

PASIG CITY

Map of the City



Pasig City Map. Screen grab from Google Maps and Wikipedia.

Quick Facts

Total Population (2018)	765,000
Women of Reproductive Age	98,000
No. of <i>Barangays</i> (Villages)	30
No. of Health Centers	40
No. of <i>Barangay</i> Health Stations	2
No. of Public Birthing Facilities	5
No. of Hospitals	12
DOH-Retained	1
District/LGU-Owned	2
Private	9
No. of Public Health Service Providers	359
Doctors	71
Nurses	181
Midwives	107
Infant Mortality Rate, per 1,000 live births (2015)	7.9

Our Approach

USAID's LuzonHealth Project provides technical assistance to the City of Pasig in improving demand for and supply of services, and in strengthening local health policies and systems toward increasing utilization of family planning and maternal, neonatal, child health and nutrition (FP/MNCHN) services.

Increasing demand for FP/MNCHN services involves tailored outreach activities and health events, efforts to integrate FP and MNCHN services and support to *barangay* (village) health workers in identifying individuals who need health services and enhancing their interpersonal communication skills. Improving supply consists of capacity-building interventions to enable health facilities become FP/MNCHN service delivery points with trained health workers and adequate health supplies. Health service providers (HSPs) were trained to effectively respond with greater sensitivity to the needs of adolescent clients. Greater attention has also been given to enhancing the role of hospitals in FP/MNCHN service delivery.

Systems and policy interventions are geared toward strengthening systems and processes key to the provision of quality services, such as FP logistics management and the conduct of data quality check (DQC) to ensure the reliability of data generated from the Field Health Service Information System and utilization of such data and information in planning for appropriate interventions; and improving competencies of HSPs through completion of the training continuum.

Our Impact



Contraceptive prevalence rate increased from 34 percent in 2014 to 54 percent as of September 2018.



Proportion of deliveries attended by a skilled birth attendant increased from 92 percent in 2014 to 98 percent as of September 2018.



Proportion of deliveries in health facilities increased from 85 percent in 2014 to 95 percent as of September 2018.

Snapshots



Left: A health service provider counsels a client during a simulated FP counseling workshop. (RTI International) Right: A midwife gives a client her shot of injectable after an *Usapan* session in *Barangay* Buting (NRoxas/RTI International).



Our Key Interventions and Activities

Increasing Demand

- ◆ **Organize Usapan** sessions, which are facility-based or outreach group discussions on FP and safe motherhood that end with counseling and service provision. There are now 63 trained facilitators of the enhanced *Usapan* who have conducted 102 sessions (77 *Usapang Buntis*, 20 *Pwede Pa*, three *Kuntento Na* and two *Maginoo*) as part of their practicum. These had 1,323 clients provided with FP information, of whom 175 became acceptors.
- ◆ **Intensify FP client generation in hospitals through in-reach activities.** The Rizal Medical Center (RMC) participating in the FP in Hospitals initiative regularly conducts FP information-giving and health classes. From June 2017 to July 2018, a total of 7,056 women were given FP information, with 3,735 provided with one-on-one counseling. Of these, 1,671 accepted a method: PSI (98), pills (98), injectable (154), IUD (869), and BTL (452).

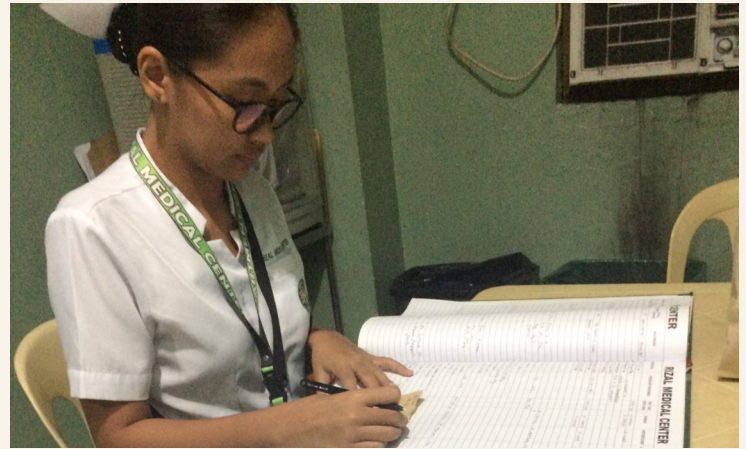
Strengthening Supply

- ◆ **Support the training of HSPs in various skills.** As of September 2018, one HSP has been trained in Bilateral Tubal Ligation by Minilaparotomy under Local Anesthesia (BTL-MLLA), four in Basic Emergency Obstetric and Newborn Care (BEmONC), 59 in Family Planning Competency Based Training - Basic Course, two in Interval and five in Post-partum IUD (PPIUD) Insertion, 38 in Lactation Management, 85 in Adolescent Job Aid (AJA), and 102 in DQC.
- ◆ **Ensure FP commodities are available and delivered on time** by operationalizing a system for recording and tracking the flow of commodities. One of the 43 monitored health facilities reported stock-outs in any of the three major FP commodities (pills, IUD, DMPA) between July to September 2018.
- ◆ **Support the establishment of FP in targeted hospitals.** As of July 2018, the RMC is providing FP services and utilizing Project-developed recording and reporting tools. The Pasig General Hospital started its FP program only in the first quarter of 2018.

Improving Systems and Policy

- ◆ **Strengthen systems and processes** key to the provision of quality services, particularly health information systems, FP logistics management, and health financing. Forty-two (42) health/satellite centers in the City are regularly conducting DQC.
- ◆ **Build the capacity of health facilities** as FP service delivery points (SDPs). As a result of interventions such as training in basic FP skills and improving logistics management, there are now 39 FP SDPs in the Province (38 health centers and one DOH-retained hospital).
- ◆ **Build competencies of HSPs** by improving the training system, which encompasses training needs assessment, conduct of training, supportive supervision, and post-training evaluation (PTE). The Project supports the conduct of PTEs to assess and improve the skills of HSPs. As of 2018, two PPIUD-trained HSPs have undergone a PTE and have been certified and 34 HSPs were evaluated through Diagnostic Workshop for Family Planning.

Spotlight: The Integrated Family Planning Program of Rizal Medical Center



A nurse at the FP clinic of Rizal Medical Center uses Project-developed tools and forms in recording FP clients. (NRoxas/RTI International)

USAID's LuzonHealth Project supported the development of a fully functional Family Planning (FP) Program in Pasig City's Rizal Medical Center (RMC), a Department of Health (DOH)-retained hospital that also serves the adjacent Cities of Mandaluyong and Taguig. Before the Project started its intervention in October 2016, RMC had no funding for a dedicated FP clinic, commodities, and information materials. Only spinal BTL procedure could be performed because there was no staff trained in Family Planning Competency-Based Training Level I (FPCBT I), Interval and Post-partum IUD Insertion, and Bilateral Tubal Ligation by Minilaparotomy under Local Anesthesia (BTL-MLLA).

To address this situation, the Project assisted the RMC in building its capacity to provide FP services. A resident obstetrician, together with the head nurse and a midwife, participated in the first FP in Hospital orientation for public hospitals, a LuzonHealth-supported activity that showcased strategies on developing and enhancing an FP program. Two service providers were also trained in FPCBT I and PPIUD Insertion. An FP core team composed of two nurses and a midwife led the establishment of an FP Clinic, a dedicated space where FP counseling and services are provided. The Project also introduced the use of the reproductive life plan to convince more couples to practice FP. It also introduced an FP recording and reporting system. Moreover, the Project helped RMC get additional funding support from the Pasig City Government which now purchases FP commodities (IUD, injectable, pills, and condom).

As a result of these interventions, there have been some early indications of improvement in the number of women availing of PPIUD in a month which jumped from 31 in 2016 to 577 as of June 2018. From June 2017 to July 2018, 1,671 out of the 3,735 clients who were provided with information and counseled, became acceptors. Of these new acceptors, 869 chose IUD as a method, while others opted for BTL (452), injectable (154), pills (98), and PSI (98).

"With the Project's help we are slowly meeting the FP needs of our clients. This is very timely as there is a national order by the President himself to have zero unmet need for FP by 2018," says [REDACTED] who heads the FP core team.

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