

SITUATIONAL ANALYSIS: NEWBORN SCREENING PROGRAM IN CAR 2015

Department of Health Cordillera Administrative Regional Office

INTRODUCTION:

Newborn Screening Program started in the Philippines in 1996 and piloted in twenty four (24) health facilities in Metro Manila, Newborn screening is a simple procedure for the early detection of congenital metabolic disorders that may lead to mental retardation or even death. In 2004, the country implemented the Newborn Screening Act (Republic Act No. 9288). This strengthened its implementation and countless newborns have been saved from these disorders in the country.

In the Cordillera Administrative Region, the most common congenital disorder is Glucose – 6 Phosphate Dehydrogenase Deficiency followed by Congenital Hypothyroidism, Congenital Adrenal Hyperplasia and Hemoglobin H.

The region strongly supports the implementation of newborn screening/expanded newborn screening to meet the overall goal of the program which is contributory in the reduction of infant and under five year old deaths.

Newborn Screening Facilities in CAR:

The Cordillera Administrative Region (CAR) has a total of two hundred fifty nine (259) Newborn Screening Facilities (NSFs) certified by the Newborn Screening Reference Center (NSRC) as of September 2015. The breakdown is as follows: All hospitals – 56, Rural Health Units – 71, Barangay Health Stations – 122 and all lying in clinics – 10. There are thirty five (35) inactive NSFs. Some inactive NSFs are closed and non – birthing facilities.

Health Facility	Number	NSFs	Inactive	New
Hospital	56	56	4	None
Rural Health Unit	96	71	3	7
Barangay Health Station	399	122	27	24
Lying-in Clinic	10	10	1	0
Total	561	259	35	31

The region has increased in the number of NSFs from sixty eight (68) in 2010 to two hundred fifty nine (259) as of September 2015. There is an increment of 22.16% from 2014 to September 2015 data, This improves accessibility of newborn screening services especially in far flung areas.

Year	No. of Health Facilities	No. of Increase (No.)	Percentage of Increase (%)
2010	68		
2011	76	8	11.76%
2012	86	20	26.13%
2013	114	28	32.56%
2014	212	98	85.96%
2015	259	47	22.16%

NBS COVERAGE IN CAR:

Since the setting up of NBS national target of 30% coverage in 2008: 50% coverage in 2009: and 85% coverage in 2010: CAR is the highest in terms of coverage in the entire the country.

NOH TARGET	YEAR	COVERAGE
50%	2009	45%
85%	2010	53%
100%	2011	67.40%
	2012	73.19%
	2013	84.20%
	2014	89.70%

From January – June 2015, the region had collected 15,167 NBS samples with a coverage of 89 %. The traditional samples collected was 13,772 (80.71%) and expanded newborn screening samples of 1,395 (8.17%). There is a need to exert more efforts to meet the 95% NBS coverage by 2016 and 35% of which are ENBS.

HIGHLIGHTS OF ACHIEVEMENTS 2014:

A. Policy Standards & Regulations:

Review & dissemination of NBS policies/guidelines like RA 9288, Administrative Order No. 2014-0045 (Expanded NBS) & Administrative Order No. 2014-0035 (Long Tem Follow - Up Clinic).

The Newborn Screening Facilities and Health Practitioners in the region are always updated on the latest issuances, circulars and Orders. DOH-CAR makes it a point to maintain good coordination and constant communication with stakeholders to build a stronger networking environment.

B. Capability Building:

Training Module:

As one of the strategies in the reduction of infant deaths from congenital disorders, DOH-CAR Office continuously update the training modules for health practitioners to keep them abreast with latest technical knowledge in performing NBS. Expanded Newborn Screening has already been included in the module.

Recording and reporting forms were also updated for the use of the different Newborn Screening Facilities for their data base.

Newborn Screening Training for Health Workers

This year, two (2) batches were conducted by DOH-CAR in partnership with NSC-CL to enhance the capabilities of frontline health service providers managing birthing facilities for effective & efficient delivery of newborn screening services in their respective areas.

G6PD Deficiency Parent Forum:

One hundred nine (109) parents with confirmed G6PD babies and frontline health workers in areas with high prevalence of the disease participated the forum conducted by DOH – CARO. They developed a better understanding on the basic facts of G6PD Deficiency and various precautionary and preventive measures to prevent the occurrence of hemolytic crisis among patients in the community. The G6PD Deficient babies were also examined at the Long Term Follow – Up Clinic at the Under Five Clinic of BGHMC during the activity.

Volunteer parents also organized a G6PD Deficiency Community Support Group in Abra, Mt. Province, Benguet and Baguio City to promote NBS/ENBS and the importance of confirmatory testing to screen positive babies.

The province of Benguet with the assistance of DOH – CARO also conducted one batch of G6PD Deficiency Forum. Forty (40) parents and health service providers attended the activity.

NBS Orientation for BHWs

Two hundred seventy (270) active BHWs of Bangued, Abra, Kalinga and Ifugao were oriented on NBS/ENBS to strengthen information education campaign at the community level especially the CCT/NHTS-PR beneficiaries.

VYLH Orientation

One hundred twenty six (126) Volunteer Youth Leaders in Health (VYLH) of Bangued, Tabuk, Benguet and Baguio City were trained on the promotion of NBS/ENBS and use of Folic acid, prevention of birth defects, mental retardation and death among newborns/infants.

Orientation of Peer Educators on Newborn Screening

Newborn Screening is integrated during Peer Education Trainings in Abra for the advocacy and promotion of NBS among teen moms in the school and community.

A. Advocacy

1. Integration of NBS/ENBS in the Regional AHDP TWG Members of the TWG were oriented on Expanded Newborn Screening/ENBS Guidelines. They committed to support ENBS.
2. Meeting/Dialogue

Advocacy meetings with local officials, health workers and other stakeholders during monitoring visit to get their support for the passage of local ordinance, purchase of NBS/ENBS kits and establishment of Mobile NBS teams to screen home births referred by the members of CHTs in hard to reach areas.

Some LGUs have passed NBS/ENBS ordinances. The province of Abra is the first to have an ordinance on ENBS in the entire country. They allocated fifty thousand (P500,000.00) for the purchase of ENBS kits in addition with the budget of the program.

3. Newborn Screening Awarding to Awarded 28 NSFs with 100% coverage in 2013 during the Adolescent Health Summit last January 2015. For 2024, thirty two (32) NSFs had 100% coverage and the awarding will be during the last quarter of this year.

Abra

Bangued Christian Hospital

Lagangilang Rural Health Center

Penarrubia RHU

Pidigan RHU

San Juan RHU

Bangued RHU

Apayao

Apayao District Hospital

Apayao Provincial Hospital

Conner District Hospital

Flora District Hospital

Sta. Marcela Medicare and Community Hospital

Sta. Marcela RHU

Baguio

Notre Dame

Pines City Doctors

Baguio Medical Center

Saint Louis University

Benguet

Atok District Hospital

Dennisa Molintas Municipal Hospital

Kapangan Medicare Community Hospital

RHU- Buguias

RHU-Kibungan

RHU-Mankayan

Lutheran Medical Clinic

Ifugao

Boliwong BHS

Mayoyao District Hospital

MHO-Alfonso Lista

Panopdopan District Hospital

Kalinga

Abundant Grace of God

Juan M. Duyan

RHU-Pinukpuk

RHU-Tabuk I

RHU-Tabuk II

Western Kalinga District Hospital

Mt. Province

BHS-Masla Tadian

Besao District Hospital

Bontoc General Hospital

St. Theodore's Hospital

Special Award

Baguio General Hospital

Notre Dame de Chartres Hospital

5 Mobile Teams

Lagangilang RHU

Bangued RHU

Bucay RHU

Penarubia RHU

Luba RHU

D. Monitoring & Evaluation

1. Program Implementation Review:

Program Implementation Review was conducted last February 26-27, 2015. It was participated by one sixty seven (167) NBS Coordinators from the private and government Newborn Screening Facilities in the entire region. Issues and concerns in program implementation were identified and addressed. Updates on Expanded Newborn Screening, Long Term Follow up Clinic etc. were also provided. The participants from the gov't & private NSFs develop a closer relation in implementing the program at all levels and formulated a plan of action to improve NBS/ENBS implementation.

2. Monitoring Visits:

Monitored thirty two (32) NSFs in the different provinces/city to address issues and concerns in program implementation that need immediate action. Provided also technical assistance by mentoring and coaching NBS coordinators in all areas visited and during caravans & buntis congresses.

E. IEC/Health Promotion

1. Development/reproduction/distribution of IEC materials to raise awareness of parents/general public on NBS/ENBS:

- Expanded NBS Tarpaulin
- G6PD Deficiency T- shirt
- Tri-media Campaign Kapihan
- NBS/ENBS Census Report
- G6PD leaflet
- ENBS brochure
- AO No. 2014 - 0045

F. Logistic Assistance:

1. Purchased and provided 1,000 ENBS Kits and 2,200 NBS Kits for indigent newborns and distributed to the different provinces and Baguio City in CAR
2. Followed up/recalled screened positive cases: CAH- 3, CH-1 & Hemoglobin H – 3.
3. Provided financial assistance for confirmatory testing of 3 screened CAH cases, 1 CH.

ISSUES AND CONCERNS:

1. Some health workers manning the birthing facilities are untrained on NBS/ENBS.
2. Low awareness of mothers/parents on the importance of NBS/ENBS
3. Inadequate support of Local Officials in the implementation of RA 9288/AO 2014-0045
4. Poor private public partnership in implanting the program
5. Irregular monitoring of NBS with low performance at all levels (DOH-CARO and NSCCL)
6. Inadequate kits purchased by government NSFs especially ENBS due to lack of funds.
7. Some NSFs like Barangay Health Stations are inactive due to lack of deliveries in the facility and home delivered babies are not screened

Accessibility and poor road conditions remain to be a hindrance in the full implementation of NBS in the region. There is difficulty in sending samples on time, ordering , delivery of kits, receiving results and sending reports due to lack of regular reliable transportation services, availability of courier services and communication services in far flung areas.

Financial constraints also affects NBS coverage, poor families not covered by PhilHealth /NHTS PR cannot afford NBS Services especially ENBS. NBS kits provided by DOH-CAR as augmentation are of big help to indigent families.

The need for confirmatory testing would also entail additional costs including traveling expenses for families with positive test results. This could be a major road blocked in the management of positive cases.

GENERAL OBJECTIVE FOR 2016:

To increase Newborn Screening coverage from 89.7% in 2015 to 95% (60% for the traditional NBS (35%) ENBS in 2016).

Specific Objectives:

1. Increase the number of participating NSF by 5%
2. Reactivate inactive NSFs by monitoring & provision of NBS/ENBS kits as augmentation.
3. Train health service providers of birthing facilities.
4. Strengthen networking with partners
5. Decrease the number of unsatisfactory samples & refusals to NBS by 10%
6. Decrease the average transit time by 3 days.
7. Raise awareness of mothers & community members on the importance of NBS/ENBS.

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