



# MCHIP Philippines

## Quarterly Report: April - June 2013

### Introduction

In the Philippines, the 2011 Family Health Survey showed that maternal mortality increased from 162 to 221 between 2006 and 2011. A major factor that has contributed to the high maternal mortality in the Philippines is the lack of access to effective family planning (FP) services. The Philippines has lagged behind the rest of Southeast Asia mainly because of challenges in national policy and support to service delivery for FP and reproductive health services. One of the gaps identified is the lack of availability of contraceptive choices immediately postpartum, especially long-acting and permanent family planning methods (LAPM). Use of immediate post-partum IUD and tubal ligation could be very attractive options for women who want to space or limit child bearing. MCHIP in the Philippines works with the Philippines Department of Health (DOH) to create an enabling policy environment for PPFPP/PPIUD, and to establish resources and capacity for service delivery and training for PPFPP/PPIUD adoption and scale-up.

MCHIP is working in 10 geographical areas in the Philippines. The objective of the program is to develop Centers of Excellence throughout Philippines, which are model service delivery sites offering postpartum family planning programs, including PPIUD and also function as a technical/training resource for the CHD. The candidates for the 10 Centers of Excellence are noted on the map below. These sites were selected in collaboration with the DOH and are strategically placed to provide coverage to the three regions. All sites have high volume delivery hospitals, with interest, capacity, and commitment to integrating IUD with the postpartum services.



## 1. MCHIP Objectives, Activities, and Approach

The program objective of MCHIP Philippines is to provide technical assistance to the DOH to increase access to LAPM of family planning in the postpartum period through advocacy, development and documentation of training sites and model service delivery sites for PPF/PPIUD. Planned activities:



Developing and Disseminating an advocacy paper on repositioning IUD and other LAPM as part of PPF options



Developing a service delivery guideline for PPF/PPIUD to supplement the current National Family Planning Guidelines (Green Book)



Establishing 10 Center of Excellence for PPF/PPIUD



Providing technical assistance to DOH and other agencies for PPF/PPIUD expansion in the Philippines



Documenting best practices to support replication in other sites



Conducting PPF/PPIUD follow-up assessment study

In addition to the activities on PPF/PIUD, MCHIP will also supports activities on newborn health specifically on Kangaroo mother care.

MCHIP's approach is to leverage support from existing organizations, programs, and agencies to increase the visibility and integration of PPF/PIUD. DOH, Center for Health and Development (CHD), UNFPA, Health Policy and Development Program (HPDP 2), BEmONC training, Essential Intrapartum and Newborn Care training (EINC), Integrated Midwifery Association Program (IMAP), Philippines Obstetrics and Gynecology Society (POGs) and the upcoming Behavior Change communication Program (CHANGE), as well as USAID's three regional bilateral programs in Luzon, Visayas, and Mindanao are some of the anticipated partnerships that MCHIP plans to build upon.

### 3. Results for the Quarter (April-June 2013)

#### *Advocacy and Guidelines*

- MCHIP has completed the update to The Philippine Clinical Standards on Family Planning with an accompanying supplement on Postpartum Family Planning. The final draft of the Postpartum Family Planning Supplement has been approved by the TWG and is now awaiting final endorsement from DOH. DOH has agreed to publish the supplement.
- Rehana Gubin, MCHIP Philippines' Technical Advisor for Advocacy undertook a one-week technical visit in the Philippines in June 2013 to conduct a situational analysis on PPF, and to develop an outline for an advocacy toolkit that can be used to implement the PPF advocacy strategy. Rehana met with members of MCHIP Philippines, USAID/Philippines, and the following additional family planning opinion leaders: Dr. Rebecca of Health Policy Development Project 2 (HPDP), Dr. Rosaria of LuzonHealth, and other members of the family planning consortium/technical working group (TWG), including: Dr. Honorata Catibog, Dr. Ilem, Fabella, Dr. Flavier, CMEN, Dr. Capito, Ortoll, Nanette Manuel of Friendly Care and Dr. Junice Melgar of Likhaan.



Ms. Gubin as she met with one of the PPIUD provider in Batangas Medical Center

Rehana Gubin sought the opinion leaders' perspectives on PPF in the Philippines, including client and provider misconceptions and logistical barriers such as training and supply shortages. She also requested input on the design and content of the advocacy materials to reach all necessary decision-

makers. Ms. Gubin will share her initial findings with MCHIP Philippines and USAID/Philippines and propose the draft outline for the advocacy toolkit.

- MCHIP is finalizing the draft of Guidelines for Post Training and Ongoing Supportive Supervision for PPFPP/PPIUD for review and approval from the DOH.
- MCHIP is currently drafting the Implementation Guidelines on Setting Up a Postpartum Family Planning/PPIUD Services in Health Facilities and expects to release the final draft by end of September.
- MCHIP also served as a member of the Technical Working Group for Post Training Evaluation of the Department of Health.
- Presentations conducted:
  - Event: Integrated Midwives of the Philippines (IMAP) Annual Convention  
Organizer: IMAP  
Date: May 4, 2013  
Venue: Kings Royale Hotel, Pampanga  
Presentation Title: Family Planning updates: Focus PPIUD/Implants
  - Event: Annual Postgraduate Course: Targeted Management in Obstetrics and Gynecology  
Organizer: The Foundation for Reproductive Care, Inc.  
Date: July 3, 2013  
Venue: Sofitel Philippine Plaza, Manila  
Presentation Title: Essential Postnatal Care
- Abstract Submission
  - Submitted abstract to 7<sup>th</sup> Asia Pacific Conference on Reproductive Health and Sexual Rights
  - Title of abstract: Postpartum IUD Service: An intervention package to address Filipinas' Unmet Need

*MCHIP defines a Center of Excellence as a site that fulfills the following criteria:*

Has the training capacity or team of trainers for PPFPP/PPIUD and ability to conduct Supportive Supervision in collaboration with the Center for Health and Development (CHD).

Has all the components for PPFPP/PPIUD service delivery in place, including policy, counseling, services, and follow-up.

When feasible, the site is attached to a birthing unit that allows the trainees to get hands-on practicum experience.

## *Development of Centers of Excellence*

- In the interest of maintaining and ensuring the quality of care in our delivery sites, MCHIP conducted a Supportive Supervision Orientation and Workshop to regional officers from the Centers for Health Development (CHD).



One of the participants from the region reads out the PPIUD checklist as Dr. Marybeth Delos Santos, on the left, perform the demonstration

Participants from 8 CHD offices, representing the regions where our delivery sites are located, attended the workshop. At the end of the workshop-orientation, the participants not only gained an enhanced understanding of PFPF/PPIUD, but more importantly, developed a more keen appreciation of their functions in ensuring quality of care in their respective regions and delivery sites.

- During this quarter, 3 supportive supervision visits were conducted in the health facilities developed as Centers of Excellence on PFPF/PPIUD.

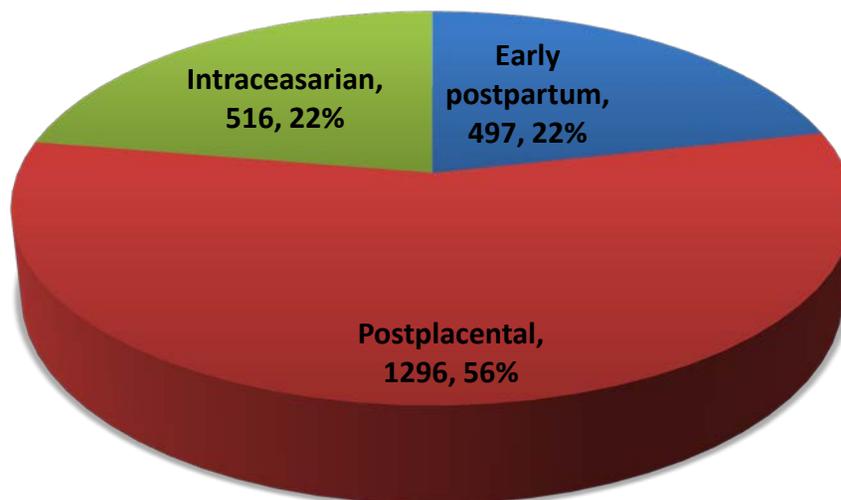
Two of MCHIP supported sites have conducted PFPF/PPIUD training: Cotabato Regional Medical Center, conducted in June 2013 with additional support from MindanaoHealth, and at Vicente Sotto Memorial Medical Center, which was also assisted by MindanaoHealth.



Photos taken during Supportive Supervision Visits to EVRMC Eastern Visayas Regional and Medical Center (leftmost) VSMC Vicente Sotto Memorial Medical Center(middle) and BMC Batangas Medical Center(rightmost)

- By the end of June 2013, a total of 2,309 postpartum IUD insertions were done by MCHIP trained providers, helping to fill the gap in unmet need for family planning by increasing access to women in postpartum. To date, the chart below presents the type of postpartum IUD insertions done in 10 sites from August 2012-June 2013.

**Postpartum IUD Insertion by type  
Philippines, as June 2013**



**Table 1. Progress of MCHIP supported sites**

| Facility  | Total (to date) | Remarks (April-June 2013)   |
|---|-----------------|---|
| Batangas Medical Center (formerly Batangas Regional Hospital)       | <b>1,043</b>    | Plans for roll out of PPFP/PPIUD with oversight from MCHIP; PPFP counseling is integrated in the antenatal services   |
| Davao Regional Hospital   | <b>27</b>       | PPFP/PPIUD provider mentored midwives in the facility on PPFP/PPIUD; received zoe model and one set of PPIUD kit for practice                                 |
| Southern Philippines Medical Center (formerly Davao Medical Center) | <b>34</b>       | Reported cases that postpartum women tend to back out before IUD insertion. Provider respects the decision of the women even when she refuses the last minute |
| Region 1 Medical Center   | <b>123</b>      | Additional 7 resident doctors providing PPFP/PPIUD; PPFP counseling is integrated in the antenatal services; plans to conduct roll out training               |

|  |                    |  |
|--|--------------------|--|
| Vicente Sotto Memorial Medical Center          | <b>398</b>         | Conducted PPIUD training in collaboration with VisayasHealth   |
| Cotabato Regional and Medical Center           | <b>257</b>         | Conducted PPIUD training in collaboration with MindanaoHealth  |
| Zamboanga City Medical Center                  | <b>227</b>         | Mentored midwives on implementing PPFP/PPIUD   |
| Eastern Visayas Medical Center                 | <b>25</b>          | Additional providers were sent for PPFP/PPIUD training to augment the number of PPFP/PPIUD providers |
| Ortoll Primary Reproductive Health Care Center | <b>17</b>          | Ortoll is not fully functional and is still has low number of deliveries. Only one trained provider  |
| Dr. Jose Fabella Memorial Hospital             | <b>158</b>         | Conducted PPFP/PPIUD training in Samar using the Kelly placental forceps                             |
| <b>Total</b>                                   | <b><u>2309</u></b> |  |

#### *Providing Technical Assistance to other agencies for PPFP/PPIUD expansion*

- MCHIP is collaborating with different USAID projects for the provision of technical assistance. MCHIP met with new projects like LuzonHealth, VisayasHealth and MindanaoHealth particularly in extending support during Postpartum IUD training where MCHIP and these other projects can collaborate.
- MCHIP provided administrative and logistical support in the delivery of Kelly forceps for Eastern Visayas Regional Medical Center and Center for Health Development Region8 from the USAID donation made to the Department of Health.

#### *Fabella Study and Follow-up Assessment*

- MCHIP is developing the study protocol for “Documenting 20 years of experience in PPIUD Services at Dr. Jose Fabella Memorial Hospital.” This documentation study aims to extract lessons learnt from the 20 years of IUD postpartum insertion at DJMH.
- MCHIP is developing study protocol and data collection tools for its follow-up assessment study to evaluate the safety satisfaction of the clients, including discontinuation and expulsion, of PPFP/PPIUD services at selected project sites.

## Gender Analysis

Analysis of collected sex segregated data during different MCHIP activities shows the following information:

- For the three supportive supervision visits, majority of the audience during orientation meetings are female health providers.
  - 40 Females    7 Males        Total 47
- For the Supportive Supervision on PFPF/PPIUD Orientation Workshop, more than three quarters of the 30 attendees are females who attended the during the entire course of the workshop and the rest are males
  - 23 Females    7 Males        Total 30

This information tells us that the health providers and those who implements PFPF/PPIUD services are mostly females. Succeeding activities needs to encourage more male involvement in spite of PFPF/PPIUD as a female focused health program.

Details of the progress in terms of project indicators are listed in Table 2.

| Table 2. MCHIP Progress vis-à-vis Project Indicators as of June 2013 |  |         |             |                    |   |
|--|--|---------|-------------|--------------------|---|
| Narrative Summary  | Indicators   | Targets | Achievement | Progress to Target | Explanation   |
| <b>2.1.1: Centers of Excellence for PFPF/PPIUD established</b>       | Number of Centers of Excellence for PFPF/PPIUD services  | 10      | 2           | 20%                | 10 sites have been identified to become COEs . At present, 2 sites (VSMC and CRMC) reported conducting PFPF/PPIUD trainings. A review will be conducted in August to assess the progress of the 10 sites and see the assistance they still need to become Centers of Excellence |
|  | Number of health facilities/locations/service delivery points/sites that offer integrated PFPF as part of MNCH services* | 10      | 10          | 100%               | 10 sites reported that they have integrated PFPF counseling in all points of client contact: antenatal, early labor and postpartum  |
|  | Number of MCHIP-supported health facilities demonstrating increased compliance with clinical standards over baseline*    | 10      |             | 0%                 | Compliance over standards shall be assessed midway and at the end of the project. Standards will be assessed in August by completing performance standards tool   |
|  | Number of trainers developed for PFPF/PPIUD  | 10      | 11          | 110%               | Except for Zamboanga Medical Center, Davao Regional Hospital, Southern Philippines Medical Center and Eastern Visayas Regional and Medical Center, six of the sites have at least 1 trainer developed. In total, there are 11 trainers developed from the sites.                |
|  | Number of supportive supervision visits conducted  | 20      | 15          | 75%                | There have been 15 SS visits conducted some of these visits are dovetailed with other activities conducted in the area.   |

|   |  |         |  |          |  |
|---|--|---------|--|----------|--|
|   | Number of clients attending essential MNCH services with integrated FP at MCHIP supported facilities who received FP counseling* | 120,000 | 14,166 (ANC + L&D)<br>9,710 (L&D only) | 20%      | The sites started reporting counseling on FP in Jan 2013. From Jan-June 2013, which is incomplete data from all the 10 sites, antenatal PPFp counseling is reported at 14166 while PPFp counseling during early labor and postpartum is at 9710. |
|   | Number and percentage of women delivering at the health facility who accept a PPFp method prior to discharge                     | N/A     |  | 2309, 9% | 2309 data is from period August 2012 through June 2013<br>9% represents only the period from January-June 2013   |
| <b>2.1.2: Best practices documented &amp; "how to" operational manual prepared for Center of Excellence replication</b> | Number of documents developed and disseminated   | 2       | 0                                      | 0%       | How to guide (in progress assigned to our Documentation officer)<br><br>PPFP advocacy (currently being done by Rehana Gubin)   |
| <b>2.1.3: TA to other agencies for PPFp/PPIUD expansion</b>   | Number of technical assistance visits on PPFp/PPIUD expansion  | 8       | 4                                      | 50%      | 3 technical assistance to SHIELD project<br>1 TA to VisayasHealth for PPFp/PPIUD training in VSMCC   |
| <b>2.1.4: FP service providers trained</b>  | Number of people trained through USG-supported programs*   | 100     | 51                                     | 51%      | Trained from our 10 sites= 18<br>Trained from non MCHIP supported sites=33<br><br>Note: we did not account trainers supported by SHIELD or other regional projects   |
| <b>2.1.6: FP service delivery guideline updated</b>   | Number of (national) policies drafted with USG support*  | 1       | 0                                      | 0%       | Waiting for final endorsement from DOH secretary DOH to print PPFp Supplement  |
| <b>2.1.7: PPFp/PPIUD Follow up assessment conducted</b>   | Number of studies*   | 2       | 0                                      | 0%       | In progress HQ preparing research protocols for ethics review committee submission   |
| <b>2.1.8: IUD service delivery at Dr. Jose Fabella Memorial Hospital documented</b>                                     |  |         |  |          |  |

#### 4. Challenges and Lessons Learned

- Diligent and timely submission of monthly reports from project sites remains a challenge. Competing responsibilities, limited time and resources are some of the reasons identified for the late and spotty submission of monthly reports. In response, the project team has established frequent and regular communication routine with the project sites to ensure that the sites are meeting their goals and tracking their progress accordingly.
- Inconsistent data recording has been noticed in some project sites and we are looking into addressing this by conducting a data quality assessment activity which aims to validate previous data, re-calibrate data interpretation and align collecting and recording methods across all project sites.
- System of coordination with other USAID projects for site supportive supervision visits is being established so that proposed activities in the common sites where MCHIP is working will be well facilitated and roles and responsibilities are identified between MCHIP and other USAID projects.
- The need for additional PPIUD instruments like the Kelly placental forceps and Zoe models can be initially addressed with the donation from USAID to DOH but continuous discussion with the DOH and other USAID projects need to be conducted to determine a regular source of these materials and other instruments required for PPF/PPIUD to be used and given to participants during training and actual service delivery.



## 5. The Way Forward

### July 2013

- Technical Assistance to regional projects
- Coordinate printing of Guidelines on PFPF/PPIUD with DOH
- Writing of program learnings document: "Implementation Guide on Setting Up a PFPF/PPIUD Services in Health Facilities."
- Supportive supervision visits to the sites.

### August 2013

- Midline assesment of PFPF/PPIUD service.
- Local application of IRB for Follow-Up studies
- Supportive supervision visits to the sites
- Collaboration with Fabella on documenting 20 years experience on PFPF/PPIUD
- Draft of Advocacy Paper to be presented to stakeholders.
- Technical assistance to Luzonhealth PPIUD Training/Mindanao Health for PreConvention Workshop

### September 2013

- Finalization of Implementation Guideline
- Supportive supervision visits to the sites.