

MCHIP Country Brief: Philippines



Selected Health and Demographic Data for Philippines	
Maternal mortality ratio (deaths/100,000 live births)	162
Neonatal mortality rate (deaths/1,000 live births)	14
Under-5 mortality rate (deaths/1,000 live births)	31
Infant mortality rate (deaths/1,000 live births)	23
Contraceptive prevalence rate	34
Total fertility rate	3
Skilled birth attendant coverage	62%
Antenatal care, 4+ visits	75%

Sources: Population Reference Bureau, 2012 World Population Data Sheet, WHO Global Health Observatory Data Repository, Philippines

Health Areas

- Family Planning
- Maternal Health
- Child Health



Program Dates	July 1, 2012–June 30, 2014					
Total Mission Funding	Redacted					
Geographic Coverage	No. (%) of Provinces	47%	No. of Districts	31	No. of Facilities	10
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INTRODUCTION

The Philippines National Demographic and Health Survey (DHS) reported that in 2008, 40 percent of postpartum (PP) women who wanted to space or limit their pregnancy for the next 2 years were not using any family planning (FP) method. One of the gaps identified is the lack of access to long-acting or permanent methods (LAPM), including immediate placement of PP intrauterine devices (PPIUD), during the PP period. Improving access to LAPM by integrating PPF services into established maternal and child health programs has been proven as a viable approach in reducing unmet need for FP and promoting healthy birth spacing among women living in low-resource settings. Lessons learned from other Maternal and Child Health Integrated Program (MCHIP) sites demonstrate the feasibility of this approach.

Global research has shown that birth-to-pregnancy intervals in developing countries are too short. An analysis of DHS data from 52 developing countries, including the Philippines, found that short birth-to-pregnancy intervals are associated with adverse pregnancy outcomes, increased morbidity in pregnancy, and increased infant and child mortality. Specifically, the 2008 Philippines DHS reports that the mortality rates for Filipino infants and children decrease by almost half with longer birth-to-pregnancy spacing, from 35 infant deaths and 54 under-five child deaths for every 1,000 live births at shorter birth-to-pregnancy intervals of 15 months to just 18 infant deaths and 26 child deaths for every 1,000 live births at longer birth-to-pregnancy intervals of 27 to 38 months.

Because of the clear evidence of the benefits of spacing from countries like the Philippines, the World Health Organization has recommended that women wait at least 24 months after giving birth before attempting to become pregnant again to reduce maternal, perinatal, and infant health risks. In the Philippines, 50 percent of all non-first pregnancies occur within 24 months of a previous birth, putting both mother and child at unnecessarily high risk.

Pregnancies that occur too soon after a previous birth (during the “postpartum” period) can present serious health risks to mothers and children. Most Filipino couples want to delay or limit future pregnancies after giving birth, but many do not use modern methods of family planning and are unaware of the potential for future pregnancy when they are sexually active following a birth. Postpartum family planning (PPFP) for healthy timing and spacing of births addresses women’s need for family planning and saves countless lives by preventing high-risk pregnancies. PPIUDs are presently the only PPF method for couples requesting a highly effective and reversible, yet long-acting, family planning method that can be initiated during the immediate postpartum in lactating women. Postpartum intrauterine contraceptive devices (PPIUDs) can be placed within 10 minutes to 48 hours of the delivery of the placenta or during cesarean section. PPIUDs are cost-effective and can be inserted by a trained, mid-level skilled birth attendant.



PPIUD insertion demonstration during Family Planning: State of the Art event in March 2014

In addition to the challenges presented by short birth intervals, the Philippines also has the highest burden of low birth weight (LBW) newborns in the region. About 15% of all births in the Philippines are preterm, making this condition a significant contributor to newborn deaths in the country. Kangaroo Mother Care (KMC) is a low-cost intervention that helps regulate the body temperature of a LBW newborn and facilitates early initiation of breastfeeding. Although the Philippines was one of the pioneer countries in Asia to implement KMC, it is not practiced regularly in every facility. To address this issue, MCHIP in the Philippines worked to promote and integrate KMC services in facilities.



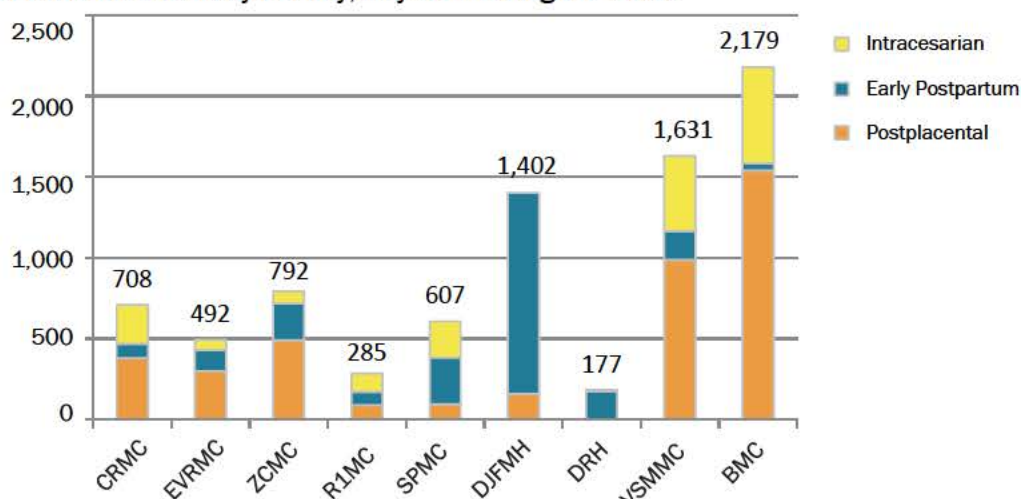
Instructions on proper PPIUD insertion given during MCHIP training in Manila

In early 2012 MCHIP was asked to conduct an assessment in the Philippines in order to develop a program to strengthen capacity-building for long-acting and permanent family planning (FP) methods in the postpartum period, and strengthen FP and child health integration. MCHIP received [Redacted] for this activity, and the assigned period of performance was July 2012–March 2014. The USAID mission in the Philippines approved an additional [Redacted] MCHIP in July 2013, and the period of performance was extended through June 2014. MCHIP's visibility and support to the regional projects and the newborn scope was increased with this new funding.

KEY ACHIEVEMENTS

- **MCHIP established nine Centers of Excellence (COE) for PPFPP/PPIUD across Philippines.** Through a comprehensive development process, out of the ten facilities provided with MCHIP technical assistance, nine COE for PPFPP/PPIUD were established and strengthened. The COE are located in Luzon, Visayas, and Mindanao, and the catchment area of these nine sites covers 31 provinces. These COEs are envisioned to serve as model delivery sites that: (1) provide quality PPFPP-PPIUD services to postpartum women, (2) train PPFPP-PPIUD service providers and clinical trainers, and (3) serve as a technical resource to initiate adoption and scale-up of PPFPP-PPIUD services in their respective regions or localities. From July 2012 to June 2014, a total of 6.7% (n=8,273) of all women who delivered at these COEs received PPIUD insertions. Within the same time frame, the project capacitated 23 PPFPP-PPIUD service providers and 20 PPFPP-PPIUD trainers at these sites. An additional 43 PPFPP-PPIUD service providers from other facilities outside these sites were also trained.
- **69 trainers for PPFPP/PPIUD were developed.** These trainers have the capacity and certification to provide PPFPP/PPIUD training for providers, thus building the available pool of qualified PPFPP/PPIUD service providers and improving women's access to quality PPFPP counseling and services when needed. The training of 38 trainers was funded by MCHIP Philippines while the rest were financed by other USAID health projects with technical assistance of MCHIP Philippines. Fifty-three of these trainers are from the COE while the others are from partner organizations, e.g. private facilities, regional health offices, and other USAID health projects.
- **Over 200,000 clients accessing essential MNCH services at MCHIP-supported facilities received FP counseling,** either during the antenatal period, early labor period, or postpartum period. Access to FP counseling during these periods has historically been very limited. Through MCHIP's efforts, postpartum women who want to space or limit their pregnancies for the next two years have increased access to information about the FP options available to them.

Figure 1: PPIUD Insertions by Facility, July 2012 - August 2014



- MCHIP’s efforts to train and build capacity of regional projects are beginning to catalyze the implementation of PPIUD in some areas. For example, the Cebu
- DOH Regional Office has already conducted training on PPIUD with the technical assistance of Visayas Health.
- MCHIP facilitated the inclusion of PPIUD in the Clinical Practice Guidelines on Family Planning and the Philippines Clinical

Standards Manual on Family Planning. MCHIP worked with the DOH to include information on the PPIUD in the first edition of the Clinical Practice Guidelines on Family Planning published by the Philippine Family Planning Society, Inc. and the Philippine Obstetrical and Gynecological Society (Foundation), Inc. The section recommends proper IUD insertion during the postpartum period as a safe and effective contraceptive method. Inclusion of PPIUD in the Clinical Practice Guidelines has the imprimatur of the DOH, making the method official in a sense. It allays the fears of some obstetrician-gynecologists that this method is not acceptable in the Philippines, which may increase the likelihood that providers will counsel patients on their FP options leading up to and during the postpartum period. MCHIP also finalized a service delivery manual for PPIUD to supplement the current Philippine Clinical Standards Manual on Family Planning, which was approved and endorsed by the DOH. The supplement is expected to aid FP service providers with updated information on PPIUD technologies, strengthen the adaptation and scale-up of PPIUD services in health facilities, and increase stake holder buy-in among the cadre of FP service providers.

- **KMC implementation at two tertiary hospitals and inclusion of KMC and EINC indicators in accreditation checklists.** A Memorandum of Understanding (MOU) was signed between the two hospitals and the KMC Philippines Foundation for duration of three years. The KMC programs will be managed by a KMC committee composed of trained KMC core staff authorized by the hospital administrations. Due to MCHIP’s advocacy efforts the Department of Health also expressed that KMC and EINC indicators will be included in the Mother-Baby Friendly Hospital accreditation checklist which is currently being revised.



Postpartum Family Planning supplement to the Philippines Clinical Standards Manual on Family Planning

WAY FORWARD

In family planning, the success of adoption and implementation of the program is due to the effective competency-based training given to highly motivated providers who can echo their learning and skills to equally motivated and supported FP providers in their respective hospitals. Integration of the program in MCH services, specifically in antenatal, intrapartum, and postpartum care, has been key in driving and sustaining the demand for PPFPP-PPIUD services and strengthening the capacity of both hospitals and their FP providers. The administrative support of hospital leadership, assistance of the three USAID regional projects, and diligent supportive supervision from MCHIP staff has also been critical in achieving the objectives of the program. Nevertheless, consideration for diligent and consistent FP data reporting and recording needs to be further enforced and addressed both by the COE and through the assistance of MCHIP staff. Similarly, MCHIP is also encouraging COE to seek and advocate for the support of their local health offices to ensure that a supportive policy environment for PPFPP-PPIUD services is put in place.