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DATE August 1, 1997
SUBJECT TRIP REPORT
RE Cooperative Agreement #HRN-A-00-97-0007-00

Enclosed please find the trip report described below

- Report title Trip Report
- Dates of trip April 25 - May 10, 1997
- Traveler(s) Barbara Jones, LINKAGES, and Peggy Koniz-Booher, Institute for Reproductive Health, Georgetown University
- Country(ies) Philippines

We hope you find this document useful and welcome communication about it

Enclosure

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Funding for this activity was supported by the United States Agency for International Development (USAID) under Cooperative Agreement No HRN-A-00-97-0007-00 The contents of this document do not necessarily reflect the views or policies of USAID



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ASSESSMENT TRIP REPORT

TRAVELERS **Barbara J Jones, Family Planning Coordinator, *LINKAGES* Project, AED
Peggy Koniz-Booher, Institute for Reproductive Health, Georgetown University**

WHERE **The Philippines**

WHEN **April 25 - May 10, 1997**

OBJECTIVES OF THIS TRIP

- 1) To attend the final Training of Trainers (TOT) conducted under an Institute for Reproductive Health (IRH)-supported project,
- 2) To conduct an assessment of the status of the Lactational Amenorrhea Method (LAM) and identify program needs to improve and expand services,
- 3) To develop a project strategy based on the findings of the assessment

BACKGROUND

The *LINKAGES* Project was requested by USAID/Manila to conduct an assessment in order to “design a new initiative for LAM expansion in the Philippines” The new project is intended to continue the work begun by the IRH to assist the Department of Health (DOH) in integrating LAM in on-going services USAID staff suggested that the *LINKAGES* assessment team schedule the visit to coincide with the final TOT workshop being conducted under the project supported by IRH Mission staff stressed the importance of having a smooth transition from the IRH project to *LINKAGES*, thus staff members from both IRH and the *LINKAGES* Project were selected for the assessment team During the visit, Ms Koniz-Booher and Ms Jones were joined by Dr Ralph

Curiano, the LAM Technical Secretariat funded by IRH and seconded to the DOH

Based on the results of clinical trials conducted at the Jose Fabella Memorial Hospital (JFMH) in Manila, the DOH accepted LAM as a family planning method in 1994. The DOH's effort to introduce LAM in tandem with Depo Provera in 1994 had limited impact. Thus, in 1996 an IRH team visited the Philippines to work on the development of a "Strategic Action Plan" for introduction of Natural Family Planning (NFP) and the Lactational Amenorrhea Method (LAM) into the health services of the country. The team recommended that LAM, "should be introduced with the same dynamic DOH programming as was applied to the introduction of other methods, such as DMPA." The team noted, however, that there were very few financial resources available for LAM introduction and suggested capitalizing on the interest and availability of local experts to expand services for LAM. The team also recommended using the introduction approach of other IRH-supported projects which included the following steps

- needs assessment
- sensitization
- identification and training of key personnel
- development of action plans by key personnel with IRH technical assistance
- implementation
- evaluation and feedback to all steps

Repetition of the steps was expected to produce increasing numbers of trained staff, all with action plans to be implemented thereby creating a cascade effect

Following that strategy development visit, IRH staff developed a project to assist the DOH in creating awareness and support for LAM and for training regional trainers. Although a one year project was initially planned, various delays resulted in the project having a duration of only four months, January 1 - April 30, 1997. IRH signed a subcontract with a local non-governmental organization (NGO), Reproductive Health Philippines, Inc (RHP,I), to manage project implementation including Dr Curiano's contract

With the expiration of the IRH project in the Philippines on April 30 as well as the closing of IRH's Breastfeeding and MCH Division scheduled for June 30, 1997, the *LINKAGES* Project was requested by USAID/Manila to provide technical assistance and program funds which would support the DOH's interest in expanding availability of LAM services. This visit, therefore, was conducted to assess what is needed to accomplish that objective and to develop a project strategy

ACTIVITIES and FINDINGS

The *LINKAGES* team met with Mr Ephraim Despabiladeras, HPN Office, USAID/Manila, on the first morning of the visit. The objectives of the visit and the scope of the project in the Philippines were discussed. Since the global mandate of the *LINKAGES* Project includes breastfeeding,

maternal nutrition and complementary feeding which is broader than the mandate of the global IRH project, Ms Jones wanted to verify that USAID/Manila intended to maintain LAM as the central focus of a new project. Mr Despabiladeras confirmed this while indicating that he did not have a fixed idea in mind for a new project and was waiting to hear the recommendations of *LINKAGES* on how to proceed in the future for expanding LAM.

Following the meeting at USAID, the *LINKAGES* team embarked on a two-week visit which included participation in the third and final TOT being conducted with support provided by IRH, meetings with staff of the DOH, donors, NGOs, private voluntary organizations (PVOs), cooperating agencies (CAs) and hospitals and health centers, tours of the Baguio General Hospital and the Jose Fabella Memorial Hospital, and visits at urban and rural health centers (See Annex I - Contact List).

The discussions with program managers, trainers, the TOT participants, health care providers and technical advisors provided a wealth of information about the current status of LAM. On the positive side, the *LINKAGES* team found considerable familiarity with LAM at the central and regional levels of the DOH and within the NGOs, PVOs and donor agencies which can be attributed to the sensitization and training activities undertaken by the DOH with support from IRH. The Philippines is also in the enviable position of having technical expertise in LAM locally available at the JFMH, the Baguio Regional Hospital, the Philippine Federation for Natural Family Planning (PFNFP) and within the DOH. That expertise is an invaluable resource and should be utilized to develop the service delivery capacity.

There are many issues which need to be addressed, however, in order to make LAM a viable method in the national program. Some of the problems which were consistently raised with the *LINKAGES* team include:

- ◆ many service providers have never seen the Implementing Rules and Regulations (IRR) for LAM signed by the Secretary of Health in October 1996,
- ◆ the definition of a LAM acceptor is not clear, this causes record-keeping problems (most women reported as LAM acceptors are breastfeeding but don't know about LAM as a family planning method),
- ◆ service providers are not convinced of the efficacy of LAM and therefore recommend other family planning methods to clients,
- ◆ traditionally, supplemental feeding starts at 4 months but the LAM guidelines recommend exclusive breastfeeding for up to 6 months,
- ◆ there are conflicting guidelines between the Nutrition Service's policy on introduction of supplemental foods (4-6 months) and the LAM guidelines (exclusive breastfeeding for 6 months),

- ◆ lactation management is a problem for service providers, they haven't been adequately trained in breastfeeding and/or lactation management and don't feel confident about their ability to adequately counsel in LAM,
- ◆ training materials for LAM vary widely from one curriculum to another but are generally inadequate in content,
- ◆ with the exception of one brochure, IEC materials for LAM are not available for use by service providers to explain LAM to clients or for clients to take home,
- ◆ community-level mechanisms to support breastfeeding, i.e., follow-up of women who are discharged from baby friendly hospitals and/or those who initiate LAM, are weak

The findings of the assessment visit indicate that the introduction of LAM has not followed a consistent approach from one facility to the next. How and where services are provided, by whom, etc seems to be determined at the individual facilities rather than as a result of a coherently applied introduction strategy. For example, in some facilities counseling about LAM is started during prenatal consultations, in other sites counseling about LAM is done during the postpartum checkup, in yet other sites LAM is presented in the family planning clinic when the woman makes her first visit there at least 6 weeks postpartum. The current IRR does not provide comprehensive service delivery guidelines for LAM and it is not available in all health facilities. Although the LAM algorithm is available in various documents including the IRR, The Family Planning Clinical Standards Manual and some training materials, clinical protocols which define the step-by-step procedures and decisions that service providers should follow have not been developed for LAM.

It is also difficult to determine with any degree of accuracy how widely LAM is being practiced in the Philippines. The statistics for LAM users are generally considered to be inflated due to confusion about LAM versus breastfeeding. The *LINKAGES* team heard time and again that women who are breastfeeding are often recorded as LAM users in clinic registers.

To date, efforts to introduce LAM in the Philippines have been primarily focused on training and sensitization of central DOH staff and regional-level trainers. With much of the groundwork having been done at the central and regional levels to generate support for LAM, the next step is to provide assistance to the local government units (LGUs) in order to expand services through the public health system. While the central and regional level staff can provide essential technical and policy assistance, if LAM is to be a viable method future efforts should focus on how to introduce and maintain services for LAM in public health facilities at the LGU level. One of the strongest supporters of LAM, Dr. Rebecca Ramos, said that introduction of LAM had been done on a rather "haphazard" basis and that it is time to take another look at development of a service delivery strategy.

The LAM Coordinating Committee, which was convened under the IRH project, can play an important role in determining future direction if the function of the Committee is well-defined.

Previously the LAM Coordinating Committee set as one of its objectives the integration of LAM within multiple health-related services, i.e., MCH, child survival, nutrition, and family planning. *LINKAGES* recommends approaching broad-based integration through the public sector on an incremental basis, starting with maternity care and family planning services.

In addition to the public sector service delivery system, the private sector as well as NGOs and PVOs may provide other service delivery mechanisms. Private maternity and lying-in centers which provide prenatal care and childbirth services could be excellent facilities for introducing LAM. A PVO, World Vision, is particularly interested in integrating LAM with child survival services that they will support in the region of Sorsogon. *LINKAGES* may consider providing technical assistance to World Vision (using separate funding), thereby developing service delivery models for integrating LAM with child survival intervention which could be applied later in the public sector.

During a debriefing at USAID at the end of the assessment visit, Dr. Carol Carpenter-Yaman, HPN Office Director, requested that the *LINKAGES* Project initially concentrate on providing technical assistance for developing and testing a Self-Instructional Manual (SIM) for LAM and competency-based training (CBT) checklists and learning guides as part of a new approach to training that the DOH intends to adopt for training nurses and midwives for family planning. SIMs and CBT materials are currently being developed for all family planning methods under the National Service component of the Integrated Family Planning and Maternal Health Project (IFPMHP). Training activities of the IFPMHP are coordinated by Management Sciences for Health (MSH) with technical assistance from Development Associates (DA).

Given Dr. Carpenter-Yaman's request that *LINKAGES* make this the initial focal point of the project's country plan, following her return to the U.S. Ms. Jones contacted Dr. Jose Rodriguez, Chief of Party for MSH, to inquire about the process being used to develop the training materials, the current schedule for preparing and testing the SIMs and CBT guides and technical assistance which could be provided by *LINKAGES*. Dr. Rodriguez replied that the manuals were in the process of being edited and would be field tested in four LGUs starting in mid-July. He suggested that *LINKAGES* assist with revisions of the LAM SIM when the results of the field tests are known and assist with developing the CBT checklists and learning guides.

RECOMMENDATIONS

The *LINKAGES* Project recommends that

- ◆ The LAM Coordinating Committee revise the Implementing Rules and Regulations for LAM.
- ◆ The LAM Coordinating Committee draft service delivery guidelines for LAM (unless such guidelines are incorporated in a comprehensive revision of the IRR) as well as clinical protocols consistent with the Family Planning Clinical Standards Manual.

- ◆ The LAM Coordinating Committee should facilitate discussions and a decision on recommended practices for the duration of exclusive breastfeeding and the age for introduction of complementary foods to infants. These recommendations should be adopted and consistently applied by all DOH departments and services.
- ◆ Copies of the IRR and/or service delivery guidelines, clinical protocols and Family Planning Clinical Standards Manual should be widely disseminated to hospitals, clinics and health centers.
- ◆ Development of new training materials should be based on service delivery guidelines and clinical protocols and service providers should be trained according to those guidelines and protocols.
- ◆ Future activities should be targeted to introduce/expand LAM services through the public health system at the LGU level.
- ◆ Public sector service delivery strategies should concentrate on integrating LAM into maternity care and family planning services before expanding to child survival, nutrition and other related services.
- ◆ The service delivery capacity of public health facilities should be strengthened by developing appropriate training materials, training health care workers and conducting training follow-up visits, improving supervision systems, developing referral mechanisms to other facilities, improving record keeping, and developing IEC materials for clients and providers.

NEXT STEPS

As developing the training materials and implementing the new training approach is the priority for USAID, *LINKAGES* will draft a country plan with that as the central focus (See Annex II). This technical assistance is expected to consume the bulk of staff time and financial resources currently made available to *LINKAGES* by USAID/Manila. While the intended outcome of the new training methodology is increased availability and use of family planning services including LAM, those service delivery outputs may not be felt during the course of the *LINKAGES* intervention. Nevertheless, monitoring will be done to try to determine whether the training produces the intended effect. *LINKAGES* will also provide support to the LAM Coordinating Committee for revision of the Implementing Rules and Regulations (IRR) for LAM and for preparation of clinical protocols for LAM which will serve as the basis for developing competency-based training guides.

LINKAGES recommends that the Mission consider making additional Field Support funds available for a second year of work, during which time the *LINKAGES* Project would undertake “Phase Two” of the country plan focusing on development of other strategic elements of service delivery capacity.

for LAM outlined in our recommendations. These elements -- combined with the improved training will be key to achieving measurable improvements in LAM use.

ANNEXES

- Annex I List of Contacts
- Annex II Proposed Country Plan

ANNEX I

LIST OF CONTACTS

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6

**The *LINKAGES* Project
Proposed Country Plan
Philippines**

The *LINKAGES* Project has been requested by USAID/Philippines to provide technical assistance and program support to expand services for the lactational amenorrhea method (LAM) of family planning in the Philippines. Based on priorities of USAID staff, the major component of the *LINKAGES* Project's country plan for the Philippines will be technical assistance for developing and testing a Self-Instructional Manual (SIM) for LAM and competency-based training (CBT) checklists and learning guides as part of a new approach to family planning training that the Department of Health (DOH) intends to adopt for training nurses and midwives working at the municipal level. SIMs and CBT materials are currently being developed for all family planning methods under the National Service component of the Integrated Family Planning and Maternal Health Project (IFPMHP). The DOH expects this new training approach to be a cost-effective way to conduct training and continuing education for service providers at less cost than traditional multi-day workshops.

A second phase of the country plan is also proposed, pending the availability of funds, to provide technical assistance focused on developing and strengthening other strategic elements of the public health service delivery system.

I GOAL To expand the availability of LAM in the Philippines

II OBJECTIVES

- 1) To increase the number of service providers trained in LAM,
- 2) To integrate LAM into the family planning training for midwives and nurses,
- 3) To standardize the provision of LAM,
- 4) To increase the number of health facilities which offer LAM

III IMPLEMENTATION PLAN

A Phase I Training

1) Materials Development and Testing

The development of new training materials and methodologies will be the focus of technical assistance provided by the *LINKAGES* Project. *LINKAGES* will work in collaboration with Management Sciences for Health (MSH) and Development Associates (DA) to develop, test

and revise a self-instructional manual for LAM intended for use by nurses and midwives assigned to municipal level health facilities. The purpose of the LAM manual, as well as the self-instructional manuals covering other family planning methods, is to provide background and theoretical information which will be reviewed by service providers on their own before proceeding to competency-based practical training with preceptors.

A draft of the LAM SIM was prepared in 1996 by Dr. Ralph Curiano who was formerly the LAM Technical Secretariat for the DOH. Drafts of all the self-instructional manuals are currently being field tested in four local government units (LGUs) by MSH and DA. *LINKAGES* will assist MSH and DA to revise the LAM SIM based on the results of the field tests which should be available in mid-late September 1997. The manuals are scheduled to go into nationwide use in November 1997.

In addition to the LAM SIM, competency-based training checklists and learning guides must be developed and tested for clinical training. *LINKAGES* will work with MSH and DA to provide technical assistance for developing and testing these materials and to assist with preparation of sites to conduct clinical practicum and for training of preceptors as needed.

The self-instructional manuals and the clinical practicum will include pre- and post-tests to assess the knowledge and skill of the training participants.

2) Training Follow-Up

Follow-up of all the trainees should be conducted in order to assess performance on the job, to improve the knowledge and skill of the trainee, to evaluate the facility in which the trainee works, and to determine how the training course can/should be modified in content or process.

Follow-up should be done by training staff of the institution where the clinical practicum is conducted. The follow-up visits should be made within three months after the training to verify that the trainees are using their new knowledge and skills.

3) Protocols and Guidelines

To train service providers for LAM, clinical protocols and service delivery guidelines are needed. The Family Planning Clinical Standards Manual, recently developed by the Family Planning Service of the DOH, contains the background material needed for preparation of the protocol which will define the step-by-step procedures and decisions that service providers must follow. Service delivery guidelines can be based on the 1996 Implementing Rules and Regulations (IRR) or they can be incorporated into the revised IRR when the LAM Coordinating Committee undertakes that revision. The protocols and guidelines must be tailored for the setting in which services will be provided, i.e., in prenatal/maternity/postnatal clinics or in family planning clinics. The LAM Coordinating Committee should assume the

responsibility for preparing the clinical protocols and the service delivery guidelines. The Committee could request that technical expertise be provided by staff of the Jose Fabella Memorial Hospital who have been trained in LAM, breastfeeding and lactation management and who have experience providing services. *LINKAGES* will support development of these materials and provide technical assistance.

Clinical protocols and service delivery guidelines are particularly important for developing the competency-based training checklists and ideally should be available before the CBT materials are prepared. *LINKAGES* will verify with MSH and DA about the current availability of protocols and guidelines and the overall implementation plan for the new training approach which may already include preparation and/or revision of these materials.

As the *LINKAGES* team found during the assessment, there does not seem to be a consistent approach to the provision of services from one facility to the next. Therefore, training service providers according to set clinical procedures and service delivery guidelines will help to standardize the way LAM services are being provided. Providing services according to established protocols and guidelines will also help supervisors and program managers work more effectively with health care workers to improve the quality of the services.

4) Management Information System (MIS)

As determined by the *LINKAGES* assessment team, the service statistics for LAM users are generally considered to be inflated due to confusion about LAM versus breastfeeding. Women who are breastfeeding are often recorded as LAM users in clinic registers because service providers have not received a copy of the Implementing Rules and Regulations (IRR) which gives the DOH's current definition of a LAM user or they don't understand the definition. It is expected that development and dissemination of service delivery guidelines and, most important, training of service providers according to the guidelines will improve reporting of LAM users.

It is essential to note that since the current number of reported LAM users is believed to be inflated, future numbers of acceptors may seem to decline as service providers learn how to accurately record and report LAM users.

B Phase II Service Delivery

If resources are available, *LINKAGES* will work on developing service delivery strategies during the second phase of the project. Strengthening service delivery capacity would include addressing quality of care issues, improving organization and management of services and developing referral mechanisms to other facilities.

To develop and strengthen service delivery capacity in the public health system, *LINKAGES* will work with the health facilities where the nurses and midwives trained under the new

training approach are assigned. Technical assistance will include working with the facility director and clinic heads to develop a continuum of MCH services which integrates LAM into prenatal/maternity/postpartum clinics and the family planning unit. In facilities where specialized service providers and separate clinics do not exist, *LINKAGES* will work with the available staff to be sure they know how to provide LAM in a variety of care interventions, i.e., during prenatal consultations, immediately following delivery, during postpartum and/or well-baby checkup, and during family planning consultations.

As with the introduction of any method, the introduction of LAM provides opportunities to improve the quality of care. Not only must service providers be trained, but supervisors must also be oriented to the new method or service and must understand the requirements of the method in terms of staff time, supplies and equipment, clinic lay-out and client flow, record-keeping, etc. *LINKAGES* will work with supervisors to ensure that they are prepared to appropriately support staff charged with direct responsibility for provision of services.

An effective referral mechanism is also a necessary ingredient in developing service delivery systems which function to serve the needs of the clients. For clients who have problems with breastfeeding which discourages use of LAM or who experience side effects with any family planning method which cannot be managed by the health care providers at a specific facility, mechanisms must be available to refer the client to another facility. Referrals may also be required for LAM users who are ready to switch to another family planning method which is not available at their regular health center. *LINKAGES* will work directly on developing these mechanisms or will work in collaboration with other agencies which are providing technical assistance and program support in the same LGU, i.e., MSH, AVSC or various NGOs such as Marie Stopes and the national family planning association.

Since only one client brochure about LAM has been produced in the Philippines, additional Information, Education and Communication (IEC) materials and outreach strategies for LAM are needed by both clients and service providers. While *LINKAGES* does not expect to directly develop or produce IEC materials or mass media products, efforts will be made to get local LGU officials to initiate and support development of materials. *LINKAGES* can review materials developed directly by the LGUs. And PCS may be able to provide assistance with materials development and production if requests for such assistance are initiated by the LGUs.

IV PROJECT COORDINATION

1) Project Coordinator

LINKAGES will hire a project coordinator to manage project implementation, provision of technical assistance and collaboration with the DOH, other CAs, and donors. *LINKAGES* expects that the Project Coordinator will be able to directly provide technical assistance in

some areas, i e , development of training materials, organization and management of services, development of referral systems, etc For tasks and activities for which the Project Coordinator does not have expertise, he or she will identify sources of technical assistance either locally or from outside the country The Project Coordinator will work closely with the LAM Coordinating Committee to ensure that the Committee meets its objectives such as revision of the IRR

It has not yet been decided whether the project coordinator will sit at the DOH (as did the former LAM Technical Secretariat), with one of the Cooperating Agencies (CAs), elsewhere

2) Inter-Agency Collaboration

The *LINKAGES* Project expects to work closely with staff of MSH and the training advisor of DA during development, testing and revision of the training materials Follow-up of trainees is tentatively planned to be conducted by the training staff of the institutions where the clinical practicum are conducted The Project Coordinator will accompany the trainers on follow-up visits to assess the performance on the job of the newly trained nurses and midwives, to determine whether the training has improved the knowledge and skill of the health workers and to identify how the training materials or the training process need to be modified

Operations research may be conducted in collaboration with the Population Council Research issues might include assessing the effectiveness of different service delivery strategies, i e , comparing LAM users initially counseled about the method during prenatal consultations with LAM users who were initially counseled during a postpartum checkup or family planning consultation

LINKAGES staff will review the chapter on LAM which AVSC recently added to their counseling training materials which are used to train service providers in provincial level hospitals who are not included in the training plan to be covered by the new approach

3) Department of Health

Staff at the DOH have an important role to play in determining how LAM is to be provided The LAM Coordinating Committee (LCC), which was convened under the IRH project and includes various DOH department and service chiefs, can make important contributions to the development of services The role of the LCC needs to be clearly defined and membership on the committee should be kept to a minimum in order to facilitate discussion and decision-making (Individuals who are currently on the LCC but who need not continue as regular members could be asked to attend a scheduled LCC meeting to provide technical input on specific issues as necessary) The LCC should have clear objectives, such as revision of the IRR and a time frame in which to accomplish them, so that the committee has

a definite mandate

LCC membership should include a local institution with LAM expertise in a technical advisory role, such as Jose Fabella Memorial Hospital, as well as the department chiefs who have responsibility for managing the DOH's technical divisions for MCH and family planning

V MONITORING & EVALUATION

1) Routine monitoring

Routine monitoring of the project will be done by the Project Coordinator and by *LINKAGES* staff at the project office in Washington, D C , to verify that project implementation is following the timeline and budget and that the activities are producing the intended outcomes

The Project Coordinator will prepare quarterly reports to be sent to the *LINKAGES* project office *LINKAGES* staff will also make periodic visits to the Philippines to review project implementation and discuss revisions, if necessary, in the implementation plan Staff or consultants may visit to provide technical assistance, as needed, for development of training materials, development of supervision tools and referral systems, training follow-up, survey and instrument design for operations research, etc Technical assistance needs will be identified by the Project Coordinator with assistance by the *LINKAGES* project office backstop

The follow-up visits to former training participants, which will be conducted by the Project Coordinator and by staff of the training institutions, will be one of the principal ways to determine whether the training conducted during Phase I results in service provision During the follow-up visits, the former participants will be observed to determine whether they are able to apply the knowledge and skills they learned during training and whether they are, in fact, providing services for LAM and other family planning methods

2) Performance Monitoring

Performance monitoring will determine whether key indicators change in response to the activities being implemented

Periodic site visits to the health facilities where former training participants are assigned will help determine whether the number of LAM users has increased following training of the service provider(s) A review of the clinic register and client records will provide some data on the number of women who accept LAM and, of those, the number who continue using another contraceptive method after discontinuing LAM

In many countries, the contraceptive prevalence rate (CPR) is measured only every five years. In the Philippines, the Family Planning Survey (FPS), a nationwide survey of all females aged 15-49 in sample households, is conducted annually to determine the national CPR. The FPS reports on use of a method at the time of the survey, thereby providing an annual data source which will reflect increases or decreases in LAM use since 1996 when LAM was first included in the survey. In 1996, 0.5% of all women and 0.9% of married women reported using LAM at the time of the survey. Although the Family Planning Survey may provide useful national level data, more data are needed to determine whether the training of service providers assigned to specific sites results in increased numbers of LAM acceptors at those sites.

Studies show that use of LAM will extend the birth interval by a few months for women who would otherwise not use a birth spacing method. However, for LAM to have a major impact on birth intervals and reductions in total fertility, it should serve as a transitional method that can be used safely and effectively while a woman decides on another method or while she consciously delays the initiation of another method.

The number of LAM acceptors at a given point in time may identify trends in method use which can be assessed annually, but for the purpose of performance monitoring *LINKAGES* is interested in counting LAM acceptors at the time that they are counseled about switching to another method. Two indicators will be defined to capture the use rate for LAM and for the transition to another method.

- | | |
|-------------|---|
| Indicator 1 | LAM Acceptance Rate. The proportion of all women in a specified period of time who give birth and practice LAM. |
| Indicator 2 | Transition to Another Method. The proportion of all women who practiced LAM in a specified period of time who |
- a) are still practicing LAM,
 - b) have switched to another modern method,
 - c) have switched to a traditional method,
 - d) become pregnant (while practicing LAM),
 - e) practiced LAM until the infant reached 6 months of age and chose not to continue using any family planning method.

Data can be generated for both of these indicators from the health management information system or by a special survey. *LINKAGES* will explore using the MIS as it is the less expensive option.

The focus of activities during Phase 1 of the *LINKAGES* project will be technical assistance to MSH and DA for development of new training materials and implementation of a new training methodology. Performance monitoring as described above should provide adequate

information to determine whether

- ◆ the training is effective in transferring knowledge and skills to service providers,
- ◆ training participants/service providers offer LAM services to clients,
- ◆ the number of LAM users increases,
- ◆ the number of LAM users who switch to another modern method increases

It is expected that training alone may result in an increase in the number of LAM users, although that increase is likely to be relatively small *LINKAGES* would anticipate that with training as the only input the use rate for LAM would increase to 1% from the current use rate of 0.5%

With additional inputs focused on strengthening service delivery capacity as described in Phase II, at the end of the project *LINKAGES* would anticipate an increase to 2% - 4% in the areas where the project provides technical assistance and support *LINKAGES* would also expect that family planning use overall would increase in project areas

3) Evaluation

LINKAGES does not anticipate conducting a formal evaluation of the project since the utility of additional data about LAM use and the limited scope and duration of the project do not justify the cost and time required by an evaluation