Philippines’ experience on essential newborn care in emergencies
(Turning disaster into an opportunity for improving maternal and newborn care services in the Philippines)

Global Health Practitioner Conference | June 4 – 7, 2018 | Bethesda, MD, USA
via twitter | @COREGroupDC | #GHPC18

Mariella Castillo, MD, MSc
Health & Nutrition Specialist
UNICEF Philippines
Path of typhoon Haiyan through central Philippines

Super typhoon Haiyan was the strongest typhoon on record to make landfall as of 2013.
Super typhoon Haiyan: Tacloban City
UNICEF Philippines Haiyan Programme Areas and Haiyan Path
Super typhoon Haiyan: damage to health facilities

Leyte Provincial Hospital

Tabon-tabon Rural Health Unit

Tanuan Rural Health Unit

Mayorga Rural Health Unit
Figure 1. Flow of assessments and interventions

Baseline Assessment  
EINC Training of Trainers (TOT)  
Training via EINC QA workshops  
1-month Post-Training Assessments  
3-month Post-Training Assessments

EINC = Essential Intrapartum & Newborn Care  
QA = Quality Assurance
Super typhoon Haiyan Baseline assessments

Balangiga, Albino Duran Memorial Hospital

Guiuan, Felipe Abrigo Memorial Hospital

Marabut Barangay (village) health station
Proportion of facilities assessed providing various services at pre-training (baseline) and at 1- and 3-month post-training assessment in Eastern, Western, and Central Visayas, Philippines, 2014.

- Kangaroo mother care *
- Antenatal steroids *
- Neonatal resuscitation *
- Manual removal of retained products after...
- Manual placental removal
- Assisted vaginal delivery
- Parenteral magnesium sulfate *
- Parenteral oxytocin *
- Parenteral antibiotics *
- 24/7 Skilled Birth Attendance *

* Indicates significant change from Baseline to 3-month PTA, p<0.05
EQUIPMENT & SUPPLY INDICATORS

Proportion of facilities assessed to have various equipment and supplies at pre-training (baseline) and at 1-month and 3-month post-training assessment in Eastern, Western, and Central Visayas, Philippines, 2014.

- Magnesium sulfate: 71%
- Injectable uterotonic *: 98%
- Corticosteroids: 57%
- PMTCT drugs *: 2%
- Injectable gentamicin: 73%
- Towels for drying: 4%
- Soap or hand disinfectant: 84%
- Infant scale *: 96%
- Resuscitation table *: 86%
- Newborn bag & mask *: 88%
- Up-to-date delivery register: 69%

* Indicates significant change from Baseline to 3-month PTA, p<0.05
Proportion of facilities assessed to be implementing 4 Core Steps of immediate newborn care at pre-training (baseline) and at 1 and 3 months post-training assessment (PTA), Eastern, Western and Central Visayas, Philippines, 2014

* Indicates significant change from Baseline to 3-month PTA, p<0.05
Proportion of facilities assessed to be implementing various service standards at pre-training (baseline) and at 1 and 3 months post-training assessment (PTA), Eastern, Western and Central Visayas, Philippines, 2014

**SERVICE STANDARDS INDICATORS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>1-Month PTA</th>
<th>3-Month PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Care *</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Vitamin K *</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>BCG birth dose</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Hepatitis B birth dose</td>
<td>84%</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>Wall clock in delivery area *</td>
<td>96%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Room thermometer in delivery area *</td>
<td>58%</td>
<td>58%</td>
<td>58%</td>
</tr>
<tr>
<td>Size 0 or preterm mask *</td>
<td>87%</td>
<td>87%</td>
<td>87%</td>
</tr>
</tbody>
</table>

* Indicates significant change from Baseline to 3-month PTA p<0.05
SERVICE STANDARDS INDICATORS
Proportion of facilities assessed to be implementing various service standards at pre-training (baseline) and at 1 and 3 months post-training assessment (PTA), Eastern, Western and Central Visayas, Philippines, 2014

* Indicates significant change from Baseline to 3-month PTA, p<0.05

- **Companion of choice**: 70%
- **Allowed to eat/drink**: 72%
- **Selective episiotomy/perineal support**: 70%
- **AMTSL ***: 76%
- **Partograph filled out correctly ***: 92%

* Indicates significant change from Baseline to 3-month PTA, p<0.05
Some discussion points

• The intervention of training and posttraining assessments over a 3-month period was able to restore (and in some areas, exceed) pre-Haiyan coverage rates

• High EINC coverage rates for some indicators at baseline suggest that previous scale-up efforts increased the potential for resilience

• Persistent gaps could be reinforced by local supervisory visits
  – Challenged by geographic or security constraints
  – Challenged by capacity gap for supportive supervision

• Competition for health workers’ time
  – Local rehabilitation efforts
  – Trainings
Top 3 takeaways

• The magnitude of improvement in filling service gaps after a large scale disaster is affected by
  – Degree of damage
  – Baseline capacities
  – Local health system strengths and constraints

• Restoring essential maternal and newborn care in disasters can be an opportunity to improve quality and strengthen health systems.

• Capacity building of health workers and local system strengthening to deliver quality care before, during and in the aftermath of a major disaster contributes to a resilient health system.
Acknowledgements

1. Willibald Zeck (Health and Nutrition Section Head, UNICEF Philippines),
2. Maria Asuncion Silvestre (President, Kalusugan ng Mag-Ina*, Inc.),
3. Marie Ann Camara Corsino (Kalusugan ng Mag-Ina, Inc.),
4. Ma Bella Ponferrada (Health Specialist, UNICEF Philippines Tacloban Field Office)

*Kalusugan ng Mag-Ina, is Filipino for “Health of Mother and Child”

For more information, please contact

Mariella S. Castillo, M.D., M.Sc.
Health Specialist, UNICEF Philippines
mscastillo@unicef.org

Download the full text of the manuscript at
http://www.hindawi.com/journals/bmri/2016/6264249/

Cover photo © UNICEF Philippines/Thomas Nybo 2014
Slides 4-6 photo © UNICEF Philippines 2013,2014