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Good Practices and  
Promising Interventions Series:

# Critical Contributions of USAID to the Integrated Midwives of the Philippines' (IMAP) Journey to Self- Reliance

**What is IMAP and its journey toward self-reliance?** IMAP, a nonprofit professional organization founded in 1975, ensures that midwives have the necessary training and skills to provide lifesaving care to women and their families. Over the last three decades, USAID has worked closely with IMAP to foster the organization's capacity and sustainability. This documentation traces the metamorphosis of IMAP from its early years (1975 to 1992), to its growth (1993 to 2011), to its maturation (2012 to 2019), so that it could eventually become self-reliant.

# Timeline of USAID Support

## USAID Support to Midwives

1993  
-  
1995

- Strengthened capacity of individual midwives & their enterprises.
- Converted clinics into franchises; trained new owners on FP services.
- Worked closely with Institute of Maternal & Child Health (IMCH) & the Integrated Maternal & Child Care Services & Development, Inc. (IMCCSDI)

### TANGO:

Technical Assistance for the Conduct of Integrated Family Planning and Maternal Health Activities by Philippine NGOs

1994  
-  
2003

- Extended support to additional NGOs & midwives.
- Established Well-Family Midwife Clinics (WFCMs)
- WFCMs used private sector-oriented models for FP & basic MCH service delivery

### TANGO 2:

TANGO Follow-on

2004  
-  
2009

- Increased the number of private practice midwives (PPMs) with successful practices
- Worked with IMAP to help PPMs get accredited by PhilHealth.

### PRISM:

Private Sector Mobilization for Family Health

## USAID Support to Midwives and IMAP

2009  
-  
2012

- Capacitated PPMs to partner with health offices to deliver FP, MCH, & nutrition services
- Enabled IMAP to provide FP Competency-Based Training (Levels 1 & 2)

### PRISM 2:

Follow-on to PRISM

## USAID Support to IMAP as an Association

2012  
-  
2015

- Introduced Mentoring & Monitoring of Midwives (3M) program

### CMSU:

Community Maternal, Neonatal, Child Health, & Nutrition Scale-up

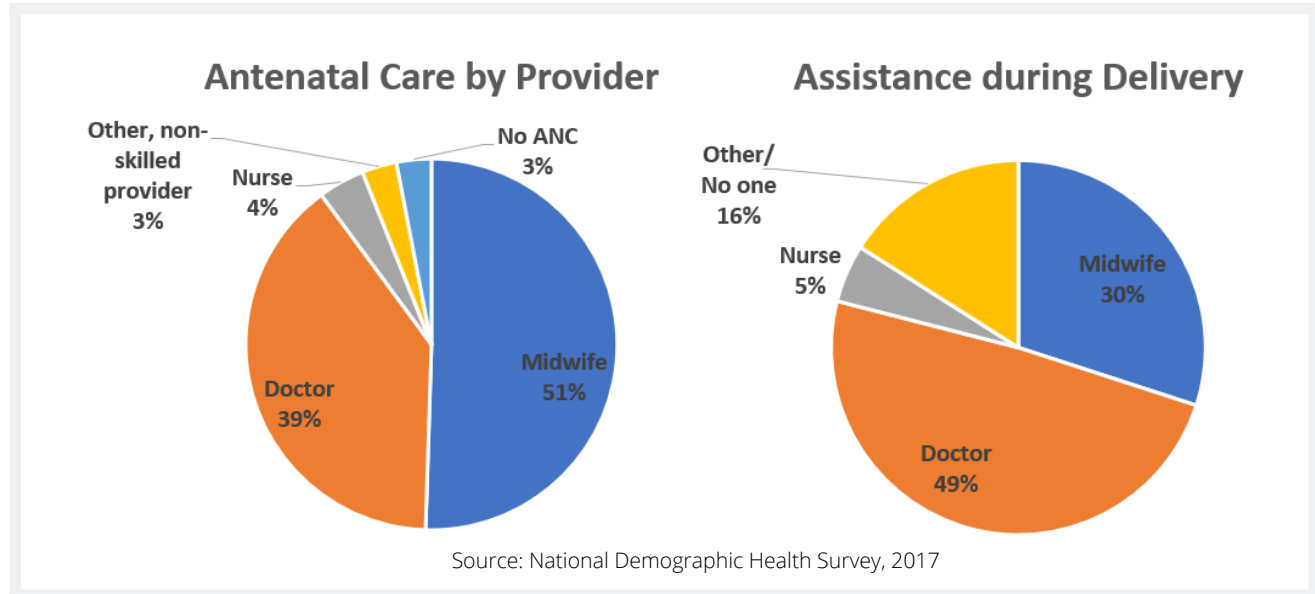
2016  
-  
2019

- Further developed IMAP's clinical, organizational, & mentoring capacity
- Strengthened PPMs, expanding their reach through public-private partnerships

### CMSU2:

Follow-on CMSU

**Why is IMAP's work important?** In the Philippines, midwives play a critical role in reducing maternal and neonatal deaths and providing access to affordable maternal and child health care and family planning services. In 2017, for example, midwives provided 50 percent of antenatal care and attended 30 percent of all births nationally. Midwives have become central to the delivery of effective health service, particularly in rural areas.



**What is the impact?** IMAP was created at a time of high maternal and neonatal mortality due to high rates of unsafe home deliveries by traditional birth attendants. To address this need, IMAP enhanced the competencies and reach of its members through sustained collaboration and partnership with local and international partners, including USAID. Through the commitment of the Philippine Government, USAID, and other partners such as IMAP, the percentage of women who completed four antenatal care (ANC) visits rose from 54.5% to 84.4% between 1993 and 2017, while skilled birth attendance went up from 52.8% to 84.4%, and facility-based deliveries improved from 28.2% to 77.7% during the same time period.

To expand access to quality MNCH care and family planning services, under the 3Ms Program (Mentoring and Monitoring Midwives), 366 midwives received training on the seven core skills in midwifery, including family planning counseling and IUD insertion. These trained midwives, in turn, trained and mentored an additional 969 midwives.

Today, IMAP has 134 functioning chapters in Luzon, Visayas, and Mindanao and 30,000 actively participating members. Since 1975, IMAP has a total cumulative registered membership of 131,000 midwives.

# What were the USAID investments made to make IMAP self-reliant and sustainable?

Investment

# 01

## Administrative capacity for self-reliance

- **Legal status and governance:** IMAP is registered with the SEC and has a well-defined governance structure, from the IMAP National Office down to its local chapters.
- **Membership:** Midwives may apply for membership through any chapter. IMAP implements a PhP500 annual membership fee to support the member's local chapter and the national organization.
- **Financial capacity:** Beyond membership fees, IMAP generates revenue from trainings, conventions, oath taking, issuance of the IMAP Certificate of Good Standing for private clinics, and for renewal of PhilHealth accreditation.

## Competencies to build capacity for self-reliance

Investment

# 02



*"My status had changed, financially: first, it has become my family's 'bread and butter'; second, I was able to enroll my children in a private school."*

*– Clinic owner,  
Pasig City*

- **IMAP as a FP/MNCH provider:** USAID trained IMAP midwives to become competent FP providers in counseling and short- and long-acting contraception methods. USAID support also enhanced skills in deliveries, antenatal and newborn care, and breastfeeding.
- **IMAP as a training provider:** USAID enhanced IMAP's capacity as a training provider for other midwives, with those receiving training and hands-on experience tapped to also mentor others.
- **IMAP as a social enterprise operator/manager:** USAID provided individual midwives with start-up funds to establish their own clinics, training in basic business skills, and help to obtain accreditation from PhilHealth and DOH.

## Commitment to self-reliance

- **Responsive governance institutionalized:** through a well-defined organizational structure, skilled and experienced leadership, financial management, and regular gatherings. Maintained a strong tradition of providing quality education and training to equip and empower its members.
- **Supportive policies institutionalized:** IMAP's internal rules and policies (e.g. operations manuals and strategic plans) safeguard its resources and provide transparency.



*“Our commitment is not just to attend [trainings and seminars] but to implement; not just to increase knowledge, but [make it] life-saving. FP is also a catalyst for change.”*

*– IMAP Officer*

## Next Steps:

IMAP continues to grow as an organization, moving boldly toward its journey to self-reliance. Among its plans for the future are:



**Governance:** Establish a documentation and information management system at the national level to systematize data storage and efficiently retrieve information.



**Services:** Strengthen public private partnerships to reach more underserved communities, e.g. those in geographically isolated and disadvantaged areas (GIDAs).



**Professionalization of Midwifery:** Increase public awareness about midwifery to attract quality applicants and improve performance in national licensure examinations.



**Research:** Conduct an in-depth study of different IMAP clinics for possible replication, particularly in underserved areas and GIDAs.

IMAP is one of several good practices and promising interventions (GPPIs), invested in by Government and USAID implementing partners, and identified and documented by USAID CLAIHealth. This brief in particular results from a collaboration between IMAP and USAID CLAIHealth to document IMAP's self-reliance journey. It's progress toward this goal was assessed by two key factors: its capacity to function independently and its commitment to promoting the midwifery profession and supporting its members to provide the highest quality care possible. CLAIHealth validated IMAP's work through qualitative methods and a desk review and content analysis of available documents and reports.

**Contact us to learn more about working with IMAP:**

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