

CLaimHealth: COLLABORATING, LEARNING, AND ADAPTING FOR IMPROVED HEALTH ACTIVITY

Good Practices and Promising Interventions Technical Series No. 3

Family Planning Days in the Visayas: A Promising Intervention to Reduce Unmet Need for Family Planning

July 16, 2019

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ABBREVIATIONS AND ACRONYMS

AYRH	Adolescent and youth reproductive health
BHC	Barangay health center
BHW	Barangay Health Worker
BTL	Bilateral tubal ligation
CHO	City health office
CLAIMHealth	Collaborating, Learning, and Adapting for Improved Health
DMPA	Depot medroxyprogesterone acetate
DOH	Department of Health
DOH-ROs	Department of Health Regional Offices
EO	Executive Order
FGD	Focus group discussion
FP	Family planning
FPCBT 1	Family Planning Competency-Based Training Level 1
FPCBT 2	Family Planning Competency-Based Training Level 2
GIS	Geographic information system
GPPI	Good practices and promising interventions
HP	Health provider
IEC	Information, education, and communication
IP	Implementing partner
IUD	Intrauterine device
LAPM	Long-acting permanent methods
LARC	Long-acting reversible contraceptive
LGU	Local government unit
NDHS	National Demographic and Health Survey
NSV	Non-surgical vasectomy
PhilHealth	Philippine Health Insurance Corporation
PHO	Provincial Health Office
PIT	Provincial Implementation Team
POPCOM	Commission on Population and Development
PSI	Progestin subdermal implant

RH	Reproductive health
RHU	Rural health unit
RO	Regional Office
RP	Responsible parenthood
SDN	Service delivery network
SMS	Short message service
SU	Satisfied user
TRO	Temporary restraining order (by the Supreme Court)
USAID	U.S. Agency for International Development
USG	U.S. government
VH	Integrated Maternal, Neonatal, Child Health and Nutrition/Family Planning Regional Project in Visayas (VisayasHealth)
WRA	Women of reproductive age

EXECUTIVE SUMMARY

This report is the third in a technical report series that documents potential good practices and promising interventions (GPPI) for family planning and reproductive health that the U.S. Agency for International Development (USAID) is supporting in the Philippines. Specifically, this report describes Family Planning Days (FP Days), a strategy that aims to reduce women's unmet need for modern FP methods. FP Days are special events that local government units (LGUs) organize, generally monthly or quarterly, to encourage more women to take advantage of modern FP methods and to readily provide these, especially long-acting methods, to women who are interested.

The Integrated Maternal, Neonatal, Child Health and Nutrition/Family Planning Regional Project in Visayas (VisayasHealth, or VH), a USAID implementing partner (IP), extended technical assistance from 2013 to 2018 to partner agencies and organizations to hold FP Days. Launched in October 2016, FP Days are generally held at rural health units (RHUs) or barangay health centers (BHCs); other sites include public hospitals and private health clinics in eight provinces and in the TriCities of the Visayan regions. The services rendered during FP Days are intended to complement the provision of long-acting FP methods during routine or regular service days at health facilities.

The Collaborating, Learning, and Adapting for Improved Health (CLAimHealth) activity, which provides monitoring, evaluation, and learning support to USAID/Philippines' Health Portfolio, managed the documentation of the FP Days activity. We retrospectively studied the conduct of FP Days for two time periods: Year 1 — October 2016 to September 2017 (12 months), and Year 2 — October 2017 to August 2018 (11 months).

Four learning questions guided the process of determining whether the FP Days activity is a GPPI. We conducted key informant interviews, observations, focus group discussions, and a desk review of documents from FP Days held throughout U.S. government (USG)-assisted sites in the Visayas for the two study periods. Three sites — two RHUs and one city BHC in Cebu province — were selected for a more in-depth qualitative study of the conduct of FP Days. The four learning questions and documentation results are as follows:

LEARNING QUESTION 1. To what extent does the conduct of FP Days reduce unmet need for modern FP in the Visayas?

A total of 41,337 women of reproductive age (WRA) accepted long-acting methods during FP Days conducted from October 2016 to August 2018 — two and a half times more than women who accepted long-acting methods during routine service days at health facilities.

A total of 2,005 FP Days were conducted during the 23 months of implementation in the eight provinces of Bohol, Cebu, Iloilo, Negros Occidental, Leyte, Southern Leyte, Samar, and Northern Samar; and the Tri-Cities of Cebu (Mandaue, Cebu, Lapu-Lapu): 819 in Year 1 and 1,186 in Year 2. Bohol, Cebu, and Leyte had the highest number of FP Days and the highest number of acceptors of long-acting methods during FP Days. Southern Leyte and Samar held the fewest number of FP Days.

Over the 23-month period of this documentation, more WRA accepted long-acting methods during FP Days (41,337) than during routine service days (15,008), and the average number of acceptors per day during FP Days was higher than the average number of acceptors per day during routine service days in all USG sites (for example, the average number of acceptors per day during FP Days in Iloilo was 11.7 vs. 2.3 during routine service days). For both FP Days and routine service days, the total number and average daily acceptors of long-acting methods increased in Year 2.

In Year 1 of the FP Days implementation, the intrauterine device (IUD) had the highest number of acceptors, followed by progestin subdermal implant (PSI) and bilateral tubal ligation (BTL). In Year 2, however, the acceptors of PSI increased by nearly a factor of four (23,249 in Year 2 vs. 5,990 in Year 1). This could be attributed to the lifting of the Supreme Court's temporary restraining order on PSI in November 2017, thus allowing public health facilities to resume use of PSI. In Year 2, more women opted for BTL during routine service days than during FP Days (594 and 115, respectively).

This documentation found that FP Days contributed to an increase in the number of acceptors of long-acting methods at the health facilities that organized FP Days. However, the extent to which this intervention contributed to unmet need for modern FP could not be determined because of the absence of baseline data on unmet need. Moreover, the sustainability of this effort remains uncertain because VH, which played a significant support role in conducting FP Days, completed its operations as a project in December 2018. To assess the sustainability of this intervention, the LGUs and facilities that held FP Days should be further monitored to see if they continue holding FP Days and if so, how effective they are.

LEARNING QUESTION 2. What is the optimal mix of components of an FP Day in terms of demand generation, service provision, and support systems?

The key elements leading to the success of FP Days in encouraging more WRAs to accept modern FP methods were: 1) a team of trained and certified health providers (HPs); 2) involvement of satisfied users (SUs); 3) trained FP counselors; 4) adequate equipment and supplies, tools, and FP commodities to meet demand; and 5) a functional recording and referral system.

Trained and certified HPs who work as a team in planning and implementing the FP Days activities are crucial to the success of the intervention. SUs who give positive testimonies during FP Days serve to address common fears and misconceptions about modern FP methods among potential clients. Trained counselors reinforce demand generation efforts by facilitating group counseling to discuss a broad range of modern FP methods and by conducting one-on-one counseling prior to and after the provision of FP services. These counseling activities ensure that the clients are well-informed about different methods and are the ultimate decision makers in accepting their preferred method. A well-stocked health facility in terms of equipment, tools, supplies, and FP commodities enables HPs to provide modern FP services according to Department of Health (DOH) standards. Proper recording of the clients' names and services they received, including referrals, is important for assessing the performance of FP Days and to enable client follow-up.

LEARNING QUESTION 3. What are the most critical factors to effectively generate demand for FP?

Successful approaches to generating demand include participation of SUs, geographic information system (GIS) mapping, and short message service (SMS) blasts. As noted in Learning Question 2, SUs effectively addressed common misconceptions about modern FP, particularly long-acting methods, and reassured women that this is a safe and effective FP option. The GIS maps identified priority sites, pinpointing a suitable mix of WRA with unmet need for long-acting methods, SUs, and competent HPs. The SMS blasts helped RHUs to easily and efficiently inform communities, the health stations, and SUs of FP Days' schedule and activities. The staff of midwives' clinics found distribution of flyers and posters to prospective clients and communities to be a useful means of raising awareness and generating demand for FP Days.

LEARNING QUESTION 4. Is there evidence that FP Days can be sustained? What strategies are used to ensure sustainability?

Several factors suggest that FP Days could be sustained over the long term in the Visayas, such as the buy-in of 252 LGUs in the Visayas and the conduct of 2,005 FP Days over a 23-month period in several RHUs and public hospitals; the national Responsible Parenthood and Reproductive Health (RP/RH) Law and Executive Order No. 12 that support reducing unmet need for modern FP; a growing pool of trained and certified health providers and learning centers; the Philippine Health Insurance Corporation's (PhilHealth) provision of support for FP; and some local policies and investment plans for FP. However, the extent to which these factors will be able to sustain FP Days is uncertain. One key factor that may affect the sustainability of FP Days is the December 2018 departure of VisayasHealth, which had provided core support for this intervention. Additionally, reports on PhilHealth's reimbursements for FP services rendered during FP Days — an important revenue source to sustain this intervention — were not available, and information is unclear on how LGUs and health facilities share revenues from PhilHealth reimbursements.

CONCLUSION

Based on our assessment and the answers to the four learning questions above, we conclude that the FP Days strategy is a *promising intervention* because of its potential contribution to increasing modern FP method use among WRA. Further studies are needed to measure its contribution to reducing unmet need for FP and to determine its sustainability and cost-effectiveness.

The FP Days activity is relevant and responsive to the RP/RH Law and Executive Order No. 12 concerning the attainment of zero unmet need for modern FP, and to WRA with unmet need for long-acting FP methods. VisayasHealth strategically collaborated with stakeholders who organized FP Days, and these stakeholders will likely try to sustain the intervention. FP Days also employed several strategies that effectively not only generated demand, but also ensured that capacity and resources were in place to meet this demand. FP Days are also ethically sound, presenting a comprehensive range of modern FP methods to the clients who voluntarily choose the methods that they are eligible to accept.

However, we also noticed a few potential issues worth considering before determining that FP Days is indeed a sustainable strategy to reduce unmet need. First and foremost, current practices of health facilities in conducting FP Days should be reviewed now that the IP which supported this effort has departed. Similarly, currently participating LGUs should be monitored to see if they continue. Also, although preliminary evidence points to success in reducing unmet need in the Visayas, the two-year period of this documentation effort is not enough to state that this is a good practice. A five-year continuous reduction would suffice to conclude that this intervention is effective for scale up; therefore, LGU health facility participation and performance monitoring needs to continue. Finally, PhilHealth is an important source of revenue for sustaining the health facilities that are conducting the FP Days, but this documentation suggests that several participating facilities have not availed themselves of this funding source. This should be examined more systematically.

WAY FORWARD

We offer the following suggestions to the LGUs, the Department of Health Regional Offices (DOH-ROs), and USAID's new IPs to sustain the gains and benefits derived from holding FP Days:

For LGUs:

- Create a coordinating structure and mechanisms to orchestrate and synchronize FP Day activities and services and continue to provide adequate budget support, regular FP supplies, commodities, and technical assistance.
- Continue monitoring FP Days performance to determine whether the health facilities can sustain this activity.
- Sustain interest and support of certified HPs to assist other health facilities.
- Ensure that health facilities and DOH-certified FP service providers are accredited by PhilHealth so they can be reimbursed for FP services rendered during FP Days.
- Sustain the interest and participation of satisfied users by continuing to orient and coach them on interpersonal communication and advocacy.
- Encourage the private sector to continue holding FP Days and to regularly report their performance to the LGUs.
- Support and strengthen preceptor/learning sites and field training areas to build health providers' FP competencies.

For DOH-RO:

- Continue to provide technical assistance for capacity building initiatives, particularly on FP Competency-Based Training (Levels 1 & 2), including post-training evaluation and mentoring activities.
- Strengthen training institutions for FP/RH to develop a cadre of mentors and training supervisors.
- Provide funding assistance such as grants to scale up FP Day activities.
- Ensure availability of required logistics and FP commodities in the LGUs.
- Continue strengthening collaborative partnerships and coordination among key players of FP Days.

For USAID OH and the new IPs:

- Continue providing technical assistance to LGUs in the Visayas to build on and enhance this activity's efficiency, effectiveness, and sustainability.
- Discuss with DOH the possible replication of the FP Days strategy in other regions with support from the new FP IPs.
- Consider the integration of GPPI criteria, including quantitative and qualitative measurements, as part of generating evidence on good and sustainable practices that can reduce unmet need for modern FP.

RESEARCH AGENDA

We suggest assessment studies or implementation research on the following topics:

- Status of the LGUs' implementation of FP Days and the efficiency of health facilities in conducting FP Days over the next three years, including clients' perceptions and experiences with full, free, and informed choice and satisfaction with services obtained
- Status of PhilHealth accreditation of the DOH-certified HPs and their health facilities
- PhilHealth reimbursements for services rendered during FP Days, the sharing system between the LGUs and their health facilities, and facilitating factors and barriers affecting PhilHealth reimbursements

- Functionality of the Field Training Areas, long-acting permanent methods (LAPM) learning centers, GIS learning centers, and Field Training Network
- Extent and nature of participation of the private sector in conducting FP Days
- Extent and nature of public hospitals' implementation of FP Days
- Documentation and assessment of LGUs' ordinances, resolutions, investment plans, and budgets for FP Days
- Role of service delivery networks (SDNs) and their coordination and support mechanisms for FP Days

I. BACKGROUND

I.1 GOOD PRACTICES AND PROMISING INTERVENTIONS

The Collaborating, Learning, and Adapting for Improved Health (CLAimHealth) activity provides monitoring, evaluation, and learning support to the U.S. Agency for International Development (USAID)/Philippines' Health Portfolio (2017–2023), which seeks to improve health outcomes for underserved Filipinos. CLAimHealth, one of twelve activities in USAID's Health Portfolio, generates and uses high quality monitoring and evaluation data, documents good practices and promising interventions (GPPIs), and conducts implementation research.

With respect to GPPI, a **good practice** is defined as an intervention that, through a rigorous process of peer review and evaluation, has clearly demonstrated the positive effects of the practice in a specific setting and can be replicated. A **promising intervention**, on the other hand, has strong quantitative and qualitative data showing positive outcome(s) but does not yet have enough research or replication to support generalizable positive health outcomes. The context, process, and outcomes of these interventions should be assessed according to a standard set of criteria, namely: relevance, community participation, stakeholder collaboration, ethical soundness, replicability, effectiveness, efficiency, and sustainability.¹ Their effectiveness should be linked to the achievement of goals of the USAID Office of Health (OH) and the Health Portfolio's high-level indicators.

For the duration of its contract (2018–2022), CLAimHealth will identify and document 20 potential GPPIs of current and future USAID OH implementing partners (IPs). These documentations are designed to validate whether the recommended interventions are indeed GPPIs that should be replicated and scaled up at the national level. This report is the third of a technical series of selected GPPIs documented over the life of the Health Portfolio.

I.2 GOOD PRACTICES AND PROMISING INTERVENTIONS FOR FAMILY PLANNING AND ADOLESCENT AND YOUTH REPRODUCTIVE HEALTH

For Years 1-2 of its USAID contract, CLAimHealth selected five potential GPPIs from: 1) the three Family Planning/Maternal, Neonatal, Child Health & Nutrition (FP/MNCHN) regional IPs, i.e., LuzonHealth, VisayasHealth (VH), and MindanaoHealth, whose cooperative agreements with USAID ended in December 2018; and 2) the Integrated Midwives Association of the Philippines, whose activity on Community Maternal, Neonatal, Child Health and Nutrition Scaleup (CMSU2) will end in 2019.

From 2013 until their closure, the three FP/MNCH IPs extended technical assistance to enhance the capacity of the Department of Health (DOH), local government units (LGUs), and other partners to develop innovative strategies and tools for providing quality FP/MNCH information and services, including adolescent youth and reproductive health (AYRH) in communities, health centers, and hospitals in U.S. government (USG)-assisted areas. The IPs also provided technical assistance to establish or enhance service delivery networks (SDNs) and generate demand, and for monitoring and evaluation, policy development, logistics and supply management, and financing, especially on

¹ Ng E & de Colombani P. Framework for Selecting Best Practices in Public Health: A Systematic Literature Review Public Health Res 2015 Nov 17. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4693338/>

procedures for accreditation and reimbursements from the Philippine Health Insurance Corporation (PhilHealth), the social insurance arm of the Philippine government.

These efforts have increased the number of accredited health providers and facilities with Family Planning Competency-Based Training Level 1 (FPCBT1) and Level 2 (FPCBT2) and led to improved uptake of modern FP methods, particularly long-acting reversible and permanent methods, among the underserved populations in USG-assisted sites. Partners from the DOH regional offices, provincial and city health offices, and LGUs have expressed their intentions to sustain these gains. However, these good practices have yet to be scaled up at the national level. Two new USAID IPs, ReachHealth and AccessHealth/FP in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), will provide technical assistance on FP/AYRH to fill this gap and continue the unfinished work.

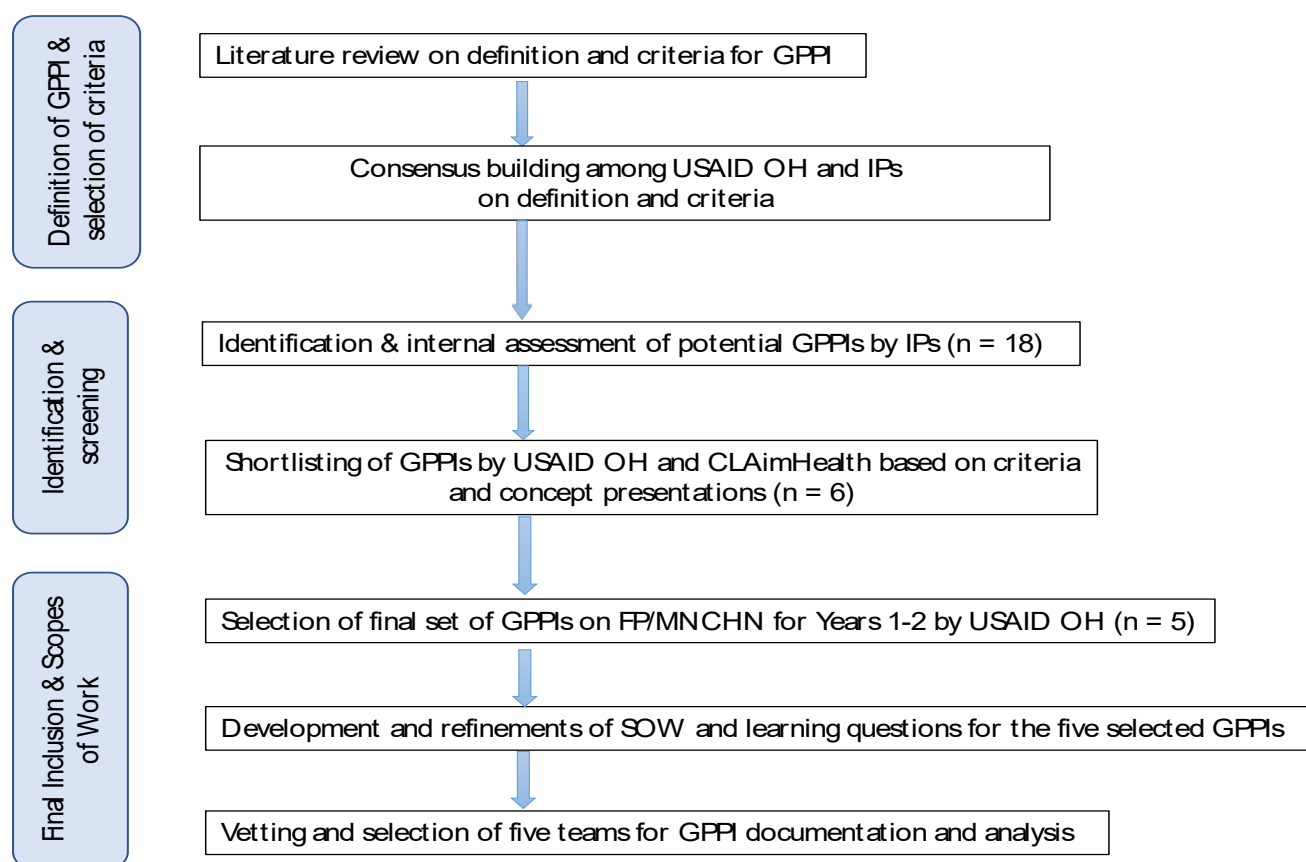
The three outgoing FP/MNCHN IPs helped identify 18 potential GPPIs on FP/AYRH by filling out a self-assessment form containing the criteria for best practices. Further consultations with the IPs and USAID OH reduced this number to six, and then learning questions were developed for documentation. The scopes of work to document each GPPI were subsequently developed and approved by USAID OH. From late September – November 2018, three teams of consultants conducted field work and analyzed data for the following GPPIs: 1) FP in Hospitals, 2) FP Program for Young Parents, and 3) FP Days in the Visayas.

In December 2018, two other teams began work, expected to be completed in Quarter 2 of Year 2, to document the fourth and fifth GPPIs. These GPPIs are:

- Improving FP/MNCH access for underserved populations in geographically isolated and disadvantaged areas (GIDAs) through SDNs in the provinces of Zamboanga del Sur and Sultan Kudarat, and
- Critical contributions of USAID to the journey toward self-reliance of the Integrated Midwives Association of the Philippines

Figure 1 shows the selection process for the five GPPIs for documentation in Years 1-2 that will be published as GPPI Technical Series Nos. 1 – 5.

FIGURE I. FLOW DIAGRAM OF THE SELECTION PROCESS FOR THE FIRST FIVE GOOD PRACTICES AND PROMISING INTERVENTIONS



This third report of the technical series documents Family Planning Days (FP Days) in the Visayas. It describes the conduct of FP Days in the Visayas and selected validation sites, identifies the critical components of FP Days, particularly in demand generation, service provision and support systems, and lists potential strategies to ensure sustainability of FP Days.

2. OVERVIEW OF FAMILY PLANNING IN THE VISAYAS

2.1. OVERVIEW OF FP ACCESS AND USE IN THE PHILIPPINES

In the Philippines, modern contraceptive usage has steadily increased over the past few decades. The 1993 National Demographic and Health Survey (NDHS) found that the modern contraceptive prevalence rate among currently married women of reproductive age (MWRA) was 24.9 percent; this rose to 40.4 percent by 2017, an average increase of only 0.6 percent per year in the past 24 years. The unmet need for family planning among women of reproductive age (WRA) in 2017 was around 3 million, based on the 2017 NDHS finding of 10.8 percent unmet need and an estimated WRA population in 2017 of 27.7 million.²

The Philippines has laws and policies that are addressing the high unmet need for modern FP. The landmark Responsible Parenthood and Reproductive Health (RP/RH) Act of 2012 recognizes the right of Filipinos to decide freely and responsibly on their desired number and spacing of children, within the context of responsible parenthood and informed choice, and to access needed reproductive health care information and services.³

Executive Order (EO) No. 12, which was issued on January 11, 2017, reinforces this legislation. EO 12 enjoins three major government agencies — the Department of Health (DOH), the Commission on Population (POPCOM), and the Department of Interior and Local Government, along with other relevant national government agencies — to accelerate the mechanisms to reduce unmet need for all poor households by 2018. These agencies were instructed to collaborate with LGUs to integrate these mechanisms into local development plans and investment programs to support universal access to RH services through demand generation, SDNs, and mobilization of community volunteers.⁴

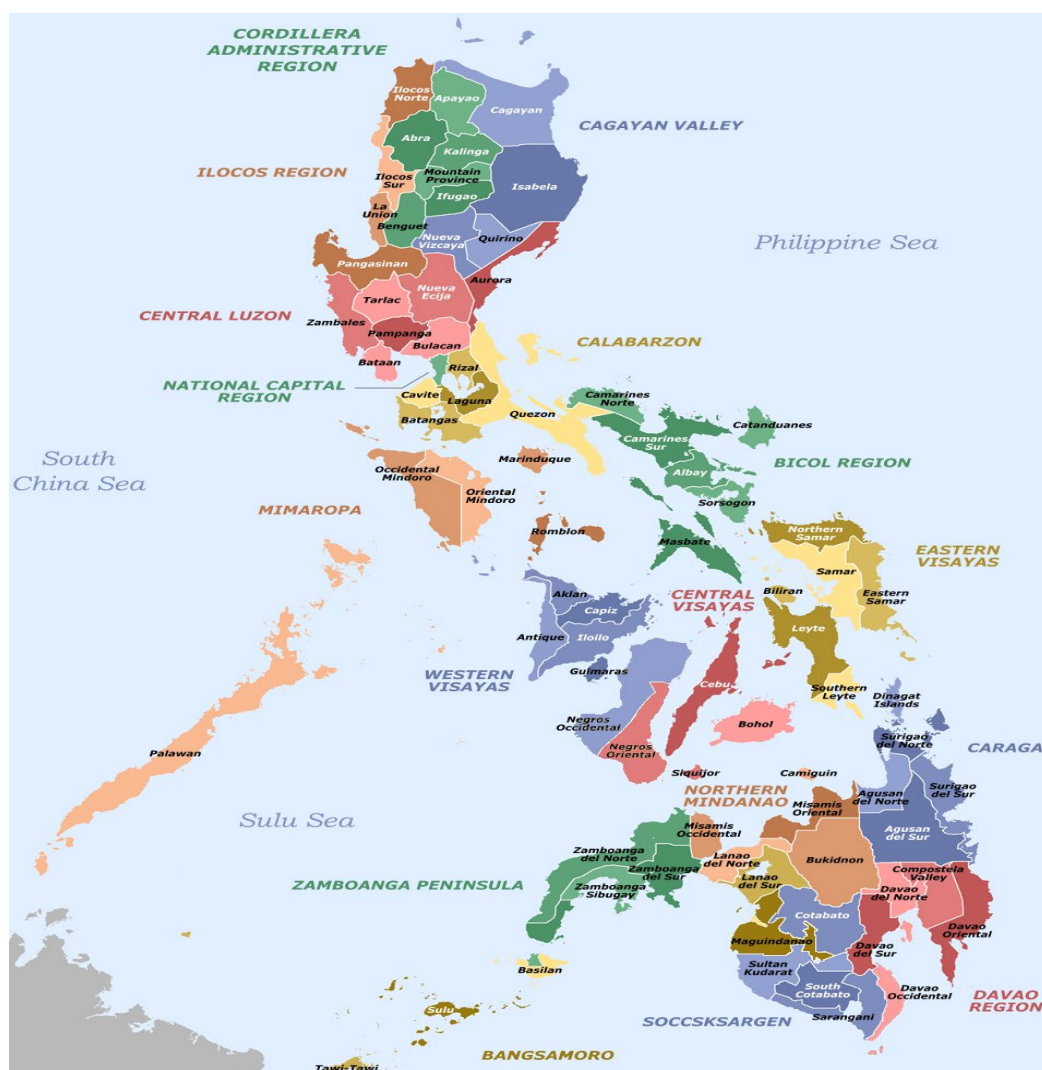
The Integrated Maternal, Neonatal, Child Health and Nutrition/Family Planning Regional Project in Visayas (VisayasHealth), an IP that had a cooperative agreement with USAID from 2013 to 2018, extended technical assistance to partner agencies and organizations to hold Family Planning Days (FP Days), one of several strategies in the Philippines to reduce unmet need for contraception. The FP Days were held at the rural health units (RHUs), city barangay health centers (BHCs), and public hospitals in eight provinces plus the TriCities of Cebu. Some private sector facilities, operated mostly by private practicing midwives, were also tapped to organize FP Days.

² Projected number of WRA for 2017: 27,673,125 (using the 2010 Census of Population and Housing data for WRA and a growth rate of 2.1%).

³ https://www.doh.gov.ph/sites/default/files/policies_and_laws/ra_10354.pdf

⁴ <https://www.doh.gov.ph/sites/default/files/publications/EO%20No.%2012%20-%20Zero%20Unmet%20Need%20for%20MFP%20Initial%20Progress%20Report-min.pdf>

FIGURE 2. THE USG-ASSISTED SITES IN THE THREE REGIONS OF THE VISAYAS



- **Region 6**
 - Iloilo
 - Negros Occidental
- **Region 7**
 - Cebu
 - Bohol
 - Tri-Cities (Mandaue, Cebu, Lapu-Lapu)
- **Region 8**
 - Leyte
 - Southern Leyte
 - Samar
 - Northern Samar

2.2. WHAT ARE FP DAYS?

FP Days, an unmet need reduction strategy, are special events that LGUs organize monthly or quarterly for WRA who have unmet need for long-acting FP methods in the USG-assisted sites in the three regions of the Visayas. FP Days are hosted by RHUs, BHCs, government hospitals, and private health facilities.

Because of fear and misconceptions about modern FP, many women with unmet need, especially for long-acting methods, do not go to public health facilities during routine service days (where modern FP methods can be obtained any day the facilities are open, typically five days/week). Local women who already use and are happy with a long-acting FP method encourage WRAs to participate in FP Days. These satisfied users (SUs) receive training on interpersonal communication to prepare for this role.

FP Days include an *Usapan*, or group counseling, about all modern FP methods, and one-on-one counseling prior to and after the provision of FP services by trained and DOH-certified health providers (HPs). HPs who provide FP services are usually from the RHUs and BHCs where the FP Day is held, though other qualified HPs from neighboring RHUs or BHCs can be called in to assist if needed. Long-acting reversible commodities (LARCs), particularly intrauterine devices (IUDs) and

progestin subdermal implants (PSIs), are provided on FP Days. Clients who prefer long-acting permanent methods (LAPM), particularly bilateral tubal ligation (BTL), are referred to government hospitals. The PhilHealth Package of Support for FP reimburses claims for long-acting methods that accredited and certified HPs provide on FP Days.

Hospitals organize BTL and NSV (non-surgical vasectomy) FP Days, but they also provide LARC and short-acting contraceptives when patients prefer these methods or are not eligible for LAPM. The private sector, mainly private practicing midwives' clinics, organizes FP Days especially in areas that do not have a public facility or without trained and certified HPs. They refer clients who prefer BTL to public hospitals.

The FP Days were held at the rural health units (RHUs), city barangay health centers (BHCs), and public hospitals in eight provinces plus the TriCities of Cebu. Some private sector facilities, operated mostly by private practicing midwives, were also tapped to organize FP Days.

From October 2016 to August 2018, 252 LGUs had organized FP Days, with a total of 2,005 FP Days conducted by 309 RHUs/BHCs, 30 public hospitals, and 13 private sector facilities. A total of 41,337 WRA were provided with long-acting FP methods during FP Days.

2.3. HOW DIFFERENT ARE FP DAYS FROM OUTREACH AND MOBILE HEALTH CARE SERVICES AND THE CARAVAN FOR FP?

FP Days in the Visayas are different from outreach or mobile health care services for FP and from the Caravan for FP. FP Days are designated days organized regularly by RHUs/BHCs and public hospitals. HPs offering long-acting methods on FP Days are trained and certified and usually work at these facilities or in other health facilities within an SDN.

In the **mobile outreach services** model, on the other hand, modern FP methods are offered to WRA through an outreach/itinerant or mobile health care service. Mobile FP units generally aim to serve poor and underserved WRA, especially in geographically isolated and disadvantaged areas (GIDA).⁵ Trained providers from higher-level facilities (such as DOH regional and provincial hospitals) travel to lower-level host facilities or work out of fully equipped mobile units to offer BTL, NSV, and subdermal implants.

The mobile outreach model does not have a set schedule for service provision but is arranged as needed by higher-level service-providing facilities and the host health facilities. An FP outreach team coordinates with the host facilities in making all the necessary arrangements and in mobilizing the communities and clients where the FP outreach services will be provided. The host and higher-level health facilities jointly prepare paperwork needed to file for PhilHealth reimbursements for FP services rendered.

The **Caravan for FP** is a demand-generation activity focusing on advocacy rather than service provision. Spearheaded by POPCOM regional offices in partnership with other government agencies and LGUs, Caravan for FP promotes and advocates for modern FP, adolescent and youth health, and other population-related programs. The Caravan for FP is held during special events like the World

⁵ Department of Health Office of the Secretary Administrative Order No. 2014-0042. *Guidelines on the Implementation of Mobile Outreach Services for Family Planning*. <https://www.doh.gov.ph/family-planning>.

Population Day in July and during the FP month in August. The caravan also refers clients to public health facilities for modern FP services.⁶

Special FP Days and mobile outreach events are not unique to the Philippines. In African countries such as the Democratic Republic of the Congo (DRC), Tanzania, and Uganda, these interventions have contributed to the rapid increase in the number of acceptors of long-acting reversible contraceptives (LARCs). In these countries, mobile outreach services are designed to increase equitable access by serving poorer, marginalized, and remote areas and by sending trained providers to lower-level facilities or temporary sites that have the required FP commodities and supplies. Special FP Day events in these countries, on the other hand, are similar to the Visayas FP Days, being well-advertised in communities and organized at higher-level facilities with a broad range of FP methods including LARCs and permanent methods. The special FP Day events have trained providers and counselors who dedicate the day for FP and who plan to have sufficient modern FP commodities. Community mobilizers are also tapped to inform communities about these events.

In Tanzania and Uganda, FP methods are always provided for free at public facilities. In DRC, FP commodities are free only on special FP Days and mobile outreach events. In April and July 2015, EngenderHealth conducted a cross-sectional FP survey of 585 FP clients in these three countries to assess perceptions and experiences with full, free and informed choice in different service delivery modalities. The study found that clients of mobile outreach services and special FP Days can obtain the methods of their choice and that they preferred LARCs (particularly implants) and permanent methods, compared with clients at static or routine services. This study noted that although short-acting methods are highly popular with FP acceptors in sub-Saharan countries, other studies have shown that when women are able to select from a broad range of FP methods, significant proportions choose LARCs.⁷

2.4. LEARNING QUESTIONS

To validate whether FP Days is a GPPI for reducing unmet need for modern FP methods, CLAIMHealth posed the following learning questions:

- 1) To what extent does the conduct of FP Days reduce unmet need?
- 2) What are the critical components of the FP Day (demand generation, service provision, support systems)? What is the optimal mix of interventions comprising FP Days?
- 3) What are the most critical factors to effectively generate demand for FP — e.g., geographic information system (GIS), short message service (SMS) blasts, involvement of satisfied users (SUs)?
- 4) Is there evidence that FP Days can be sustained? What strategies are used to ensure sustainability?

⁶ 2017 POPCOM Annual Report: Generating Demand Despite the Challenges. Commission on Population. <http://www.popcom.gov.ph/rm/2015-07-15-02-01-16/2015-07-15-02-01-56>

⁷ Jarvis Leah, Wickstrom J, Shannon C. Client Perceptions of Quality and Choice at Static, Mobile Outreach, and Special Family Day: 439-Pract. 2018 Oct 3; 6(3) 439-455. <http://www.ghspjournal.org/content/6/3/439>

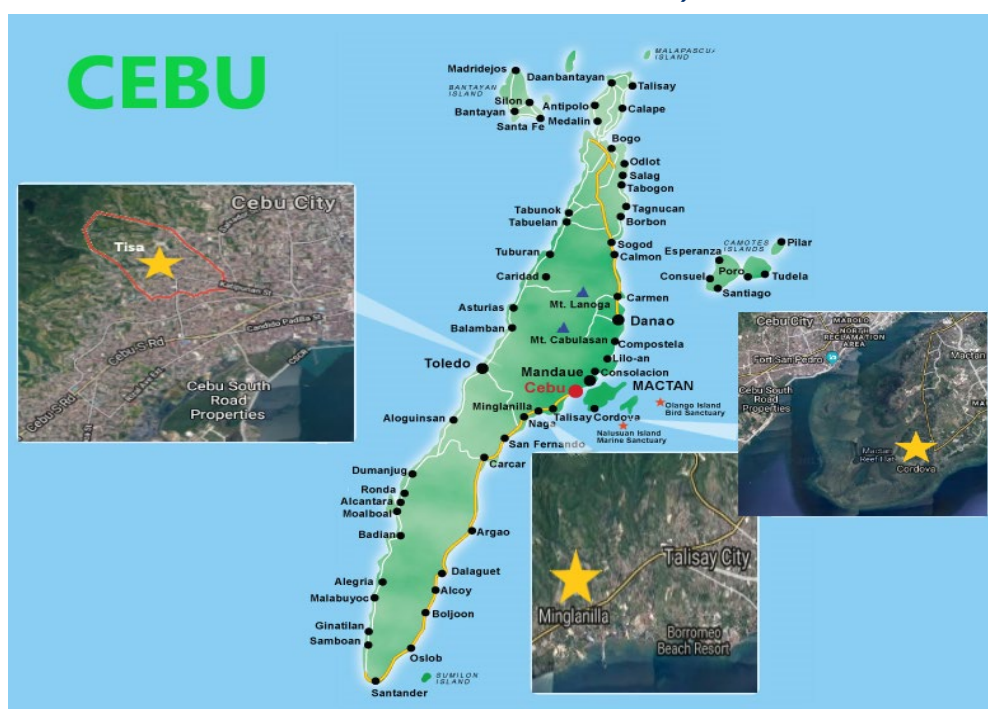
3. RESEARCH METHODS

3.1. METHODS

Our documentation used qualitative methods, including a desk review of documents and records of FP Days held in all USG-assisted sites in the Visayas, observation of FP Days in three validation sites in Cebu Province and Cebu City, key informant interviews, and focus group discussions (FGDs). We conducted the fieldwork from September 17 to 24, 2018.

VH recommended three validation sites: the Municipalities of Cordova and Minglanilla, and Barangay Tisa of Cebu City (see Figure 2).

FIGURE 3. MAP OF CEBU AND THE VALIDATION SITES (TISA, MINGLANILLA, AND CORDOVA)



Before the start of the data collection, the VH Chief of Party and staff briefed our team on FP Days in the Visayas and in Cebu. VH staff also shared some project documents about their preparations and interventions prior to and during the conduct of FP Days.

3.2. DESK REVIEW OF FP IN THE PHILIPPINES AND VH'S TECHNICAL REPORTS

We conducted a desk review of documents from other FP Days previously held throughout USG-assisted sites in the Visayas. These sites included the eight provinces of Bohol, Cebu, Iloilo, Negros Occidental, Leyte, Southern Leyte, Samar, and Northern Samar; and the Tri-Cities of Cebu (Mandaue, Cebu, Lapu-Lapu). We also reviewed documents that provided an overview of FP in the Philippines and in the Visayas as well as the national policies to reduce unmet need for FP.

3.3. OBSERVATION DURING THE FP DAYS

We observed three FP Days in September 2018 in the RHUs of Cordova and Minglanilla Municipalities and in Barangay Tisa Health Center in Cebu City. We focused on the physical space,

the *Usapan* (group counseling about all modern FP methods), and the one-on-one interview and counseling that HPs provided to clients. We also obtained the data on the accomplishments for the FP Day, particularly the uptake of modern FP methods and referrals.

3.4. FGD AND GROUP INTERVIEWS

We conducted one focus group discussion with satisfied users from one municipality and a group interview with three health providers. Their experiences during FP Days were the main topics of the group discussions.

3.5. KEY INFORMANT INTERVIEWS (KIIS)

We conducted 34 KIIs in the validation sites and in Cebu Province and Cebu City. Pseudonyms were assigned to key informants (KIs) for confidentiality. Only the team members had access to the KII transcriptions.

The interviews focused on the reduction of unmet need during FP Days and the critical components of this intervention — particularly demand generation, service provision, and health system strengthening — to ensure that FP Days can be sustained.

Prior to each interview, we obtained written informed consent from the key informants (KIs), including consent to allow us to take photos of their activities and the health facility. Table I summarizes the number of informants interviewed per facility.

Table I. Number of Key Informant Interviews per Facility/Group

Facility	Number of Informants
Provincial Health Office	4
City Health Office	5
DOH Regional Office VII	2
RHUs	3
NGO clinic providers	3
Private birthing home	1
BHS	2
Satisfied users	3
VisayasHealth staff	11
Total	34

3.6. CONTENT ANALYSIS

We analyzed data from KIIs as well as records and reports from VH, city health office (CHO), and provincial health staff to answer the learning questions and identify common themes, considering all categories of opinions and experiences. We also triangulated data from the different methods as part of the analysis.

3.7. LIMITATIONS

Our documentation is limited to available records and documents that VH and its partners provided and the accounts of the KIs and FGD respondents from the three validation sites. Although public hospitals and private sector facilities also organized FP Days, we were unable to observe them at these facilities. In addition, qualitative methods are limited in terms of generalizability of the findings.

Finally, it was beyond the scope of the GPPI documentation to determine the costs associated with FP Days implementation.

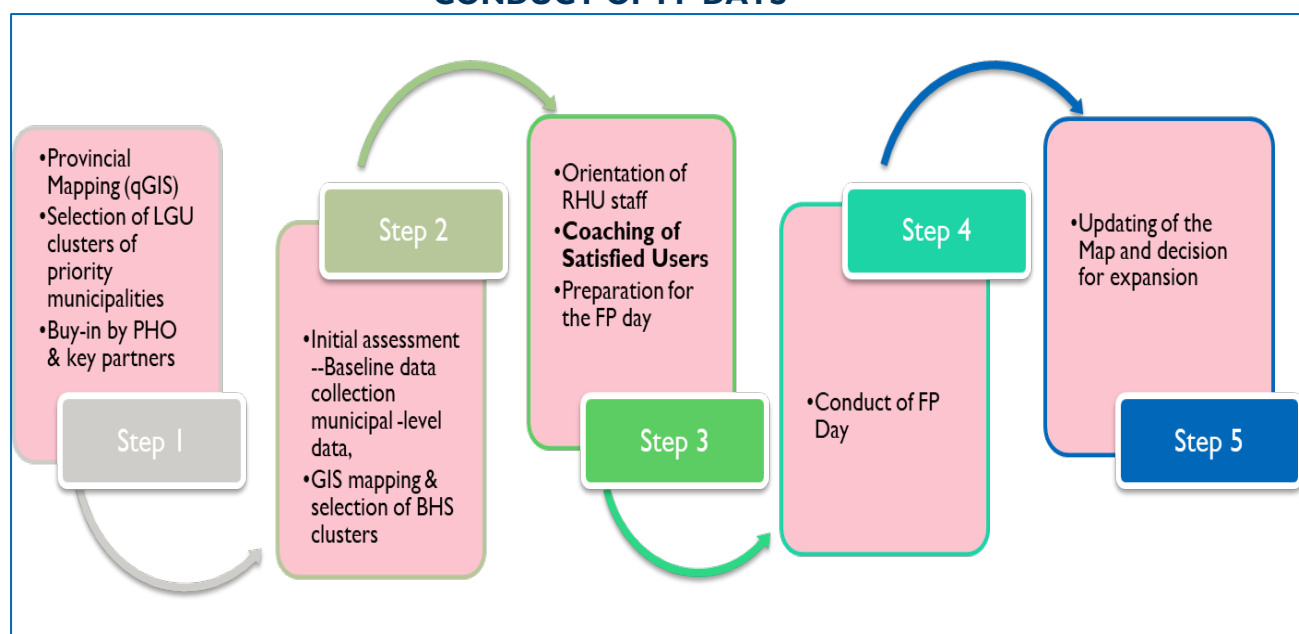
4. FINDINGS AND ANALYSIS

This section includes the following: 1) a description of the preparation, demand generation, and implementation of FP Days, 2) summary of observations during FP Days at the three validation sites, and 3) findings with respect to the four learning questions of this documentation.

4.1. PREPARATION, DEMAND GENERATION, AND CONDUCT OF FP DAYS

VH used a five-step process to generate demand for modern FP methods, as well as to prepare for and conduct FP Days (Figure 3).

FIGURE 4. FIVE MAJOR STEPS FOR PREPARATION, DEMAND GENERATION, AND CONDUCT OF FP DAYS



Source: USAID VisayasHealth, September 2018

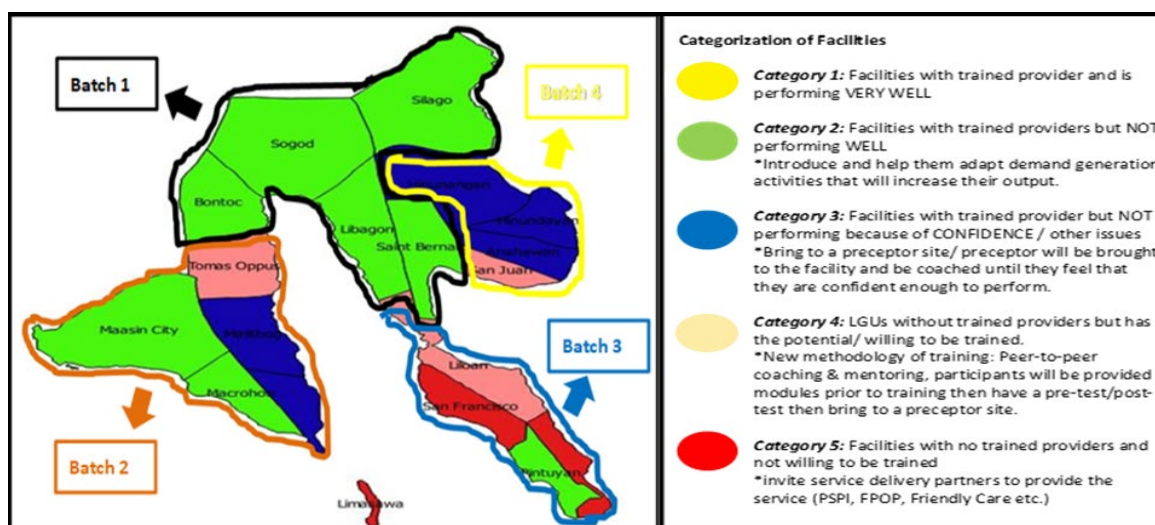
These steps and a checklist (see Annex A) served as the reference materials for the VH field and technical personnel in initiating FP Days. VH deployed two to three field staff in each USG-assisted province to provide technical support and coordinate with government and non-government partners in the implementation of FP days.

4.2. STEP 1: PROVINCIAL MAPPING AND SELECTION OF LGU CLUSTERS

VH field staff and partners first collected facility-level FP information and placed these data onto a geographic map in each province to identify priority areas and cluster the RHU/health center facilities that were tapped during implementation. These maps served as guides in determining where to implement the FP Days first, and when to expand to other areas.

Also prior to conducting the activities, VH field staff collected provincial-level data for inputs to the mapping. Data collected included the number of users of long-acting FP methods, the presence of trained providers, and the categorization status of each LGU based on these data (see Figure 4 for

FIGURE 6. CLUSTERS OF LGUs WHERE FP DAYS WOULD BE IMPLEMENTED IN SOUTHERN LEYTE PROVINCE



During the meeting, partner roles and responsibilities were discussed and agreed upon. After the meeting, for example, the Provincial Health Office (PHO) of Leyte Province mobilized the Provincial Implementation Team (PIT) for FP Days, comprising various agencies and networks including DOH, POPCOM, VH, the Provincial Social Work and Development Office (PSWDO), the Integrated Midwives Association of the Philippines (IMAP), and PhilHealth. The PIT defined the roles and responsibilities of each agency.

The field staff also ensured the involvement of organizations already in place that could mobilize potential clients (e.g., the International Christian Ministry) to participate in the FP Days activity.

For health facilities without trained providers for long-acting FP methods, VH engaged a service delivery partner (e.g., Family Planning Organization of the Philippines, Friendly Care Clinics) to provide outreach services.

Partner NGOs were also involved in the provision of long-acting methods such as PSI, BTL and NSV. For BTL and NSV, VH arranged for referral to other government hospitals. In the first year of FP Days implementation, VH worked with private sector health facilities to provide PSI because they were exempt from the terms of the TRO. Development partners and other donors provided these facilities with this commodity.

4.3. STEP 2: INITIAL ASSESSMENT AND DATA COLLECTION/PLANNING/PREPARATION OF THE INTERVENTION AT THE MUNICIPAL LEVEL

After identifying the priority municipality in the province, VH collected and mapped municipal-level FP data (WRA population with unmet need for long-acting methods and presence of SUs) to identify the priority barangays for FP Days. The RHUs' PhilHealth accreditation status, logistical requirements, and assessment of the HPs' capacity to provide IUDs and who needed coaching were also collected in preparation for the orientation of the RHU staff and implementation of the FP Day.

In the FP Days activity's first year of implementation, only the satisfied IUD users were identified and mobilized because the Supreme Court TRO on PSI was still in effect. After the TRO was lifted in November 2017, the SUs for PSI were mobilized and coached.

The collected data on WRA with unmet need for long-acting methods and satisfied users informed the planning and preparation for the implementation of FP Days.

4.4. STEP 3: ORIENTATION OF RHU STAFF, COACHING OF SATISFIED USERS, AND PREPARATIONS FOR THE FP DAY

The introduction of FP Days to the RHU staff as an unmet need reduction strategy was important to ensure buy-in of the intervention. This activity was also essential in the planning and execution of the FP Day. Coaching of the SUs was included in this step to maximize the time and presence of the whole RHU team in preparation for the first FP Day.

- **Orientation of the RHU Staff.** In their presentations to RHU staff, the VH field staff highlighted: 1) results of studies about IUD; 2) the importance of SUs to inform women about the benefits of modern FP methods and dispel misconceptions; 3) the opportunity to be reimbursed through PhilHealth's package of support for FP, and 4) the roles and responsibilities of the RHU staff and VH field staff.
- **Coaching of SUs.** VH field staff drew upon the principles of USED (Understanding, Showing, Experiencing, Doing) learning methodology in coaching the SUs. This methodology consists of the following steps:
 - **Understanding.** This step defined the SUs' role in providing information about the unique benefits of IUD to interested FP clients in their existing circle of relatives, neighbors, and friends. The SUs also learned about their role in helping to debunk misconceptions about the IUD.
 - **Showing.** Participants received information, education, and communication (IEC) materials containing key messages for sharing accurate information about IUDs. Each SU read the contents of the IEC materials and had an opportunity to comment based on their own experience using the method. VH field staff then demonstrated how the IEC materials should be used to convey the FP messages to interested clients.
 - **Experiencing.** The participants were divided into groups of two. They were asked to demonstrate the provision of FP information by practicing how they would interact with the prospective user and how they would respond to the rumors, misconceptions, or questions about IUDs.
 - **Doing.** The IUD users were then mobilized in their respective communities to meet with women who have unmet need for long-acting FP methods. The latter were either non-users or had shifted from other methods such as pills or depot medroxyprogesterone acetate (DMPA). The SUs shared their own experiences regarding IUD use and invited those women who were interested to come to the designated health facility during the scheduled FP day.

After the SUs practiced the process of information sharing and exchange, the VH team, together with the RHU staff and SUs, discussed and agreed on a specific date for the FP Day.

- **Preparations for the FP Day.** The VH staff conducted a preparatory meeting for the FP Day together with the RHU/ barangay health stations (BHS)/CHO/District Health Center staff and, if available, the PHO/DOH-RO staff. The agenda included the following: 1) identify roles and responsibilities of the RHU team, VH field staff, PHO, and DOH-RO; 2) describe process for client enrollment (initial screening, PhilHealth registration, group and one-on-one counseling, actual service provision, and post-

service instruction); 3) coach new IUD users; and 4) ensure availability of needed materials for the activity (instruments, broad range of FP methods, IEC materials, and snacks and transportation reimbursement for the volunteers/SUs and clients from distant communities).

The VH training team or a local preceptor assisted health providers who needed guidance in performing IUD insertion prior to the FP Day. Assessing and addressing potential provider competence issues before the FP Days was essential to protect the clients and avoid their rejection of this method. The VH staff also determined the HPs' certification and accreditation requirements for PhilHealth claims.

4.5. STEP 4: CONDUCTING THE FP DAY

Together with the RHU team, VH staff checked and observed the processes and tasks agreed upon during the preparatory meeting. The activities included in the FP Days were: 1) the enrollment process, 2) Usapan (group counseling), 3) one-on-one counseling between the HP and the client, and 4) provision of the long-acting FP method.

VH field staff and the RHU staff conducted a post-activity feedback meeting to determine successes and points for improvement for subsequent FP Days. The results and lessons learned were documented and shared with the RHU staff for processing and action.

4.6. STEP 5: POST-FP DAY/UPDATING OF MAPS AND DECISION EXPANSION

Updating the map (city and municipal levels) to reflect the addition of WRAs who received long-acting FP methods during FP Days is critical before activity expansion to other target sites or priority barangays. The objective is to cover a specific barangay and provide all interested WRAs with a long-acting FP method before moving on to another target site. The map serves as guidance to monitor the attainment of this objective.

VH field staff and the RHU team updated the map after every FP Day. The updated GIS map also accounted for walk-in clients who received an IUD in the intervening period between FP Days, as well as a list of HPs whose skills were updated as a result of the FP Day. The VH field staff organized a feedback meeting with the RHU staff/PHO/DOH/partners for the planned expansion within the municipality or within the province.

4.7. OBSERVATIONS DURING FP DAYS IN THE VALIDATION SITES

We observed three primary-level facilities in September 2018: Cordova Municipality RHU, Minglanilla RHU, and the Barangay Tisa Health Center.

4.7.1 Cordova's RHU

On September 20, 2018, we observed an FP Day at the Cordova Municipality RHU. Cordova is a third-class coastal municipality in Cebu Province with a land area of around 800 hectares and a total population of 59,712. The municipality lies on separate islands off the southern coast of Mactan Island. It has 13 barangays, 7 of which are classified as urban. Cordova is connected to the main island of Mactan by two bridges. It is 45 minutes from the Mactan-Cebu International Airport and one hour from Cebu City. Fishing and eco-tourism are the main livelihood activities in this municipality.

The municipality has private clinics, diagnostic laboratories, and birthing centers, but only two Maternity Care Package PhilHealth-accredited facilities: the RHU and a private birthing clinic. Health care services are primarily provided by Cordova's RHU, complemented by BHS. The RHU has one doctor and 30 staff. VH and its partners trained four HPs to insert IUDs and PSIs. Although the RHU is PhilHealth-accredited, its certified HPs were not yet accredited by PhilHealth.

The RHU at Cordova only started organizing FP Days in March 2018. FP Days are scheduled every third Thursday of the month. Our validation visit marked the tenth FP Day organized there. Prior to the FP Day activity, health facilities did not provide long-acting FP methods. At the time of the observation, the RHU had fewer than 500 PSI users. VH staff who accompanied the documentation team during the FP Day brought an additional supply of PSIs. The RHU was found to have had enough supply of IUDs, pills, and condoms. VH provided supplies like cotton, bandages, and syringes. The RHU realized that it would need to purchase these supplies after the VH activity ended.



Cordova Rural Health Unit, Cebu Province

According to the key informants, there was a proposed ordinance to the municipality legislative council asking for support for the monthly expenses of the FP Days, including snacks for clients. This event was held in a tent outside the RHU. HPs at three separate tables registered 57 WRA. Many mothers brought their infants or toddlers with them. Some husbands accompanied their wives and took care of their children. The clients came from neighboring barangays via tricycles and from other island barangays via pump boats. They were referred by SUs, Barangay Health Workers (BHWs), and their BHS. The clients were referred by relatives, neighbors, or friends.

The Usapan. A trained midwife and a nurse facilitated a 35-minute *Usapan*, a group counseling session, about modern FP methods, conducted in Cebuano, the local language. The participants used a visioning action card entitled *Giya sa Inahan* (guide for mothers) as a discussion guide. They were asked how they felt when they were pregnant, whether they were dizzy, easily tired, vomiting, and whether they had experienced back pain. The facilitator also inquired about their experiences when they delivered their babies, whether they had abdominal pain, early amniotic sac rupture, or uterine bleeding. Some participants described their delivery experiences.

The women were asked about the number of children they and their husbands wanted to have, and whether they wanted to have another child within three to five years or not to have children anymore. The facilitator then introduced the benefits of FP as shown on the visioning action card, which included savings for livelihood, a comfortable life, and more time for the couple.

The facilitator used presentation slides obtained from DOH to introduce different modern FP methods, including short-acting commodities such as pills, condoms, and injectables, and then explained the benefits of each method, who could use them, and possible side effects. The midwife demonstrated the correct way of using and disposing of a condom by using a rubber penis model. This drew some laughter from the women.

The facilitator next presented LARCs. She opened an IUD packet and showed this to the women, explaining that a trained health worker would insert this into a woman's uterus. She emphasized that this would be effective for 12 years. Then she showed a PSI and described how it would be inserted into the arm of a woman. She reminded the women that this should be removed after three years, beyond which point it would no longer be effective. She showed the BTL procedure using the presentation slides, explaining that women opting for this method would be referred to an accredited hospital. The slides were also used to describe NSV. *Usapan* participants were informed that if men would accept this method, they would also be referred to an accredited hospital that performs this procedure.

The *Usapan* had three SUs of the long-acting methods of PSI, IUD, and DMPA. Each gave testimonials about her positive experience in using these modern FP methods. Some women asked the SUs about the effects of PSI and DMPA on their menstruation.

The facilitator asked the women to fill out a consent form (perforated on the edge of the visioning card) by writing their names, addresses, and mobile phone number. In doing so, the women agreed to allow the health center to send them SMS messages about FP Days and other activities. Then the facilitator read the back page of the visioning action card regarding pregnancy, the importance of prenatal care, and domestic violence. The midwife said that if women were experiencing domestic violence, they should go to the municipal social work department and the women's desk at the police station for assistance. Each client was given the visioning action card to keep for reference.



young mother reading about modern FP while waiting for her turn to receive a modern FP method.

After the women indicated their choice(s) of method, HPs interviewed and counseled the individually. The HPs used the DOH Form I to interview the clients. The form covered the client's medical history, obstetrical history, risk for sexually transmitted infections, a physical examination, husband/partner's approval or disagreement in accepting modern FP methods, and gender-based violence experience.

It took 10 to 15 minutes to complete the one-on-one interview and scheduling. Once the clients selected an FP method, the HP and client then discussed that

method at greater length. If the clients were eligible to use the modern FP method of their choice, they were advised to go to the RHU to obtain it.

If the clients were not eligible, they were advised to use other modern FP methods that were also available at the RHU. All trained HPs worked as a team in providing PSIs, which took around 10-15 minutes to be inserted. Topical anesthesia was applied on the upper arm of a PSI client. While waiting for the anesthetic to take effect, the HP filled out the client card that was attached to the PSI. The HP usually explained to a PSI client that she should have no sexual contact for seven days, and the area around the PSI should be kept dry for three days.

Before leaving the RHU, clients were asked to go to the medical doctor's office to obtain a discharge form and instructions for follow-up from the midwife. They were asked to return after three days for consultation. If they had problems with their FP methods before this period, they were advised to see the RHU's medical doctor.

Results. We learned that 54 out of 57 women had already

decided to accept a PSI even before joining the FP Day. They had learned about this method from the BHSs, BHWs, and SUs. Of the remaining three women, two chose DMPA while one opted to use pills. All the activities during the FP Day occurred from 8:00 a.m. to 1:30 p.m.

4.7.2. Minglanilla Rhu 2

We observed the FP Day of Minglanilla Municipality's RHU 2 on September 22, 2018. Minglanilla is a first-class municipality that has 19 barangays. It is around 15 kilometers from Cebu City. Its land area is 65.6 km² and its total population is 132,135. Most people reside in subdivisions and work in Cebu City or in other cities in the metro area. Minglanilla has one Municipal Health Office, several BHSs, one program monitoring unit, and two RHUs. RHU 2 is the main health center and is an accredited Maternity Care Package facility of PhilHealth. Minglanilla has a district hospital and a few private clinics.

The RHU has been organizing FP Days since October 2016. The Municipal Health Officer said the FP Day is held monthly (either on the third Tuesday or last Thursday) at the main health center. Aside from SMS, posters and leaflets were reportedly distributed to the BHSs to announce the FP Days. The BHWs assist the BHS midwife in giving out the leaflets and list the names of the women who want to shift to or start using long-acting methods. The BHWs would then inform the RHU 2 staff how many clients would participate during the FP Day. An FP Day usually has around 50 women clients.

The RHU has a midwife-coordinator for the FP Day activities. It also has four HPs trained on IUD insertion and four trained on PSI insertion. The RHUs started providing the clients with PSI only after the lifting of the Supreme Court TRO in November 2017. Women who opt for BTL are referred to the Minglanilla District Hospital. The BHS midwives usually accompany clients to the RHU on FP Days. BHWs assist them by monitoring mothers in their catchment area for antenatal care, delivery, postnatal care, and family planning. The RHUs' SUs of modern FP methods include BHWs and housewives who encourage relatives, friends, and neighbors to join FP Days or to go to the RHUs for modern FP information and services. Information about FP is also provided to the clients during antenatal and postnatal care consultations.

The Conduct of FP Day at Minglanilla RHU 2. The RHU 2 staff organized the FP Day. This facility is on the ground floor of the barangay's multipurpose hall, and the barangay's office is on the second floor. The third floor has a large open space for meetings and community assemblies; this was the venue of the FP Day. The FP Day covered two main health topics: FP and HIV prevention



A health provider counseling a mother about FP at the Minglanilla RHU.

and control. According to the HPs, HIV is included due to the growing number of HIV cases in Cebu. The HPs also invited several men because they wanted them to learn about FP. The event had a large turnout, with a total of 186 people registered: 66 men and 120 WRA. The men were mostly tricycle drivers near the market and outside the subdivision. The women with unmet need for FP came from different barangays. Many mothers brought their infants and toddlers.

Because of the large number of participants and potential FP users among the women clients, RHU 1 FP staff were tapped to assist the RHU 2 FP personnel on the FP Day that we observed. The registration started at 8:00 a.m. The participants were asked whether they came for FP or for the HIV session. The men were asked to go to the third floor after they registered to wait for the HIV lecture and the *Usapan* session. Several HPs recorded the vital signs of the women clients.



Women clients registering on the FP Day in Minglanilla RHU 2

Women were also interviewed regarding their first menstruation and participated in the HIV lecture and the *Usapan*. They were then asked to proceed to the venue of the *Usapan*. The seating arrangement of the conference hall was like a classroom. Because there were not enough seats, some young men were standing at the back of the room. A trained midwife facilitated the *Usapan*, which lasted around 20 minutes. She used presentation slides and an FP flip chart in presenting the modern FP methods. Long-acting and short-acting FP commodities were posted on a board

so that everyone could see them. Participants did not ask questions during or after the presentation. Then all the participants were asked about the modern FP method they preferred. Some men commented that they would encourage their wives to use modern FP methods.

Presentation slides were also used for a half-hour lecture on the transmission, prevention, and control of HIV. The facilitator demonstrated the proper use and disposal of a condom by using a rubber penis model. Female participants laughed during this presentation, but many men were attentive. It was also explained that condoms are used for FP.

Afterward, the female participants were asked to go to the HPs for a one-on-one interview and counseling. During the interviews, most women asked several questions about the method that they intended to use. After this activity, the women were asked to go to RHU 2 to obtain the methods of their choice or that they were eligible to accept. Those who were qualified to accept PSI or IUD went to the rooms designated for these methods. A team consisting of a medical doctor and trained HPs inserted the LARCs. Other trained HPs provided short-acting methods to several women.

Results. A total of 185 participants opted to use modern FP methods during Minglanilla's FP Day (see Table 2 for details on method choice).

Table 2. Modern FP Methods Accepted by Clients during FP & HIV Day at Minglanilla RHU2, Cebu, September 22, 2018

Modern FP method	Number of acceptors
Condoms (given to all male participants)	66
DMPA	42
Pills	39
PSI	26
IUD	10

BTL (Referred to the district hospital)	2
Total	185

Source: Minglanilla RHU2

All of the men asked for condoms after the interview. Eighty-one women were given short-acting methods either due to personal preference or because they were not eligible to accept LARCs.

An HP KI said that if the women she counseled were hesitant to accept IUD or PSI, she would not advise them to use these methods. Forty-two women opted for DMPA while 39 women accepted pills. Only 26 participants accepted PSI and 10 accepted IUD. Two women were referred to the district hospital for BTL. The high number of acceptors of short-acting methods could have been the result of inadequate screening in the communities by the BHWs, midwives, and SUs. WRAs who expressed the need for a short-acting FP method could have been referred immediately to services available during a routine service day.



Health provider showing the client where the PSI is inserted

Before the LARC acceptors were discharged, HPs reminded them how to manage their FP methods and to return to the RHU after three days. Those who accepted short-acting methods were advised to replenish their pills or obtain DMPA from the RHU. If they experienced any problems with the FP methods they accepted, the women were advised to return to the RHU. The FP Day activities occurred from 8:00 a.m. to 2 p.m.

4.7.3. Barangay Tisa Health Center, Cebu City

The third FP Day was observed on September 24, 2018 in an urban health facility, the Barangay Tisa Health Center. Tisa, one of the 80 barangays of Cebu City, has a total population of 37,766. The barangay is situated in a mountainous area, and many poor families reside there. Despite the relative proximity to Cebu City, most residents use the local health center both because it is affordable and because poor infrastructure and rugged terrain make traveling to Cebu City difficult. The Tisa Health Center is the main public health facility of the barangay. It is headed by a medical doctor who also serves three other barangays in the city.

The health center has two nurses, a midwife, 16 BHWs, and 18 field staff. Three HPs are trained to insert IUDs and four are trained to insert PSIs. An HP KI informed us that after the FP Days were held in 2017, more women started coming to the health center for long-acting methods during routine service days for FP. The health center is accessible, and the health facility has enough supply of LARCs.

The Conduct of FP Day in Barangay Tisa Health Center. The FP health center staff registered 49 women on the FP Day we observed. Some mothers brought their infants and toddlers with them. Some women were referred to Tisa Health Center by other health centers to obtain a PSI during that FP Day. The HPs from other facilities learned that because it was Tisa Health

Center's FP Day, the PSI supply would be adequate. Those HPs had already interviewed and counseled the referred clients, who therefore came to this FP Day prepared with their filled-out DOH form. They were asked to sit in the waiting area for their turn to be further interviewed and obtain their method of their choice. These women did not join the *Usapan*.



Tisa Health Center, Cebu City

questions, they could ask these during the one-on-one interview and counseling. Trained nurses seated behind four separate tables conducted the one-on-one counseling and interviews. After these activities, the clients were instructed to go the rooms designated for FP. There were four large beds for PSI insertion, with each bed having two clients. The IUD insertion took place in a separate room. Certified HPs, including the medical doctor, inserted the PSIs and IUDs.

Results. Most women (45 out of 49) opted to accept PSI. It appeared that most of those who joined this FP Day had decided on this method before coming to the health center, having learned about it from their relatives, SUs, BHWs, and health workers who live in their neighborhood. Two women accepted DMPA while one opted for pills. Only one accepted IUD. We were told that the barangay health center has enough stock of these modern FP commodities. After obtaining their FP methods, the women received discharge forms. Those who opted to use LARC were advised to keep the area around the PSI insertion dry and not to have sex for a week, and to return to the health center after three days for follow-up consultation. Those who used short-acting methods were asked to return to the health center for their FP commodities. The entire activity lasted from 8:00 a.m. until 1:45 p.m.

The other women who registered joined the *Usapan* conducted at the large garage in front of the health center. A midwife served as the facilitator. Unlike the other two sites we observed, the *Usapan* session was only a 15-minute presentation of all the modern FP methods, and the facilitator only used a table flip chart. The women were informed that if they had



A health provider inserting a PSI into a mother's arm in Barangay Tisa Health Center

5. THE LEARNING QUESTIONS

5.1. LEARNING QUESTION 1: TO WHAT EXTENT DOES THE CONDUCT OF FP DAYS REDUCE UNMET NEED IN THE VISAYAS?

Data obtained from the VH FP Days Tracker focused on the number of WRA who accepted long-acting methods at the health facilities, the number of FP Days conducted, and the specific long-acting methods accepted during the 23-month implementation of FP Days in the nine USG-assisted sites in the Visayas. For the same period, we also obtained from the FP Days Tracker the number of WRA who accepted long-acting methods during routine service days at the health facilities that organized the FP Days.

Data on WRA with unmet need for modern FP (especially long-acting methods) prior to the implementation of the FP Days in the sites hosting this activity were not available. Because of the absence of baseline data on unmet need, we were unable to determine the extent of unmet need reduction for modern FP attributable to the FP Days activity. However, the information collected on acceptance of modern FP methods through FP Days vs. routine service days provides an indirect measure of the incremental value of FP Days.

5.1.1. Total Number of WRA who accepted long-acting methods during FP Days and routine service days

During the 23-month period of the implementation of FP Days (October 2016 to August 2018), 41,337 WRA accepted long-acting methods — two and a half times more than the acceptors of long-acting methods during routine service days (15,008). This suggests that FP Days have an added value to the acceptance and utilization of long-acting methods offered at the health facilities (see Table 3).

Table 3. WRA Served with Long-acting Contraception during FP Days vs. Routine Service Days (October 2016 – August 2018)

USG-assisted site	No. of WRA who accepted long-acting methods during FP Days	No. of WRA who accepted long-acting methods during routine service days
Iloilo	4,571	1,384
Negros Occidental	4,537	3,399
Bohol	6,314	677
Cebu	5,975	2,481
TriCities	4,479	669
Leyte	8,338	4,001
Southern Leyte	2,192	1,458

Western Samar	1,743	537
Northern Samar	3,188	402
Total	41,337	15,008

Source: USAID-VisayasHealth FP Days Tracker, September 2018

5.1.2. Total and average number of FP Days conducted per USG site per month

A total of 2,005 FP Days were conducted over the 23-month period of implementation in the USG sites, with 819 in Year 1 (October 2016-September 2017) and 1,186 in Year 2 (October 2017-August 2018). Table 4 shows the total number and monthly average number of FP Days implemented by participating facilities at each USG-assisted site.

Table 4. Total No. and Average Monthly No. of FP Days at USG-assisted Sites in the Visayas, Oct 2016 – Sept 2017 (Year 1) and Oct 2017 – Aug 2018 (Year 2)

Site	October 2016 – Sept. 2017		October 2017 – August 2018	
	Total no. of FP Days	Average no. of FP Days per month	Total no. of FP Days	Average no. of FP Days per month
Iloilo	81	6.8	144	13.1
Negros Occidental	91	7.6	111	10.1
Bohol	171	14.3	194	17.6
Cebu	128	10.7	195	17.7
TriCities	56	4.7	75	6.8
Leyte	125	10.4	227	20.6
Southern Leyte	61	5.1	55	5.0
Samar	51	4.3	63	5.7
Northern Samar	55	4.6	122	11.1
Total	819	68.2	1,186	107.8

Source: USAID-VisayasHealth FP Days Tracker, September 2018

Bohol, Cebu, and Leyte had the highest number of Days (Table 4) and the highest number of long-acting method acceptors during FP Days (Table 3). Across all sites, both the total number and monthly average number of FP Days implementation increased during the second year of implementation, even with Year 2 tracking just 11 months vs. 12 months tracked for Year 1.

5.1.3. Total and average number of WRA per day who accepted long-acting methods on FP Days and during routine service days

Tables 5 and 6 show that the total and average number of WRA who accepted long-acting methods per day during FP days in the nine USG-assisted sites was higher (overall average of 18 clients per FP day) compared to the WRA who accepted these methods during routine service days (overall average of 3 clients per day, where modern FP methods could be obtained every working day of the health facilities). This finding is similar to the results of the 2015 EngenderHealth client survey in Tanzania, Uganda and DRC. However, the clients served during FP Days in these countries are

higher than those found in the Visayas. On average, 97 clients were served per day in the DRC, 112 in Tanzania, and 33 in Uganda.⁹

Table 5. Total and Average Number of Acceptors of Long-Acting Methods on FP Days and Routine Service Says, October 2016 – September 2017 (Year 1)

Site	Routine service days*		FP Days		
	Total no. of acceptors	Average no. of acceptors per day	Total no. of acceptors	Total no. of FP Days	Average no. of acceptors per FP day
Iloilo	542	2.3	944	81	11.7
Neg. Occ.	1,359	5.7	1,433	91	15.7
Bohol	257	1.1	2,309	171	13.5
Cebu	44	0.2	2,579	128	20.1
TriCities	343	1.4	1,602	56	28.6
Leyte	1,450	6.0	2,670	125	21.4
S. Leyte	1,227	5.1	1,198	61	19.6
Samar	n.d.**	n.d.**	726	51	14.2
N. Samar	114	0.5	1,067	55	19.4
Total	5,336		14,528	819	
*Assumption: Routine FP services are provided five days a week at health facilities.					
**n.d. = no data					
Source: USAID-VisayasHealth FP Days Tracker, September 2018					

Table 6. Total and Average Number of Acceptors of Long-Acting Methods on FP Days and Routine Service Days, October 2017 – August 2018 (Year 2)

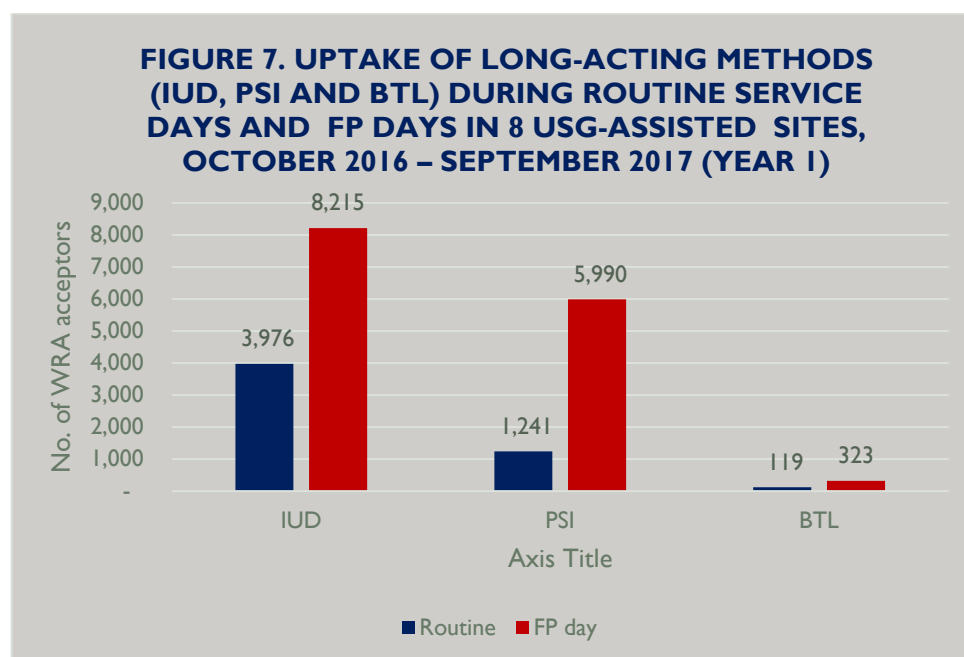
Site	Routine service days*		FP Days		
	Total no. of acceptors	Average no. of acceptors per routine day	Total no. of acceptors	No. of FP Days	Average no. of acceptors per FP day
Iloilo	842	3.8	3,627	144	25.2
Neg. Occ.	2,040	9.3	3,104	111	28.0
Bohol	420	1.9	4,005	194	20.6
Cebu	2,437	11.1	3,396	195	17.4
TriCities	326	1.5	2,877	75	38.4
Leyte	2,551	11.6	5,668	227	25.0
S. Leyte	231	1.1	994	55	18.1
Samar	537	2.4	1,017	63	16.1
N. Samar	288	1.3	2,121	122	17.4

⁹ Jarvis Leah, Wickstrom J, Shannon C. Client Perceptions of Quality and Choice at Static, Mobile Outreach, and Special Family Day:439-Pract.2018 Oct3; 6(3) 439-455. <http://www.ghspjournal.org/content/6/3/439>

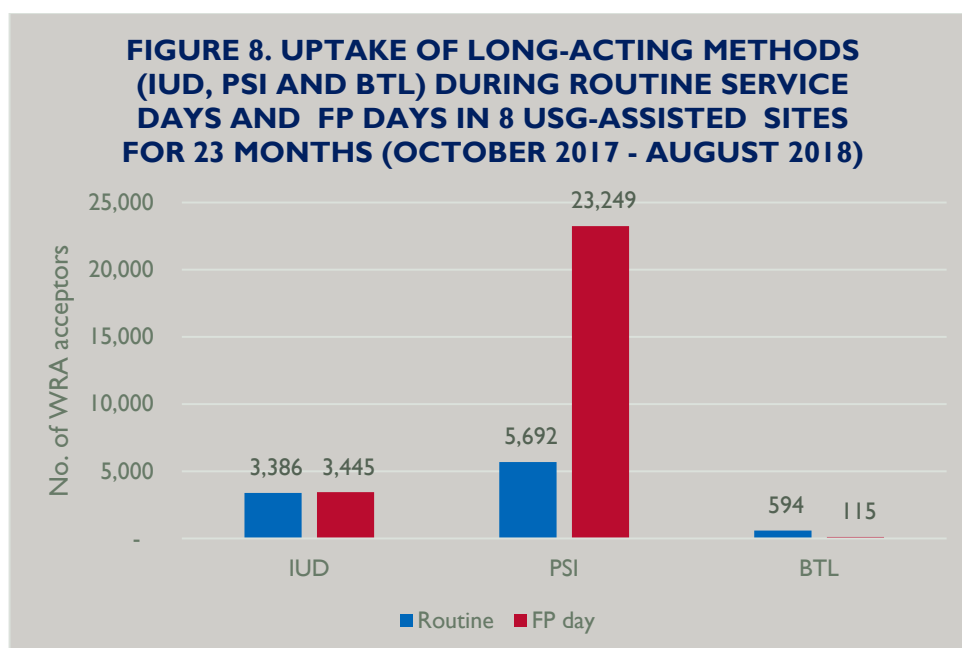
Total no.	9,672		26,809	1,186	
*Assumption: Routine services are provided five days a week at health facilities Source: USAID-VisayasHealth FP Days Tracker, September 2018					

5.1.4 Acceptance of specific long-acting FP methods during FP Days and routine service days.

Figures 6 and 7 show the long-acting methods that were accepted by WRA during FP Days and routine service days. In Year 1, IUD had the highest number of acceptors, followed by PSI and BTL (Figure 6). In Year 2, for FP Days, the number of IUD acceptors decreased by about 60 percent (from 8,215 to 3,445), while the number of PSI acceptors increased dramatically to 23,249, almost four times higher than the number of acceptors in Year 1 (5,990) (Figure 7). For routine service days, a similar increase occurred for PSI, from 1,241 to 5,692, while IUD acceptors decreased slightly (by less than 10 percent). The increase in PSI acceptance can likely be attributed to the November 2017 lifting of the Supreme Court TRO which had prohibited provision of PSIs in public health facilities. The number of women opting for BTL showed an opposite trend for FP Days and routine service days, decreasing by 208 WRA acceptors from Year 1 to 2 for FP Days and increasing by 475 WRA acceptors in the same period for routine service days.



Source: USAID-VisayasHealth, FP Days Tracker, September 2018



Source: USAID-VisayasHealth, FP Days Tracker, September 2018

5.2. LEARNING QUESTION 2: WHAT ARE THE CRITICAL COMPONENTS AND OPTIMAL MIX OF INTERVENTIONS FOR THE FP DAYS?

The critical components and optimal mix of interventions for FP Days include the following: 1) geographical assessment through GIS mapping; 2) a team of trained and certified HPs; 3) presence of satisfied users; 4) trained FP counselors; 5) adequate supply of equipment, tools, supplies, and FP commodities; and 6) proper recording and referral system.

- **GIS mapping.** The overlaying of collected data about health facilities, WRA with unmet need for long-acting methods, trained HPs, and satisfied users into geographic maps in the provinces and municipalities is useful to strategically tap into geographic areas where FP Days should be implemented first, where to continue the provision of FP services, and when to expand to other areas and continue the provision of FP services.
- **Trained and certified HPs.** Trained and certified HPs who work as a team in planning and implementing the FP Days' activities, including the provision of long-acting methods, in addition to a broad range of FP information and services, are important to the success of this activity.

It is good to have a team approach. Providers help each other, especially when one encounters difficulty in inserting an IUD or PSI or in counseling. And there should also be a doctor to be on call so we can "rescue" if there are difficult cases.

- Municipal Health Officer, Cebu Province

- **Satisfied users.** SUs, especially of long-acting methods, may include community members such as HPs, BHWs, public servants, mothers, and even religious leaders. Key informants stated that the testimonies of SUs during FP Days and promotion of modern FP, especially long-acting methods, are essential in dispelling misconceptions

and fear among WRA about these methods. SUs also served to remind WRA of the benefits of reliable modern FP for them personally.

We encourage clients to use a family planning method so that they will not suffer from taking care of and feeding many children. They cannot take care of all of them, educate and feed them.

FP is a good program of the government. If we did not use FP, our family size would be large, and our home will not be sufficient to shelter us.

We will not get bored or stop motivating clients, so that their family size will not increase. They have so many children and they have no work.

I will always share my good experience in using family planning. Because of family planning, I am not afraid that I will get pregnant again.

- FGD with SUs of RHU, Cebu Province

- **Trained FP counselors.** Trained FP counselors are important for presenting all the modern FP methods during the *Usapan* and one-on-one interviews and counseling prior to the provision of modern FP methods. They play a key role in responding to the clients' questions satisfactorily, assessing which clients are eligible for long-acting methods, and ensuring that their rights to make their own decisions are respected.
- **Sufficient tools/supplies on-site.** Necessary FP equipment, supplies, and commodities must be on hand to allow HPs to apply the DOH FP standards and respond to the needs of the clients. VH, in partnership with the RHUs, also provided snacks during FP Days, as well as transportation reimbursements to SUs/volunteers and to poor clients who traveled from distant communities.
- **Strong record-keeping.** Correct recording of the clients' health and FP profile and uptake of FP methods, including referrals, is important to accurately assess FP Days' performance and to follow up with clients who used the facilities' services.

5.3. LEARNING QUESTION 3: WHAT ARE THE CRITICAL FACTORS TO EFFECTIVELY GENERATE DEMAND FOR FP?

The mobilization of SUs and RHUs' SMS blasts about FP Days were identified as critical factors in generating demand for long-acting methods which are provided during FP Days.

- **Involving satisfied users.** The most critical factor in increasing demand for long-acting methods is engaging SUs who willingly share their positive experience in using modern FP methods offered at FP Days. Over 1,500 SUs were reportedly mobilized during FP Days in 2018. The coaching from trained FP providers on effective interpersonal communication strengthened their ability to motivate their relatives, friends, and neighbors. Many SUs often volunteered to accompany mothers and couples from their communities to participate during FP Days. Health facilities also often tapped the HPs and BHWs who were SUs to give testimonies.

Women from the community were asked to become ambassadors for FP to encourage/advocate FP with other women. Different teams were formed (Team BTL, Team Pills, Team Implant, etc.). Each team was asked to perform through a cheer dance to promote positively the benefits of modern FP. A pledge was recited supporting FP.

- Rural Health Unit physician, Cebu Province

- **SMS blasts.** Some KIs also cited the SMS text blasts reminding barangay officials, BHWS, BHS midwives, and SUs about FP Days and other related activities as an effective demand generation activity of RHUs and health centers.

5.4. LEARNING QUESTION 4: IS THERE EVIDENCE THAT FP DAYS CAN BE SUSTAINED? WHAT STRATEGIES ARE USED TO ENSURE SUSTAINABILITY?

FP Days has the potential to be a sustainable and scalable activity among both public and private health facilities with respect to institutional capacity, the demand generation strategy, and financial sustainability. However, this documentation identified a few challenges that should be addressed to enhance FP Days' viability in the long term.

- **Institutional sustainability.** There are indications that the FP Days could be sustained in the USG-assisted sites in the Visayas. At the outset, the IP secured the buy-in of the DOH-ROs and LGUs, particularly the PHOs and CHOs, to ensure that they and their key stakeholders would support the implementation of the FP Days in their areas. As a result, 252 LGUs in all the eight provinces, plus the TriCities of Cebu, have organized 2,005 FP Days through 309 RHUs and 30 public hospitals. Thirteen private sector facilities have also conducted FP Days. The question remains, however, as to whether these health facilities are continuing to conduct FP Days after the closure of USAID's IP in December 2018.

The sustainability of FP Days is promising with respect to provider capacity. Toward the last quarter of 2018, there were 1,424 trained HPs in the USG-sites in the Visayas, and 542 of them (104 medical doctors, 50 nurses, and 388 midwives) had FP Competency-based Training (FPCBT) 2 or are DOH-certified to provide long-acting methods. The number is still growing because some PHOs and CHOs are committed to continue building the FP competencies of their health providers. According to VH, there are 54 Field Training Areas (well-equipped RHUs as preceptor sites) and 35 LAPM learning centers in public hospitals. These learning sites should be assessed on how well they are building the HPs' competencies.

Some LGUs have issued local ordinances and resolutions that are supportive of FP Days. For example, the Iloilo Province RP and RH Code Article II on Family Planning Program and Services Section 19 specifies support for FP Days as follows:

Article II. Family Planning. Section 19. Family Planning Events. There shall be at least a monthly Family Planning event that shall be conducted in every municipality in all their barangays to ensure improved access and reach for Family Planning Services for those women of reproductive age with unmet need. These events shall be spearheaded by the Municipal Health Officers and Municipal Population Officers.

Source: Iloilo RP and RH Code, December 2018

A resolution was drafted in Cordova Municipality, one of the three validation sites, supporting RH and FP: Some KIs said that other LGUs are including the FP Days in their local investment plans and annual budgets. Cebu's PHO said that FP Days will continue at the RHUs in partnership with their revitalized district health offices and refurbished district hospitals. He added that the province has allocated a sizeable budget for the revival and strengthening of the district health system.¹⁰

The LGU of Cordova has drafted a resolution on reproductive health to make sure all services and training of the staff are supported by the LGU. It designates every third Thursday of the month as code pink day when we provide family planning, pap smears, and breast examinations.

The LGU allocates 50,000 pesos a year for family planning. We also partner with POPCOM, DOH, PHO, and civil society organizations like VisayasHealth and the Ramon Aboitiz Foundation, Inc.

- Rural Health Unit Physician, Cebu Province

While these various stated commitments are a good start, the LGUs should be monitored to ascertain the extent to which they do indeed include FP Days in their local legislations and health policies, investment plans, and budgets to sustain the FP Days and other family health activities. It is unclear how the SDNs, which have been present in several USG-assisted sites, are coordinating with the LGUs and their health facilities in implementing FP Days.

Demand generation sustainability. Several community-based SUs have been mobilized as advocates for modern FP methods, especially for LARCs. Innovations like the use of SMS blast messaging and GIS mapping have helped determine priority areas with both WRA with unmet need and SUs of long-acting methods. Monitoring should continue to determine whether the health facilities are sustaining efforts to coach and mobilize SUs (other than the HPs and BHWs), and whether other demand-generating tools are still being used.

- **Financial sustainability.** PhilHealth's package of support for FP was cited as an important source for financing to sustain FP Days. If accredited health facilities and HPs file claims correctly, they could be reimbursed by PhilHealth. Some LGUs have

¹⁰ Personal interview with PHO Dr. Rene Catan, October 18, 2018 in Makati City

reportedly received reimbursements from PhilHealth which provided them with added revenue for FP and supplies for their health facilities.

To assist the LGUs with a financial plan for their FP Days, VH provided them with a planning and budgeting tool. By knowing the unmet need among WRA, the FP commodities needed, the projected number of FP Days, availability of certified HPs, and PhilHealth's requirements, LGU and the RHU staff would be able to implement the FP Days systematically and file for claims for reimbursements from PhilHealth's FP benefit package.

The mayor of San Remigio Municipality in Cebu Province said that this tool has been very useful to his municipality. He added that he continually advocates with other LGUs to use it because it can be beneficial to their communities.¹¹ It would be worthwhile to study how many of the LGUs have utilized this tool and have obtained reimbursements from PhilHealth.

After VisayasHealth ends, I will ask the barangay counselors and LGUs for help funding FP Days. The clinic can also shoulder the expenses. Maybe there will be no more transportation reimbursements, but snacks can be served like lugaw (porridge) or pancit (noodles). I get an average of 6,000 pesos a month from PhilHealth, but to really sustain family planning services, dedication and commitment are essential. Strategy and funds are available but if service providers have no dedication and commitment, it will not be successful.

-Private practicing midwife, Cebu Province

One challenge (at least temporarily) with respect to financial sustainability is PhilHealth's shift to eClaims, which has led to delayed reimbursements for many LGUs. There are also issues about revenue-sharing of PhilHealth reimbursements between LGUs and RHUs, as well as delays by DOH-ROs in certifying HPs, which are affecting their accreditation from PhilHealth. None of the KI HPs from the validation sites said that they were PhilHealth-accredited. A separate study is needed to determine the extent of reimbursements to the LGUs and health facilities for FP services rendered during FP Days. PhilHealth's accreditation system of health providers and facilities and the "sharing system" between the LGU and health facilities are also important to examine. Some KIs said that it could be challenging to sustain peripheral perks such as the free snacks and transportation reimbursement for volunteers/HPs and poorer clients, which were previously provided by VH.

6. ARE FP DAYS AS AN UNMET NEED REDUCTION STRATEGY A GOOD PRACTICE OF PROMISING INTERVENTION?

Based on our analysis of source documents, testimonials from FGDs and key informant interviews, and our observations during FP Days at the three validation sites, we consider FP Days a promising intervention.

¹¹ Martinez, M., Family Planning Financing 101 for LGUs Ppt. presentation. November 5, 2018. USAID-DOH-Engender Health, November 5, 2018, Cebu City, Philippines

The results showed a clear increase in the number of WRA who accepted long-acting FP methods during the two-year implementation of FP Days. We are, however, unable to determine whether this increase in the number of acceptors would eventually contribute to the reduction of unmet need should the LGUs and their facilities decide to continue conducting FP Days after the departure of the USAID IP from the Visayas. Also, to conclude that this is a good practice, a continued reduction of the unmet need over a five-year period would need to be seen. If monitoring of the performance of the FP Days in the Visayas does not continue after the closure of VH, the trajectory starting in 2019 will be unknown.

We found that FP Days are usually held every month in RHUs and BHCs, and quarterly at a few public hospitals and private sector facilities. The following are the critical components of this promising intervention:

- A functioning team of trained and DOH-certified HPs who can provide long-acting methods as well as a broad range of modern FP information and services;
- The presence of SUs who share their testimonies during FP Days and promote modern FP to dispel misconceptions and allay fears about long-acting methods;
- Trained FP counselors who respond satisfactorily to the clients' queries during group counseling and one-on-interview and counseling, and are respectful of the clients' choice of method that they are eligible to use;
- Adequate supply of equipment, tools, supplies, and FP commodities to enable the team of HPs to apply the DOH FP standards and to provide adequate services to clients, including simple snacks and transportation reimbursement for SUs/volunteers and poor clients; and
- Proper recording of the clients' health and FP profile and acceptance of FP methods, including referrals, for the accurate assessment of the FP Days' performance and to follow up with clients who utilized the facilities' services.

However, the efficiency of the implementation of the FP Days in the three validation sites that we observed was varied. In general, the three health facilities' teams followed the same protocol of registering clients and conducting group and one-on-one counseling prior to and after the provision of modern FP services. However, some inefficiencies were found; for example, one RHU visited had underestimated demand, and extra providers had to be called in from another RHU. In another case, inadequate screening of WRA participating in the FP Day resulted in large numbers of women who were seeking short-acting methods and would have been better served at a routine service day. Finally, the FP Day observed in one site did not seem to add value because women living in that urban area were able to more easily and conveniently access the same long-acting FP methods offered at the FP Days during routine service days.

Implementation of the FP Days by health facilities should be continually monitored and reviewed to determine how far they are deviating from the procedures that VH developed, and who should continue or discontinue organizing FP Days.

“Is there a value in organizing an FP Day?”

Yes. We have many working mothers, so if an FP Day would be scheduled, we make sure that these clients are informed in advance so that they could come to the health center during the scheduled FP Day. There are many clients for PSI among these women because they would take a few hours of leave from their work to be able to join an FP Day to obtain this method. An FP Day can be scheduled at least once a month but the RHU also ensures that FP services are available every day for walk-in clients.”

- Municipal Health Officer, a Cebu municipality

Innovations like the use of SMS blast messaging and GIS mapping have helped determine priority areas that have both a high number of WRA with unmet need and SUs of long-acting methods. With the departure of VH, further monitoring is needed to see the extent to which the health facilities are sustaining these innovations.

Several LGUs in the Visayas have organized FP Days, with over 41,000 women opting to use long-acting methods within a period of two years. VH has partnered with key stakeholders that are critical in building and sustaining the FP program, particularly the DOH-RO, the PHOs, CHOs and LGUs, PhilHealth, POPCOM and, to a limited extent, the private sector, mostly private practicing midwives. There is also a large and growing pool of trained and certified HPs and several learning centers to help build the capacity of HPs. These may be signs that FP Days could eventually become institutionalized in the three Visayan regions. However, the number of LGUs and their health facilities that are continuing to hold FP Days after the closure of VH in the three Visayan regions is unknown. Some LGUs have included FP Days in their local investment plans and budgets and have passed ordinances which are supportive of this intervention, but this does not guarantee that this activity will continue. Furthermore, although PhilHealth is meant to be the main funding source for FP Days, the number of LGUs and health facilities being reimbursed for provision of long-acting methods has yet to be documented and tracked.

7. CONCLUSION

FP Days as an unmet reduction strategy is a promising intervention. It is relevant and responsive to the RP/RH law and EO No. 12 and to many WRA with unmet need for long-acting FP methods. VH, the IP that conceived of and facilitated the organization of FP Days, collaborated with key stakeholders who implemented the FP Days through their health facilities and would likely sustain the intervention. The presence of teams of trained and certified FP providers for long-acting methods; satisfied users as motivators of WRA with unmet need; trained FP counselors, FP equipment, supplies, and commodities; proper recording of FP clients' health, FP profiles, and uptake of long-acting methods and referrals; and usage of innovative demand-generation strategies were key components of the FP Days activity.

However, some issues with respect to the intervention's efficiency, effectiveness, scalability, and sustainability need to be addressed to sustain the gains and benefits obtained so far from implementing this strategy. There is a need to review the current practices of the health facilities in conducting FP Days after the closure of VH operations. A five-year continued reduction is essential to be able to conclude that this intervention is effective and should be scaled up.

Thus, there is a need to monitor whether the LGU health facilities are continuing to hold FP Days and their performance in 2019 and beyond. With PhilHealth being the one of the most important revenue sources for sustaining the health facilities that are conducting the FP Days, it will be important to investigate how many of these participating facilities and LGUs are filing claims and getting reimbursed by this government agency.

8. WAY FORWARD

Based on our documentation of FP Days, we offer the following recommendations for the LGUs, the DOH-ROs, and USAID's new IPs to sustain the gains and benefits derived from this activity.

For LGUs:

- Create a coordinating structure and mechanisms to orchestrate and synchronize FP Day activities and services and continue to provide adequate budget support, regular FP supplies, commodities, and technical assistance.
- Continue monitoring FP Days performance to determine whether the health facilities can sustain this activity.
- Sustain interest and support of certified HPs to assist other health facilities.
- Ensure that health facilities and DOH-certified FP service providers are accredited by PhilHealth so they can be reimbursed for FP services rendered during FP Days.
- Sustain the interest and participation of SUs by continuing to orient and coach them on interpersonal communication and advocacy.
- Encourage the private sector to continue holding FP Days and to regularly report their performance to the LGUs.
- Support and strengthen preceptor/learning sites and field training areas to build health providers' FP competencies.

For DOH-ROs:

- Continue to provide technical assistance for capacity building initiatives, particularly on FP Competency-Based Training (Level I & 2), including post-training evaluation and mentoring activities.
- Strengthen training institutions on FP/RH to develop a cadre of mentors and training supervisors.
- Provide funding assistance such as grants to scale up FP Day activities.
- Ensure availability of required logistics and FP commodities in the LGUs.
- Continue strengthening collaborative partnerships and coordination among key players of FP Days.

For USAID OH and the new IPs:

- Continue providing technical assistance to LGUs in the Visayas to build on USAID investments to enhance this activity's efficiency, effectiveness, and sustainability.
- Discuss with DOH the possible replication of the FP Days strategy in other regions with support from the new FP IPs.
- Consider the integration of GPPI criteria, including quantitative and qualitative measurements, as part of generating evidence on good and sustainable practices that can reduce unmet need for modern FP.

9. PROPOSED IMPLEMENTATION RESEARCH AREAS

We suggest the following topics for future implementation research and assessments:

- Status of the LGUs' implementation of FP Days and the efficiency of health facilities in conducting FP Days over the next three years, including clients' perceptions and experiences with full, free, and informed choice and satisfaction with services obtained
- PhilHealth accreditation status of the DOH-certified HPs and their health facilities
- PhilHealth reimbursements for services rendered during FP Days, sharing system between the LGUs and their health facilities, facilitating factors and barriers affecting PhilHealth reimbursements
- Functionality of the Field Training Areas, LAPM learning centers, GIS learning centers, and Field Training Network
- Extent and nature of participation of the private sector in conducting FP Days
- Extent and nature of implementation of FP Days in public hospitals
- Documentation and assessment of LGUs' ordinances, resolutions, investment plans, and budgets for FP Days
- Role of SDNs and their coordination and support mechanisms for FP Days

REFERENCES

Department of Health. July 2017. Executive Order No. 12.s. 2017-Zero Unmet Need for Modern Family Planning” Through the Strict Implementation of the Responsible Parenthood and Reproductive Health Act. Initial Progress Report. January-June 2017 Accomplishments.

<https://www.doh.gov.ph/sites/default/files/publications/EO%20No.%2012%20-%20Zero%20Unmet%20Need%20for%20MFP%20Initial%20Progress%20Report-min.pdf>

Department of Health Office of the Secretary Administrative Order No. 2014-0042. Guidelines on the Implementation of Mobile Outreach Services for Family Planning. <https://www.doh.gov.ph/family-planning>.

Department of Health-Commission on Population. 2017 4th Annual Report on RP/RH. Maternal, newborn, child health and nutrition; family planning; adolescent sexual and reproductive health; STI/HIV/AIDS; and elimination of violence against women and children. <https://www.doh.gov.ph/sites/default/files/publications/4th%20Annual%20Report%20of%20the%20RP%20Law%20Implementation.pdf>

High court stops DOH Contraceptive Implants. Inquirer News. March 20, 2019.

https://newsinfo.inquirer.net/702730/high-court-stops-doh-contraceptive-implants?utm_expid=.XqNwTug2W6nwDVUSgFjXed.1

Jarvis L, Wickstrom J, Shannon C. Client Perceptions of Quality and Choice at Static, Mobile Outreach, and Special Family Day:439- Pract.2018 Oct3; 6(3) 439-455.

<http://www.ghspjournal.org/content/6/3/439>

Martinez, M. Family Planning Financing 101 LGUs. November 5, 2018. VisayasHealth: PADAYON Sustaining FP Innovations Thru Transfer of Technology. Quest Hotel, Cebu City, Philippines. Philippine Statistics Authority, National Census, 2015. Available at: <https://psa.gov.ph/tags/popcen-2015?page=3>

Ng E and de Colombani P. Framework for Selecting Best Practices in Public Health: A *Systematic Literature Review*. *Public Health Res* 2015 Nov 17.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4693338/>

2017 POPCOM Annual Report: Generating Demand Despite the Challenges. Commission on Population. <http://www.popcom.gov.ph/rm/2015-07-15-02-01-16/2015-07-15-02-01-56>

Republic Act No. 103541. An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health. July 24, 2012. Republic of the Philippines. Congress of the Philippines. Metro Manila. Fifteenth Congress Third Regular Session.

https://www.doh.gov.ph/sites/default/files/policies_and_laws/ra_10354.pdf

ANNEX. CHECKLIST ON FP DAYS ACTIVITY STEPS COMPLETION

Checklist on the FP Days activity steps completion with trained providers

ACTIVITY	YES	NO	REMARKS
<i>Step 1: Provincial Mapping and selection of LGU clusters</i>			
Utilized GIS mapping technology incorporating provincial data			
Presented data and invited the PHO and DOH during coaching and orientation.			
<i>Step 2: Initial Assessment and data collection</i>			
Collected baseline information (population, satisfied users, trained providers, accessibility, PHIC accreditation status)			
Developed municipal map with BHS			
Assessed logistical requirements (instruments, testing kits, sterilizer etc.)			
Identified participants for the orientation and coaching			
<i>Step 3: Orientation of RHU staff, coaching of Satisfied Users and preparatory for the FP day</i>			
Utilized power point slides for the orientation			
Meeting to plan for FP Day was done			
FP schedule was set			
Determined the need for providers that may need guidance from preceptors.			
The training team was informed for the schedule of PTME (For those who are for PTME)			
<i>Step 4: Conduct of FP Day</i>			
Established process/ Client flow			
Emphasized Counseling and offering of wide range of options for FP methods			
Technical assistance was given on certification, accreditation and filing of PHIC claims/ reimbursements			
Documented results/ lessons learned			
Conducted post-activity meeting and gave feedback to the RHU staff			