



## REPORT ON MUNICIPAL INITIATIVES RELATIVE TO THE ACHIEVEMENT OF THE MDG

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### BASIC EMERGENCY OBSTETRIC & NEONATAL-CARE CENTER (BEMONC)

PLACER, MASBATE

#### SUMMARY:

Basic Emergency Obstetric & Neonatal-Care Center (BEMONC) is an LGU-based facility installed to address Millennium Development Goal of *reducing maternal deaths*.

Initially implemented during the administration of former mayor Vicente Cutero last July 2005; its operation improved when the UNFPA, an NGO based in this municipality, equipped the BEMONC with facilities and materials including medicines and supplies. Mayor Joshur Judd Seachon-Lanete II pursued to promote the welfare of women and committed to support the operation of this project.

Women from the marginalized sector avail of this facility by simply delivering births, right here in the vicinity of the LGU-aside from attending sessions relative to reproductive health.

This project is viable among rural LGUs which have the felt-need of considering women and family as a resource instead of liability.

More importantly, the LGU through this project has fulfilled her vision in bringing the government closer to the people.

PROJECT DESCRIPTION: *Worry-free Delivery*

Increasing maternal mortality rate is a serious concern of this municipality. Accordingly, the local government of Placer pursuant to Section 17 (iii) of RA 7160 ensures delivery of health services which include the implementation of programs and projects on primary health care, maternal and child care ....purchase of medicines, medical supplies, and equipment needed to carry out the services herein enumerated.

Basic Emergency Obstetric & Neonatal-Care Center is a birthing facility in RHU Complex that guarantees safe delivery of children of all women in the municipality of Placer. Only normal births are available except for caesarian section which is referred to the Provincial Hospital at Masbate City. It caters to the women population which is accessible to all 35 barangays. Hence, it is aimed at reducing maternal and infant mortality rates here in Placer.

Basic Emergency Obstetric & Neonatal-Care Center is staffed with a resident physician, an accredited OB-Gynecologist, nurses, midwives and other attending health workers. Even an ambulance is available when needed.

It has evolved from a simple facility, Placer Birthing Clinic into an equipped Basic Emergency Obstetric & Neonatal-Care Center. Located at the municipal compound, this becomes the mother of other six (6) clinics installed with similar functions as catching facilities in the barangays of Guin awayan; Locso an; Matagangtang; Tan-awan; Pasiagon and Aguada. It is now accredited with the PhilHealth Inc.. Structurally, the administration of Mayor Joshur Judd Seachon-Lanete II wishes to convert it to a state- of- the -art establishment to cope with the increasing number of patients. The UNFPA and other NGOs such Plan Philippines, Inc., DIMASAFI and UNICEF significantly contributed in sustaining the project. Hence, coordinative efforts with the DSWD, Red Cross and the LGU of Placer, Masbate are maintained to keep the BEMONC going.

PROJECT HISTORY: *The Evolution of a clinic into a center*

Prior to the installation of the Basic Emergency Obstetric & Neonatal-Care Center, there were many unreported maternal deaths due to absence of a facility that would necessarily attend to women who are in their reproductive ages. Aside from the fact the Rural Health Unit before has not updated its reporting system. Hence, the LGU has not maximized its share yet from the national wealth, where reproductive health is concerned.

The Women's Health and Safe Motherhood Project established the building in 2004. Then, United Nations Population Fund (UNFPA), which piloted in Placer last 2005, felt the need and assisted the LGU in coming up with a facility for those mothers. Apparently, they have caused the Rural Health Workers to attend the Basic Emergency Obstetrics and New-born Care Training in 2005 and converted it from lying-in into a Birthing Clinic.

Improvement of equipment and facilities were made including continuing capacity building activities to sustain the project. At present, BEMONC through Ms. Scheree V. Herrera, is the pilot implementor of the Maternal and New-born Health/ Demand Side Financing Scheme (MNH-DSF). Another UNFPA milestone intended for Pantawid Pamilyang Pilipino Program-4P's beneficiaries. To avail of this program, a woman-4P's beneficiary shall meet the following conditions:

1. Four ante-natal visits;
2. Birth shall be delivered at the available health facility;
3. It shall only be attended by skilled health professionals; and
4. Attendance to Post-natal and Reproductive Health/ Family Planning sessions.

Moreover, 4P's mothers under this program are provided by the UNFPA with:

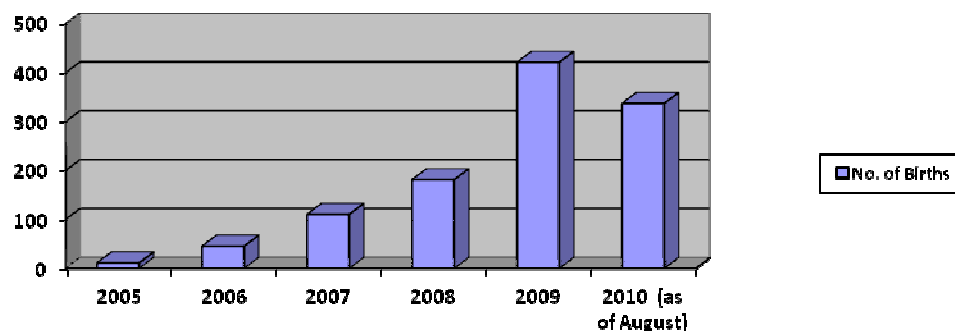
1. Transportation allowance from home to birth facility and vice-versa;
2. Ante-natal medicines ( Ferrous sulfate tablets, multivitamins, vaccines, etc);
3. Medicines during birth delivery;
4. Payment for Skilled Health Professional (SHP) fee; and
5. Post-natal medicines and family planning commodities.

PROJECT RESULTS:      *“From the womb breathes a precious child”*

#### A) Operation



Based from our improved reporting system, this clinic since its operation in 2005, has served more than a thousand patients, such that:



## B) Impact

From 2005 to 2010, number of maternal deaths ranges from 0-3 annually. Therefore, maternal mortality rate in this LGU is inversely proportional to birth rate. This means that while there's a dramatic decrease in maternal death, there is also an increase in birth rate.



The distance from Poblacion, Placer to the next public hospital is 24- km; while for complicated deliveries, 96 km..Considering all things to be in normal condition, the family of a woman giving birth in Cataingan District Hospital located in the next municipality would cost them PhP 5,000-10,000 to cover transportation, food and accommodation. If the family cannot afford this amount they would resort to a "hilot" which is risky both for the mother and child. Since the existence of Basic Emergency Obstetric & Neonatal-Care Center, even the marginalized women enjoy the benefits of a modern, safe and convenient delivery for free. Mothers who are more privileged in life donate a minimal amount, though.



### C) Sustainability

Aside from complying with the provisions on delivery of basic services, Sec. 17 RA 7160, the LGU conducts periodic review and evaluation on this frontline health service to identify areas for improvement.

### D) Comments:

Mr. Nichols Neil L. Malipot, Crossing, Cataingan, Masbate

“Limpyo ug nindot ang facility, unya na-a diri sa Placer ang OB-Gyne sa akung asawa”

(The facility is clean and hygienic; besides, my wife’s OB-Gynecologist is here)

Watcher of delivering mother:

“Maayo magpa-anak ang mga nurse ug midwife, unya, makatipid pa mi”.

(The nurse and midwife carry out their job very well; it’s also cost efficient here)



KEY IMPLEMENTATION STEPS: *“Hand in hand we save a woman.”*

A. Creation of a planning body

When the Technical Working Group (TWG) convened, we also shared the dream of having a facility safe for underprivileged mothers. On top of this, distance from the hospital and inaccessibility of safe birth facilities to the women of Placer, Masbate contributed to the increasing maternal mortality rate. By virtue of the Local Government Code of 1991, we realized that the budget constraints, though minimal, was ironed-out. Along the way, we started to formulate plans.

B. Formulation of policies /legislative measures

To institutionalize the project, we sought the help of the Sanggunian Bayan by enacting of an ordinance/resolution supportive to maternal health care. We built alliances with other agencies, non-government organizations, even partnership with individuals such as the Masbate Association of America in order to materialize the birthing facility.

Realizing our financial incapacity, we tapped the United Nations Population Fund (UNFPA) through the Provincial Project Coordinator, Ms. Joy Alcantara-Tanay. The UNFPA took the biggest slice of contribution especially in capacity-building.

C. Capital Build-up

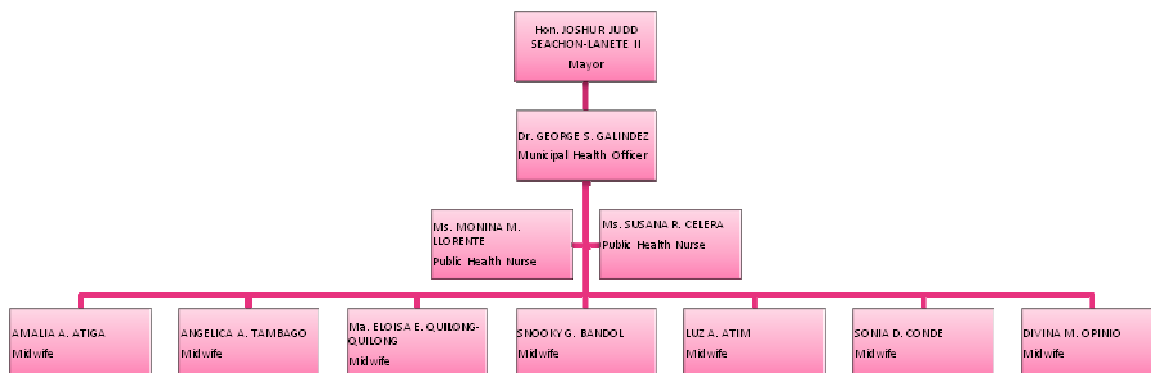
From the Women’s Health & Safe Motherhood Project 1 they donated furniture and equipment such as: delivery table, cabinets, weighing scale etc. The United Nation Children’s Fund (UNICEF) provided other equipment and medicines. At present, the UNFPA shoulders equipment, medical supplies and capacity building for the staff. The Municipality of Placer counterpart is more on personnel allocation and operating expenses.

D. Construction of the clinic

The Women’s Health & Safe Motherhood Project 1 initiated the construction thru the LGU of the then named as Placer Birthing Clinic. LGU, Placer is responsible for the improvement and maintenance of the building.

E. Staffing

The organizational chart of the BEMONC is:



Periodic trainings for those engaged in BEMONC operation are conducted by other agencies.

#### F. Project Operation

The procedure of operation is consistent with the citizen charter of LGU, Placer, Masbate, such that, a flow chart is posted for all the transactions at the BEMONC. Among others, our activities include:

- a. Massive IEC among women of reproductive age
- b. Recording of patients served/referred to other hospitals
- c. Patient follow-up

#### G. Ensuring sustainability

Monitoring and evaluation is regularly conducted involving personnel performance and assessment of outcomes. Upgraded data management is installed to improve organizational performance.

Equipment maintenance is also integrated in the periodic assessment.

One important aspect of sustainability is documentation, the DILG-Provincial and the Municipal Government Operations Office, assisted the BEMONC in preparing this document as one of the GO-FAR initiatives.

### ANALYSIS AND LESSON LEARNED:” *Women’s health nations’ wealth*”

From a woman’s perspective, giving life is not a matter of chance. You have to do everything to give life to the blood inside your womb. Yet not all

women are equal in terms of preference, opportunities and resources. The framers of the Constitution of the Philippines and the Local Government Code understand that a woman makes a nation. This makes sense if the state, through the local government units would provide what every woman deserves.

BEMONC is a facility that would address all women anxieties in birth-giving. This is so because people behind this project realize the delicate situation a pregnant woman is in. On the other hand, there would be a multiplier effect should there be a problem from childbirth. This results to family handicap, emotionally and economically. Thus, a woman expected to take an active role in community building loses her chance to do so.

Since this clinic is center based, accessibility of the services and facilities is easily achieved. Also considered the mother clinic, it has given birth to four more in Matagantang, Locso-an, Guin-awayan and Aguada. Each of these barangay birthing facilities adopts the technology of Placer Birthing Clinic although they have different donor NGOs. These 6 barangay-based clinics serve as catching facilities among adjacent barangays with 5,000 population.

This project is viable among LGUs that are still rural and has bigger number of marginalized women. It requires the felt-need of considering women and family as a resource instead of liability.

More importantly, the LGU through this project has fulfilled her vision in bringing the government closer to the people. Women, after all, make a nation thus: ***the hand the rocks the cradle is the hand that rules the world.***

*Maryben F. Mission-Aguirre*  
*LGOOII-OIC*

ATTACHMENTS: (A) Photos



