

Guidelines in Establishing Service Delivery Network

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Introduction

Background

Service delivery network, as defined by the Responsible Parenthood and Reproductive Health (RPRH) Law, refers to the network of health facilities and providers within the province- or city-wide health system, offering core packages of health care services in an integrated and coordinated manner. Furthermore, it specified that service delivery network should be established and organized by LGUs in coordination with DOH to effectively deliver reproductive health care services to priority population.

Rule 5 of the Implementing Rules and Regulations (IRR) states that the Department of Health shall develop specific guidelines for these sections: (a) identifying needs of the priority population within the SDN (5.10); (b) mapping the available facilities in the SDN (5.09); (c) designating of population to facilities (5.11); and (d) monitoring and evaluation of the SDN (5.20).

Objectives

This guidelines on service delivery network shall provide instructions on how to establish an SDN. Specifically, this guideline shall describe:

1. Identifying needs of the priority population;
2. Mapping available health care providers that can serve the needs of the priority population on health services;
3. Designating priority population to facilities; and
4. Monitoring the utilization and provision of health services.

Users of the Manual

This guideline shall provide instructions for PHO, MHO, or CHO in establishing the SDN. While the DOH RO and development partners shall use this as a reference in providing technical assistance to Local Government Units (LGUs).

Structure of the Manual

This guideline is organized into four sections using Family Planning/Maternal and Child Health (FP/MCH) services as an example in setting up the SDN.

Section 1. Identifying Needs of the Priority Population

This section describes the process on how to determine the composition and the location of the priority population. Furthermore, it also provides instructions in estimating the needs of the priority population on health services.

Section 2. Mapping Available Health Care Providers

This section provides steps in determining the list of available health care providers based on the location of the priority population.

Section 3. Designating Population to Facilities

This section provides instructions on how to assign the priority population with a designated health providers. In addition, support services are identified to maintain the linkage between the clients to facilities.

Section 4. Monitoring and Evaluation

This section describes on how the local health managers shall be able to monitor the progress of service utilization of the priority population from the demands generated by the CHTs.

Section 1. Identify Needs of Priority Population

1.1. Objectives

1. To determine which clients are the most in need of RH services
2. To provide steps on how to determine the needs of the priority population

1.2. Instructions

A. Identify the Priority Population

The poor shall be the priority population. The NHTS-PR poor list and other government measures shall be used in identifying the priority population.

The Provincial Health Officer (PHO) shall determine the municipalities and component cities with NHTS-PR poor households. While the City Health Officer (CHO) of independent/chartered cities shall identify *barangays*. The steps are as follows:

1. Obtain the updated list of NHTS-PR poor households from the DSWD regional office. This should contain the: (a) number of NHTS-PR poor households per municipality, city and *barangay*; (b) total population of NHTS-PR poor households; and (c) roster of heads and members of households including names, sex, and birthdates.

If the list of NHTS-PR poor households is not available, estimate the number of poor households of each municipality/city by multiplying the poverty incidence (i.e. NSCB) to the total population (i.e. latest census).

2. Rank and map the municipalities/cities/*barangay* from the highest to the least number of NHTS-PR poor households to describe where the poor households are located.

B. Determine Need for RH Care Services

Starting with the highest ranked municipality/city, the PHO shall work with the MHO/CHO to determine the needs and resource requirements of the priority population at the *barangay* level using the population rates and proportions from the recent health surveys (i.e. FHS, NDHS) or FHSIS. See Annex A for the computation of needs on FP/MCH services.

Reports generated by the Community Health Teams (CHTs) shall be used as a basis in determining the needs of the priority population if they have already assessed the 80% of the priority population.

Section 2. Mapping Available Health Care Providers

2.1. Objectives of this chapter

To identify available health care providers based on the location of the priority population.

2.2. Instructions

Based on the location of the priority population, facilities with capacity to provide reproductive health care services shall be identified regardless if it is within or outside the municipality/city. This is to organize a network of facilities providing all reproductive health care services to ensure its availability and accessibility to the priority population.

Notwithstanding the previous efforts to identify providers (e.g. Inter-Local Health Zone), the PHO shall facilitate the MHO/CHO in listing existing public and private primary care facilities, hospitals and other health service providers (i.e. blood centers, laboratories) that can serve the priority population. The template in Table 1 shall be used and the instructions are as follows:

1. List the specific health services. The following shall be indicated as services for FP/MCH:
 - a. For modern family planning: FP counselling, NFP, pills, condoms, injectable, subdermal implants, IUD insertion (interval or postpartum), NSV and BTL (interval or postpartum).
 - b. For antenatal care: prenatal consultation, tetanus toxoid immunization, oral health, micronutrient supplementation, and FP counselling.
 - c. For maternal and newborn care: NSD/BEMONC-capable or NSD&CS/CEMONC-capable, newborn screening, emergency transport services (e.g. ambulance), and blood service provider.
 - d. For postpartum care: performing postpartum visits, Vitamin A supplementation, FP counselling, maternal nutrition & lactation counselling, and management of abortion complications.
 - e. For infant and child care: EPI services, Vitamin A supplementation, Integrated Management for Childhood Illness (IMCI), nutrition services and growth and development monitoring.
2. Write the name and address of health provider for each service.
3. Identify if facility is public or private.

4. Indicate PHIC Accreditation status (Hospitals = Level 1, 2 or 3; RHU/Clinics = Primary Care Benefit (PCB), Maternal Care Package (MCP), and/or Newborn Care Package (NCP).
5. Indicate days and time the facility is open (e.g. Mon-Fri 8:00 – 5:00; 24 hours etc.).
6. Indicate cost of each service.
7. Write complete name of contact person and number (landline and/or mobile phone) of the health provider. The contact person can serve as the Reproductive Health Officer (RHO) as cited in Section 5.26 of RPRH Law IRR.

Table 1 Template of Health Providers

Province: _____						
City/Municipality: _____						
Services	Name and Address of Facility	Type (public/private)	PHIC Accreditation Status	Clinic Hours / Schedule	Cost of Services	Contact Person & Number
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Modern Family Planning						
FP counselling, Pills, condoms, NFP, injectable and IUD	RHU I	Public	MCP, PCB1&2	M-F 1-5PM	Pills, condoms, and NFP = free; Injectable=120 php pesos; IUD = free	Juan Dela Cruz 0917-000-000000
Subdermal implants	District Hospital	Public	L2	M-F 1-5PM	Free	Juana San Juan 0917-000-0000001
PPIUD and BTL	District Hospital	Public	L2	scheduled	PPIUD = 1,000php BTL = 4,000php	Juana San Juan 0917-000-0000001
NSV	Regional Hospital	Public	L3	Scheduled (inpatient or outreach)	NSV = 4,000php	Grace De Leon 0917-000-0000002
Antenatal Care						
Maternal and Newborn Care						

Postpartum Care						
Infant and Child Care						

Section 3. Designating Population to Facilities

3.1 Objectives

1. To match the needs of the priority population to network of health providers
2. To engage the available health providers
3. To determine the support services needed in assisting the referral of clients

3.2 Instructions

Based on the list of health providers identified in Section 2, the PHO/CHO together with MHOs/CHOs and midwives, nurses or doctors from BHS/RHU shall match the needs of the priority population with the list of providers using the template in Table 2. Specific instructions are as follows:

Table 2 Sample matching needs for maternal and newborn care to facilities per Municipality/City

Service <i>Maternal and Neonatal Care</i>	Designated facility within one hour of travel time (1)			Designated facility more than one hour of travel time (2)		
	Name of facility	Covered Brgys & Needs	Support Services	Name of Facility	Covered Brgys & Needs	Support Services
<u>Service 1</u> <i>NSD</i>						
<u>Service 2</u> <i>CS/ Emergency Referral</i>						
<u>Service 3</u> <i>Newborn Screening</i>						

Service 4 Neonatal Care						

1. Based on the list of health providers (from section 2), determine facilities **within one hour of travel time** from the *barangay* through the following steps:

- a. Specify if the health provider can accommodate **all or a part of the demand of a particular service and negotiate if they are willing to be part of the SDN.**

In case that the nearest facility is not available to accommodate the demand, the next nearest health provider should be identified. If the facility is more than one hour of travel time, proceed to **step 2.**

- b. Once the facility has agreed to be a designated provider for the priority population, the local chief executive, through the PHO/CHO/MHO with the technical assistance of the DOH, shall **engage the provider** through the following:

- 1) The LGU and public/private health providers should agree on the following:

- i. Reproductive health care services to be provided (e.g. PPIUD provider; distribution point for pills/condoms that are provided by the LGU for NHTS-PR clients; CS provider);
- ii. Provision of list of families or individual names to be assigned to the facility;
- iii. Total resource requirement needed (combined unmet need and current use);
- iv. Financing arrangements – cost sharing (type of support to be provided by government to private provider e.g. commodities, training, equipment), cost of services, reimbursements from PhilHealth and the like;
- v. Recording and reporting of cases to the MHO/CHO/PHO; and

- vi. Compliance to PhilHealth accreditation and other service standards.
 - 2) There should be a Memorandum of Agreement (MOA) /Memorandum of Understanding (MOU) stipulating the acceptance and arrangements between the public and private sector services and coordination by the LGU with the DOH ROs. Refer to Annex D for a sample of MOU.
- c. After designating reproductive health care providers, support services needed in linking the priority population to facility should now be determined. This is through, but not limited to, establishment of transport and communication system for referral.

In setting up **community-based transport and communication system** the following shall guide health managers and stakeholders:

- 1) Identify available transportation and communication systems in the area. These may include both private and public transportation like *jeepneys*, motorboats, bancas, bicycles with trailers, tricycles with platform, tractors with trailers, reconditioned vehicles and even farm carts. For communications, these may include (i) landlines, (ii) 2-way radio; and (iii) dedicated mobile line for official use by the facility.
- 2) Map out the availability of the different transportation and communication systems from the households to the primary level of care such as BHS, RHU, outpatient clinics.
- 3) From primary care facility to hospitals, negotiate with owners of vehicles for the use of the vehicle by members of the community especially during emergencies, and other arrangements that need to be made to ensure safety during travel.
- 4) Determine how the community or barangay can provide resources to support the transportation and communication systems. Some possible sources are as follows:
 - i. Barangay IRA – the barangay council can allocate funds for transportation cost of health emergencies

- ii. Companies with Corporate Social Responsibility (CSR) Programs – some telecommunications companies offer this assistance to remote communities
 - iii. Contributions from the community through a local financing system
- 2. If the barangay is **more than an hour of travel time** to the facility, the PHO/MHO/CHO shall negotiate with the provider if it has the capacity to accommodate additional clients or can provide outreach services especially for those coming from hard-to-reach areas.
 - a. The LGU shall engage the facilities that are willing to provide services both in-patient (e.g. NSD, CS) or outreach services (e.g. long acting and permanent FP method). Refer to **1.b** for the instructions and AO ____ for outreach services.
 - b. Ensure the availability of **support services** (i.e. transport and communication system). Identify also the need for **a maternity waiting home**.

Maternity waiting home serves as a temporary shelter for pregnant mothers delivering in a birthing facility (i.e. lying-in clinic or hospital) situated far from their homes. This is usually located within or near a birthing facility. A health personnel should be assigned to monitor the status of pregnant mothers and facilitating their transfer to a birthing facility.
- 3. The MHO/CHO should make sure that all *barangays* have a designated network of health facilities providing the full range of reproductive health care services (i.e. FP/MCH). Support services should also already be in place.
- 4. The PHO/MHO/CHO should ensure that designated facilities are:
 - a. Informed of the network of providers to facilitate client referrals;
 - b. Provided with or have adequate commodities and supplies;
 - c. Oriented on the roles of CHTs and use of CHT referral slip which will be handed to them by the client to utilize services (refer CHT supervisory guide);
 - d. Provided reports on service indicators and referrals (discussed in Chapter 5); and

- e. Have provided the pertinent information on their services such as schedule, cost, contact information and transport services.
5. For every barangay, the midwife/nurse/doctor shall fill up the List of Health Care Providers (Annex C) based on designated facilities in Table 2. This shall be given to the CHTs to be used as a reference for informing families which facilities they are assigned to.

The PHO/MHO/CHO should ensure that there are trained and mobilized CHTs in these barangays (refer to the CHT supervisory guide).

Section 4. Monitoring and Evaluation

4.1 Objectives of the chapter

1. To describe the progress of municipality/city in terms of service utilization of the assigned priority population to their designated facilities
2. To identify the indicators needed in tracking the progress of reproductive health care service provision and utilization

4.2 Instructions

The PHO and the MHO/CHO shall track the progress of the SDN through the following:

- A. The Target Client List (TCL) shall serve as the source for monitoring service utilization of the priority population. It is a tool used by the midwife or nurse of the RHU/BHS in recording eligible clients as identified by the CHTs and their use of service. An asterisk (*) symbol is indicated to classify if the client is among the priority population.

Using the TCL, the midwife or nurse of the RHU/BHS shall determine the:

1. Number of services utilized by its covered priority population including reports from designated private providers.

Private providers are required to submit the names of the clients and the type of services given. This shall be checked and recorded by the midwife or nurse of the BHS/RHU in the TCL.

For FP/MCH, the following service utilization reports are needed:

- a. Family Planning
 - Number of current users
 - Number of new acceptors
- b. Antenatal Care

- Total number of pregnant women
- Number of pregnant women with 4 or more prenatal visits
- Number of pregnant women given two doses of tetanus toxoid
- Number of pregnant women given TT2 plus
- Number of women given complete iron and folic acid supplementation

c. Postpartum Care

- Number of births attended by skilled health professionals
- Number of deliveries by place
- Number of deliveries by type (disaggregated by NSD and CS)
- Number of postpartum women with at least 2 postpartum visits
- Number of women given complete iron supplementation
- Number of postpartum women given Vitamin A supplementation
- Number of postpartum women initiated breastfeeding within one hour after birth

d. Infant and Child care (EPI, micronutrient supplementation, and newborn care)

- Number of infants given BCG vaccine
- Number of infants given pentavalent 1, pentavalent 2, pentavalent 3 vaccines
- Number of infants given OPV1, OPV2, OPV3
- Number of infants given hepatitis B
- Number of infants given Measles-containing vaccine (MCV1)
- Number of children given a dose of Measles_Mumps_Rubella vaccine (MMR)(MCV2)
- Number of infants given rotavirus vaccines
- Number of infants given Pneumococcal Conjugate Vaccines (PCV 1, PCV 2,PCV3)
- Number of infants exclusively breastfed until 6th month
- Number of infants referred for newborn screening
- Infants/children given Vitamin A supplementation by age group (6-11 months, 12-59 months)
- Number of infants given iron supplementation, children 12-59 months old given deworming tablet/syrup

2. Number of eligible priority population for each service from the reports of the CHTs. For FP/MCH, this are the following:

- a. For family planning, the number of women with unmet need and current users on MFP;
 - b. For antenatal/maternal care, the number of pregnant women;
 - c. For postpartum care, the number of deliveries; and
 - d. For infant and child care, the number of 0-11 months and 12-59 months.
- B. The MHO/CHO, as assisted by the PHO and DOH RO, shall collect and consolidate the following reports from the RHU/BHS on a monthly basis:
1. Coverage of service utilization, and
 2. Coverage of CHT implementation (i.e. number of eligible priority population per service and number of households visited by CHTs)
- C. The MHO/CHO shall have a quarterly meeting with the PHO to assess the caseloads of the designated facilities following the increasing demands from the priority population. This is to discuss if there is a need to:
1. Conduct a client feedback through a survey;
 2. Provide additional human resources, trainings, equipment or facility upgrading to accommodate additional caseloads in the facility;
 3. Engage additional health providers from the private sector; or
 4. Delist designated facilities who were found not providing services to the priority population.
- D. Services provided by all facilities and providers in the SDN (public and private) should be updated and validated by the PHO/CHO at least every year while the NHTS-PR poor list should be updated and validated annually.

Roles and Responsibilities

A. The Department of Health (DOH) shall provide leadership in the implementation of the guidelines on RH service delivery network. In particular:

1. Disease Prevention and Control Bureau through the Men and Women's Health and Development Division and the Child Health Development Division shall :

- i. Develop or update standards on the reproductive health services such as clinical protocols, training requirements, equipment, IEC materials, infrastructure, commodities needed in RH.
- ii. Determine national requirements for the priority population in the form of FP commodities, EPI vaccines, micronutrient supplements, RH emergency drugs, IEC materials and others essential supplies to LGUs in coordination with the DOH RO;
- iii. Develop tools to guide implementers in conducting assessment and performance evaluation of LGUs.

2. DOH Regional Offices shall provide technical support to LGUs by assisting on the following areas:

- i. Provision of updated list of the priority population (i.e. NHTS-PR poor households);
- ii. Engaging facilities (i.e. regional hospitals, private hospitals) to the SDN of the LGU;
- iii. Provision of logistical and training support to public and private sector providers;
- iv. Monitoring and evaluation on progress of implementation of the service delivery network;
- v. Support in the upgrading of public facilities to compliment the increasing demand.

B. PhilHealth shall ensure the provision of health benefit packages to priority population through the following:

1. Provision of information campaigns and materials on enrolment and benefit packages;

2. Assisting facilities in filing claims.

C. Local Government Units (LGUs) are encouraged and shall be assisted to:

1. Overall execute the steps in establishing the SDN;
2. Support the mobilization of CHTs to sustain demand generation activities in the field;
3. Engage the available health providers to be part of SDN; and
4. Ensure that RH services are accessible and available to priority population provided that it is delivered by skilled professionals;
5. Ensure that priority population will be provided with support services such transportation and communication assistance and/or maternity waiting home especially to clients living in GIDA areas;
6. Ensure that outreach services, if needed, are regularly conducted in hard-to-reach areas/GIDA;
7. Monitor and submit service utilization reports;
8. Conduct an annual assessment and review of target population in their respective areas;
9. Provide support in terms of improving capacities of providers (e.g. training, hiring of human resources, upgrading facilities, among others) to compliment the increasing demand on health services.

Annex A. Estimating Needs of the Priority Population

1. Modern family planning

Refer to the Guidelines on Estimation of Unmet Need for Modern Family Planning, to compute for needs and resource requirements in Modern Family Planning.

2. Maternal and neonatal care

- a. Determine the actual/estimated total NHTS-PR poor population.
- b. Estimate the number of women who will get pregnant by multiplying the pregnancy rate to the actual/estimated total NHTS-PR poor population (i.e. 3.71% from 2011 FHS).
- c. Estimate the number of pregnant women for NSD by multiplying 85% to the number of women who will get pregnant and 15% for CS.

3. EPI and Vitamin A for infants

- a. Estimate the number of pregnant women for NSD by multiplying 85% to the number of women who will get pregnant and 15% for CS.
- b. Determine the actual number of infants (0 to 11 months) from the NHTSPR poor list.

If there's no actual number of infants provided in the NHTS-PR list, estimate the number of infants by multiplying the rate of 0 to 11 months (i.e. 0.29% from 2011 FHS) to the total population of NHTS-PR poor families.

- c. Estimate the total resource requirement for EPI and Vitamin A using procedures described in the Manuals of Operation for the Expanded Program of Immunization and the Micronutrient Supplementation.

2. Vitamin A for children age 1 to 4 years old

- a. Determine the number of children (12 to 59 months) from the NHTS-PR poor list.

If there's no actual number of children provided in the NHTS-PR list, estimate the number of children by multiplying the rate of 12 to 59 months (i.e. 10.02% from 2011 FHS) to the total population of NHTS-PR poor.

- b. Estimate the total resource requirement for Vitamin A using Manual of Operations for Micronutrient Supplementation.

Annex B. List of Health Care Providers

LISTAHAN NG TAGAPAGBIGAY NG SERBISYONG PANGKALUSUGAN			
Munisipalidad/Siudad ng: _____			
Health Service Provider (Government/ Private)	(a) Address (b) Contact Information (c) Oras ng Tanggapan	PhilHealth Accreditation	Mga Serbisyo/Iskedyul/Presyo
OSPITAL			
LYING-IN CLINICS			
OUTPATIENT CLINICS			
OUTPATIENT: Laboratory atbp.			
LISTAHAN NG KOKONTAKIN KAPAG MAY EMERGENCY			
Probinsya		Petsa ng Paggawa	
Munisipalidad			
Pangalan	Contact Number/s	Address	Serbisyo
Medikal na Serbisyo			
Transportasyon			

Annex C. RH Core Package of Services

PRE-PREGNANCY

Family Planning¹

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> • FP promotion/education • FP Counselling on (i) Responsible Parenting; (ii) Informed Choice and Voluntarism; (iii) Four Pillars of FP; (iv) All FP methods; (v) Fertility Awareness 	<p>FP wall chart, brochures, and the like</p>	<p>Midwife and/or nurse/ MD trained on:</p> <ul style="list-style-type: none"> • Basic FP course or FPCBT Level 1 • ICS/IPCC • NGP all method including SDM • Fertility awareness orientation • FPCBT2 or Interval IUD skills training • Postpartum IUD training • Implant insertion and removal
<p>□ Provision of FP Services: ▫</p> <ul style="list-style-type: none"> ▪ Pills and Condoms ▪ Injectable (DMPA) ▪ NFP ▪ IUD ▪ Subdermal Implants ▪ NSV and BTL (if facility has an operating room setup) 	<ul style="list-style-type: none"> ▪ Pills, condoms and injectable ▪ Injectable and AD or disposable syringes with needles ▪ Cycle beads, BBT thermometer and NFP charts ▪ IUD insertion and removal kit (ovum forceps, scissors, speculum, tenaculum forceps, uterine sound alligator forceps) ▪ Minilap kit ▪ NSV kit ▪ VSC drugs and supplies <p>BP apparatus, weighing scale, examination table and gooseneck lamp instrument tray</p>	<p>training</p> <ul style="list-style-type: none"> • NSV training <p>Recommended additional courses:</p> <ul style="list-style-type: none"> • Orientation on CSR • DQC for FP current users • NOSIRS & SMR Tools • CBMIS

¹ From the Family Planning Clinical Standards Manual 2014 Edition

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> • Referral for BTL • Risk Assessment by history • Management of minor side effects • Routine check-up/follow-up of clients • Follow-up of dropouts/defaulters • Referral for major complications of contraceptives 	<p>Forms: FP Form 1, Target Client List, MEC checklist by FP method; Clinic services records, Referral slips, CBMIS forms, IEC materials</p>	Minimum Staffing with Training Required
Interventions at Hospital Level	Key Supplies and Commodities needed	
<p>All services offered in Primary care facility PLUS:</p> <ul style="list-style-type: none"> • NSV • BTL 	<p>All resources available in primary care facility PLUS:</p> <ul style="list-style-type: none"> ▪ Minilap kit ▪ NSV kit ▪ VSC drugs and supplies 	<p>All staffing with training required PLUS: NSV training for physicians; BTL training for physicians</p>

I. PREGNANCY Antenatal Care

Interventions at the Primary Care Facility Level (BHS, RHU, infirmary, lying in, birthing homes)	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> • Confirmation of pregnancy • Monitoring of height and weight • Blood pressure monitoring 	<ul style="list-style-type: none"> ☐ Pregnancy test kit 	Registered midwife/nurse/doctor trained on BEmONC
<ul style="list-style-type: none"> ☐ Micronutrient supplementation: <ul style="list-style-type: none"> ▪ Iodine caps ▪ Iron/ Folate tabs ▪ Vitamin A for clinically diagnosed with xerophthalmia ▪ Deworming: mebendazole or albendazole ▪ Promotion of iodized salt 	<ul style="list-style-type: none"> ▪ Iodine caps ▪ Iron/ Folate tabs ▪ Vitamin A capsules ▪ Deworming tablets 	

Interventions at the Primary Care Facility Level (BHS, RHU, infirmary, lying in, birthing homes)	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> ▪ Early detection and management of danger signs and complications of pregnancy • Referral of complicated/high risk pregnancies • Tetanus toxoid immunization • Oral health • Antenatal administration of steroids in preterm labor 		
<ul style="list-style-type: none"> □ FP Counselling on (i) Responsible Parenting; (ii) Informed Choice and Voluntarism; (iii) Four Pillars of FP; (iv) All FP methods; (v) Fertility Awareness 		Registered midwife/nurse/doctor trained on FPCBT 1/USAPAN
Interventions at the Hospital Level (all levels)	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> • All services at primary care level PLUS: • Treatment of severe pregnancy complications (anemia, severe preeclampsia, eclampsia, bleeding, infection, other medical complications) • Management of mal presentations, multiple pregnancy 	<ul style="list-style-type: none"> • Pregnancy test kit • Iodine caps • Iron/ Folate tabs • Vitamin A capsules • Deworming tablets 	Registered midwife/nurse/doctor trained on BEmONC or equivalent to CEmONC

II. LABOR AND DELIVERY

Interventions at the Primary Care Facility Level (if it is a birthing facility)	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> ☐ Clean and safe delivery <ul style="list-style-type: none"> ▪ Monitoring progress of labor using partograph ▪ Identification of early signs and symptoms and management of abnormalities; prolonged labor; hypertension; mal-presentation; bleeding; preterm labor; and infection ▪ Controlled delivery of head and active management of third stage of labor 	BP apparatus, weighing scale, examination table and gooseneck lamp, instrument tray, thermometer, partograph, gloves, IV fluids, oxygen, local anesthetics NSD kit	Registered midwife/nurse/doctor trained on BEmONC
<ul style="list-style-type: none"> ☐ Basic Emergency Obstetric and Newborn Care (BEmONC)-capable <ul style="list-style-type: none"> ▪ Parenteral administration of oxytocin ▪ Parenteral administration of loading dose of anticonvulsants ▪ Parenteral administration of initial dose of antibiotics ▪ Performance of assisted delivery during imminent breech ▪ Removal of retained products of conception ▪ Manual removal of retained placenta 	BP apparatus, weighing scale, examination table and gooseneck lamp, instrument tray, thermometer, partograph, gloves, IV fluids, oxygen, local anesthetics <ul style="list-style-type: none"> • NSD kit • Oxytocin • MgSO₄ • Dexamethasone • Antibiotics 	
All services offered in primary care facility including BEmONC PLUS: <ul style="list-style-type: none"> ☐ Comprehensive Emergency Obstetric and Newborn Care <ul style="list-style-type: none"> ▪ Caesarean Section ▪ Blood transfusion 	All of the above PLUS: <ul style="list-style-type: none"> • Surgical kit • Anesthetics medicines and medical devices • Blood and blood transfusion kits • Laboratory equipment for biochemical and microbiological tests 	Registered midwife/nurse/doctor trained on BEmONC or equivalent to CEmONC

<ul style="list-style-type: none"> • Provision of BTL • Provision of Postpartum IUD (PPIUD) 	<ul style="list-style-type: none"> • BTL kit • PPIUD kit 	Registered midwife/nurse/doctor trained on BTL and FPCBT 2
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III. POSTPARTUM CARE

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<input type="checkbox"/> Identification of early signs and symptoms of postpartum complications: Hemorrhage, infections and hypertension	BP apparatus, stethoscope, thermometer, weighing scale, examination table, antitetanus vaccines	Registered midwife/nurse/doctor trained on BEmONC
<input type="checkbox"/> Referral of postpartum complications	BP apparatus, stethoscope, thermometer, weighing scale, examination table, antitetanus vaccines	Registered midwife/nurse/doctor trained on BEmONC
<input type="checkbox"/> Maternal nutrition: <ul style="list-style-type: none"> ▪ Iron/Folate ▪ Vitamin A ▪ Iodine ▪ Deworming tablet: Mebendazole/Albendazole ▪ Promotion of iodized salt 	Vitamin A capsules, iron tablets, pain medications, deworming tablets	Registered midwife/nurse/doctor trained on BEmONC

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> • FP counselling on: (i) birth spacing; (ii) return to fertility; (iii) all FP methods including LAM • Provision of FP services: Pills, condoms, injectable, NFP, IUD and subdermal implants. 		<p>Midwife and/or nurse/ MD trained on:</p> <ul style="list-style-type: none"> • Basic FP course or FPCBT Level 1 • ICS/IPCC • NGP all method including SDM • Fertility awareness orientation • FPCBT2 or Interval IUD skills training • Postpartum IUD training • Implant insertion and removal training • NSV training <p>Recommended additional courses:</p> <ul style="list-style-type: none"> • Orientation on CSR • DQC for FP current users • NOSIRS & SMR Tools • CBMIS
<p>All services offered in primary care facility PLUS:</p> <ul style="list-style-type: none"> □ Management of postpartum complications 	<p style="text-align: right;">medical</p> <p>All of the above PLUS:</p> <ul style="list-style-type: none"> • Surgical kit • Anesthetics medicines devices and • Blood and blood transfusion kits • Laboratory equipment for biochemical and microbiological tests 	<p>Registered midwife/nurse/doctor trained on BEmONC or equivalent to CEmONC</p>

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> □ Prevention and management of abortion complications: <ul style="list-style-type: none"> ▪ Removal of retained products of conception ▪ Treatment of infection ▪ Anti-tetanus serum (ATS) injection 	All of the above PLUS: <ul style="list-style-type: none"> • Surgical kit • Anesthetics medicines and medical devices • Blood and blood transfusion kits • Antibiotics • ATS 	Registered midwife/nurse/doctor trained on BEmONC or equivalent to CEmONC

IV. NEWBORN CARE

Interventions at the Primary Care Facility Level and Hospital	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> □ Immediate Newborn Care (the first 90 mins.) – (please refer to EINC Clinical practice pocket guide) <ul style="list-style-type: none"> ▪ Dry and provide warmth to the baby ▪ Do skin to skin contact ▪ Reposition, suction and ventilate (if after 30 secs of thorough drying, newborn is not breathing or is gasping) ▪ Do delayed or non-immediate cord clamping ▪ Provide support for initiation of breastfeeding ▪ Provide additional care for small baby or twin (e.g. Kangaroo care) 	<ul style="list-style-type: none"> ▪ Weighing scale ▪ Thermometer ▪ Clean linen ▪ Vitamin K ▪ Hepa B vaccine ▪ BCG vaccine ▪ Droplight 	Registered midwife/nurse/doctor trained on BEmONC

Interventions at the Primary Care Facility Level and Hospital	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> □ Essential Intrapartum and Newborn Care (from 90 mins. to 6 hours) - (please refer to EINC Clinical practice pocket guide) <ul style="list-style-type: none"> ▪ Vitamin K prophylaxis ▪ Inject Hepatitis B and BCG vaccinations at birth ▪ Check for birth injuries, malformations, or defects ▪ Cord care 	<ul style="list-style-type: none"> ▪ Weighing scale ▪ Thermometer ▪ Clean linen ▪ Vitamin K ▪ Hepa B vaccine ▪ BCG vaccine ▪ Droplight 	Registered midwife/nurse/doctor trained on BEmONC and EINC
<ul style="list-style-type: none"> □ Care prior to discharge (but after the first 90 mins) <ul style="list-style-type: none"> ▪ Support unrestricted, per demand breastfeeding, day and night ▪ Ensure warmth of the baby ▪ Washing and bathing (hygiene) ▪ Look for danger signs and start resuscitation, if necessary, keep 	<ul style="list-style-type: none"> ▪ Droplight ▪ Stethoscope ▪ Thermometer ▪ Oxygen and bag valve mask, if needed ▪ Antibiotics, if needed 	Registered midwife/nurse/doctor trained on BEmONC
<p>warm, give first 2 doses of IM antibiotics, give oxygen</p> <ul style="list-style-type: none"> ▪ Look for signs of jaundice and local infection 		
<ul style="list-style-type: none"> □ Emergency Newborn Care <ul style="list-style-type: none"> ▪ Ensure adequate oxygen supply ▪ Resuscitation and stabilization 	<ul style="list-style-type: none"> ▪ Droplight ▪ Stethoscope ▪ Thermometer ▪ Oxygen and bag valve mask, if needed ▪ Antibiotics, if needed 	Registered midwife/nurse/doctor trained on BEmONC
<ul style="list-style-type: none"> □ Treatment of neonatal sepsis/infection 	Antibiotics	

Interventions at the Primary Care Facility Level and Hospital	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> ☐ Intensive newborn care for low birth weight (LBW) preterm, IUGR, babies born with congenital anomalies, and sick neonates 	<ul style="list-style-type: none"> ▪ Droplight ▪ Stethoscope ▪ Thermometer ▪ Oxygen and bag valve mask, if needed ▪ Antibiotics, if needed 	Registered midwife/nurse/doctor trained on BEmONC
<ul style="list-style-type: none"> ☐ ☐ BCG and HepB immunization ☐ Early and exclusive breastfeeding to 6 months ☐ Newborn Screening or referral ☐ Support services: <ul style="list-style-type: none"> ▪ Birth registration ▪ Newborn death registration 	<ul style="list-style-type: none"> ▪ BCG and Hepa B vaccines ▪ NBS kit 	Registered midwife/nurse/doctor trained on BEmONC

V. CHILD CARE

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> • Promotion and support for: <ul style="list-style-type: none"> ▪ Exclusive breastfeeding ▪ Complementary feeding ▪ Hand washing ▪ Environmental sanitation ▪ Recognition of signs of illness and timely consultation ▪ Home care during illness • Provision and promotion of insecticide treated bed nets for malaria-endemic areas • Identification and referral of children with signs of severe illness • Immunization • Identification and referral of children with signs of severe illness • Integrated management of diarrhea, pneumonia, fever (malaria and measles), uncomplicated severe acute malnutrition (IMCI). • Assessment of nutritional status and feeding counselling • Micronutrient supplementation 	<ul style="list-style-type: none"> • IEC materials • Insecticide treated bed nets □ Rapid diagnostic tests for malaria □ Medicines: <ul style="list-style-type: none"> ▪ ORS and zinc tablets ▪ Antibiotics for pneumonia ▪ Antimalarial drugs • EPI Vaccines • Micronutrient supplements • Deworming tablets 	<p>Midwife/nurse/doctor trained on IMCI, EPI, micronutrient supplementation, and management of malaria</p>

<p>All of the above PLUS:</p> <ul style="list-style-type: none"> • Management of children with severe illness • Management of children with severe complicated malnutrition 	<p>All of the above PLUS:</p> <ul style="list-style-type: none"> • Parenteral and oral anticonvulsants • Parenteral and oral antibiotics • Intravenous fluids • Oxygen 	<p>Midwife/nurse/doctor trained on IMCI, EPI, micronutrient supplementation, and management of malaria and management of severe illnesses and complications</p>
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VI. ADOLESCENT AND YOUTH REPRODUCTIVE HEALTH²

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<p>□</p> <p>Essential Health Package</p> <ul style="list-style-type: none"> ▪ General Health Assessment – History and Physical Exam ▪ Dental Assessment ▪ Psychosocial Risk Assessment and Management ▪ Nutrition Assessment and Counselling ▪ Micronutrient Supplementation ▪ Immunization ▪ Basic Diagnostic Tests ▪ Reproductive Health Assessment and Counselling 	<ul style="list-style-type: none"> • Writing materials, Individual Treatment Record Forms (ITR), • Dental mirror, Dental record form, Dental Equipment • Psychosocial Risk Assessment Form • BP apparatus, Adult weighing scale, tape measure, height chart, orchidometer, dietary prescription form, exchange list • Iron with folic acid tablets • Vaccines: Tetanus toxoid, MMR, Hepatitis B • Centrifuge, heparinized capilet, microscope, syringes and needles, cotton, alcohol, slides, cover slip, vaginal speculum, cotton pledget • ITR, Reproductive Health Assessment Checklist, Flipchart on reproductive health 	<p>Registered midwife/nurse/doctor trained on BEmONC and FPCBT 1 and 2, PPIUD, subdermal implant insertion and removal</p>

² National Standards and Implementation Guide for the provision of Adolescent-Friendly Health Services (DOH, 2010).

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<p>☐ Adolescent Pregnancy Package</p> <ul style="list-style-type: none"> ▪ Prenatal Services ▪ Natal Services ▪ Post Natal Visits 	<ul style="list-style-type: none"> • ITR, FP flipchart, iron tablets, blood typing and Rh sera, pregnancy test, centrifuge, microscope, TT vaccine, syringes, cotton balls, alcohol, FP commodities • HBsAg reagent, birth plan form, NBS kit, BCG, Hepatitis B vaccine, delivery table, sterile scissors, gloves, cotton, alcohol, plastic clamp, equipment and supplies as per BEmONC guidelines • Iron tablets and vitamin A capsules, FP flipchart, FP commodities, Breastfeeding chart, diet plan 	<p>Registered midwife/nurse/doctor trained on BEmONC and FPCBT 1</p>
<p>All of the above PLUS:</p> <p>☐ Sexually Transmitted Infections/HIV Packages</p> <ul style="list-style-type: none"> ▪ History and Assessment ▪ Diagnostics ▪ Voluntary Testing for HIV/STIs ▪ Management, Treatment and Counseling 	<p>All of the above PLUS:</p> <ul style="list-style-type: none"> • Reagents for Gram’s stain, RPR, Glass slides, microscope, cotton pledgets • Counselling Cards or Chart 	<p>Registered midwife/nurse/doctor trained on BEmONC or equivalent to CEmONC</p> <p>Additional training: FPCBT 1 and 2</p>

VII. REPRODUCTIVE TRACT CANCERS AND OTHER GYNECOLOGICAL DISORDERS (including men, infertility)

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
<ul style="list-style-type: none"> • Cancer screening (Acetic acid wash/Pap smear, clinical breast exam, digital rectal exam, among others) • Screening, assessment and referral of gynecologic disorders • Screening, assessment and referral of infertility problems 	<ul style="list-style-type: none"> • Examination table • Visual inspection of the cervix using acetic acid wash (VIA) kit • Slides • Alcohol as fixative • Cotton swabs • Microscope 	<p>Midwife/nurse/ doctor trained on VIA</p>
<p>All of the above PLUS:</p> <ul style="list-style-type: none"> • Management of infertility • Management of reproductive tract cancers and gynecological disorders and their complications 	<p>All of the above PLUS:</p> <ul style="list-style-type: none"> • Laboratory examinations/ diagnostic exams for reproductive tract cancers, gynecological disorders, and infertility • Chemotherapeutic drugs for reproductive tract cancers • Surgical kit if needed 	<ul style="list-style-type: none"> ▪ Physician trained on the management of reproductive tract cancers or a gynecologic oncologist ▪ Physician trained on the management of infertility or an infertility specialist

VIII. PREVENTION OF HIV, AIDS, AND STIs

Interventions at the Primary Care Facility Level	Key Supplies and Commodities needed	Minimum Staffing with Training Required
Diagnosis and management of STIs	<ul style="list-style-type: none"> • Examination table • Slides • Thermometer • Microscope • Antibiotics 	
<ul style="list-style-type: none"> • HIV AIDS • HIV counselling • Contraceptive information and services 	<ul style="list-style-type: none"> • IEC materials • FP commodities (barrier contraceptives) 	
All of the above PLUS: <ul style="list-style-type: none"> • Management of complicated STI cases • HIV testing and counselling • ART treatment 	All of the above PLUS: <ul style="list-style-type: none"> • Oral and parenteral antibiotics • Intravenous fluids • Antiretroviral drugs • HIV testing equipment 	

Annex D. Sample of Memorandum of Understanding in Engaging Private Sectors

MEMORANDUM OF UNDERSTANDING

ON PROVIDING CCT HOSPITAL CARE SERVICES TO CCT FAMILIES OF THE CITY/MUNICIPALITY OF _____

By and Between

The Department of Health - Regional Office ____ (DOH-RO ____) as represented by _____, Regional Director, and the _____ Hospital (_____), as represented by _____, Hospital Director/Administrator, hereinafter referred to as the Parties,

RECOGNIZING the need to ensure that the beneficiary families of the DSWD's _____ are enrolled to the National Health Insurance Program (NHIP), provided information and guidance on NHIP entitlements, and assigned to outpatient (OP) and in patient (IP) services, as mandated by DOH Department Order no. 2011-0188;

INTERNALIZING that the public health facilities in _____, given their number, capacity and location, are not enough to cater to the IP needs of at least the _____;

ACKNOWLEDGING the potential benefit of involving private hospitals in addressing IP needs for natural spontaneous delivery (NSD) and caesarean section (CS) of pregnant women at least among _____;

DESIRING to ensure the accessibility of IP services to pregnant women of at least the _____ through maximized use of NHIP benefits; and,

COMMITTED to increase facility-based delivery (FBD) at least among _____ of _____ through effective public-private partnership.

Operating under this Memorandum of Understanding, the Parties hereto agree as follows:

ARTICLE I

The Parties hereby establish a working partnership in providing accessible NSD and/or CS services to pregnant women among _____ from the City/Municipality of _____.

ARTICLE II

The Parties agree to undertake the following functions, duties and responsibilities for this MOU:

A. The _____ Hospital shall:

1. Accommodate/admit pregnant women among _____ from the City/Municipality of _____ for the provision of NSD and/or CS services based on PhilHealth case rate payments, specifically:
 - a. For NSD, P 8,000 in Level 1 hospitals and P 6,500 in Levels 2-4 hospitals; and,
 - b. For CS, P 19,000;
2. Reimburse the cost of services from PhilHealth and implement no balance billing (NBB) on women among _____ from the City/Municipality of _____ who have availed of NSD and/or CS services;
3. Accommodate/admit patients among _____ from the City/Municipality of _____;
4. Implement NBB to patients among _____ from the City/Municipality of _____ based on PhilHealth rate payments for 22 cases; 5. Maintain the following listings, which will be provided by _____:
 - a. List of pregnant women among _____ from the City/Municipality of _____; and,
 - b. List of _____ from the City/Municipality of _____; and,
6. Maintain a separate record of NSD and/or CS services that have been provided to pregnant women among _____; B. The DOH-RO ____ shall:
 1. Ensure the PhilHealth enrolment of _____ from the City/Municipality of _____;
 2. With assistance from the Provincial/Municipal Health Officer (P/MHO), refer pregnant women among _____ from the City/Municipality of _____; 3. Provide the following documents to _____ Hospital, among others:
 - a. List of _____ for the City/Municipality of _____;
 - b. List of pregnant women from the City/Municipality of _____, which will be derived from developed Health Use Plans (HUPs);
 4. Monitor and evaluate the implementation of NBB on the provision of NSD and/or CS services to pregnant women among _____ from the City/Municipality of _____;

ARTICLE III

This Memorandum of Understanding may be amended upon mutual agreement of the Parties.

ARTICLE IV

This Memorandum of understanding shall take effect upon signature and shall remain in force until terminated in writing by the Parties. It shall be reviewed 6 months after the commencement of implementation.

Signed in _____ this ____ th day of _____ 20____.

NAME OF REGIONAL DIRECTOR _____ Director
____; CHD-____ Administrator; _____ Hospital

Signed in the Presence of:

NAME OF PROVINCIAL HEALTH OFFICER _____
PHO; Province of _____ MHO; Municipality of _____

ACKNOWLEDGMENT

Republic of the Philippines)
Municipality of _____) SS.

BEFORE ME this _____ at _____ personally appeared the parties, is known to me & who made to me known to be the same persons who executed the foregoing instrument and they acknowledged to me that the same is their own free will act and deed.

WITNESS MY HAND AND SEAL on the date and place above-written.