

## **BIAD 2 Municipalities Comprehensive Project Proposal # 9**

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### **I. Project Description:**

**Project Title** : **Establishment of Birthing Home for Safe Motherhood and Child Health Care**

**Project Type** : Capital Formation

**Project Proponent** : **BIAD- 2 Municipalities, Province of Bohol  
( LGUs of Loon, Calape, Tubigon, Clarin, Inabanga  
Buenavista, Getafe, San Isidro and Catigbian**

**Project Component** :

- Construction of Birthing Home
- Procurement of birthing home equipments/fixtures
- Training and Capability Bldg. for Health Care Providers
- Project Implementation, Monitoring & Evaluation

#### **Project Site/Location:**

The proposed project will be established in the BIAD 2, comprising the municipalities of Loon, Calape, Tubigon, Clarin, Inabanga, Buenavista, Getafe, San Isidro and Catigbian under their respective Rural Health Units and Barangay Health Station Zone. Seven (7) of these municipalities are within the northwestern coastal zone and two (2) of them are located in the interior part of Bohol.

**II. Project Status** : Proposed Project/Project Idea

**III. Project Justification** :

#### **Background/Rationale**

##### **National Situationer**

Based on the National Demographic Survey in 2007, the following is the maternal health care situationer in the country, as wit:

- ✚ 172 women for every 100,000 live births do not survive (172/100,000)
- ✚ 360,000 pregnancies experienced obstetrical complications that require hospitalization

- ✚ 7 out of 10 deaths occur during labor or within 1 day after delivery
- ✚ Roughly 11 women die every day from causes related to pregnancy and childbirth or
- ✚ 3,650 maternal deaths/year and these are mostly in the rural areas
- ✚ 60% of births are attended by traditional birth attendants or hilots and only 40% is attended by health care professionals
- ✚ 70% of births delivered in the home, 30% delivered at the health facility
- ✚ in Central Visayas 3 out of 10 live births die before the age 1
- ✚ only 4 out of 10 births occur in health facility

### **Constraints in Improving Maternal Care:**

- ✚ decreasing health budget
- ✚ high cost hospitalization and cost of medicines
- ✚ resources are limited in rural areas
- ✚ health is not a main concern of most local government units
- ✚ insufficient obstetric equipment and supplies in the RHU
- ✚ no birthing home set-up especially in the rural areas
- ✚ health status is improving but slowly desired
- ✚ maternal and child health, nutrition remains a major public health concern
- ✚ maternal health interventions is the most cost-effective in vestment in health

### **Bohol Situationer**

In 2007, The Poverty Database Monitoring System (PDMS) of Bohol reveals that the Bohol Integrated Area Development (BIAD -2 ) cluster of municipalities has a total of 1,254 pregnancies that were classified at risks which resulted to 78 infants deaths. The basic premise of the safe motherhood initiative is that childbirth must not carry the risk of death or disability for the woman and her infant. Death due to pregnancy and childbirth are both too high as statistics show that most of the maternal and infant deaths could have been prevented. Mothers are considered to be at risk if they become pregnant because they are either too young (less than 20 years old); too old (more than 35 years old); have more than four pregnancies; have too close or unspaced pregnancies (less than 15 months); and too sick mostly anemic or underweight. With an average fertility rate of 3.7 children per woman, an estimated 500 thousand women in Bohol are expected to get pregnant every year. BIAD-2 municipalities accounted for 13% of livebirths in 2007.

In 2007, the Department of Health (DOH) issued an advisory on the guidelines on the role of traditional birth attendants (TBA) on the Safe Motherhood and Women's Health Program which clearly defines the skilled birth attendants to include the physicians, nurses and midwives only. The guidelines define the role of the TBA in terms of supportive care during pre-natal, perinatal and post-partum of the mother such as: a) assist in the formulation of birth plan for pregnant mothers; b) guide/identify/locate/report all pregnant mothers to RHU; c) act as a companion in the birthing clinic/hospital during labor and delivery of the mother; d) assist the midwife during labor watch; e) assist mothers to initiate breastfeeding 30 minutes to one hour after delivery; and f) to report to the midwife any untoward post-partum complication.

The World Health Organization (WHO) has strictly referred Trained Birth Attendant as traditional, independent of health system, non-formally trained and community-based providers of care. With this development, it is a now general policy of DOH to disallow home-deliveries and requires all deliveries to be undertaken inside the birthing clinic established in the Rural Health Units (RHUs).

## **VI. Project Objectives:**

The project aims to reduce if not eradicate the case of maternal deaths in the BIAD 2 municipalities by providing a 24-hour quality service to all expectant mothers through the establishment of a birthing home facility in each municipality of BIAD 2 with a complete equipment/instruments and a group of well-trained health care providers to run the facility.

In the light of current maternal health situation, the Local Government Units under the Bohol Integrated Area Development (BIAD) 2 would like to ensure measures towards safe pregnancy and safe delivery of newborn in order to prevent maternal deaths and newborn deaths related to sepsis. The following shall be instituted in order to safeguard the health of our pregnant women and newborn children, as wit:

1. Quality prenatal care, post natal care and newborn care shall be carried out following the protocol/s standards set by DOH;
2. Setting up of at least one birthing home in each LGU strategically situated in order to provide a safe place of delivery;
3. Formulation of local legislation to regulate the activities of hilots allowing them only to assist the midwife or serve as errand during the stage of maternal labor;
4. Formulation of local legislation on users' fees scheme;
5. Availment of out patient clinic package of PHIC in order to generate funds in upgrading health services

**Project Linkages.** The project will be handled in parallel with other programs and projects implemented in the LGU funded by various national and foreign institutions aimed at reducing the incidence of maternal death and child mortality, thus reducing the need for extension of health services in terms of medicines, health protection and prevention programs and at the same time enhance health service capability and facilitate the implementation of other health-related projects. The project complements the UN Millennium Development Goal as well as the national and provincial goal in the achievement of reducing maternal mortality.

**Sectoral Objectives.** The project will ensure and contribute to a more effective and efficient delivery of health services to the people specially by that of woman and children. It will enhance the capabilities of existing health facilities by bringing its services closer to the people even those that are living in the remote areas in every barangay and most importantly making available quality maternal and child health services even in areas where a basic health structure is not available. The project will contribute to the attainment of “HEAT and LIFE HELPS” Bohol.

**Regional and National Objectives.** The project generally supports the maternal and child care program as well as the delivery of basic health services of the region and that of the national government in order to improve the existing living condition of the residents in the service area.

## VII. Project Funding

**Funds Needed:** Estimated Project Cost is Php 18,000,000.00

**Funding Source :** For national and foreign funding assistance

**Counterpart Funding:** Local equity from LGUs in the BIAD 2

### Budgetary Requirements:

Major Components	Grant Requested	LGU Municipal	Total Cost
Infrastructure (9- Birthing Home)	Php1,500,000.00 x 9 LGUs in BIAD 2 = Php13,500,000.00	Php 150,000.00 x 9 LGUs in BIAD 2 = Php 1,350,000.00	Php 14,850,000.00
Basic Equipments	Php 225,000.00 x 9 LGUs in BIAD 2 = Php 2,025,000.00	Php 25,000.00 x 9 LGUs in BIAD 2 = Php 225,000.00	2,250,000.00
Capability Building and Monitoring and Evaluation	Php 75,000.00 x 9 LGUs in BIAD 2 = Php 675,000.00	Php 25,000.00 x 9 LGUs in BIAD 2 = Php 225,000.00	900,000.00
<b>TOTAL</b>	<b>16,200,000.00</b>	<b>1,800,000.00</b>	<b>Php 18,000,000.00</b>

**Fund Utilization and Management.** Utilization of the Funds should be in accordance with the guidelines and procedures set by the Project Management Committee of BIAD 2 municipalities with strict compliance to the procurement law and COA rules and regulations.

## **VIII. Project Benefits and Costs**

**Beneficiaries.** The direct beneficiaries of the project will be the residents of the nine (9) BIAD 2 municipalities and some barangays of the adjacent municipalities in other BIAD areas who are the expectant mothers and newborn babies.

**Social Benefits.** The project will provide the local residents with constant convenient access to safe maternal and child health care that will greatly enhance the general health condition and well-being of every household in the respective locality.

**Economic Benefits.** The project will minimize the maternal expenses of expectant mothers and their families in availing the services of the facility. It will generate substantial savings on every household at reproductive age in terms of maternal and child health-related expenses. Such savings maybe utilized to venture into small-scale livelihood and income-generating enterprise as an alternative source of income.

**Social Costs.** The project will not create any disturbance during the construction period because all materials, equipment, furnitures and clinical supplies shall be properly handle.

**Economic Costs.** The project will not destruct any natural resources in the area of location nor does it create any harmful effects on the source of existing livelihood activities of the community.

## **IX. Project Implementation**

### **1) Responsible Agencies**

**1.1 Nine (9) Municipal LGUs of BIAD 2.** The nine (9) members municipal LGUs of BIAD 2 will be responsible in the construction and procurement of all project components allocated to their respective municipalities. Each Rural Health Unit shall directly assist in the pre-implementation and implementation phases of the project. It will be implemented by the Project Management Committee of BIAD 2 and the 9 Local Government Units, through their respective Municipal Engineers Office and Municipal Rural Health Office.

**1.2 Bohol Provincial Health Office.** The Provincial Health Office (PHO) shall be responsible for the technical and administrative supervision of the project through the Health District Zone.

**1.3 PhilHealth.** The PhilHealth shall assist the LGUs in the accreditation of the facilities.

**2) Implementing Schedule**

The project will be implemented as soon as funds are available. The local government units will conduct public bidding of infrastructure component and the needed equipments. The table below shows the timetable in implementing the project.

Major Components	Schedule					
	Qtr 1			Qtr 2		
Infrastructure Component						
a. Pre-construction Meeting						
b. Public Bidding Process						
c. Construction & Turnover						
Procurement of Basic Equipments						
Capability development						
Monitoring & Evaluation						

**3) Administrative Feasibility**

Each LGU through the direct supervision of the Municipal Health Officer shall oversee and monitor the financial and physical operation of the project during the implementation period until its completion and operation. The Municipal Engineers of BIAD 2 municipalities are responsible in the preparation of the design and program of work in collaboration with the MHO and Provincial Health Office. The project management team shall establish and shall have the following duties and responsibilities.

- Oversee the implementation of the project
- Prepare work and financial plan
- Render project status/progress reports
- Have direct supervision over the operation staff
- Recommend policies and guidelines for project implementation
- Facilitate the conduct of Project Reviews and Planning

**4) Legal and Political Feasibility**

The project has no legal obstruction as to its completion and is not expected to generate any political opposition.

## **5) Environmental Clearance**

Clearance from DENR is not necessary for this type of project.

## **6) Social Acceptability**

The proposed project is not expected to generate any opposition from the community.

## **7) Financial Viability**

Once the project will be completed and operational, all fees and service charges generated by the project through an ordinance and shall accrue to a trust fund exclusively devoted to the operation, maintenance and other improvement of the birthing facility. In cases where the facility is an accredited PhilHealth service provider, portion of the PhilHealth Capitation Fund received by the municipality shall be utilized to augment the trust fund. Whenever necessary, each municipality will appropriate funds in their respective regular budget to ensure sustainability of services provided by the birthing facility.

## **8) Monitoring and Evaluation**

The project will be monitored and evaluated by the BIAD 2 Monitoring and Evaluation Team headed by the Municipal Planning and Development Officers on a regular basis. Report of status of the project will be made monthly and to be submitted to the local chief executives for final evaluation. Monitoring and evaluation reports will be submitted also to the Funding Donor.

### **Contact Persons:**

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## WHY Bohol Integrated Area Development (BIAD)?

The clustering of municipalities in BIAD started way back in the 1980's when a team of experts from the Japan International Cooperation Agency (JICA) undertook a Master Plan Study of the Bohol Integrated Area Development Project. The bases for the clustering were practical considerations such as geographic proximity to each other, shared natural and agricultural resource base, and local economy and industry, among others.

It was recognized that through an inter-LGU mechanism, such as the BIAD, every municipality can stand to benefit from such clustering. Specifically, the BIAD grouping will generate the following advantages:

- economies of scale from pooling of resources;
- more effective environmental management;
- stronger lobbying power especially for Official Development Assistance (ODA) and National Government Agency (NGA) support;
- inter-LGU exchange and cooperation (i.e., personnel and institutional development, etc.);
- enhanced planning systems (i.e., urban development, transportation, etc.);
- enhanced revenue and investment generation;
- sound policy reform as a result of LGU collaboration; and,
- collaborative tourism development efforts.

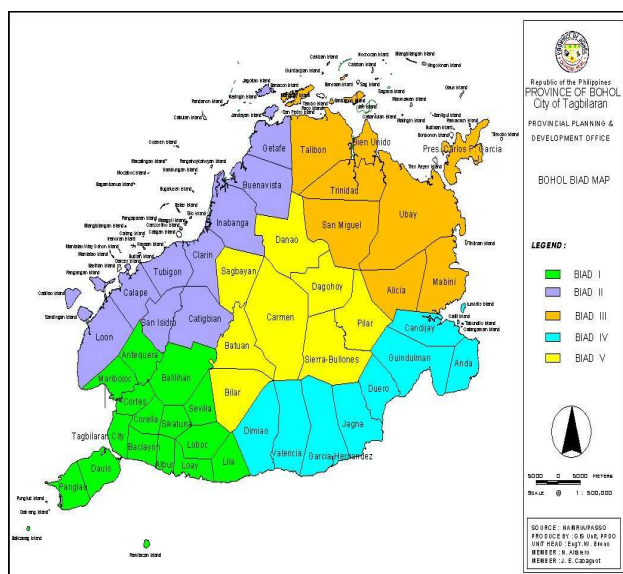
### Objectives of the BIAD System

The BIAD System serves as the structural and operational umbrella from which priority, high impact projects for the Bohol Province are identified.

### Municipalities in the BIAD System

The BIAD cluster that was initially identified in the 1980's remains to this day. The following table shown below lists the BIAD composite municipalities.

- BIAD 1** Alburquerque, Antequera, Baclayon, Balilihan, Corella, Cortes, Daus, Lila, Loay, Loboc, Maribojoc, Panglao, Sevilla, Sikatuna and Tagbilaran City
- BIAD 2** Loon, Calape, Tubigon, Clarin, Inabanga, Buenavista, Getafe, San Isidro and Catigbian
- BIAD 3** Alicia, Bien Unido, Mabini, Pres. Garcia, San Miguel, Talibon, Trinidad and Ubay
- BIAD 4** Anda, Candijay, Dimiao, Duero, Garcia-Hernandez, Guindulman, Jagna and Valencia
- BIAD 5** Batuan, Bilar, Carmen, Dagohoy, Danao, Pilar, Sagbayan and Sierra Bullones





**Annex A:**

**LICENSING REQUIREMENTS FOR BIRTHING HOME  
(by the Department of Health)**

**SERVICE CAPABILITY:**

1. General Administrative Service
2. Clinical Service
  - 2.1 Pre-natal and Post-natal Care
  - 2.2 Normal Spontaneous Delivery
  - 2.3 Care of Newborn Baby
  - 2.4 Family Planning
  - 2.5 Health Education

**PERSONNEL:**

1. General Administrative Service
  - 1.1 Administrator - 1
  - 1.2 Clerk - 1
  - 1.3 Utility Worker - 1
  - 1.4 Driver on Call - 1
  
2. Clinical Service
  - 2.1 Physician on Call - 1
  - 2.2 Midwife - 1 per shift plus 1 reliever

**EQUIPMENT/INSTRUMENT:**

1. Administrative Service
  - 1.1 Computer/typewriter - 1
  - 1.2 Fire Extinguisher - 1
  - 1.3 Standby Generator - 1
  - 1.4 Transport Vehicle - 1
  
2. Clinical Service
  - 2.1 Ambu Bag
    - 2.1.1 Adult - 1
    - 2.1.2 Pediatric - 1
  - 2.2 Single Weighing Scale - 1
  - 2.3 Delivery Set - 1
  - 2.4 Examining Table with Stirrup - 1
  - 2.5 Gooseneck Lamp/Examining Light - 1
  - 2.6 Instrument Table - 1
  - 2.7 Kelly Pad - 1
  - 2.8 Minor Surgery Instrument - 1
  - 2.9 Oxygen Unit - 1
  - 2.10 Sphygmomanometer - 1

2.10.1 Adult Cuff	-	1
2.10.2 Pediatric Cuff Set	-	1
2.11 Sterilizer	-	1
2.12 Stethoscope	-	1

## **PHYSICAL PLANT**

1. Administrative Service
  - 1.1 Waiting Area
  - 1.2 Admitting Records and Business Office
  - 1.3 Toilet
  
2. Clinical Service
  - 2.1 Birthing Home
    - 2.1.1 Birthing Area
    - 2.1.2 Scrub-up Area
    - 2.1.3 Newborn Area with Lavatory/Sink
    - 2.1.4 Equipment and Supply Storage Area
  - 2.2 Ward
  - 2.3 Toilet

## **ANNEX B:**

### **PROGRAM OF WORK**