CARE Philippines Capacity Statement | Health in Emergencies

PHILIPPINES

Country Snapshot
Population: 105 million (women: 49.8%)
Life expectancy at birth: 69.6 years
Adult (15+) literacy rate:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td>96%</td>
</tr>
<tr>
<td>female</td>
<td>97%</td>
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GDP per capita: US$58,400
Population below poverty line: 21.6%
Ratio of children & youth (0-24 years): 52%
Infant mortality rate: 20.9 deaths/1,000 live births
Physicians density: 1.28 physicians/1,000 people

Program Overview
CARE provides Philippine women and girls of reproductive age with comprehensive quality sexual and reproductive health and rights (SRHR) services, addresses non-communicable diseases (NCDs) in internally displaced communities and strengthens public health sector capacities in SRHR health care and NCD management including in emergencies. CARE’s impact is significant: between July 2018 – January 2020, our health programing in emergencies has benefitted nearly 7,100 people, an estimated 75 per cent of whom were women and girls.

Building on CARE’s global approach
GLOBAL COMMITMENT TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS SERVICES

Supporting Sexual and Reproductive Health and Rights Services (SRHR) are fundamental to CARE’s mission. Gender equality cannot be achieved without addressing the right to reproductive self-determination and bodily integrity.

CARE works in stable settings, acute emergencies, and fragile contexts strengthening and supporting access to high-quality, comprehensive SRM health counseling, education and services. These include contraception and voluntary family planning services; sexually transmitted infections and HIV/AIDS prevention and care; antenatal, maternal and newborn care; and postpartum care.

Women and girls in the focus: CARE puts women and girls in the center of all humanitarian and development programs. We believe that when they are equipped with the proper resources, they have the power to help lift whole families and entire communities much faster out of poverty. We ensure their particular needs are addressed and they have equal participation in all program activities and decision-making.

A global challenge for millions
Achieving maternal and newborn health is a significant challenge globally. Disparities in coverage and outcomes based on wealth are greatest for reproductive and maternal health. Two thirds of the 3.3 million newborn deaths per year could be prevented if known and effective health measures are provided at birth and during the first week of life. Satisfying demand for family planning alone could prevent 79,000 maternal deaths annually around the world.
CARE’s expertise in SRHR health lies in our **ability to work at community level and reach isolated and vulnerable populations** to address inequities in rural and urban areas. CARE works within government systems to:

- establish **accountability** and governance mechanisms on SRM and child health;
- build **community health workers’ capacity with increased participation of women**
- advocate for **communities’ empowerment** to bring health services closer to communities and increase their access to health services;
- address unequal social and gender norms through building or strengthening community structures;
- expand **spaces for dialogue and negotiation** between the community and health delivery systems; and
- to increase **youth’s access to SRHR health** information and services.

CARE believes that all women, men and young people should have equitable access to the information and services they need to realize their right to the highest possible attainable standard of sexual, reproductive and maternal health – free of discrimination, stigma, coercion and violence.

CARE’s programming is based on **in-depth gender and social norms analysis** to identify and address the underlying factors that perpetuate discrimination, lack of gender equality and gender-based violence. CARE **engages with boys and men** who are often the key barrier or, on the contrary, the channel to enabling girls and women to enjoy their SRM health rights.

CARE **involves girls and boys, women and men in the design, implementation, monitoring and evaluation** of its programs and incorporates community feedback into program design. This enhances CARE’s **program relevance, quality, impact and accountability** and empowers participants through an increased ownership of the change process.

CARE multiplies its impact through a **broad range of partnerships** working with Filipino mothers and other women and girls of reproductive age in rural and marginalized communities as well as women’s organizations, national and international NGOs, relevant government ministries and departments, and public and private donors.

CARE leverages **learning and innovation from research and programs** to shape policies and programs beyond the communities where we work. We catalyze and support **scale up of innovative solutions for sustainable development** through essential service delivery, capacity-building, resilience-building and empowerment of the most vulnerable, particularly women and girls.

CARE has a **leadership role in key global partnerships and alliances** that shape norms, standards, and guidelines for rights-based SRHR health programming – such as the Interagency Working Group for Reproductive Health in Emergencies, WHO’s Global Health Cluster Forum, the FP2020 Rights and Empowerment Working Group, the Reproductive Health Supplies Coalition, and the UN International Strategy for Disaster Reduction Sexual and Reproductive Health Sub-Working Group. CARE also partners with and supports the leadership of **grassroots women’s groups** and **national and global women’s rights coalitions**.

Between July 2018 – June 2019, CARE has reached **35.4 million women, men, girls and boys globally** with information and access to SRM health services.

**CARE in the Philippines**

CARE has been providing development assistance and emergency relief in the Philippines since 1949.

**Our key program areas include:**

- **Health** – including provision of sexual, reproductive and maternal health services and addressing of non-communicable diseases in emergencies;
- **Integrated risk management** – combining disaster risk reduction, climate change adaptation and ecosystem management and restoration in rural and urban areas;
- **Emergency preparedness and response** – meeting immediate needs in food, shelter, cash, protection, water, sanitation and hygiene and non-food items;
- **Livelihood recovery** – promoting women’s economic empowerment, providing cash-based assistance and furthering enterprise development;
- **Prevention and response to Gender-Based Violence (GBV)** – ensuring psychosocial therapy, referral pathways and GBV education.
CARE’S APPROACHES AND IMPACT – SELECTED EXAMPLES

In times of crisis, the need for life-saving SRHR health services does not go away for women and girls. On the contrary, the needs often increase due to inadequate access to health services, safe drinking water, sanitation, and nutrition; a breakdown in social structures and norms; insecurity, violence, and psychological trauma.

Building on its extensive global experience, CARE has started responding to the health needs of disaster-affected communities in the Philippines since 2018.

In Mindanao, CARE conducts onsite health visits to facilitate primary health care consultations and nutrition screenings for community members affected by the violent conflict and repeated displacements in the southwestern areas. CARE also provides referrals as well as logistical support so that at-risk populations can access health, nutrition and psychosocial support.

CARE responds to the dengue epidemic in Bangsamoro region in Mindanao providing dengue prevention kits and conducting awareness-raising campaigns in evacuation centers.

CARE advocates for the integration of the Minimum Initial Service Package into emergency health plans of provincial and municipal health offices. CARE also works closely with the country’s public health sector to strengthen its capacities in SRM health service provision.

“After the siege [in Marawi], my family and I had difficulties in accessing health care as we stayed in a very remote location with limited number of health facilities. I was pregnant. Through CARE’s project supporting the local health facility, I could attend check-ups and receive the needed medicines.”

[Norayda, internally displaced from Marawi. The photo is illustration. © 2018 Dennis Amata/CARE]

SUPPORTING ACCESS TO FAMILY PLANNING AND POST-MISCARRIAGE CARE (SAFPMC) IN MINDANAO

Globally, CARE’s Supporting Access to Family Planning and Post-Miscarrage Care (SAFPMC) initiative aims to reduce unintended pregnancies and deaths from unsafe miscarriage by increasing access to:

- quality family planning, safe miscarriage, and post-miscarriage care services for women and girls in protracted and chronic crises;
- SRM health services, including family planning and emergency obstetric and neonatal care, during acute humanitarian emergencies.

In the Philippines, CARE has supported internally displaced people, in particular women and girls in ten static public health facilities in and around Marawi city, in Lanao del Sur province (Bangsamoro region, formerly Autonomous Region of Muslim Mindanao) between May - December 2018. The five-month long Marawi siege between government forces and the militant ‘Maute Group’ and subsequent government crackdown have displaced nearly 360,000 people to evacuation centers, host communities, and other parts of Mindanao, Visayas and Luzon, with limited access to health services. Several rural health units in the region have also been shut down due to looting of equipment during the fighting.

CARE has strengthened the capacity, responsiveness and resilience of the public health sector in Lanao del Sur province in responding to SRM health needs during emergencies through:

- training and capacity-building of health center personnel, midwives and community health workers on SRM health including family planning and post-miscarriage care services;
- establishing and strengthening of high-quality family planning and post-miscarriage care at ten key facilities that serve host community and internally displaced people;
- socialization of the Minimum Initial Service Package (MISP) among public health sector officials for integration of the Package’s activities into emergency health plans;
- training of health care providers on Modern Family Planning Level 1, Level II, the MISP and Basic Emergency Obstetrics and Newborn Care (BEmONC);
- monthly supervisory visits in rural health units in close coordination with the Integrated Public Health Office of Lanao del Sur to ensure health providers follow ‘Quality of Care’ protocols on infection prevention, clinical procedures and storage of contraceptive materials and stock management;
- provision of maternal health items and medicines;
- awareness-raising on SRM health involving municipal health officers, community health workers, midwives, nurses and Muslim religious leaders;
- raising of demand for services among community members through community engagement.
ADDRESSING NON-COMMUNICABLE DISEASES (NCDs) IN HUMANITARIAN SETTINGS

CARE’s three-year pilot project, funded by Abbott, prevents, diagnoses and provides standard care for NCDs, such as diabetes, hypertension and obesity, to internally displaced people (IDPs) in Marawi City and Lanao del Sur affected by the 2017 Marawi siege. Since their displacement, the nearly 360,000 people have lived in tents and transitory shelters amidst adverse weather and living conditions and constant stress. This puts them at a high risk of NCDs which could be prevented by eliminating risk factors, such as smoking, unhealthy diet, and lack of physical exercise. NCDs also mean a socio-economic burden on the household as well as the public health budget.

CARE’s key activities in the pilot project include:

- screening, diagnosing, preventing and managing NCDs;
- training nurses, community health workers and other healthcare providers to lead “NCD Clubs” which engage people in group exercise, lifestyle change and on-going treatment;
- expanding access to required clinical care within and outside displacement camps;
- raising awareness among people and health care personnel on how NCDs can be prevented and controlled;
- mobilizing women for awareness-raising, management and advocacy around NCDs in humanitarian settings;
- collecting data on NCD prevention and management strategies and behaviors to inform future programming.

GENDER-BASED VIOLENCE PREVENTION AND RESPONSE

GBV is one of the most pervasive, yet least-recognized human rights abuses in the world. In the Philippines, one in 20 women and girls aged 15-49 have experienced sexual violence in their lifetime, according to the 2017 National Demographic and Health Survey, most often by someone they know, including their husband or another male family member.

CARE addresses GBV and sexual exploitation in Marawi City (and broader Lanao del Sur) through awareness-raising and ‘family conversation sessions’, which is a form of psycho-social therapy in the home and evacuation centers. At the sessions, IDPs, particularly women and girls can openly discuss their issues and concerns on SRM health and their recovery plans following suffering GBV. CARE establishes GBV referral pathways for women and girls to ensure access to relevant, timely – and often life-saving – safe, confidential and quality SRHR services. CARE implements this intervention in partnership with Al Mujadilah Development Foundation, which has been working in Mindanao for decades.

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IN-HOUSE EXPERTISE AND SCALE-UP CAPACITY

CARE’s global health team consists of dedicated technical experts who support Country Offices in designing and implementing cutting-edge SRM health and NCD management programing, generating evidence of impact, scaling up initiatives and responding to new funding opportunities.

In the Philippines, CARE’s work on SRM health and management of NCDs is driven by a dedicated team of a Project Coordinator (a registered nurse and midwife), Project Officers and Monitoring, Evaluation, Accountability and Learning Officers (all registered nurses), and an Advocacy Officer. CARE also works with a Consultant (a licensed doctor) who provides the project team with medical advice; leads on baseline research; and measures displaced people’s blood pressure and insulin levels.

Over the past seven decades, CARE’s team in the Philippines has built a significant capacity in delivering sizeable contracts up to US$45 million as lead or sub agency in large and small consortia for a range of institutional donor and private sector donors including, among many others, the European Union, Global Affairs Canada, the governments of the Netherlands, Germany, France, the UK and the US as well as Abbott, Diageo, and International Hotel.

Building on the above, CARE is ready to scale up its work with additional generous donor support to enable Philippine people, in particular women and girls to enjoy their right to SRM health and successfully prevent and manage NCDs.