinics and thus, is recommended for both midwives and their supervisors.

*This toolkit and the orientation workshop were released and introduced in 2013. Unlike other trainings which are facilitated by the DOH or PRC-accredited training providers, the QAP workshop is expected to be undertaken by the DOH-RO and/or CHO/PHO, or by a Midwives' Association. Please refer to Annex F for a description of the QAP Toolkit contents.*

#### **Preparing for the QAP Orientation Workshop**

1. Determine the lead agency/organizing body.  
This group can either be the CHO/PHO, DOH-RO or a midwife association/organization, and will be responsible for all activities. Therefore, this group will be designated as the “training provider.”
2. Determine the objective of the QAP Orientation Workshop.  
The general objective of the QAP Orientation Workshop is to enhance the knowledge and skills of professional (public and private) practicing midwives to ensure compliance with quality standards of care. The specific objectives are to enable supervisors a) to conduct quality technical monitoring and supervision of practicing professional midwives, and b) to cascade the QAP information to PPMs. For PPMs, the workshop will enable them a) to perform self-assessments, and b) to accurately fill out clinic forms.
3. Determine the participants  
Participants can include both supervisors – those who will supervise and monitor midwives – and midwives, those who perform clinical work in either a public or private birthing facility. Determining who will participate is necessary to determine the length of the workshop. Participants who are in a supervisory capacity will partake in a 3-day workshop, while midwives workshop will take only 2-days.

#### 4. Prepare the Budget and the Logistics.

Budgets should include venue and meals; accommodations for the participants, if necessary; training materials/kits; and transportation (for the practicum or on-site monitoring and for supervisors). In addition, the venue must have adequate space to accommodate break-out groups during the workshop portions. Arrangements must also be made for supervisors partaking in the practicum or on-site monitoring.

- a) Scout out birthing facilities that can be tapped as venues for the monitoring exercise. The practicum facility must meet the following criteria:

|                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Accessibility                                                                                                                                                                                                                                                                                                                                                                                                      | Within 5-8 km of the workshop venue                  |
| <p>The practicum site is preferably within 5-8 kms from the workshop venue.</p> <p><i>Rationale:</i> Since the allotted time for the practicum is just 3 hours (9am-12nn) on the 2<sup>nd</sup> day, we need to have sites that will require the least travel.</p>                                                                                                                                                 |                                                      |
| Qualification                                                                                                                                                                                                                                                                                                                                                                                                      | Facility and Owner/Manager are PhilHealth-accredited |
| <p>The site is a PhilHealth-accredited facility, owned and/or managed by a PhilHealth-accredited midwife/doctor.</p> <p><i>Rationale:</i> Since the workshop is geared towards ensuring quality of services, accreditation by PhilHealth of both the facility and the owner/manager-midwife will be aligned with the objectives.</p>                                                                               |                                                      |
| Length of operation                                                                                                                                                                                                                                                                                                                                                                                                | At least 2 years                                     |
| <p>The clinic has been in operation for at least 2 years.</p> <p><i>Rationale:</i> To ensure that the site is already fully operational, it is recommended that the site be at least 2 years in operation; avoiding the usual adjustment period of newly-opened facilities.</p>                                                                                                                                    |                                                      |
| Services offered                                                                                                                                                                                                                                                                                                                                                                                                   | Birthing and other family planning services          |
| <p>The clinic offers birthing and family planning services.</p> <p><i>Rationale:</i> The Monitoring tool for Supervisors that will be used for this activity aims to serve as a guide to monitoring and evaluating quality of all services provided by midwives, including but not limited to, deliveries and outpatient consultation. It will therefore be optimal if the site offers comprehensive services.</p> |                                                      |
| Size                                                                                                                                                                                                                                                                                                                                                                                                               | Enough for 5-6 persons to move around in             |
| <p>The clinic has enough space for 5-6 persons to tour the facility.</p> <p><i>Rationale:</i> The workshop participants will be divided into small groups of 5 members each, to be assisted by one facilitator from the lead agency or the organizing body. It is best if there will be good mobility within the facility.</p>                                                                                     |                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Willingness to support the activity                                                                                                                                                                                                                                                                                                                                                                                                       | Allows access into the facility and materials/equipments within |
| <p>The site is willing to support the activity by allowing access to their facilities and inspection of their equipment, medicines, etc.</p> <p><i>Rationale:</i> There will be inspection of the facility and, if time allows, observation of the midwife and how she conducts her daily clinical practice. The site must be aware of the objectives of the activity and must allow access to the facility and the materials within.</p> |                                                                 |
| Appropriateness to the activity's objectives                                                                                                                                                                                                                                                                                                                                                                                              | Aligned with the objectives                                     |
| <p>The practicum site is a good match with workshop objectives to maximize the learnings to be obtained.</p>                                                                                                                                                                                                                                                                                                                              |                                                                 |

- b) Send a letter to the birthing home owner/manager to formalize the request. Indicate the objective of the visit, the date and expected time of arrival, and the number of participants.
- c) Make arrangements for the vans which will transport the participants to the various sites on the day of the practicum.

Each participant of the QAP Orientation Workshop is given a training kit which contains all needed materials: QAP Manual, program of activities, hard copies of all the clinic forms, two copies each of the self-assessment tool (for PPM) or monitoring tool (for supervisors), and a CD containing all of the above-mentioned materials, for future reference.

Other materials to prepare and print include the pre- and post-tests, evaluation form, and the workshop sheets to be used for workshop sessions. Big versions (tarpaulins) of the different clinic forms are likewise recommended.

In summary, the materials needed are:

|                                                                                                      | LIST OF MATERIALS                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Training Materials to be distributed (per participant): placed in one expandable plastic envelope | Quality Assurance Package Manuals (QAP)*                                                                                                                               |
|                                                                                                      | CD - contains Midwives Self-Assessment Tool/Supervisor's Monitoring Tool, QAP Manual 2013, Workshop sheets, Standard Clinic Forms, Pre-and Post-test forms, Partograph |
|                                                                                                      | QAP program                                                                                                                                                            |
|                                                                                                      | Self-Assessment Tool for Midwives or Monitoring Tool for Supervisors (2 copies each)                                                                                   |
|                                                                                                      | Forms - 1, 2A, 2B, 2C, 2E, 3, 4, 5 (1 copy each)                                                                                                                       |
|                                                                                                      | Form 2D Partograph (2 copies each)                                                                                                                                     |

|                                                                                |                                                                                                                      |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                                                                                | I Pencil                                                                                                             |
|                                                                                | Extra Bond Papers/Notebook                                                                                           |
| 2. To be printed but not included in the Kit (to be used during the workshops) | Facilitators' Guidelines                                                                                             |
|                                                                                | Workshop Sheets                                                                                                      |
|                                                                                | Evaluation Form                                                                                                      |
|                                                                                | Pre-test                                                                                                             |
|                                                                                | Post-test                                                                                                            |
|                                                                                | Tarpaulins of Forms : size 35"x54" for Forms 1, 2A and 2B and size 35"x48" for Forms 2C, 2D, 2E, 3, 4, 5 (1 pc each) |
|                                                                                | Tarpaulin for Leveling of Expectations - 20"x30" each                                                                |
| 3. Office Supplies                                                             | Washable Pentel Pens                                                                                                 |
|                                                                                | Meta Cards (3 colors - pink, blue, green)                                                                            |
|                                                                                | Extra Bond Papers                                                                                                    |
| 4. Other materials to be prepared / printed                                    | Attendance Sheet                                                                                                     |
|                                                                                | Name Tags                                                                                                            |
|                                                                                | Certificates of Completion                                                                                           |
|                                                                                | Certificate of Appearance                                                                                            |

#### 5. Conduct the actual QAP orientation workshop

The QAP Orientation Workshop is either a 3-day workshop for supervisors, or a 2-day workshop for midwives. The modules are included in this document in CD format. The methodology used for both includes lectures, workshops, and group/plenary discussions. For supervisors, there is an additional module on supervisory supervision and there is a practicum session on how to monitor the quality of a birthing home.

The suggested programs are as follows:

##### a. For the Midwife Level - 2 days

| DAY I   |                              |
|---------|------------------------------|
| 8:00 AM | Registration of Participants |
| 9:00    | Invocation                   |
|         | and National Anthem          |
| 9:10    | Welcome Remarks              |
| 9:20    | Pre-test                     |

|              |                                                                                                                        |
|--------------|------------------------------------------------------------------------------------------------------------------------|
| 9:30         | Leveling of Expectations                                                                                               |
| 9:45         | Overview of the Program / Objectives                                                                                   |
|              | Rationale for the QAP                                                                                                  |
| 10:00        | Workshop – <i>Clinical Care for Midwives</i>                                                                           |
| 12:30 PM     | LUNCH                                                                                                                  |
| 1:30         | Workshop – <i>Clinic Operation Standards</i>                                                                           |
|              | What forms to use / how to accomplish each form                                                                        |
|              | Case Study – How to use the Partograph                                                                                 |
| 4:30         | Synthesis of Day 1                                                                                                     |
| <b>DAY 2</b> |                                                                                                                        |
| 8:00 AM      | Registration of Participants                                                                                           |
| 8:15         | Lecture – MW self-assessment tool                                                                                      |
| 11:00        | Processing of the self-assessment                                                                                      |
| 12:00        | LUNCH                                                                                                                  |
| 1:00 PM      | Guide to Organizing and Managing Conduct of Clinical Case Conference for Midwives: Didactics and Practical Application |
| 2:00         | Action Plans / Next Steps                                                                                              |
| 4:00         | Post-test                                                                                                              |
| 4:15         | Synthesis of Day 2                                                                                                     |
| 4:30         | Closing Remarks                                                                                                        |

- b.** For the Supervisory Level – 3 days: *(It is recommended that after this workshop, participants become the trainers/facilitators in the QAP workshop for midwives.)*

|              |                                              |
|--------------|----------------------------------------------|
| <b>DAY 1</b> |                                              |
| 8:00 AM      | Registration of Participants                 |
| 8:30         | Invocation                                   |
|              | and National Anthem                          |
| 8:40         | Welcome Remarks                              |
| 8:50         | Introduction of Participants                 |
| 9:00         | Leveling of Expectations                     |
| 9:20         | Pre-test                                     |
| 9:30         | Overview of the Program / Objectives         |
|              | Rationale for the QAP                        |
| 10:00        | Workshop – <i>Clinical Care for Midwives</i> |
| 12:30 PM     | LUNCH                                        |

|          |                                                                                            |
|----------|--------------------------------------------------------------------------------------------|
| 1:30     | Workshop – <i>How to Use Supervisor Portion of Section 3: Monitoring Tool (Case Study)</i> |
| 4:50     | Synthesis of Day 1                                                                         |
| DAY 2    |                                                                                            |
| 7:30 AM  | Registration of Participants                                                               |
| 8:00     | Practical Application of the Monitoring Tool; On-site visit to birthing homes              |
| 11:00    | Group Discussion: Summary of the Practicum                                                 |
| 12:00    | LUNCH                                                                                      |
| 1:00 PM  | Plenary: <i>Processing of the practicum experiences</i>                                    |
| 3:30     | Workshop - <i>Clinic Operation Standards / Using the forms</i>                             |
| 5:00     | Synthesis of Day 2                                                                         |
| DAY 3    |                                                                                            |
| 8:00 AM  | Registration of Participants                                                               |
| 8:30     | Supportive Supervision I & II                                                              |
| 12:00 PM | LUNCH                                                                                      |
| 1:00     | Guide to Organizing and Managing Conduct of Clinical Case Conference for Midwives          |
| 2:00     | Action Plan / Next Steps                                                                   |
| 3:00     | Post-test                                                                                  |
| 4:00     | Closing Remarks                                                                            |

### Monitoring PPMs/birthing homes

After completing the QAP workshop, PPMs should be regularly monitored using the self-assessment tool (for the PPMs) and the monitoring tool (for the supervisors) which are both included in the QAP toolkit.

Supervisors for the PPMs can either be from the public sector – the public health nurses (PHNs) – or the private sector, i.e., mentors/supervisors from the midwives associations (IMAP, MFPI, PLGPMI). It is recommended that these supervisors undergo the QAP workshop level I.

## **Usapan (Conversation) Series**

Although PPMs are equipped with the necessary knowledge and skills, they still need help to expand their services to the community. The *Usapan* Series is an activity that can aid PPMs in becoming recognized as health care providers in their respective areas of clinical practice. It can also help in generating demand for FP-MCH services and products.

### What is the Usapan Series?

The Usapan Series is a form of group counselling which combines information and service provision in one setting. Consistent with DOH-standards, it provides an environment for a meaningful dialogue where clients receive information on the full range of family methods or maternal and child health behaviors which are relevant to their personal circumstances and aspirations. For interested clients, adequate information about the chosen family planning method is provided through the subsequent one-on-one counselling and, after assessment, clients can immediately access appropriate services/commodities that will respond to their specific needs.

### How is the Usapan conducted?

- I. Assisted-PPMs should undergo an *Usapan* Facilitators Training, a four-day training which builds the capability of PPMs as group counselling facilitators.

The *Usapan* Facilitators Training is conducted by either the DOH-RO, CHO/PHO/MHO, midwife associations, or any training provider who has previously been certified as an *Usapan* trainer. It is recommended that all PPMs undergo this training.

- a. Prior to the *Usapan* Facilitators training, participants/trainees should be required to attend the FP-CBTI training. It is also possible to train participants who do not have prior FP-CBTI training, but these health educators should only conduct / facilitate *Usapan* sessions if they are accompanied by a FP-CBTI-trained midwife or nurse who will serve as an FP-MCH resource person.
- b. Participant training will include the four variants of the *Usapan* Series, namely: *Usapang Pwede Pa*, *Usapang Kuntento Na*, *Usapang Buntis*, and *Usapang Bagong Maginoo*, all of which are presented as separate sessions. A lecture on gender and gender-based violence is also included in the *Usapan* Series.

The objectives, target participants, and topics to be discussed for each variant are as follows:

| Usapan Type/Title | Objective                                      | Participants                                                                                                                                                                                | Topics to be discussed                                                                                                                                 |
|-------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Usapang Pwede Pa  | To promotion birth spacing between pregnancies | <ul style="list-style-type: none"> <li>• Men and women who still want to have children but not in the immediate future)</li> <li>• Married or living-together; in a relationship</li> </ul> | <ul style="list-style-type: none"> <li>• LAM</li> <li>• Condom</li> <li>• IUD</li> <li>• Fertility-based awareness methods</li> <li>• Pills</li> </ul> |

|                        |                              |                                                                                                                                                                                            |                                                                                                                                                                                                            |
|------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        |                              | <ul style="list-style-type: none"> <li>• Preferably those with at least one child</li> </ul>                                                                                               | <ul style="list-style-type: none"> <li>• Injectables</li> </ul>                                                                                                                                            |
| Usapang Kuntento Na    | To promote LAPM              | <ul style="list-style-type: none"> <li>• Men and women who are content with their family size and DO NOT want any more children</li> <li>• Preferably between the ages of 25-40</li> </ul> | <ul style="list-style-type: none"> <li>• BTL</li> <li>• IUD</li> <li>• NSV</li> </ul>                                                                                                                      |
| Usapang Buntis         | To educate pregnant women    | Pregnant Women                                                                                                                                                                             | <ul style="list-style-type: none"> <li>• Healthy pregnancies &amp; safe delivery</li> <li>• DOH-recommended 3-5 years birth spacing</li> <li>• Post-partum FP methods</li> <li>• Gender and GBV</li> </ul> |
| Usapang Bagong Maginoo | To education males on FPMCH  | Married males and males living with a partner (common-law wife)                                                                                                                            | <ul style="list-style-type: none"> <li>• Gender and GBV</li> <li>• Men's role and participation in FP-MCH</li> </ul>                                                                                       |
| Gender and GBV         | For Gender and GBV awareness | For all participants                                                                                                                                                                       | <ul style="list-style-type: none"> <li>• Concept of gender in MNCHN / FPMCH</li> <li>• Gender-based violence</li> <li>• Role of health providers in GBV cases</li> </ul>                                   |

- c. Conducting the Usapan Facilitators Training: The training should be conversational and practical rather than the class/lecture type of session. It must be interactive, encouraging and allowing participants to ask questions or to give comments.

The approach should be three-pronged:

- d. Description of the process - explains what the process is, why it is important, and when it should be used
- e. Demonstrate the process –the trainer should perform the process while the trainees observe
- f. Practical application of the trainings – trainees do return demonstrations and, on the last day, are brought to a practicum site where they are expected to facilitate an Usapan session with a real family planning client.
2. After completing the four-day Usapan Facilitators Training, PPMs should be encouraged to conduct Usapan sessions in their respective birthing homes; either individually or as a group. The following steps describe how to start offering *Usapan* service:

- a. The PPM picks a date for the activity; the PPM contacts and coordinates with their peers if it will be a collaborative effort
- b. The PPM prepares the necessary materials: training aids (brochures, family planning desk flipcharts, family planning wall charts, tarpaulin flipcharts); forms (attendance sheets, family planning form I, *Usapan* session recording forms, *Usapan* reimbursement forms); and family planning action cards.

In the conduct of the *Usapan* sessions, it is mandatory that the PPMs immediately provide the clients with the chosen FP method thus PPMs need to ensure they will have various family planning products (pills, injectables, condom, standard days method cyclebeads, etc.) available on the day of the activity.

- c. Ideally, the PPM should collaborate with Community Health Teams (CHTs) or volunteer health workers who are familiar with the mothers in the area. If these CHTs have a list of mothers who no longer want to have children, they should be invited to an *Usapang Kuntento Na* session. Conversely, mothers who are listed as desiring more children but who want to delay their next pregnancy should be invited to an *Usapang Pwede Pa* session. Moreover, men and young people should be invited to the appropriate *Usapan* sessions. It is important to pre-select the participants as this will allow facilitator to save on time by adapting discussion to each audience.
- d. The PPM should announce the activity through: (1) a personal invitation to community members; (2) posting an announcement in the birthing home and other allowable strategic places in the community; (3) distributing leaflets or flyers, and/or (4) sending out invitations or notices to community leaders or organization heads. The maximum number of participants for each *Usapan* sessions should be no more than 15 people, the recommended number of participants. This is to ensure a manageable group and that information can be relayed effectively.
- e. On the date of the activity, the PPM should prepare the venue/space in their birthing home where the *Usapan* session will be held; prepares optional snacks during the activity (this may be done with or without assistance from pharmaceutical suppliers or other partners); and, conducts the *Usapan* session proper.
  - i. The PPM performs group counseling
  - ii. The PPM asks the attendees to fill out the action cards to determine the desired FP method
  - iii. The PPM performs one-on-one counseling on the chosen family planning method
  - iv. The PPM provides the family planning product chosen by the participant (on-site service provision). It is mandatory for the PPM to ensure that all necessary forms (Family Planning Form I, Recording Form for *Usapan*, Action Cards, and attendance sheets) are filled out properly.
- f. As a follow-up activity, PPMs should contact attendees who have indicated a desired family planning method but who were unable to avail of the product during the day of the *Usapan* session itself.

- g. CHO/PHO/MHO is encouraged to mandate the PPM to actively share the data generated as part of the regular reporting process (within the SDN processes).

Previously, the Usapan series included ‘Usapan Barkadahan’ which focuses on the youth. However, it was eventually deemed more appropriate to conduct this module separately, hence, the development of the ‘Training on the use of the Adolescent Job Aid Manual.’ With this new initiative, PPMs are expected to forge partnerships with the academes, community health leaders, Department of Social Welfare & Development (DSWD), city health offices and student leaders from colleges or universities to be able to strengthen and broaden the participation of as many youths as possible.

### **Alternative Distribution Points (ADPs)**

As part of the efforts to increase provision of FP-MCH products, birthing homes can be developed to become ADPs; the support of LGUs and midwife associations (MWAs)/organizations can help facilitate the process. LGUs and MWAs, if already trainers, can conduct and/or provide logistical support (venue, meals, etc.) during the PPM ADP training.

#### What are ADPs?

ADPs are non-traditional sources of FP-MNCHN supplies which increase the availability of, access to, and utilization of FP-MCH products in the communities. ADPs also include PPMs with PhilHealth accreditation and DOH licensed birthing homes.

#### How can birthing homes become ADPs?

PPMs owners or managers of PhilHealth-accredited or DOH-licensed birthing homes need to undergo the ADP training. The training guides PPMs on the basics of becoming an ADP. In addition to the training, birthing homes need to purchase family planning commodities at least once every quarter for two consecutive quarters. No minimum order is required.

Having completed an ADP training, birthing homes can now function as ADPs which can be a way to ensure continued availability and immediate provision of family planning services and commodities. This would eventually increase the sustainability of the birthing homes serving as an additional source of revenue.

#### The ADP training

This training involves a discussions on the how to successfully operate a birthing home as an ADP, and includes the financial perspective, the growth perspective, the customer perspective, the internal business perspective, and the sustainability perspective.

- I. Financial Perspective – discusses the following:
  - a. The importance of accurate, timely and updated financial records for good business management;

- b. Accounting and financial information to make informed decisions about the birthing home business;
  - c. A balance sheet and how it relates to ADP business management;
  - d. Value of cash flow and how to use a cash flow plan for business planning;
  - e. The importance of keeping simple financial records.
2. Growth Perspective – discusses the marketing side of the birthing home as an ADP
    - a. Create a basic marketing plan;
    - b. Identify their market and target clientele
    - c. External and internal factors that can affect business
    - d. Conceptualize the ‘Marketing Mix,’ offering the right combination of products, pricing and promotions in communities to ensure a sustainable ADP business
3. Customer Perspective – discuss:
    - a. How to get new customers and how to get customers to become long-term clients
    - b. How to choose the right staff who can engage customers
    - c. Selling skills (understanding clients’ needs and providing the products and services that meet those needs), and
    - d. How to deal and maintain a good ‘relationship’ with stakeholders such as cooperatives, RHUs, hospitals, etc.
4. Internal Business Perspective – deals with:
    - a. The management logistics, including but not limited to, procurement, inventory management, stockroom/warehouse management and physical delivery
    - b. Insights from pharmaceutical companies - either retailers or wholesalers – on how understanding logistics can contribute to the success of a birthing home as an ADP
5. Sustainability Perspective involves a discussion on how to sustain a business over time.

Recommended steps in helping the birthing homes to become ADPs (as part of the PPP initiative):

1. Convene the owners/managers of all private birthing homes in the catchment area of the LGU for a consultative meeting.
2. Identify which birthing homes will need assistance:
  - a. Birthing homes which are not yet ADPs, i.e., have no ADP training
  - b. Birthing homes that have completed ADP training but that have yet to procure anything
  - c. Birthing homes who are ADPs but have not sustained their supply of FP-MCH commodities

In this consultative meeting, challenges that birthing home owners/managers face can be discussed and steps to overcome the challenges can be drafted.

3. To be able to address the gaps, it is recommended that LGUs (through the CHO/PHO/MHO):

- a. Conduct ADP trainings for birthing homes who are in need of these trainings; or, if the LGU does not yet have certified trainers, assist in organizing a training with a third party serving as the training provider. It will also be helpful if the training includes representatives of pharmaceutical companies who are directly involved in and/or actively supporting the provision of FP products and services.
- b. Establish linkages with pharmaceutical companies – wholesalers or distributors – who can provide the subsequent birthing home orders. One of the challenges is the limited number of pharma companies who are willing and/or able to serve small purchase needs of birthing homes. In these cases, the LGU can assist the birthing home in drafting a memorandum of agreement, if necessary, with the suppliers of family planning products;
- c. Ask the birthing home owners/managers to submit a regular report on FP-MCH commodities purchased to be able to monitor the sustainability of birthing homes as ADPs and to get an overview of the family planning service provision in their area;
- d. As a follow-up to the ADP training, the LGU can offer quarterly business planning sessions to help the PPMs/birthing homes conduct day-to-day business.

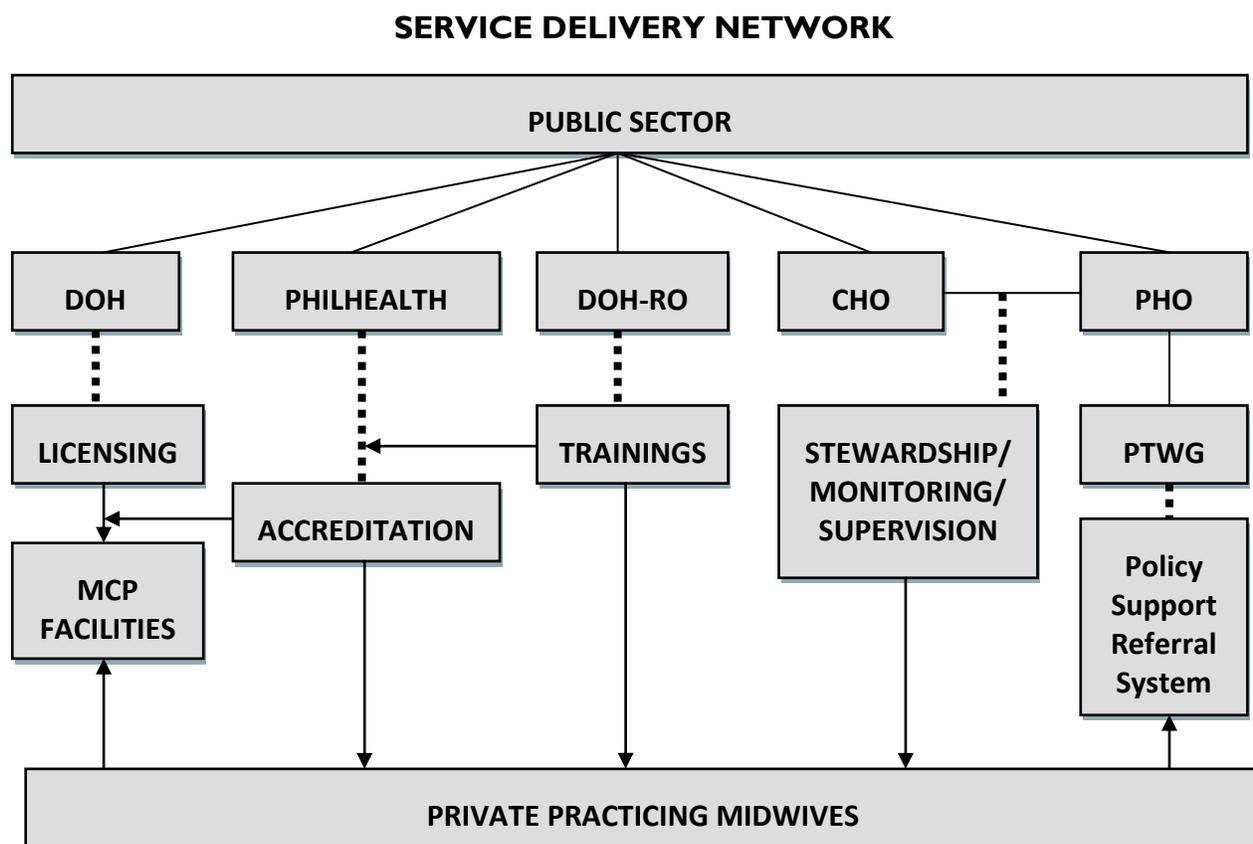
## PART FIVE

### Sustaining the PPMs

#### Public Private Partnerships (PPP)

The PPP has been identified as an integral part in the efficient engagement of PPMs. Collaboration of different government units and the PPMs is expected to improve the quality and expand the reach of health care services to the different sectors of the community.

The public sector, particularly DOH-ROs, is very much involved in the organization and trainings needed by the PPMs for PhilHealth accreditation. In the interim, the stewardship, monitoring, and supervision of PPMs will be done by Public Health Nurses (PHNs), under the CHO, MHO and/or PHO. The PHO is also largely responsible for the effective governance of the Service Delivery Network (SDN), including the referral systems.



Improving FP-MCH products and services through local SDNs remains a challenge. It has been acknowledged that there is a need to tap the underutilized services of PPMs. With this realization, more policies need to be established and implemented: a) to make PPMs a part of the SDN, as primary health care provider or network of BEMONC-capable providers; b) to build the capacity of PPMs to be providers of MNCHN core basic packages of services, based on the MNCHN manual of procedures; c) to engage PPMs to have reporting arrangements with partner rural health midwives, the MHO or CHO / PHO; and, d) to encourage PPMs to participate in the local coordinating mechanisms.

### Integration of the PPMs into the local SDNs

Part of the initiatives should be to ensure that PPMs become part of the network of providers in the LGUs/RHUs/ILHZs. Involvement of PPMs in local SDNs expands the reach of FP-MCH products and services to more clients and more communities. With the inclusion of the PPMs/birthing homes in the directory of health care providers with FP-MNCHN services, it will now be possible for them to participate in local coordinating processes. Moreover, it will provide them with further service or product assistance from the LGUs/RHUs/ILHZs.

Coordinative, consultative and collaborative meetings with DOH-ROs, LGUs (CHOs/PHO/MHO) need to be organized and conducted, and will lead to policy drafting, administrative orders, and/or executive orders recognizing the PPM as legitimate service providers in their respective localities. Efforts to locally map birthing homes need to be intensified for the SDN formation and to effectively implement a referral system. If necessary, the private birthing homes can be tapped as extension outlets of the RHU for the provision of FP-MCH services.

### Overview of the steps in Integrating PPMs into the local SDNs

1. Concerned DOH-RO, LGU/PHO/MHO/CHO set up a joint introductory meeting to present and discuss project objectives and activities
2. DOH-RO, LGU/PHO/MHO/CHO representatives, including local representatives of MWAs, conduct periodic meetings to present updates/progress of the SDN integration
3. LGU, DOH-RO, and PPMs undergo a workshop to finalize a partnership agreement for integrating the PPMs into the local SDN
4. A multi-stakeholder forum is organized to formally integrate the participating accredited PPMs/birthing homes into the local SDN
5. A copy of the partnership agreement is presented to the body and all the PPMs, and the representatives of the CHO or PHO or MHO sign to signify their commitment

### Monitoring of PPMs as part of the SDN process

Because of inadequate resources for private midwife organizations, stewardship of the public sector, specifically the PHNs, over the PPMs is encouraged. The limited number of midwife supervisors in the private sector makes it near to impossible to provide guidance to the increasing number of PPMs in active practice. Stewardship, including supervision and monitoring, by the Public Health Nurses (PHNs) have been identified as a valuable measure to ensure PPMs deliver quality health care services. DOH-ROs, CHOs, PHOs, and PHNs, with the backing of the QAP for Midwives Orientation Workshop mentioned previously, are encouraged to use the QAP monitoring tool to give an objective assessment of the PPMs and birthing homes being monitored.

It is recommended that the DOH-RO/CHO/PHO/MHO:

1. Monitor PPM/birthing home compliance with partnership agreements and agreed upon responsibilities in the SDN
2. Regularly facilitate coordinative, collaborative and consultative meetings among SDN partners to improve working relations and address issues and concerns
3. Conduct periodic project implementation reviews and periodic project monitoring and administration.

PPMs should undergo Field Health Service Information System (FHSIS) training to understand the electronic system developed by the DOH which is aimed at increasing the efficiency of recording and reporting mechanisms, eventually leading to better management of nationwide health care service provision. Each birthing home, with the cooperation of all the PPMs affiliated with it, should correctly fill up the FHSIS monthly report form (MI) and the quarterly Monthly Service Records (MSRs) form, submitting these regularly to their respective RHUs.

Policies defining and / or expanding the roles of PPMs in the community

Potential PPM and birthing home can expand community access to MNCHN services, specifically men and women of reproductive age.

Several DOH-ROs have issued a regional technical advisory formally endorsing or advising the LGUs on a number of possible local programs that the LGUs can adopt as a show of support to the private practice of midwifery and to PPMs as vital contributors to favorable maternal and neonatal health outcomes. These include:

- a. *Public sector midwives establish private clinics and birthing homes (Dual Practice Midwives):* The LGU shall develop a local program allowing public/government midwives to partake in private practice. It shall issue an official policy on dual practice conforming to the DOH Memorandum dated December 2, 2005 on midwives' private practice outside government work hours.
- b. *LGU contracting/retaining private midwives to deliver MNCHN services in public clinics:* The LGU shall have a local program augmenting MNCHN services by hiring private midwives (as contractual employees or as retainers) to assist in public/government clinic/birthing homes which are underserved due to the lack of government midwives.
- c. *LGU recognizing and promoting female and male private midwives as legitimate providers of MNCHN services:* The local program shall ensure that private midwife clinics are part of the MNCHN service delivery and referral network.
- d. *Inclusion of private midwife-operated outlets as reporting units for FP-MNCHN:* The local program shall establish a reporting mechanism that includes birthing homes in order to present the overall picture of the health situation in the provinces and cities.
- e. *Inclusion of private midwives as eligible providers of Basic Emergency:* Obstetrics and Newborn Care (BEmONC) certified by the DOH. Under this program, the PPMs shall be eligible providers of BEmONC services as long as they satisfy the BEmONC-capable facility and provider requirements.

- f. *Access of private midwives to LGU-sponsored trainings, supplies (e.g., IUDs), and/or IEC materials:* A local program shall provide training opportunities for midwives in private practice, not just for government-employed midwives, as a critical demonstration of PPM support.
- g. *Public and NGO funded assistance to private midwives to establish clinic/birthing homes in targeted areas:* The local program shall help PPMs procure subsidies to establish and operate clinics in underserved areas recommended by the LGU, including the re-supply of clinic commodities and medicines. The support to PPMs may also include other services such as access to ambulance use, in cases of emergency. The LGU shall mobilize NGOs to provide resources for PPMs.
- h. *Assistance to private midwives in obtaining DOH License and PhilHealth accreditation for their birthing homes:* The DOH shall assist private midwives in instituting a Quality Assurance Package to be able to qualify for the DOH license-to-operate as well as for the PhilHealth Maternity Care Package and Newborn Care Package accreditation.
- i. *Inclusion of private midwives organization as representative in various governing bodies (LHB, ILHZ, RICT, KP/MNCHN Management Teams):* The DOH-RO/LGU shall provide technical assistance as well as other types of technical skills to PPMs and their associations to enable them to more fully participate in health governing bodies, such as the Regional Implementation Coordinating Team (RICT), the Local Health Boards (LHB), the Inter-Local Health Zones (ILHZ), and the KP/MNCHN Management Team representing the private sector group.
- j. *Participation of private midwives or representatives in the DOH/LGU organized Program Implementation Reviews (PIR) of the FP-MNCHN Program:* The DOH/LGU shall include the PPMs in the regularly conducted semi-annual or annual regional/local PIRs as indicated in the MNCHN Manual of Operations.

With the availability of these policies and local programs, PPMs will now have an expanded function in the provision of MNCHN services and thus will help strengthen their respective SDNs.

## PART SIX

### PRISM2 Experiences

**Cavite:** PRISM2 provided technical assistance to the United Private Lying-In Practitioners and Proprietors (UPLIPP), Inc., a Securities and Exchange Commission (SEC)-registered non-stock, non-profit, non-government organization composed of obstetricians, pediatricians, general practitioners, nurses and midwives. It was founded on July 28, 2012 in Cavite province originally with 33 members but has now grown into a bigger organization of 120 members expanding into the Laguna area, and soon to include Batangas and Quezon provinces. Direct technical assistance by the PRISM2 project has resulted in 80 percent of UPLIPP's PPM members' birthing homes becoming PhilHealth-accredited for Maternity Care Package. UPLIPP members are also now recognized as official private sector partners vital in strengthening the SDN of Cavite by effectively increasing the number of providers and facilities that can address maternal and newborn care in the province.

**Cebu Province:** One of the reasons PRISM2 worked towards a private sector-strengthened local SDN is to encourage the private sector to meet the health needs of communities that do not have access to public facilities, particularly those in hard-to-reach or disadvantaged areas. This is exactly what happened in Olango Island, Cebu Province. PRISM2 provided technical assistance to Ms. Sheila Mae "Memee" Paquibot to help set up her second birthing home following the success of her first one in Lapu-Lapu City. This is the first lying-in clinic in Olango Island and it serves six other neighboring islets, all of which would otherwise only have access to home deliveries attended by non-skilled birth attendants rather than facility-based health professionals. Memee's Lying-In Clinic in Olango currently attends to an estimated 15 normal deliveries a month and provides FP-MCH counseling, information, products and services. Private clinics like this one in Olango increase women's and children's access to quality FP-MCH information, products and services. At the same time, because of the MCP-accreditation from PhilHealth, they provide a decent livelihood for midwives such as Memee.

**Cebu City:** The PRISM2 project has empowered private midwives both as individuals and as groups. In Cebu City, the project assisted the Integrated Midwives Association of the Philippines Cebu Midwife Clinics, Inc. (ICMCI), headed by Gertrudis Calzada or Nanay Teody, developing it into a training institution recognized by DOH RO VII, with a number of its members also being recognized as trainers of FP-CBT level I. Member clinics are now alternative distribution points for FP-MCH products, and ICMCI itself is a supplier of inexpensive FP-MCH supplies from whom its members, and at times even non-ICMCI members, get their supplies, thus minimizing stock-outs even in hard-to-reach areas. ICMCI continues to provide technical assistance to its members to comply with, and complete the requirements for DOH licensing and PhilHealth accreditation. This NGO, therefore, has diversified its business from merely service provision to now include supplies and capacity-building provision as well.

## PART SEVEN

### Challenges to Implementation

#### On Trainings:

1. Limited number of DOH-RO accredited training providers: PPMs, on their own, have difficulty in acquiring a schedule of the needed trainings, thus, causing a delay in the attainment of the required certifications. Efforts have been exerted to engage private institutions to facilitate the trainings. Examples of these are Midwives Foundation of the Philippines, Inc. (in NCR) for CPE and FP-CBT2 trainings; Health Integrated Development and Services, Inc. (in Bulacan) for CPE trainings; Integrated Midwives Association of the Philippines (in Cebu) for various trainings; *Kalusugan ng Mag-ina, Inc.* for EINC trainings, etc.
2. Limited validity of CPE training: In some areas (e.g., Davao City), the accreditation officer states that the CPE training certificate lasts for only five years, based on a memorandum from PRC dated June 2013. With the large amount of trainings PPMs are required to take, having to repeat the same training adds to the burden PPMs are already experiencing. To help remedy these challenges, dialogue with PhilHealth needs to be conducted.
3. Addition of Basic Life Support (BLS) and BEmONC trainings for DOH Licensing: With the DOH Licensing already in place for initial applications, BLS and BEmONC trainings now become mandatory. This again adds to the financial burden of PPMs. Moreover, there are a limited number of training providers who can conduct the BEmONC training. At present, there are only 4-5 accredited providers nationwide, not enough to serve the large number of PPMs. MFPI is now in the process of acquiring the modules and subsequent accreditation as a training provider. Once they are accredited, it will be able to cater to more PPMs.
4. Some areas, e.g., Bicol, have their own training system. Hence, all trainings that will be performed need to be coordinated and conducted in the region. Scheduling becomes a challenge because the trainings are not readily available, especially when there are not enough participants for a specific training.

#### On PHIC Accreditation: (Annex G)

1. PPM Financial Difficulties: This is a major stumbling block in the PhilHealth accreditation. A majority of PPMs do not have the financial capacity to comply with the needed cash outlay. For PhilHealth accreditation of birthing homes, PPM owners are required to have at least 3 quarters previous and 3 years advance payments of PhilHealth membership premium contributions. Because they are categorized as high-earning members, they are required to pay Php300/month, for a total of Php13, 500 (three previous quarters plus three years in advance). Added to this is the cost of a Business Permit, ranging from

Php5,000-20,000 depending on the location of the birthing home. To respond to this, PPMs need to be linked to banks or other institutions to receive loans. Because of PPMs limited resources they are usually unable to meet the high minimum loan amount and the collateral requirements for the loans, other lending institutions need to be tapped.

2. Microfinancing with acceptable interest rates and paying periods can help the PPMs.
3. Business Permits: Procurement takes time and costs money, which adds to the financial difficulty of the PPMs. Assistance needs to be extended to the PPMs to enable them to understand and handle the bureaucracy that goes along with processing a business permit.
4. Difficulty in partnering with back-up medical doctors because of a limited number of specialty board-certified Ob-GYN and Pedia in some areas: Although this is true in some areas (mostly in the rural areas), this is still a challenge. Collaboration with regional Philippine Obstetrical and Gynecological Society (POGS) offices and the Philippine Pediatric Society (PPS) may facilitate the process.
5. Area-specific requirements for PhilHealth accreditation: Some areas (e.g., Bicol) request more documents than the standard requirements, for example, they may request a diploma. Coordination with PhilHealth on these 'special' requirements is needed to solidify uniform standards in all areas.

## PART EIGHT

### Recommendations

To sustain PPMs and all other technical initiatives designed to improve the FP-MCH outcomes in a given LGU, the SDN-organized management team must implement a continuing quality improvement exercise that regularly assesses these technical areas and addresses the quality gaps in their implementation.

#### Recommendations to sustain programs:

1. PPMs should continue to coordinate and partner with their respective LGUs/ RHUs/ ILHZs
2. Ensure availability of adequate funding for activities
3. Strengthen the SDNs to further enhance PPP
4. Ensure PPMs have links to several family planning product suppliers to ensure uninterrupted supply of commodities
5. PPMs should be encouraged to conduct regular *Usapan* sessions
6. Conduct forums on PhilHealth claims reimbursement
7. Encourage the drafting of more local policies in support of the integration of the PPMs into SDNs

#### Recommendations to sustain stewardship of PPMs

1. Encourage use of the QAP Monitoring tool by the Public Health Nurses and midwife supervisors; if possible, provide printed copies of the monitoring tool.
2. Encourage PPMs to conduct regular self-assessments; if possible, provide printed copies of the self-assessment tool.
3. Maintain an updated directory of the SDN to properly supervise and monitor PPMs
4. Conduct regular Clinical Case Conferences for the PPMs to participate.

**ANNEX A****PHILHEALTH ACCREDITATION for HEALTHCARE PROVIDER  
READINESS CHECKLIST**Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex  Female  Male

Address: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Course:  RM  Others (pls. specify): \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Name and Address of Place of Practice: \_\_\_\_\_

Please check (✓) all the requirements that you already have:**I. General Requirements:**

- 1. Provider Data Record for professionals
- 2. Performance Commitment
- 3. PRC license (photocopy) or its equivalent – updated
- 4. 1 x 1 ID Picture (2pcs)
- 5. Proof of payment of required premium contribution (MIS or Official Receipt or Certification from PhilHealth of Paid Premium Contributions or RFI for the employed)

**II. Specific Requirements: (for Initial Accreditation of a MIDWIFE)**

- MOA with any of the following as referral for complicated OB and Pediatric cases: Accredited partner physicians (OB and Pedia); Interlocal Health Zone (ILHZ) which allows sharing of human resource; DOH-certified BEmONC-CEmONC network

**III. Certificates of Training:**

| Name of Training                                                                              | Date of Training |
|-----------------------------------------------------------------------------------------------|------------------|
| <input type="checkbox"/> CPE/ Post-Graduate Training on Expanded Role of Midwives             |                  |
| <input type="checkbox"/> Family Planning-Competency Based Training I                          |                  |
| <input type="checkbox"/> Newborn Screening                                                    |                  |
| <input type="checkbox"/> Basic Life Support (BLS) - <i>for DOH Licensing of Birthing Home</i> |                  |
| <input type="checkbox"/> BEmONC Training                                                      |                  |

**POST-PHILHEALTH ACCREDITATION TRAINING NEEDS**

- FP-CBT 2 -Interval IUD Insertion & Removal)
- Postpartum IUD Insertion & Removal
- FHSIS
- \_Usapan Facilitators Training

**ANNEX B**

## DOH LICENSING REQUIREMENTS FOR BIRTHING HOMES



Republic of the Philippines  
Department of Health  
**BUREAU OF HEALTH FACILITIES AND SERVICES**

**ANNEX – C**  
**A.O. No. 2012-0012**

### LICENSING REQUIREMENTS FOR BIRTHING HOMES

#### I. SERVICE CAPABILITY

**A. There shall be documentation of, but not limited to, the following:**

1. Standard Operating Procedures (SOP) / Manual of Operations – a compilation of written policies and detailed instructions required to perform the defined activities of the facility.
2. Certificate of Commitment (from Center for Health Development – Regional Director) or Plaque of Accreditation/Recognition (from the Department of Health – Secretary) as a Mother-Baby Friendly Health Facility pursuant to R.A. No. 7600 as amended by R.A. No. 10028, E.O. No. 51 and A.O. NO. 2007 – 0026.
3. Certification from NCDPC in Basic Emergency Obstetric and Neonatal Care (BEmONC) pursuant to A.O. No. 2008 – 0029 and A.O. No. 2011 – 0011.
  - a. Certificate of Completion of Training on BEmONC is required for the following personnel: General Practitioner (GP), Municipal Health Officer (MHO), Family Medicine Physician, and Midwife;
  - b. Certificate of Compliance for the health facility;
  - c. For hospital-based birthing home, certified in Basic Emergency Obstetric and Neonatal Care (BEmONC) and Comprehensive Emergency Obstetric and Neonatal Care (CEmONC).
4. Certificate (from UPNIH) as a Newborn Screening Facility pursuant to R.A. No. 9288 and A.O. No. 2008 – 0026.
5. Birthing facilities shall strengthen its network capabilities such as, but not limited to, blood services and referral to health facilities with higher capabilities. The birthing facility shall execute a MOA with a health facility of higher capability as its referral facility.
6. Assurance and notarized certification (from a Notary Public) that the birthing facility does not perform Dilatation and Curettage (D and C).
7. Assurance and notarized certification (from a Notary Public) that the birthing facility does not perform permanent sterilization procedures such as Bilateral Tubal Ligation (BTL) and Vasectomy unless it has a license to operate as an ambulatory surgical clinic (ASC).
8. Documentary requirements for new applicants:
  - a. Valid Mayor's or Business Permit (for private)
  - b. Valid Certificate of Business Name Registration:
    1. Department of Trade and Industry (DTI) for single proprietorship (for private);
    2. Securities and Exchange Commission (SEC) with Articles of Incorporation for Corporation (for private);
    3. Resolution from Provincial/Municipal/City Council (for government).
  - c. Documentation of collection, treatment and disposal of solid and liquid wastes in compliance with existing local ordinance.

## B. CLINICAL SERVICE

1. Antenatal and Postpartum care
2. Spontaneous vaginal delivery including essential intrapartum care and immediate postpartum care for low risk pregnant women
3. Care of Newborn Baby
  - a. Essential Newborn Care (ENC, A.O. 2009-0025)
    1. Time bound interventions
    2. Non time bound interventions including birth doses of recommended vaccines
  - b. Routine newborn care
  - c. Postnatal care
4. Detection of high risk pregnancies and early referral
5. Family Planning
  - a. Natural Family Planning Methods pursuant to A.O. No. 132 s. 2004
  - b. Artificial Family Planning Methods
6. Health Education
  - a. Birth planning and preparedness:
    1. Each midwife should assist the mother in monitoring pregnancy.
    2. WHO Mother and Child Book, including Unang Yakap video clip and other information, education and communication materials for health education and promotion are posted at BHFS website [bhfs.doh.gov.ph](http://bhfs.doh.gov.ph)
  - b. Maternal and Newborn Care (Unang Yakap)
  - c. Infant and Young Child Feeding and Lactation Management (Breastfeeding TSEk)
  - d. Hygiene
  - e. Health Financing e.g. PhilHealth membership and its benefits such as maternity care package and newborn care package.
7. Birthing facilities are required to operate 24/7. Nevertheless, it is acceptable for birthing facilities located in Geographically Isolated and Disadvantaged Areas (GIDA) to operate at least on an 'on call or as needed basis' depending on the data from pregnancy tracking.
8. Life-saving medications such as magnesium sulphate, oxytocin, steroids and oral antibiotics shall be verified against doctor's written orders prior to its administration. (Refer to A.O. No. 2010-0014)
9. The birthing facility shall comply with the DOH quality assurance package.

## II. PERSONNEL

### A. GENERAL ADMINISTRATIVE SERVICE

|                                                                   | <b>MINIMUM</b> Number of Personnel |
|-------------------------------------------------------------------|------------------------------------|
| 1. Administrator                                                  | 1                                  |
| 2. Clerk                                                          | 1                                  |
| 3. Utility Worker                                                 | 1 per 5 beds/<br>shift             |
| 4. Driver (on call 24/7) or MOA with a transport service provider | 1                                  |

### B. CLINICAL SERVICE

#### 1. GENERAL GUIDELINES

- a. A birthing facility shall be managed and supervised by any of the following healthcare professional(s) who have complied with the minimum and valid licensing requirements.
  1. Physician – Obstetrician-Gynecologist, Pediatrician, Family Medicine Physician, MHO or GP
  2. Midwife
- b. Every birth must be attended by skilled birth attendants pursuant to A.O. No. 2008 – 0029 Section III, 3.
- c. Every staff of the birthing home, including its affiliate specialists shall advocate and adhere to DOH policies and standards on maternal and child health care.

#### 2. SPECIFIC GUIDELINES

##### a. PHYSICIAN

##### 1. SPECIALIST FOR THE MOTHER

The specialist shall possess, but not limited to, the following requirements:

- a. A valid Professional Regulation Commission (PRC) license;
- b. A valid Certificate of Good Standing from the Philippine Obstetrical and Gynecological Society (POGS), or Certificate of Completed Training from an Accredited Residency Training Program in Obstetrics and Gynecology;
- c. A valid PhilHealth ID or Certificate as Engaged Professional Health Care Provider;
- d. If the primary provider and/or owner, must have a MOA with a paediatrician;

- e. Whenever a specialist is inadequate or not readily available, like in GIDA, general medical practitioners and/or local government physicians with Certificate of Completion of Training in BEmONC shall stand in good stead to be of service to the community.
- f. Preferably with training in Advanced Cardiac Life Support (ACLS) from an authorized training provider;
- g. Whenever feasible, the specialist should show proof of a valid affiliation with a Level 2 or a Level 3 hospital.

## **2. SPECIALIST FOR THE BABY**

The specialist shall possess, but not limited to, the following requirements:

- a. A valid PRC license;
- b. A valid Certificate of Good Standing from the Philippine Pediatric Society (PPS), or Certificate of Completed Training from an Accredited Residency Training Program in Pediatrics;
- c. A valid PhilHealth ID or Certificate as Engaged Professional Health Care Provider;
- d. If the primary provider and/or owner, must have a MOA with an obstetrician;
- e. Whenever a specialist is inadequate or not readily available, like in GIDA, general medical practitioners and/or local government physicians with Certificate of Completion of Training on BEmONC shall stand in good stead to be of service to the community.
- f. Preferably with training in newborn resuscitation and/or Pediatric Advance Life Support (PALS) from an authorized training provider;
- g. Whenever feasible, the specialist should show proof of a valid affiliation with a Level 2 or a Level 3 hospital.

## **3. FAMILY MEDICINE PHYSICIAN, MUNICIPAL HEALTH OFFICER (MHO), GENERAL PRACTITIONER (GP)**

Family Medicine Physician, MHO or GP shall possess, but not limited to, the following requirements:

- a. A valid PRC license;
- b. A valid Certificate of Good Standing from the Accredited Professional Organization (APO) of Physicians of PRC and/or any DOH recognized association of physicians;
- c. A valid PhilHealth ID or Certificate as Engaged Professional Health Care Provider;

- d. A Certificate of Completion of Training on BEmONC;
- e. A valid Certificate of Training in BLS from an authorized training provider;
- f. Preferably with training in ACLS from an authorized training provider.

**b. MIDWIFE**

The midwife shall possess, but not limited to, the following requirements:

- 1. A valid PRC license;
- 2. A valid PhilHealth ID or Certificate as Engaged Professional Health Care Provider;
- 3. A Certificate of Good Standing from the Accredited Professional Organization (APO) of Midwives of PRC and/or any DOH recognized association of midwives;
- 4. A Certificate of Completion of Training on BEmONC;
- 5. Whenever the health facility is manned by a midwife, the management of the birthing home shall show proof of a valid MOA with an Obstetrician and a Pediatrician or a general physician with a Certificate of Completion of training on BEmONC subject to the foregoing provisions under Section II. B. 2. a. 1.-3. of Annex C hereof.
- 6. A valid Certificate of Training in BLS from an authorized training provider.

**III. EQUIPMENT/INSTRUMENT**

**A. GENERAL ADMINISTRATIVE SERVICE**

|                                                                                                  | <b>MINIMUM</b> Number of Equipment |
|--------------------------------------------------------------------------------------------------|------------------------------------|
| 1. Bench                                                                                         | 1                                  |
| 2. Cabinet                                                                                       | 1                                  |
| 3. Calculator                                                                                    | 1                                  |
| 4. Chair                                                                                         | 1/staff                            |
| 5. Desk                                                                                          | 1/staff                            |
| 6. Electric fan                                                                                  | 1                                  |
| 7. Fire Extinguisher                                                                             | 1                                  |
| 8. Open shelf                                                                                    | 1                                  |
| 9. Standby Generator or (battery operated rechargeable emergency light)                          | 1                                  |
| 10. Transport vehicle or MOA with a service provider                                             | 1                                  |
| 11. Typewriter/ Computer                                                                         | 1                                  |
| 12. Refrigerator/ cooler (for breast milk, medications and vaccines such as Hepatitis B and BCG) |                                    |

## B. CLINICAL SERVICE

### 1. CONTENTS OF AN EMERGENCY KIT (E-KIT)

|                                                                                                                                                                               | MINIMUM Requirement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>a. Basic Medicines</b>                                                                                                                                                     |                     |
| 1. Epinephrine 1 mg/ml ampoule                                                                                                                                                | 1                   |
| 2. Atropine 1 mg/ml ampoule                                                                                                                                                   | 1                   |
| 3. Diphenhydramine 50 mg/ ampoule                                                                                                                                             | 1                   |
| 4. Calcium gluconate 10 mg/ ampoule                                                                                                                                           | 1                   |
| 5. Tranexamic Acid ampoule                                                                                                                                                    | 1                   |
| 6. Magnesium Sulfate ampoule                                                                                                                                                  | 1                   |
| 7. Oxytocin 10 units per ampoule<br>or Oxytocin in pre-filled, single dose, non-reusable injection                                                                            | 2                   |
| 8. Betamethasone (Diprospan) 7mg per ampoule (preferred) or<br>Dexamethasone (Scancortin) 5mg/mL per ampoule (alternative)                                                    | 1                   |
| 9. IV Fluids (stand by) such as:                                                                                                                                              |                     |
| a. D5 LR or Plain LR 1 L per bottle                                                                                                                                           | 3 bottles           |
| b. Plain NSS 1 L per bottle                                                                                                                                                   | 2 bottles           |
| 10. Erythromycin ophthalmic ointment 0.5% or<br>Oxytetracycline ophthalmic ointment                                                                                           |                     |
| 11. Local anesthetic such as Lidocaine 5% solution 1 g/50 ml vial<br>or Xylocaine                                                                                             |                     |
| 12. Tetanus Toxoid containing vaccines                                                                                                                                        | 2                   |
| 13. Vitamin K ampoules                                                                                                                                                        | 2                   |
| 14. Hepatitis B vaccines (stored inside ref at temp between 2-8 degrees Celsius)                                                                                              |                     |
| 15. BCG vaccines (stored inside ref at temp between 2-8 degrees Celsius)                                                                                                      |                     |
| <b>b. Basic Equipment</b>                                                                                                                                                     |                     |
| 1. Self-inflating bag-valve-mask devices (one for adult, one for newborn) or<br>masks for adult and masks for the newborn (one size 1 for term and one size 0<br>for preterm) |                     |
| 2. Stethoscope (adult and pediatric)                                                                                                                                          |                     |
| 3. Sphygmomanometer (non-mercurial) with adult cuff and neonatal cuff                                                                                                         |                     |
| 4. Thermometer (non-mercurial)                                                                                                                                                |                     |

**c. Basic Supplies**

1. Intravenous catheter set (for adults and newborns)
2. 70% Isopropyl alcohol
3. Disposable syringes ( 1 cc, 3 cc, 5 cc, 10 cc ) with needles
4. IV tubings (macro and microdrip sets)
5. Nasal cannulas or plastic face masks
6. Plaster
7. Povidone-iodine solution
8. Sterile absorbable sutures
9. Sterile cotton balls
10. Sterile cotton pledgets
11. Sterile gauzes
12. Sterile gloves
13. Surgical caps
14. Surgical masks
15. Sharps containers
16. Suction catheters (adult and newborn sizes)

**2. CLINICAL INSTRUMENTS/ EQUIPMENT**

**MINIMUM** Number of Equipment

**a. General Service Area (Non Treatment Area)**

- |                                                                                                                                                                                                                                                       |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1. Autoclave/ sterilizer                                                                                                                                                                                                                              | 1 |
| 2. Soaking or decontaminating solution (in accordance with DOH guidelines on sterilization – Annex B of A.O. No. 2012 – 0012 on “Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines”) |   |

**b. Clinical Service Area with Sink for Handwashing**

**1. Treatment Room (same as Outpatient Area)**

- |                                    |   |
|------------------------------------|---|
| a. Clinical weighing scale (adult) | 1 |
| b. Examining table                 | 1 |
| c. Footstool                       | 1 |
| d. Gooseneck/ examining light      | 1 |
| e. Stethoscope                     | 1 |
| f. Tape measure                    | 1 |
| g. Vaginal Speculum                | 2 |

- 2. Ward (includes Labor Room and Recovery Room)**
- a. Lubricant 1
  - b. Partograph form 1
  - c. Sphygmomanometer (non-mercurial) 1
  - d. Sterile gloves 2
  - e. Stethoscope 1
  - f. Thermometer (non-mercurial) 1
  - g. Wall clock with second hand 1
- 3. Birthing Room**
- a. Delivery set 1 per 2 beds
    - 1. Hemostatic/Kelly Forceps, curve or straight 2
    - 2. Kidney Basin 1
    - 3. Needle Holder, 8 inches 1
    - 4. ‘Penguin’ Suction Bulb 1
    - 5. Surgical Scissors (Straight Mayo) 1
    - 6. Bandage Scissors 1
    - 7. Thumb Forceps 1
    - 8. Tissue Forceps (with teeth) 1
    - 9. Sterile plastic umbilical cord clamp(s) or ties 1
    - 10. Umbilical cord scissors 1
  - b. Delivery table with stirrups and with provision for semi-upright position of the birthing mother
  - c. Emergency light/ flashlight 1
  - d. Footstool 1
  - e. Gooseneck/ examining lamp 1
  - f. Instrument table 1
  - g. Instrument cabinet 1
  - h. IV stand 1
  - i. Kelly pad 1
  - j. Oxygen unit (with humidifier and regulator; min. 5 lbs.) 1
  - k. Pail 1
  - l. Stool 1
  - m. Suction apparatus (not for routine suctioning, may be used for newborns whose airway may be blocked) 1
  - n. Pair(s) of slippers (exclusive for Birthing Room use)
  - o. Room thermometer (non-mercurial), maintain room temperature between 25-28 degrees Celsius 1
- 4. Newborn Resuscitation Area**
- a. Flat, firm surface with heat source
  - b. Clinical weighing scale (for newborn)
  - c. Portable kit or trolley for weighing scale, needs for eye care, vitamin K, birth doses of Hepatitis B and BCG vaccines

### **3. RECORDS/FILES**

- a. Logbooks for Consultations, Admissions, Deliveries and Sentinel Events
- b. Annual Birthing Home Statistical Report (Annex F of A.O. No. 2012-0012)
- c. Patients' Clinical Records
  1. Maternal Clinical Charts including duly accomplished partograph
  2. Newborn Clinical Charts
  3. Properly and completely filled out records of newborns
  4. Properly and completely filled out Birth Certificates
  5. Properly and completely filled out Death Certificates (including Fetal Death)
- d. Referral Forms

### **4. LINENS**

- a. Bed sheets
- b. Gowns or patient's gowns (exclusive for Birthing Room use)
- c. Linen for drying the newborns
- d. Sterile drapes
- e. Scrub suits

## **IV. PHYSICAL FACILITY**

### **A. GENERAL ADMINISTRATIVE SERVICE**

1. Waiting Area
2. Admitting, Records and Business Office
3. Toilet

### **B. CLINICAL SERVICE**

1. Outpatient Service Area with lavatory or sink
2. Ward with  $\geq$  six (6) beds: Provision of 1 toilet for every 6 beds.  
Ward with  $<$  six (6) beds: access to a common toilet.
3. Birthing Room
  - a. Birthing Area
  - b. Scrub-up Area
  - c. Equipment and Supply Storage Area
4. Utility Room

## **V. Healthcare Waste Management**

The management of the birthing facility shall ensure that its healthcare waste management collection, treatment and disposal is being implemented in accordance with local ordinance(s), the Joint Circular of DOH-DENR and the Health Care Waste Management Manual of DOH 2012.

**DEFINITION OF TERMS:**

**Attachment** – the mode of contact between the baby’s mouth and the mother’s breast during the act of breastfeeding. (AO 2009-0025)

**Basic Emergency Obstetric and Newborn Care (BEmONC) Capable** – network of facilities and providers that can perform the six signal obstetric function: (i) parenteral administration of oxytocin in the third stage of labor; (ii) parenteral administration of loading dose of anti-convulsants; (iii) parenteral administration of initial dose of antibiotics; (iv) performance of assisted deliveries (imminent breech delivery); (v) removal of retained products of conception; and (vi) manual removal of retained placenta. BEmONC facilities are also capable of providing neonatal emergency interventions which include at the minimum: (i) Newborn resuscitation; (ii) treatment of neonatal sepsis/infection; (iii) Oxygen support. It shall also be capable of providing blood transfusion on top of its standard function. (AO 2011-0014)

**Breastfeeding** – the method of feeding an infant directly from the human breast. (IRR of RA 10028, RA 7600)

**Birthing Home** – a health facility that provides maternity service on pre-natal and post-natal care, normal spontaneous delivery and care of newborn babies. (AO 2005-0029) It may be hospital based or non-hospital based. It also offers Newborn Screening services for heritable diseases and Newborn Hearing Screening; serves as a Mother-Baby Friendly Health Facility; BEmONC capable for non-hospital based facilities, and BEmONC and CEmONC capable for hospital based facilities. Family Planning and Health Education are also included in its services.

**Certification** – a process and procedure of external assessment or examination by which an individual or facility is determined to possess a minimally acceptable body of knowledge and/or skills with the capacity to provide the standards of care with adequate resources which includes drugs, supplies, standard equipment and physical infrastructure. (AO 2008-0029)

**Comprehensive Emergency Obstetric and Newborn Care (CEmONC) Capable** – facilities can perform the six signal obstetric functions of a BEmONC facility and in addition, perform Cesarean sections and provide blood banking and transfusion services along with other highly specialized obstetric services. It is also capable of providing the following neonatal emergency interventions, which include at the minimum: (i) Newborn resuscitation; (ii) Treatment of neonatal sepsis/infection; (iii) oxygen support for neonates; and (iv) management of low birth weight or premature newborn, along with other specialized neonatal services (AO 2008-0029). These facilities can also serve as high volume providers for IUD and VSC services, especially tubal ligations. It should also provide an itinerant team that will conduct out-reach services to remote communities. The itinerant team is typically composed of 1 physician (surgeon), 1 nurse and 1 midwife. (DOH MNCHN Strategy Manual of Operations)

**Comprehensive Newborn Screening System** – a newborn screening system that includes, but is not limited to, education of relevant stakeholders; collection and biochemical screening of blood samples taken from newborns; tracking and confirmatory testing to ensure the accuracy of screening results; clinical evaluation and biochemical/medical confirmation of test results; drugs and medical/surgical management and dietary supplement to address the heritable conditions; and evaluation activities to assess long term outcome, patient outcome and quality assurance. (RA 9288)

**Health Care Practitioner** – refers to a physician, nurse, midwife, nursing aide and traditional birth attendant. (RA 9288)

**Health Institution** – refers to public or private hospitals, health infirmaries, health centers, lying-in centers or puericulture centers with obstetrical and pediatric services. (RA 9288)

**Heritable Conditions** – any condition that can result in mental retardation, physical deformity or death if left undetected and untreated and which is usually inherited from the genes of either or both biological parents of the newborn. (RA 9288)

**Lactation Management** – the general care of a mother-infant nursing couple during the mother's pre-natal, immediate postpartum and postnatal periods. It deals with educating and providing knowledge and information to pregnant and lactating mothers on the advantage of breastfeeding, the physiology of lactation, the establishment and maintenance of lactation, the proper care of the breasts and nipples, and such other matters that would contribute to successful breastfeeding. (AO 2007-0026)

**Lactation Stations** – refers to private, clean, sanitary and well ventilated rooms or areas in the workplace or public places where nursing mothers can wash up, breastfeed or express their milk comfortably and store this afterward; also known as Breastfeeding Room/Area/Station. (IRR of RA 10028)

**Newborn** – a child from the time of complete delivery to 30 days old. (RA 9288)

**Newborn Resuscitation** – a series of actions taken to establish nasal breathing in a newborn with depressed vital signs. (AO 2009-0025)

**Newborn Screening (for metabolic disorders)** – refers to the process of collecting a few drops of blood from the newborn onto an appropriate collection card and performing biochemical testing for determining if the newborn has a heritable condition. It is usually done 24 hours to 3 days after delivery, or 7 days after delivery if in intensive care. (RA 9288)

**Newborn Hearing Screening** – refers to an objective screening procedure performed on a newborn for the purpose of determining if the newborn has hearing impairment. (AO 2010-0020)

**Pregnancy, Childbirth, Postpartum and Newborn Care: A Guide for Essential Practice in the Philippines** – an essential care Practice Guideline adapted from the World Health Organization by the Department of Health. It provides evidence-based recommendations to guide health care professionals in the management of women during pregnancy, childbirth and postpartum, post-abortion, and newborn during their first week of life. (AO 2009-0025)

**Rooming-In** – the practice of placing the newborn in the same room as the mother right after delivery up to discharge to facilitate mother-infant bonding and to initiate breastfeeding. The infant may either share the mother’s bed or be placed in a crib beside the mother. (AO 2007-0026, RA 7600)

**Skilled Birth Attendant** – refers to professional health workers such as doctor, nurse, midwife with the training or educational background to perform safe and clean deliveries. (AO 2007-0026)

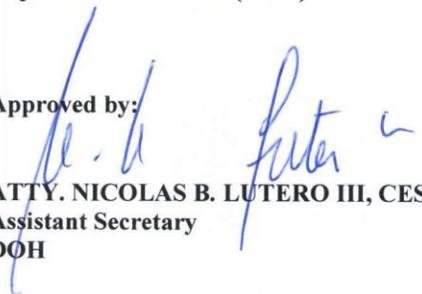
**Small Baby** – a newborn weighing from between 1500 grams to 2499 grams. (AO 2009-0025)

**Skin to Skin Contact** – the act of placing the naked newborn prone on the mother’s chest. It is considered a critical component for successful breastfeeding initiation. (AO 2009-0025)

Prepared by:

**STANDARDS DEVELOPMENT DIVISION (SDD)  
Bureau of Health Facilities and Services (BHFS)  
Department of Health (DOH)**

Approved by:

  
**ATTY. NICOLAS B. LUTERO III, CESO III  
Assistant Secretary  
DOH**

## **ANNEX C**

# **PLANNING AND DESIGN GUIDELINES FOR BIRTHING HOMES**



Republic of the Philippines  
Department of Health  
**BUREAU OF HEALTH FACILITIES AND SERVICES**

**ANNEX-D**  
**A.O. 2012- 0012**

Standards Development Division

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## **PLANNING AND DESIGN GUIDELINES FOR BIRTHING HOMES** **(Physical Facilities)**

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### **1.0 Required Areas**

#### **1.1. General Administrative Service**

- 1.1.1. **Waiting Area** – is a place where patients, companions, and visitors can wait comfortably.
- 1.1.2. **Admitting, Records, and Business Area** – area where admission, billing, and payment transactions can be carried out.
- 1.1.3. **Consultation/ Treatment Room** – a room for pre and post natal check-up with provision for sink and faucet.
- 1.1.4. **Toilet.**

#### **1.2. Clinical Services**

- 1.2.1 **Birthing Room** – an area intended for normal spontaneous deliveries. The room should be located far from visitors' direct access. The minimum floor area should be 10 square meters with a dimension of at least 3.00 meters.
  - 1.2.1.1 **Birthing Area** –place where the delivery table is located.
  - 1.2.1.2 **Sterile and Supply Storage Area** – a space within the birthing room where medical supplies and sterile instruments needed for normal spontaneous delivery are kept.
  - 1.2.1.3 **Scrub-up Area** – a place for preoperative hand washing equipped with stainless steel sink with a minimum depth of 0.30 m (1 ft.). This area may be recessed into an alcove or other open space away from the main traffic flow.
- 1.2.2 **Clean-up and Sterilization Area** – for the sterilization of instruments in accordance with DOH Guidelines on Cleaning, Disinfection, and Sterilization of Reusable Medical Devices in Hospital Facilities in the Philippines. (Annex B of Administrative Order No. 2012-0012)

- 1.2.3 **Ward** – a) A room where a woman in labor is kept comfortable and where her vital signs, progress of labor, and fetal heart tones are monitored; b) A room where relatives can give her support; c) A room where women recuperate after giving birth.

BH-Annex D- Planning and Design Guidelines  
Revision: 02  
09/09/2013  
Page.1 of 11.

1.2.4 **Newborn Resuscitation Area.**

1.3. **Supplementary Requirement**

A portable generator/battery-operated source of light shall be provided to keep the birthing facility capable of handling deliveries even if electric power supply is disrupted.

**2.0 Planning and Design**

2.1 **Walls Partitions**

- 2.1.1 In general, all walls of the birthing facility shall be structurally sound, safe, and sturdy.
- 2.1.2 There should be wall partitioning in between every adjacent working area.
- 2.1.3 Exterior or outlying walls surrounding the birthing facility shall be constructed from floor up to the beam.
- 2.1.4 Interior walls that enclose the birthing room shall concave at the base of the wall towards the floor to create a seamless finish that helps in preventing the accumulation of dirt and dust.

2.2 **Ceiling and Room Ventilation**

- 2.2.1 There shall be adequate natural ventilation to provide a comfortable environment for patients and staff. Nonetheless, the air shall be conditioned if there is inadequate source of natural ventilation.
- 2.2.2 Ceiling height shall conform to the minimum standard required in accordance with the National Building Code of the Philippines.

## 2.3 **Doors**

- 2.3.1 A single-leaf entrance door shall have a minimum clear opening of 0.90meter (m) to easily accommodate patients on wheelchair or stretcher. However, a two-leaf door with a clear opening of 1.60 meters is preferred.
- 2.3.2 The recommended door to achieve the most functional and efficient means of access for the birthing room and ward is a combination of 0.80m and 0.40m doors with a clear width of 1.20m when both panels are fully opened.
- 2.3.3 Doors that can be used as a means of exit must always lead directly outside the building to an open area such as court, yard, street or alley, interior stair, ramp, and/or exterior stair. Proper signage and direction should be provided.

## 2.4 **Windows**

The delivery room may have windows for natural light and cross ventilation of natural air. Such windows shall be set at least **1.60 meters** from the finished floor up to the window sill to ensure privacy during delivery.

## 2.5 **Ramp**

The ramp, if so required, shall comply with the standard design and specifications stated in Batas Pambansa Blg. 344 known as “An Act to Enhance the Mobility of Disabled Persons”.

## 2.6 **Flooring**

Floors should be made of materials that are non-slip, easy to clean, and resistant to chipping.

## 2.7 **Storage**

There shall be cabinets for the orderly placement and easy access of office and medical supplies, instruments, and equipment.

## 2.8 **Lighting**

The entire facility should be well-lighted for the comfort and safety of patients and staff.

## 2.9 Utilities

The birthing facility shall have an approved public water supply system whenever available. The water supply should be adequate and safe for drinking.

## 2.10 Washroom

The toilet and bath must be equipped with sufficient and appropriate grab bars for the patient.

## 2.11 Healthcare Waste Management

2.11.1 The birthing facility shall establish and implement a system for proper solid and liquid waste management which shall be in accordance with

**A.O. 2012-0012**

applicable codes, laws and/or ordinances. Refer to Section V. B. 3. g. Environmental Management of A.O. No. 2012-0012.

2.11.2 The birthing facility shall institute a specific plan for disinfection and proper disposal of the placenta. Cultural preferences or traditional beliefs are factors that should also be taken into consideration. Birthing facilities that opt to put up a placenta pit must observe the following conditions in its construction.

2.11.2.1 The pit shall be accessible only to authorized personnel;

2.11.2.2 The pit shall be located far from shallow groundwater that may subsequently reach nearby wells and any body of water such as rivers or lakes to prevent contaminating the water source;

2.11.2.3 The pit shall not be located in flood prone areas;

2.11.2.4 The pit shall be managed as a landfill to prevent odor as well as prevent proliferation of rodents and insects;

2.11.2.5 The bottom of the pit shall be located at least 1.50 meters above ground water level.

## 2.12 Maintenance

2.12.1 There shall be a routine maintenance program for various utility systems to ensure a safe and healthy environment.

2.12.2 The facility shall have a program on pest and vermin control.

## 2.13 Exposure to Environmental Tobacco Smoke and Fire Protection

2.13.1 There shall be a 'no smoking policy' and that the same shall be strictly enforced.

2.13.2 There shall be a fire suppression system and other firefighting devices located in strategic areas in compliance with the Implementing Rules and Regulations (IRR) of R.A. 9154 re: Revised Fire Code of the Philippines.

## 2.14 Signage

- 2.14.1 All rooms and areas shall be properly identified including the location of fire exits.
- 2.14.2 The floor plan(s) showing evacuation routes should be posted in a conspicuous place within the facility.
- 2.14.3 There shall be 'no smoking' signs posted throughout the facility in accordance with R.A. No. 9211 known as Tobacco Regulation Act of 2003.

### 3.0 References:

- Licensing Requirements for Birthing Homes pursuant to Annex C of Administrative Order No. 2012-0012 entitled "Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines"
- Manual on Healthcare Waste Management of DOH, 3<sup>rd</sup> Edition, December 2011.
- Revised Implementing Rules and Regulations of the National Building Code.
- Planning and Designers Handbook, Second Edition. Max B. Fajardo.
- Guidelines in the Planning and Design of a Hospital and Other Health Facilities DOH, November 2004.
- Operations Guidelines, Women's Health and Safe Motherhood Project 2. DOH and Partner LGUs. Bienvenido P. Alano; Zenaida D. Recidoro
- Batas Pambansa Blg. 344. An Act to Enhance the Mobility of Disabled Persons.
- Actual facility survey conducted on selected birthing homes.

Prepared by:

  
\_\_\_\_\_  
**NESTOR ANGEL A. DELA CRUZ**  
Architect III  
Standards Development Division (SDD)  
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Department of Health (DOH)

Reviewed by:

  
\_\_\_\_\_  
**CYNTHIA R. ROSUMAN, MD**  
Chief, SDD, BHFS  
DOH

Approved by:

  
\_\_\_\_\_  
**ATTY. NICOLAS B. LUTERO III, CESO III**  
Assistant Secretary  
DOH

**ANNEX D**

**ANNUAL STATISTICAL REPORT FOR BIRTHING HOMES**



Republic of the Philippines  
Department of Health  
**BUREAU OF HEALTH FACILITIES AND SERVICES**

**ANNEX – F**  
**A.O. No. 2012-0012**

**ANNUAL STATISTICAL REPORT FOR BIRTHING HOMES**

**For the year \_\_\_\_\_**

Name of Health Facility: \_\_\_\_\_

Complete address: \_\_\_\_\_

Region: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ e-mail add: \_\_\_\_\_

**(PLEASE FILL-OUT ALL ITEMS, PUT N/A IF NOT APPLICABLE)**

**A. GENERAL INFORMATION**

**1. Nature of Ownership**

- |            |                        |       |
|------------|------------------------|-------|
| Government | [ ]                    |       |
|            | National               | [ ]   |
|            | Local                  | [ ]   |
|            | Others, please specify | _____ |
| Private    | [ ]                    |       |
|            | Single Proprietorship  | [ ]   |
|            | Partnership            | [ ]   |
|            | Corporation            | [ ]   |
|            | Civic Organization     | [ ]   |
|            | Religious              | [ ]   |
|            | Foundation             | [ ]   |
|            | Others, please specify | _____ |

**2. Institutional Character**

Hospital Based [ ]  
 Non Hospital Based [ ]

**B. BED CAPACITY**

- 1. Authorized Bed Capacity \_\_\_\_\_ beds
- 2. Bed Occupancy Rate \_\_\_\_\_ %

$$\frac{(\text{Total Inpatient service days for the period})^{**}}{(\text{Total number of Authorized beds}) \times (\text{Total days in the period})} \times 100$$

- Inpatient Service days: Unit of measure denoting the services received by one in-patient in one 24 hour period.

BH-Stat Report Form  
 Revision:00  
 09/12/2013  
 Page 1 of 6

**C. STAFFING PATTERN**

| Profession/Position            | Full Time |             | Part Time |             | On-Call | Total |
|--------------------------------|-----------|-------------|-----------|-------------|---------|-------|
|                                | Permanent | Contractual | Permanent | Contractual |         |       |
| 1. Clinical Service            |           |             |           |             |         |       |
| a. Obstetrician                |           |             |           |             |         |       |
| b. Pediatrician                |           |             |           |             |         |       |
| c. Family Medicine/<br>MHO/ GP |           |             |           |             |         |       |
| d. Nurse                       |           |             |           |             |         |       |
| e. Midwife                     |           |             |           |             |         |       |
| 2. Administrative Service      |           |             |           |             |         |       |
| a. Administrator               |           |             |           |             |         |       |
| b. Support Staff               |           |             |           |             |         |       |
| c. Driver                      |           |             |           |             |         |       |
| d. Others, specify:            |           |             |           |             |         |       |
|                                |           |             |           |             |         |       |

**Legend:**

- Full Time – refers to an employee with a fixed working time of eight (8) business hours a day, five (5) days a week, Monday through Friday or during business hours of clinic operations.
- Part Time – refers to an employee without a fixed working time.
- GP – General Practitioner
- MHO – Municipal Health Officer

## D. BIRTHING HOME OPERATIONS

### 1. Summary of Patients in the Birthing Home

| Inpatient Care                                                                                                                        | Number |
|---------------------------------------------------------------------------------------------------------------------------------------|--------|
| Total number of inpatients (admissions, including newborns)                                                                           |        |
| Total Discharges (Alive)                                                                                                              |        |
| Total number of inpatients transferred <b>FROM THIS FACILITY</b> to another facility <b>with higher capability</b> for inpatient care |        |

A.O. NO. 2012-0014

### 2. Number of Deliveries

| Deliveries                                             | Number | ICD-10 Code |
|--------------------------------------------------------|--------|-------------|
| Total number of in-facility deliveries                 |        |             |
| Total number of live-birth vaginal deliveries (normal) |        |             |
| Number of term live births                             |        |             |
| Number of preterm live births                          |        |             |

#### Definition of Terms:

- Live birth – occurs when a fetus, whatever its gestational age, exits the maternal body and subsequently show any signs of life, such as voluntary movement, heartbeat or pulsation of the umbilical cord, for however brief a time and regardless of whether the umbilical cord or placenta are intact. (WHO, 1950)
- Term birth - birth of a baby after 37 weeks. (Wikipedia)
- Preterm or premature birth – birth of a baby of less than 37 weeks gestational age. (Wikipedia)

### 3. Number of Outpatient Visits

| Outpatient visits               | Number |
|---------------------------------|--------|
| Number of antenatal care visits |        |
| Number of postnatal care visits |        |

**E. DEATHS**

| Types of deaths                 | Number |
|---------------------------------|--------|
| Total deaths                    |        |
| Total number of fetal deaths    |        |
| Total number of neonatal deaths |        |
| Total number of maternal deaths |        |

**Definition of Terms:**

- Fetal death/ Stillbirth – means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions, respirations are to be distinguished from fleeting respiratory efforts or gasps. (WHO)
  - Early fetal death – death of a fetus occurring between 20-27 weeks gestational age.
  - Late fetal death – death occurring from 28 weeks gestational age onwards.
- Antenatal (ante-partum) death – death prior to labor.
- Intra-natal (intra-partum) death – death during labor.
- Neonatal death – death of a live born baby within the first 28 days of life.
  - Early neonatal death – within the first 7 days of life
  - Late neonatal death – covers the time after the 7 days until before the 28 days of life
- Maternal death – is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. (WHO)

| CAUSES OF MATERNAL / NEONATAL DEATHS | NUMBER | ICD 10 CODE |
|--------------------------------------|--------|-------------|
| 1.                                   |        |             |
| 2.                                   |        |             |

**F. ADVERSE / SENTINEL EVENTS (Maternal and Neonatal): Specify, if any**

Sentinel event" refers to injuries caused by medical management (not necessarily the disease process) that either caused death, prolonged hospitalization or produced a disability during the time of confinement or by the time of discharge.

| ADVERSE / SENTINEL EVENTS | NUMBER |
|---------------------------|--------|
| 1.                        |        |
| 2.                        |        |

**G. EXPENSES**

Report all money spent by the facility on each category. Fill out all that apply.

A.O. No. 2012-0012

| <b>Expenses</b>                                                                                                                                                                                           | <b>Amount in Pesos</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Amount spent on personnel salaries and wages                                                                                                                                                              |                        |
| Amount spent on benefits for employees (benefits are in addition to wages/salaries. Benefits include for example: social security contributions, health insurance)                                        |                        |
| Allowances provided to employees at this facility (Allowances are in addition to wages/salaries. Allowances include for example: clothing allowance, PERA, vehicle maintenance allowance and hazard pay.) |                        |
| <b>TOTAL amount spent on all personnel including wages, salaries, benefits and allowances for last year (PS)</b>                                                                                          |                        |
| Total amount spent on medicines funded by the Revolving Fund                                                                                                                                              |                        |
| Total amount spent on medicines funded by the Government of the Philippines (from any level of government, including the central, provincial and municipal governments)                                   |                        |
| Total amount spent on medical supplies (i.e. syringe, gauze, etc.; exclude pharmaceuticals)                                                                                                               |                        |
| Total amount spent on utilities                                                                                                                                                                           |                        |
| Total amount spent on non-medical services (For example: security, food service, laundry, waste management)                                                                                               |                        |
| <b>TOTAL amount spent on maintenance and other operating expenditures (MOOE)</b>                                                                                                                          |                        |
| Amount spent on infrastructure (i.e. installation of ramps)                                                                                                                                               |                        |
| Amount spent on equipment (i.e. x-ray machine).                                                                                                                                                           |                        |
| <b>TOTAL amount spent on capital outlay (CO)</b>                                                                                                                                                          |                        |

**H. REVENUES**

Please report the total revenue this facility collected last year. This includes all monetary resources acquired by this facility from all sources, and for all purposes. Fill out all that apply.

| Revenues                                                                     | Amount in Pesos |
|------------------------------------------------------------------------------|-----------------|
| Total amount of money received from the Department of Health                 |                 |
| Total amount of money received from the local government                     |                 |
| Total amount of money received from donor agencies (for example JICA, USAID, |                 |

|                                                                                                   |  |
|---------------------------------------------------------------------------------------------------|--|
| and others)                                                                                       |  |
| Total amount of money received from private organizations (donations from businesses, NGOs, etc.) |  |
| Total amount of money received from Phil Health                                                   |  |
| Total amount of money received from direct patient/out-of-pocket charges/fees                     |  |
| Total amount of money received from other sources (PDAF, PCSO, etc.)                              |  |
| <b>TOTAL revenue</b>                                                                              |  |

Report prepared by: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

REPORT APPROVED BY:

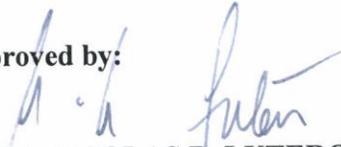
\_\_\_\_\_ Date \_\_\_\_\_

Head of the Facility

ANNEX – F of A.O. No. 2012-0012 was prepared by:

**STANDARDS DEVELOPMENT DIVISION  
BUREAU OF HEALTH FACILITIES AND SERVICES  
DEPARTMENT OF HEALTH**

Approved by:

  
**ATTY. NICOLAS B. LUTERO III, CESO III**  
Assistant Secretary of Health

**ANNEX E****DOH LICENSING CHECKLIST****DOH LICENSING REQUIREMENTS FOR A BIRTHING HOME CHECKLIST**

NAME OF BIRTHING CLINIC:

ADDRESS:

NAME OF OWNER:

CONTACT NO.:

| Documents / Birthing Homes                                                                                                                                      | Yes | No | REMARKS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| 1. Standard Operating Procedures (SOP) / Manual of Operations                                                                                                   |     |    |         |
| 2. Certificate of Commitment from DOH-RO as a Mother-Baby Friendly Health Facility                                                                              |     |    |         |
| 3. Certification of Compliance (from DOH) in BEmONC for health facility                                                                                         |     |    |         |
| 4. Certificate as a Newborn Screening Facility                                                                                                                  |     |    |         |
| 5. MOA with a health facility of higher capability as its referral facility.                                                                                    |     |    |         |
| 6. Notarized certification that the birthing facility does not perform D and C                                                                                  |     |    |         |
| 7. Notarized certification that the birthing facility does not perform permanent sterilization procedures such as BTL or NSV                                    |     |    |         |
| 8. Documentary requirements for new applicants:                                                                                                                 |     |    |         |
| a. Valid Mayor's or Business Permit (for private)                                                                                                               |     |    |         |
| b. Valid Certificate of Business Name Registration                                                                                                              |     |    |         |
| - DTI for single proprietorship (for private);                                                                                                                  |     |    |         |
| - SEC with Articles of Incorporation for Corporation (for private)                                                                                              |     |    |         |
| c. Documentation of collection, treatment and disposal of solid and liquid wastes in compliance with existing local ordinance (or Healthcare Waste Management?) |     |    |         |
|                                                                                                                                                                 |     |    |         |
|                                                                                                                                                                 |     |    |         |
| Documents/Providers - O: Ob-Gyne ; P: Pedia; FM/GP: Family Med/General Practitioner; M: Midwife                                                                 | Yes | No | REMARKS |
| 1. Professional Regulation Commission (PRC) license                                                                                                             |     |    |         |
| 2. Certificate of Good Standing from accredited professional organization                                                                                       |     |    |         |
| 3. PhilHealth ID or Certificate as Engaged Professional Health Care Provider                                                                                    |     |    |         |
| 5. MOA with a Pediatrician and/or Obstetrician, Fam Med, MHO or GP trained in BEmONC                                                                            |     |    |         |
| 6.. Certificate of BEmONC Training                                                                                                                              |     |    |         |
| 8. Training in Advanced Cardiac Life Support or Pediatric Advance Life Support (ACLS), preferable                                                               |     |    |         |
| 9. Certificate of Training in BLS from an authorized training provider                                                                                          |     |    |         |

| FURNITURE / APPLIANCES                                                         | QTY     | YES | NO | REMARKS |
|--------------------------------------------------------------------------------|---------|-----|----|---------|
| Bench                                                                          | 1       |     |    |         |
| Cabinet                                                                        | 1       |     |    |         |
| Calculator                                                                     | 1       |     |    |         |
| Chair                                                                          | 1/staff |     |    |         |
| Desk                                                                           | 1/staff |     |    |         |
| Electric fan                                                                   | 1       |     |    |         |
| Fire Extinguisher                                                              | 1       |     |    |         |
| Open shelf                                                                     | 1       |     |    |         |
| Standby Generator or (battery operated rechargeable emergency light)           | 2       |     |    |         |
| Transport vehicle or MOA with a service provider                               | 1       |     |    |         |
| Typewriter/ Computer                                                           | 1       |     |    |         |
| Refrigerator/ cooler (for breast milk, meds and vaccines such as HepB and BCG) | 1       |     |    |         |
| Examining table                                                                | 1       |     |    |         |
| Footstool                                                                      | 2       |     |    |         |
| Wall clock with second hand                                                    | 1       |     |    |         |
| Stool                                                                          | 1       |     |    |         |
| Room thermometer, non-mercurial to determine room temp. status                 | 1       |     |    |         |
| Flat, firm surface with heat source                                            |         |     |    |         |

| EQUIPMENT                                                                                                   | QTY | YES | NO | REMARKS |
|-------------------------------------------------------------------------------------------------------------|-----|-----|----|---------|
| Self-inflating bag-valve-mask devices (ADULT)                                                               | 1   |     |    |         |
| Self-inflating bag-valve-mask devices (NEWBORN))                                                            | 1   |     |    |         |
| Stethoscope (adult and pediatric)                                                                           | 3   |     |    |         |
| Sphygmomanometer (non-mercurial) with adult cuff and neonatal cuff                                          | 2   |     |    |         |
| Thermometer, non-mercurial                                                                                  | 2   |     |    |         |
| Autoclave/ sterilizer                                                                                       | 1   |     |    |         |
| Clinical weighing scale, adult                                                                              | 1   |     |    |         |
| Clinical weighing scale (for newborn)                                                                       | 1   |     |    |         |
| Gooseneck/ examining light                                                                                  | 2   |     |    |         |
| Delivery table with stirrups and with provision for semi-upright position of the birthing mother            | 1   |     |    |         |
| Instrument Table                                                                                            | 1   |     |    |         |
| Instrument Cabinet                                                                                          | 1   |     |    |         |
| IV Stand                                                                                                    | 1   |     |    |         |
| Oxygen unit, w/ humidifier and regulator; min. 5 lbs.                                                       | 1   |     |    |         |
| Suction apparatus, not for routine suctioning                                                               | 1   |     |    |         |
| Portable kit or trolley for weighing scale, needs for eye care, vit K, birth doses of HepB and BCG vaccines | 1   |     |    |         |

| INSTRUMENTS                                 | QTY | YES | NO | REMARKS |
|---------------------------------------------|-----|-----|----|---------|
| Hemostatic/Kelly Forceps, curve or straight | 2   |     |    |         |
| Kidney Basin                                | 1   |     |    |         |

|                                                |   |  |  |  |
|------------------------------------------------|---|--|--|--|
| Needle Holder, 8 inches                        | 1 |  |  |  |
| 'Penguin' Suction Bulb                         | 1 |  |  |  |
| Surgical Scissors, Straight Mayo               | 1 |  |  |  |
| Bandage Scissors                               | 1 |  |  |  |
| Thumb Forceps                                  | 1 |  |  |  |
| Tissue Forceps with teeth                      | 1 |  |  |  |
| Sterile plastic umbilical cord clamp/s or ties | 1 |  |  |  |
| Umbilical cord scissors                        | 1 |  |  |  |
| Vaginal Speculum                               | 2 |  |  |  |

| MEDICINES                                                                                    | QTY | YES | NO | REMARKS |
|----------------------------------------------------------------------------------------------|-----|-----|----|---------|
| Epinephrine 1 mg/ml ampoule                                                                  | 1   |     |    |         |
| Atropine 1 mg/ml ampoule                                                                     | 1   |     |    |         |
| Diphenhydramine 50 mg/ ampoule                                                               | 1   |     |    |         |
| Calcium gluconate 10 mg/ ampoule                                                             | 1   |     |    |         |
| Tranexamic Acid ampoule                                                                      | 1   |     |    |         |
| Magnesium Sulfate ampoule                                                                    | 1   |     |    |         |
| Oxytocin 10 units per ampoule or Oxytocin in pre-filled, single dose, non-reusable injection | 2   |     |    |         |
| Betamethasone (Diprosan) 7mg per ampoule or Dexamethasone (Scancortin) 5mg/mL per ampoule    | 1   |     |    |         |
| IV Fluids such as:                                                                           |     |     |    |         |
| a. D5 LR or Plain LR 1 L per bottle                                                          | 3   |     |    |         |
| b. Plain NSS 1 L per bottle                                                                  | 2   |     |    |         |
| Erythromycin ophthalmic ointment 0.5% or Oxytetracycline ophthalmic ointment                 | 2   |     |    |         |
| Local anesthetic such as Lidocaine 5% solution 1 g/50 ml vial or Xylocaine                   | 1   |     |    |         |
| Tetanus Toxoid containing vaccines                                                           | 2   |     |    |         |
| Vitamin K ampules                                                                            | 2   |     |    |         |
| HepB vaccines (stored inside ref at temp between +2-8 degrees Celsius)                       |     |     |    |         |
| BCG vaccines (stored inside ref at temp between +2-8 degrees Celsius)                        |     |     |    |         |

| SUPPLIES                                           | QTY | YES | NO | REMARKS |
|----------------------------------------------------|-----|-----|----|---------|
| Intravenous catheter set (for adults & newborn)    |     |     |    |         |
| 70% Isopropyl alcohol                              |     |     |    |         |
| Disposable Syringes (1, 3, 5, 10 cc; with needles) |     |     |    |         |
| IV tubings (macro and microdrip sets)              |     |     |    |         |
| Nasal cannulas or plastic face masks               |     |     |    |         |
| Plaster                                            |     |     |    |         |
| Povidone-iodine solution                           |     |     |    |         |
| Sterile absorbable sutures                         |     |     |    |         |

|                                                            |   |  |  |  |
|------------------------------------------------------------|---|--|--|--|
| Sterile cotton balls                                       |   |  |  |  |
| Sterile cotton pledgets                                    |   |  |  |  |
| Sterile gauzes                                             |   |  |  |  |
| Sterile gloves                                             |   |  |  |  |
| Surgical caps                                              |   |  |  |  |
| Surgical masks                                             |   |  |  |  |
| Sharps containers                                          |   |  |  |  |
| Suction catheters (adult and newborn sizes)                |   |  |  |  |
| Soaking or decontaminating solution                        |   |  |  |  |
| Lubricant                                                  | 1 |  |  |  |
| Partograph form                                            | 1 |  |  |  |
| Sterile gloves                                             | 2 |  |  |  |
| Kelly Pad                                                  |   |  |  |  |
| Pail                                                       |   |  |  |  |
| Pair(s) of slippers, exclusive for Birthing Room use       |   |  |  |  |
| Bed sheets                                                 |   |  |  |  |
| Gowns or patient's gowns (exclusive for Birthing Room use) |   |  |  |  |
| Linen for drying the newborns                              |   |  |  |  |
| Sterile drapes                                             |   |  |  |  |
| Scrub suits                                                |   |  |  |  |
| Tape measure                                               |   |  |  |  |

| INFRASTRUCTURE                                   | YES | NO | REMARKS |
|--------------------------------------------------|-----|----|---------|
| 1. Waiting Area                                  |     |    |         |
| 2. Admitting, Records and Business Office        |     |    |         |
| 3. Toilet (1 per 6 beds)                         |     |    |         |
| 4. Outpatient Service Area with lavatory or sink |     |    |         |
| 5. Ward                                          |     |    |         |
| 6. Birthing Room (10 sq meters)                  |     |    |         |
| a. Birthing Area                                 |     |    |         |
| b. Scrub-up Area                                 |     |    |         |
| c. Equipment and Supply Storage Area             |     |    |         |
| 7. Utility Room                                  |     |    |         |

| SIGNAGES             | YES | NO | REMARKS |
|----------------------|-----|----|---------|
| No Smoking           |     |    |         |
| Fire Exit            |     |    |         |
| Rooms Identification |     |    |         |
| Ward                 |     |    |         |
| Consultation Room    |     |    |         |

|                          |  |  |  |
|--------------------------|--|--|--|
| Delivery / Birthing Room |  |  |  |
| Toilet                   |  |  |  |
| Utility Room             |  |  |  |

| PERSONNEL                                                        | YES | NO | REMARKS |
|------------------------------------------------------------------|-----|----|---------|
| Minimum Number of Personnel:                                     |     |    |         |
| - Administrator                                                  |     |    |         |
| - Clerk                                                          |     |    |         |
| - Utility Worker 1 per 5 beds/shift                              |     |    |         |
| - Driver (on call 24/7) or MOA with a transport service provider |     |    |         |

## **ANNEX F**

### **DESCRIPTION OF CONTENTS OF THE QAP TOOLKIT**

The QAP Toolkit for Practicing Professional Midwives consists of an Introduction manual and an additional four separate manuals designed to be used by midwives and their supervisors.

Section 1: Clinical Care Manual for Midwives - This manual provides the standards of care in the professional conduct of practicing midwives. It consists of two parts.

Part 1: Management — includes guidelines in the management of the different phases of pregnancy and delivery — from prenatal care, care during labor and childbirth, care during the postpartum period and newborn care.

Part 2: Special Procedures - contains information and a review of some basic and special procedures that previously trained midwives are expected to perform. These procedures should be performed **ONLY** by midwives who have been formally trained to perform them, and only when indicated.

Section 2: Clinic Operation Standards Manual - This manual provides guidance to midwives on how to operate and manage a birthing home. It consists of two parts:

Part 1: Standard Operating Procedures - provides guidelines for the professional midwife as she performs various clinic tasks such as outpatient consultations, admissions, infection prevention practices, referral systems, waste management and clinical recording.

Part 2: Standard Clinic Forms - contains the different forms that will be used by the midwife in recording patient data. These include forms for family planning, prenatal consultation, recording of labor monitoring results, birthing plan, postpartum records, newborn case records and others. There is a detailed explanation of how these forms must be filled up and when to use which form for a particular type of patient.

Section 3: Monitoring Tool for Practicing Midwives – This manual allows midwives to review their own practices, make improvements, and seek outside assistance for resolving issues. This also provides the supervisors with an objective monitoring tool which they can use as when they evaluate a midwife and her birthing home. With this toolkit, both midwife and supervisor have the opportunity to address deficiencies and mobilize resources toward improving the quality of services in the birthing home. This manual has two parts:

Part I: The midwife portion has two components: the *self-assessment portion* which determines the midwife's perspective of the level of quality of FP-MCH services she provides, and the *action plan portion* that addresses the things that need to be improved as identified in the self-assessment portion.

Part 2: The supervisor's portion - serves at least two purposes: 1) to validate the midwife's assessment of her own professional competence and the quality of services of her facility; and 2) to determine the midwife's progress in improving the quality of FP-MCH services based on her validated numerical scores and the action plans developed during the midwife's self-assessment portion.

Section 4: Guide to Organizing and Managing the Conduct of Clinical Case Conference for Midwives – this is a user-friendly manual that provides step-by-step guidelines in organizing and managing the Clinical Case Conference (CCC) for Midwives as a continuing quality improvement activity. The CCC is a technical meeting that serves as a venue for midwives to acquire professional updates from medical experts. The DOH-RO, LGUs' health offices, NGOs, or even midwife associations may act as the organizing agency in conducting this activity.

## **ANNEX G**

### **SAMPLE COMPUTATION OF COSTS ASSOCIATED WITH PHILHEALTH ACCREDITATION**

#### A. Philhealth accreditation of a Midwife as Health Care Provider (HCP)

Philhealth contribution for at least 9 months preceding the application: Php300/month  
 Php 300 x 9 months = Php 2,700

#### B. Philhealth accreditation of a Birthing Home as a Maternity Care Package (MCP) Facility

##### I. PHIC membership of Midwife who is the Birthing Home owner

Philhealth contribution for at least 9 months preceding the application (as stated above) plus 3 years advanced payment (36 months)- to ensure that the membership is active during the accreditation process of the Birthing Home:

$$\begin{array}{r}
 \text{Php } 300 \times 9 \text{ month} = \text{Php } 2,700.00 \\
 + \text{Php } 300 \times 36 \text{ months} = \underline{10,800.00} \\
 \text{TOTAL} = \text{Php } 13,500.00
 \end{array}$$

2. PHIC application fee for the birthing home: Php 1,500.00

Total Approximate Cost for PHIC accreditation of Birthing Home: Php15,000.00

Other additional costs for the Birthing Home:

1. Mayor's or Business Permit
  2. Sanitary Permit
  3. Notarial Fees
  4. DOH License-to-Operate (if implemented already):
    - a. DOH Permit-to Construct
    - b. DOH License-to-Operate
- } prices vary depending on the locality