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# Good Practices and Promising Interventions Series: Family Planning in Hospitals

**What is the Family Planning (FP) in Hospitals approach?** FP in Hospitals is a USAID-supported Department of Health (DOH) strategy that aims to increase uptake of FP, especially among postpartum clients and for long-acting reversible contraception (LARC) and long-acting permanent methods (LAPM). This strategy contributes to the overall DOH goal to address unmet need for modern FP. Hospitals play a key role to increase demand for FP, provide quality FP services, and create an enabling environment for FP and reproductive health services. Our documentation of FP in Hospitals found it to be a promising intervention that can help address unmet need and can be replicated at a national scale, while resolving operational and funding bottlenecks and reducing variation in program implementation.

**Why is this practice important?** Despite significant reforms in the Philippine health sector, there continue to be gaps in the continuum of care, particularly among underserved populations and for priority health issues such as FP.

- In recent years, unmet need for modern FP among married and in-union women of reproductive age (15–49 years old) decreased by only 5 percent, from 35.0 percent in 2013 to 30.6 percent in 2017 [National Demographic Health Survey (NDHS)].<sup>1</sup>
- Unmet need for modern FP is higher among postpartum women in particular.
- An estimated 72 percent of postpartum women in the Philippines have unmet need for FP (Moore 2015) (Figure 1).<sup>2</sup>



Figure 1

FP in Hospitals addresses this gap in modern FP needs, particularly among postpartum women, by taking advantage of the increase in facility-based deliveries. Seventy-eight percent of women in the Philippines now give birth in health facilities (NDHS 2017), and the hospital setting provides a strategic opportunity to provide postpartum FP services. Hospitals are also a focal point to reach other potential FP clients (e.g. parents of pediatric patients, wives of male patients, relatives of older patients, young parents, and sexually active youth seeking consults in the hospital).

<sup>1</sup>Secondary data analysis using: Philippine Statistics Authority (PSA) and ICF. 2018. Philippines National Demographic and Health Survey 2017. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF.

<sup>2</sup>Moore Z, Pfitzer A, Gubin R, Charurat E, Elliott L, Croft T. Missed opportunities for family planning: an analysis of pregnancy risk and contraceptive method use among postpartum women in 21 low- and middle-income countries, 2014.

**What are the results?** Institutionalizing FP in Hospitals in the studied settings reduces unmet need for modern FP methods, particularly unmet need for long-acting reversible and permanent methods.

In Lipa City District Hospital (Figure 2):

- Current users of modern FP methods increased.
- By 2017, 1,409 hospital clients were current modern FP users, a 2.5 increase from 2015.
- Eighty-three percent of clients in 2017 were LARC and LAPM acceptors.

**Number of clients using modern FP methods, Lipa City District Hospital**

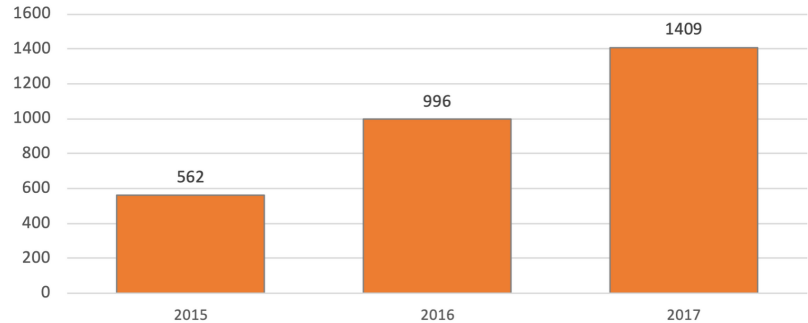


Figure 2

In Oriental Mindoro Provincial Hospital (Figure 3):

- PPIUD acceptors increased, from 153 in 2015 to 1,182 in 2017, likely due to an increase in trained FP providers and a possible increase in IUD popularity.
- Bilateral tubal ligation (BTL) acceptance increased from 2014 to 2016 but then declined significantly in 2017. This was likely due to staffing shortages in 2017, with only one doctor able to render part-time BTL services.

**New acceptors of long-acting reversible & permanent methods, Oriental Mindoro Provincial Hospital**

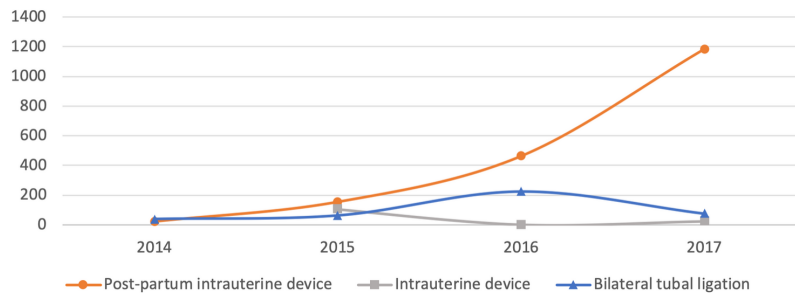


Figure 3

At Bicol Regional Teaching and Training Hospital (Figure 4):

- Broader availability of PSI and BTL (with the Supreme Court lifting its temporary restraining order on PSI in November 2017) led to more clients opting for these methods rather than IUD.
- FP acceptors increased by 25 percent.

**FP acceptors of long-acting reversible & permanent methods, Bicol Regional Teaching & Training Hospital**

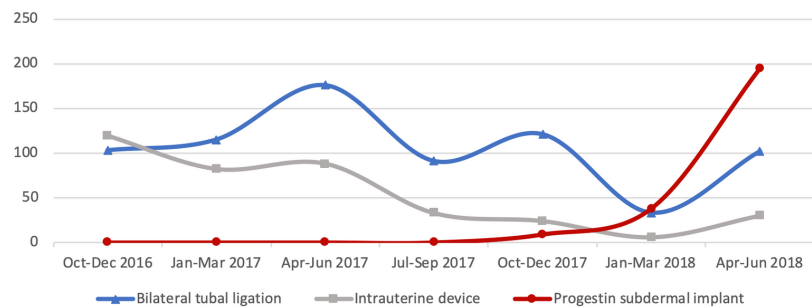


Figure 4

# Key Components

## 01

### Sustain Demand Generation at Strategic Points In The Hospital

#### **Ensure FP information and services are easily accessed by hospital clients.**

1. Triage and profile all women of reproductive age, men, and youth for unmet need for modern FP.
2. Hospital management and the core team of FP providers should support and institute a “no missed opportunity” strategy. Orient and allow non-FP staff to proactively engage potential FP clients. Establish interdepartmental referral protocols.
3. Provide and use FP signage.
4. Use information, education, and communication materials and schedule FP events.
5. Provide FP information and counseling sessions.



*FP is scheduled every day including Saturdays. We also serve in the delivery room, OB ward, PhilHealth wards, and pay ward. Our strategy is to train almost all the nurses here inside the hospital who are assigned to different areas. They refer to us if they identify clients with unmet need.*

-Nurse in FP Unit, Bicol Regional Training and Teaching Hospital

### Provide Quality Family Planning Services

## 02

**Offer the broadest possible range of FP services**, including niche services such as LAPM (specifically BTL and no-scalpel vasectomy) and long-acting reversible contraception (such as the progestin subdermal implant and IUD, both interval and postpartum).

**Create space.** At a minimum designate a FP clinic in the hospital, and if possible also provide a room for bilateral tubal ligations. Dedicate an FP point person and formalize implementation of FP in Hospitals through an official hospital order.

**Ensure continuous quality improvement.** Integrate the client’s perspective and feedback on services, and work with local government units (LGUs), rural health units, and community members to increase commitment for provision of quality services.

# 03

## Strengthen Health Systems and Build Institutional Capacity

**Train and certify FP service providers, including doctors, nurses and midwives.** Ensure Philippine Health Insurance Corporation (PhilHealth) accreditation of providers and hospitals. Notify hospitals so they are aware of their eligibility for PhilHealth FP packages (e.g. claims for PPIUD and subdermal implant services) and understand the complete process of e-claims filing. DOH should continue to conduct training of trainers to expand and scale up training of FP health providers in their respective geographic areas.

**Provide supply chain management support,** including assistance in recording and reporting commodities that are received and dispensed from the hospital, allowing the hospital to track commodity availability and strengthen FP commodity security.

**Advocate for FP leadership and an enabling policy environment.** Within the hospital, create an FP management team and institutionalize an FP strategy.

**Ensure the systematic and timely recording and reporting of FP clients.** Work with Provincial Health Offices, DOH Regional Offices, and LGUs to account for FP performance in hospitals in DOH Field Health Services Information System (FHSIS) reports.

**Work toward financial sustainability.** Facilitate PhilHealth reimbursements. Develop partnerships with DOH Regional and Provincial Health Offices, for FP funding and commodities.

FP in Hospitals is one of several good practices and promising interventions (GPPIs) led by the Philippine Government, USAID, and USAID implementing partners. GPPIs are identified and documented by USAID's Collaborating, Learning, & Adapting for Improved Health Project (CLAIMHealth). This brief results from documentation of USAID's LuzonHealth Project (2013–2018). FP in Hospitals was also implemented by USAID's VisayasHealth Project and USAID's MindanaoHealth Project during this time period. (Prior to this, DOH and USAID pioneered the DOH Centers of Excellence in postpartum IUD/postpartum FP through USAID's Maternal and Child Health Integrated Project [2012–2014]).

In consultation with USAID's LuzonHealth Project (LuzonHealth), CLAIMHealth selected three hospitals based on performance indicators and improved outcomes after LuzonHealth's interventions. BRTTH, OMPH, and LCDH represent regional, provincial, and district levels of service. CLAIMHealth validated whether the intervention was a GPPI through qualitative methods, a desk review, and content analysis of available records and reports. To date, FP in Hospitals continues to be scaled up in Luzon, Visayas, and Mindanao, including BARMM, as one of the key DOH strategies to achieve the FP goals of the Philippines National Objectives for Health (2017–2022).

**Contact us to learn more about establishing and/or strengthening the FP in Hospitals strategy:**

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