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PLANNING FOR A CHILD SURVIVAL TRAINING AND
RESEARCH CENTER
CEBU, THE PHILIPPINES

A Report Prepared By PRITECH Consultant:
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The USAID mission in the Philippines is committed to the construction of a building at the Southern Islands Medical Center (SIMC) in Cebu. This building was originally intended as a diarrheal management training center for Region VII, but on reconsideration is to be a Child Survival Training and Research Center. A workshop, attended by the author of this report, was held March 20-21 at SIMC to consider the objectives, activities, and organization of the Child Survival Center. Among the 22 participants in the workshop were representatives of SIMC, the Philippine Pediatric Society, the Department of Health of Region VII, the Cebu Institute of Medicine, and the Association of Philippine Medical Colleges (see list in Appendix I). Dr. R. Capul of USAID/Manila was unable to attend because of unexpected events requiring him to remain in Manila during the week of the workshop. However, I was able to meet with him in Manila after the workshop.

The workshop began by reviewing the background and plans for the Child Survival Center and by deciding on the expected outcomes and process to be followed. Participants felt that they should make recommendations about the activities of the Center in the three main areas of service, training and research. They further decided to have the entire group define the issues on the first day and then to separate into three groups (service, training, research) to discuss the issues in more detail and to formulate recommendations.

Health Problems of Region VII

A review of the health problems of Region VII and of the Comprehensive Maternal and Child Health Program of the DOH revealed a number of relevant points. First, infant and childhood mortality rates are moderate in the Region as a whole, but some areas continue to have high mortality rates (e.g., IMR of 99/1000 births in Canlaon City). Second, pneumonia is the current leading cause of death in children, diarrhea continues to be important, as do perinatal causes, but the six immunizable diseases are no longer among the ten leading causes. Third, the maternal mortality rate is high with postpartum hemorrhage as the leading cause of death. Fourth, the immunization coverage in 1988 for the Region is 69% (fully immunized), a slight improvement from 1987. However, coverage in many of the cities is below 50%. The use of tetanus toxoid during pregnancy remains low at 45% in the Region. In the discussion there was a strong feeling that there should be integrated preventive and curative services for both children and mothers.

Building plans

The plans for construction of the building were reviewed. The first and second floors each have four sizable rooms and some ancillary areas. The original intent was to have two rooms for male and female dormitories and training on the second floor and clinical areas, including some inpatient care of diarrhea and malnutrition on the first floor. It was stated that the structure of the building could not be changed at this point, but that minor internal changes could be made to accommodate a revised set of activities. The DOH representatives strongly expressed the opinion that the inpatient

services should remain part of the regular hospital wards and that only outpatient services should be offered in the new building. It has been their experience that the separation of inpatient diarrheal treatment (and presumably other inpatient services as well) from regular pediatric wards provides an unrealistic training experience, which may hamper implementation when the trainees return to their regular health facility.

Service in the Child Survival Center

The services of the Center should cover the important problems of children and reproductive age women and should be as integrated as feasible. The services should be outpatient only and all children or women needing admission should be sent to the regular inpatient wards of SIMC.

The services group made the following recommendations:

1. The outpatient services provided in the Center should include for children under 6 years old, a) diarrheal management; b) respiratory infection management; c) growth monitoring and development assessment; d) breastfeeding promotion; e) nutrition support, and f) immunization. Services for women should include family planning advice and prenatal care. Additional consideration should be given to *counseling about juvenile problems, such as drug abuse, and to community organization and development activities.*
2. It was suggested that the four rooms on the first floor be used as follows:
 - Room 1 - diarrheal management (plans A & B) during office hours only
 - Room 2 - prenatal and postnatal care of women, family planning motivation
 - Room 3 - triage area, waiting area, health education
 - Room 4 - under six clinic for well and sick children, including nutritional assessment, immunizations, etc.

Central reception - at entrance for receiving patients and medical records.
3. The waiting time could be utilized for educational/promotional activities. Student nurses could help with these activities directly or indirectly by attending to the children while mothers are listening to the health education. A TV and video player would be very useful for these activities.
4. It was stated that the staff of SIMC are overloaded with work now and that optimal functioning of the services in the Center would require a substantial increase in staff. The numbers suggested by

the services group included 1 medical specialist, 4 training residents, and 11 nurses in addition to the existing staff of the relevant clinics.

5. It was concluded that the Child Survival Center (and SIMC) should take responsibility for the health care needs of a defined community. This would permit a more ideal integration of community and health facility aspects of primary health care and child survival services than would otherwise be possible in a tertiary care hospital. Furthermore, the involvement with a community would be highly advantageous for the training and research efforts of the Center. After much discussion about possible communities, it was decided that this would take more planning, but that the concept was desirable and would be pursued. It was also left undecided what services would be extended to the community and how this would be done.

Training in the Child Survival Center

1. There was a consensus that as far as possible, the training should integrate child survival strategies and also integrate child and maternal care.
2. It was felt that the training should focus on Region VII.
3. Two types of trainees were envisioned --service providers and trainers. Service providers would be those delivering preventive and curative care to children and mothers. Trainers would be individuals from DOH, NGO's, etc., who would then train service providers. NGO's identified: APPC, PPS, ROGS, Family Medicine PNA, IMAP, Universities. Training the trainers was considered the main function of the Center.
4. There was also discussion of training for community organizers, health education personnel, mother trainers. These individuals would then work at a community level to educate and motivate mothers.
5. There was a strong support for developing an integrated training course with modules so that all or parts of the course could be offered. These modules should really fit together and complement each other, rather than be a series of independent sections, which may overlap or leave out important areas.
6. It was felt that the Center may want to do training in the community, as well as within the facility at SIMC, since this may better address fundamental problems of service delivery.
7. The workshop recommended that there be an overall training steering committee and training task forces for acute care services and preventive care services (for children and mothers).

8. It was recommended that the planning for needed Center resources should include the personnel, materials, and funds for training.
9. A number of the medical specialists of SIMC are likely to be involved in the training and must be given sufficient time from their other responsibilities to be involved in training activities. In addition, it was considered to be very important that one medical specialist be assigned fully to the Center without rotation to other services. This would provide the continuity and greater direct responsibility needed for the training and research activities.
10. In addition to the medical specialists, it will be necessary to have resource persons in areas such as health education, illustration, etc.
11. It was mentioned by DOH representatives that they could provide personnel to assist with training during certain courses.
12. For the training activities, lodging, lecture rooms, individual working areas, offices, and a library will be needed. It was recommended that most of the second floor of the Center be devoted to training. However, there was a concern that it may not be ideal to utilize two rooms as male and female dormitories. First, this would very much limit the space available for other purposes and, second, it may not provide very comfortable accommodations. It was mentioned that a building currently used by the Regional Office may be available in the near future and that it had previously been used for housing. Use of this building should be explored.
13. Certain training equipment e.g., projectors, TV, VCR, video camera, tape recorders, sound system will be needed. It was also thought that a photocopier, typewriter, and microcomputer would be needed. It was considered desirable to purchase a utility van to transport trainees to the community for some of their training and other activities.
14. It is necessary that the Center have an operations budget for core costs independent (but in support of) specific training activities. It is anticipated that most of the allowances, travel and honorarium would come from budgets for specific courses.

Research in the Child Survival Center

1. The purpose of the research should be to improve the health and quality of life of children and mothers.
2. It was considered desirable that the Child Survival Center not only conduct research, but also foster the conduct of research in Region VII.
3. It was recognized that there were a very limited number of experienced researchers in Cebu, especially in the area of health

systems research. Thus, it was recommended that steps be taken as soon as possible to strengthen the capability and increase the number of researchers. Important steps included creating a favorable atmosphere for research within SIMC and other Cebu institutions and seeking opportunities and support for research training and experience. The latter may include fellowships in the Philippines and abroad, short-term courses, and research clinics where interested persons receive assistance in the development of research proposals.

4. The DOH can and should play a central role in helping to define priority research areas of most relevance to the national health programs. International agencies such as WHO and USAID can also help by providing recent information on research results and on questions of general importance and on appropriate research methodologies.
5. It may also be desirable to establish a continuing relationship of consultation and collaboration with research institutions outside of the Philippines. Such a relationship may help the Center to initiate and complete relevant work and to establish an international reputation, with access to external funding. It may be possible for USAID to facilitate such a relationship by a contractual arrangement with a US university.
6. To assist researchers the Center should have certain expertise and facilities. First, research methodologists in the areas of biostatistics, epidemiology, social and management sciences, and clinical trials would be highly desirable. To the extent that such skills are available in Cebu, these individuals should be brought into a network that supports the research activities. If some skills are not available, additional persons will need training. For example, the Center should have a biostatistician, who may be a masters level full-time staff or a medical specialist with a masters in biostatistics. Second, the Center should have a data analyst/computer operator to assist investigators. Third, the Center should have access to a librarian, who can help manage a child survival research library and conduct literature searches.
7. The Center should have a microcomputer facility with relevant data management and statistical software. Ideally, this would be located on the second floor of the Center.
8. It was known that other institutions in Cebu e.g., Cebu Institute of Medicine, have research laboratories and stated that these should be used, if needed, rather than establishing research laboratories at SIMC.
9. It was considered very important to build up a network of researchers from medical schools, universities, DOH, etc. These individuals would share a common interest in research on child and maternal health care and would carry out the research in the Center

and outside of it. In this regard, it would be useful for the Center to have an advisory board with representation of important Region VII research institutions.

10. To stimulate interest in certain types of research, the Center could coordinate or organize an annual research congress, research contests or a regular (e.g., monthly) seminar held on a rotational basis at a variety of Cebu institutions.
11. The Center could play an important role in brokering research funds especially those from USAID and other international donors. This role could include assistance to potential investigators in research design, implementation, and analysis, in management of research activities, and in internal and external coordination. It should be explored whether USAID would be willing to provide funds for research done by or coordinated by the Center.
12. It is anticipated that the Center would conduct clinical and community research and health systems research. The types of research that would seem to be of high initial priority will be discussed below under certain selected health programs for illustration.
 - a. Diarrheal disease control research questions may include:
 - (1) Determination of acceptable alternatives for fluid management of early and non-dehydrated diarrhea cases in the home. This would be largely community studies of acceptable treatments, but could also involve some clinical studies of the safety and efficacy of selected fluids.
 - (2) Determination of means to improve dietary management of diarrhea in the home. This would begin with community studies of available and acceptable foods for use during diarrhea and in convalescence. It may or may not be required to do clinical feeding trials with proposed diets. However, it would be very desirable to evaluate attempts to promote use of these feeding practices in the community.
 - (3) Studies of modified oral therapy solutions, e.g., cereal-based solutions for clinical efficacy.
 - (4) Studies of the optimal ways to recognize, refer and treat dysentery.
 - (5) Determination of risk factors for persistent diarrhea and predictive factors to permit appropriate recognition and management.
 - (6) Studies of the dietary and drug management of persistent diarrhea.

b. Acute Respiratory Infections

- (1) Studies of the microbial etiology of pneumonia and sepsis in the neonatal period.
- (2) Determination of the clinical signs and symptoms most useful to predict pneumonia (and sepsis in the neonatal period).
- (3) Determination of the clinical signs and symptoms of severe pneumonia e.g., with hypoxia.
- (4) Behavioral research on the signs used by mothers to recognize severe illness, on illness management in the home, including reasons for early vs. late care seeking, and on compliance with recommended treatment.
- (5) Studies of health worker's ability to count respiratory rate and to document other signs of pneumonia.
- (6) Studies of the efficacy of various antibiotic regimens in treatment of pneumonia and sepsis in neonates and pneumonia in older children.
- (7) Studies of appropriate technologies for management of ARI, such as timing devices, oxygen concentrators, foot-pump nebulizers, etc.

c. Nutrition

- (1) Studies of dietary management of moderately - severely malnourished children as outpatients or in the community.
- (2) Studies of the effect of vitamin A supplementation on diarrheal and respiratory morbidity.

d. Immunizations

- (1) Studies of the immunogenicity of the Edmunson-Zagreb measles vaccine administered at six months and the duration of vaccine-induced antibodies.
- (2) Studies of the integration of hepatitis B vaccine into the routine immunization schedule.
- (3) Evaluation of reasons for immunization drop outs and research on means to improve coverage in a sustainable manner.

Governance of the Center

An important general issue was discussed in the training and research groups and in the plenary session. The current plan is to have the Center administered by the Department of Pediatrics. Although it is clear that the services would largely be the responsibility of the Department of Pediatrics, the training and research functions may require a different system of management. It was felt by several participants that the Center should be a separate fiscal unit within SIMC. This would leave the child and maternal services under the authority of their respective Departments, but would permit greater administrative flexibility and fiscal accountability for training and research functions. It would be especially important that the Center be in a position to attract new funds and staff rather than compete with the Department of Pediatrics for resources. No formal recommendation was made, but it was suggested that SIMC, DOH and USAID determine the optimal system.

It was however a general feeling that the Center should have both a smaller operational group, who would be involved in day to day activities, and a broader advisory committee. The latter should help foster the objective of establishing a network of individuals from various institutions who would be involved in the training and research activities.

Follow-up steps

The SIMC with the assistance of the Region VII DOH personnel and others, as needed, will prepare an operational plan for the Center.

Schedule of Activities

March 17	Leave for Manila
March 18	Arrive in Manila
March 19	Travel to Cebu
March 20-21	Workshop at SIMC
March 22	SIMC to see Dr. P. Angus
March 23-24	Write report on workshop in Cebu
March 25	Travel to Manila Meeting with Dr. R. Capul, USAID
March 26	Easter holiday
March 27	Travel to Baltimore

Appendix I

PARTICIPANTS - CHILD SURVIVAL PRINCIPLES

March 20, 21, 22, 1989

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