Partnering With Rural Health Units

KKI ties up with Rural Health Units (RHU) to deliver maternal health care services.

Under the Healthy Mothers, Healthy Babies: Kalinga Kay Inay (KKI) project, we have initiated 15 health fairs offering a full suite of services to pregnant and lactating women in 7 strategic areas nationwide over the past year and a half. To achieve this significant undertaking, project partners worked closely with Rural Health Units (RHUs) in a win-win collaboration.

“Maternal health and child care, which the project promotes, is also one of the Department of Health’s (DOH) thrusts,” said Dr. Rose Pimentel, RHU II of Daet RHU. She added that working with CARD is relevant and timely for the realization of Millennium Development Goals (MDGs).

In all of these health fairs, RHUs have actively participated in the event by deploying their medical team, inviting beneficiaries, and providing education during the health fairs. “Mobilization of beneficiaries is one of the project’s critical factors; however, tapping the RHU, where the data of pregnant women are available, made the project reach more than the expected outcome,” said Ms. Marilyn Manila, CARD MRI community development director.

The project has reached about 9,000 pregnant, lactating, and child-bearing women through the health fairs and about 800,000 women microfinance clients received maternal health education, facilitated by CARD account officers in Center meetings.

“It’s good to know that there are organizations like CARD that are helping the underprivileged especially for maternal health,” said Dr. Pimentel, also observing...

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ABOUT THE PROJECT

Freedom from Hunger and the Microcredit Summit Campaign are partnering with CARD Mutually Reinforcing Institutions (CARD MRI) to implement an 18-month project to address maternal health in the Philippines head-on. The project is supported by an educational grant from Johnson & Johnson.

Freedom from Hunger and the Microcredit Summit Campaign are US-based non-profit organizations. CARD MRI is one of the largest groups of social development institutions in the Philippines, including the largest microfinance institution (MFI) in the country.

“Healthy Mothers, Healthy Babies,” or “Kalinga kay Inay” in Tagalog, consists of 3 main project areas:

- Health education and access
- Build sustainability
- Document evidence

MFIs for Health Consortium

MFIs for Health is made up of 21 microfinance institutions committed to providing access to health care services to poor communities:

- ARDCI NGO Group, Inc.
- ASA Philippines Foundation, Inc.
- Alalay Sa Kaunlaran, Inc.
- Bangko Kabayan, Inc.
- Bukidnon Integrated Network of Home Industries, Inc.
- CARD Bank, Inc.
- Center for Agriculture and Rural Development (CARD), Inc.
- CARD SME Bank, Inc.
- Center for Community Transformation
- Community Economic Venture, Inc.
- Daan Sa Pag-Unlad, Inc.
- Kabalikat Para Sa Maunlad Na Buhay, Inc.
- KFI Center for Community Development Foundation, Inc.
- LifeBank Foundation
- Negros Women for Tomorrow Foundation, Inc.
- Pag-Inupdanay, Inc.
- Rizal Rural Bank, Inc.
- Rural Bank of Talisayan-Mutual Benefit Association and Fonus Multipurpose Cooperative (MFI), Inc.
- Taytay Sa Kauswagan, Inc.
- Tulay Sa Pag Unlad, Inc.
- USWAG Development Foundation, Inc.

Photo credits: all photos taken by staff of the three partner organizations
that the behavior of pregnant women in Daet, Camarines Sur, has changed in terms of giving birth in health facilities. “Together with CARD, we vow to strengthen this effort,” added Dr. Pimentel.

The Department of Health runs the Lakbay Buhay Kalusugan (LBK) program, a “mobile health caravan” that provides maternal and child health services to remote and rural areas. Dr. Pimentel described how LBK also encourages the participation of fathers, believing that pregnancy is not only physical but has an emotional aspect that fathers should be involved in. “I think, the organizers must also consider this in the future,” Dr. Pimentel concluded.

CARD will continue its efforts on maternal health in 2016 and the years to come. CARD is invested in creating an impact to the lives of women and families it serves.

KKI is a project of CARD Mutually Reinforcing Institutions (CARD MRI), Freedom from Hunger, and the Microcredit Summit Campaign. We developed KKI in response to the challenges of high maternal mortality rate in the Philippines. KKI hopes to improve the health knowledge and promote behavior change to more than 600,000 women by December 2015 in the Philippines.
CARD Members Need Family Planning, Too

Through the collaboration and relationship-building activities of this project, CARD and UNFPA/ECOP have finalized details for the Project Family Planning Program. It is targeted for rollout in early 2016.

Family planning is a much needed service in the Philippines, especially the communities that CARD services.

We have found that a number of women attending the CHDs did not plan for their pregnancy and timing was not always ideal. Some are too young like the 15-year-old already carrying her second child. Or burdened by too many pregnancies, like the 28-year-old carrying her eleventh. And, some women are carrying in late-in-life pregnancies.

Ruby (40) is three months pregnant with her sixth child. She was drawn to the fair for the free medication and checkup. She was excited to be able to be seen by an OB/GYN specialist about her pregnancy. Ruby has had one checkup at the Matina Health Center, which is walkable from her home, so far in her three-month pregnancy.

Ruby explained that, as she prepares for the arrival of her baby, her biggest needs are things like baby clothes.

My 5th child is now 12 years old, and I didn’t expect to have another baby, so do not have the supplies anymore.

Ruby plans to deliver her baby in a private hospital, which cost her 15,000 to 20,000 pesos with PhilHealth. Ruby also plans get a tubal ligation so that this is her last pregnancy.

Birthing Centers Deliver Affordable, Quality Alternative to Hospitals

The Philippine Health Insurance Corporation (PhilHealth) is accrediting birthing centers, or lying-in clinics as they’re known locally, for normal delivery cases. These out-patient clinics provide services for prenatal care, normal birth, routine newborn care, postpartum care, and family planning.

Lying-in clinics offer families with few resources and low-risk pregnancies an affordable alternative to delivering at a hospital. When PhilHealth members opt for the Maternal Care and the Newborn Care packages, they pay a flat fee of P8,000 and a P1,750, respectively. They are then assured that no other amount will be charged for normal delivery and the newborn care at an accredited lying-in clinic.

Interviewing women at our community health fairs, we have learned that many plan to give birth at local clinics. Charyle and Berrera from our first issue both intend to deliver at such a clinic.

“I like it better because it’s more personal,” Charyle said. “I have PhilHealth, which helps with costs and point-of-care service.”

Berrera told us that proximity also is an important factor. “It is walking distance from where I live,” she said, “and it is PhilHealth accredited, so free.”

Lying-in clinics are usually owned by a registered midwife and located in both urban and rural areas. Some are even near hospitals.

The growth of lying-in clinics decreases the number of women giving birth in hospitals, lessening the burden on a stretched infrastructure. As of March 2015, PhilHealth had accredited more than 1100 lying-in clinics. You can see the full list online.
Conversations About Healthy Pregnancies Lead to Birth Plans

The “Healthy Pregnancies Make Healthy Communities” Pictorial Learning Conversations (PLCs) help the women in this project think about, discuss, and analyze strategies to keep the women and unborn babies in their families and communities healthy.

Over the course of eight 15-minute education sessions, the group talks about how illness affects their families, saving money specifically for health, why it’s important to know their local health provider(s) and visit them early in the pregnancy, and what to expect when they visit a health provider.

The overall goal of this module is to ensure that pregnant women have the information they need to have a healthy and safe pregnancy.

The sessions in the PLC also help participants prepare a birth plan taking into account transportation, cost, and access to appropriate health personnel and facilities—for themselves, a family or community member.

Feedback from the women has been very positive. One CARD member commented, “It is helpful to have more knowledge about pregnancy, especially if you are still having babies. But, if you are done having babies you can still learn more ideas and share them with others.” Even though the reproductive age of CARD members varies, we have found that all are encouraged to act as “maternal health mentors” and share this new information to family and members of the community.

CARD staff are encouraged by the participation and interest, and one Account Officer stated, “I think the women are applying the information and they will follow through with what they have learned. Even when the module is done, I think they will remember.”

“What I noticed is that these women are not even aware that they need prenatal services. They think that once they get pregnant, they just deliver the baby and that’s it. They don’t know that there might be complications. Education is really important. Why don’t we educate these patients first? It’ll be a lot easier for them and they’ll know what is coming.”

—Dr. Shie, OB/GYN in Manila
Community Health Fair: The Health Providers

We interviewed several health providers at the Davao health fair. The following are the responses of OB/GYN doctors from Davao, all private healthcare providers, who have volunteered their time in exchange for an honorarium.

Eva, Wenny, and Jely told us that giving back to the community is important to them. They agreed to participate in this health fair because they believe in medical missions and women’s care as a way to do give back to the community.

In your opinion, what is the greatest health need among the women you have seen today?

Eva: Education. It is important that women do not just access these services one time. They need information to change their behavior.

Wenny: Family planning is most beneficial. For example, I met a 15 year-old already in her second pregnancy. There was another patient on her 11th pregnancy and only 28.

Jely: Also to incorporate in the education—women should have early pre-natal check-ups.

What do you like best about this community health fair?

Eva: It has opened my eyes to higher-needs of people in the community.

Wenny: It’s good to advocate for women here. I liked to help educate each patient. There were some time constraints, but I was still able to give some education.

Jely: But, many women I talked to don’t care or plan.

Would you like to stay involved in this project? If so, how would you like to stay involved?

All: CARD can call anytime, we like the project.