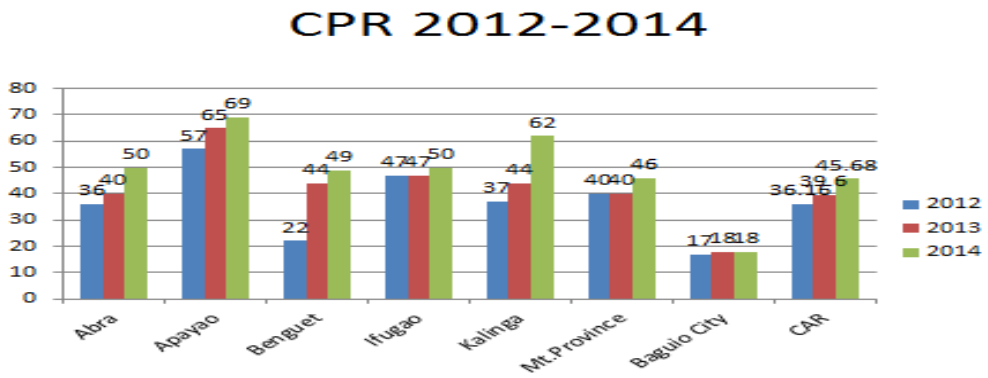
FAMILY PLANNING SITUATIONAL ANALYSIS 2015

Family Planning refers to a program which enables couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to carry out their decisions, and to have informed choice and access to a broad range of medically safe, legal and effective family planning methods, techniques and devices.

Reducing unmet need for modern family planning is a critical element in attaining the Millennium Development Goal of reducing by two-thirds the maternal mortality. Attaining the Millennium Development Goal is part of the third strategic thrust of Kalusugan Pangkalahatan (KP), which is the administration's execution plan meant to achieve Universal Health Care. KP provides that public health effort and resources will be focused towards areas with high concentrations of poor families listed in the NHRTS-PR, where access to health services remains low.

Based on the declaration of policy of the IRR of RA 10354 or otherwise known as the “The Responsible Parenthood and Reproductive Health Act 2012”, the state recognizes and guarantees the human rights of all persons including their right to equality and nondiscrimination of these rights, the rights to sustainable human development, the right to health which includes reproductive health, the right to education and information, and the right to choose and make decisions for themselves in accordance with their religious convictions, ethics, cultural beliefs, and the demands of responsible parenthood. The state likewise guarantees universal access to medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies which do not prevent the implantation of a fertilized ovum as determined by the Food and Drug Administration (FDA) and relevant information and education thereon according to the priority needs of women, children and other underprivileged sectors, giving preferential access to those identified through the NHTS-PR and other government measures of identifying marginalization, who shall be voluntary beneficiaries of reproductive health care, services and supplies for free.

Table 1: Contraceptive Prevalence Rate, 2012-2014

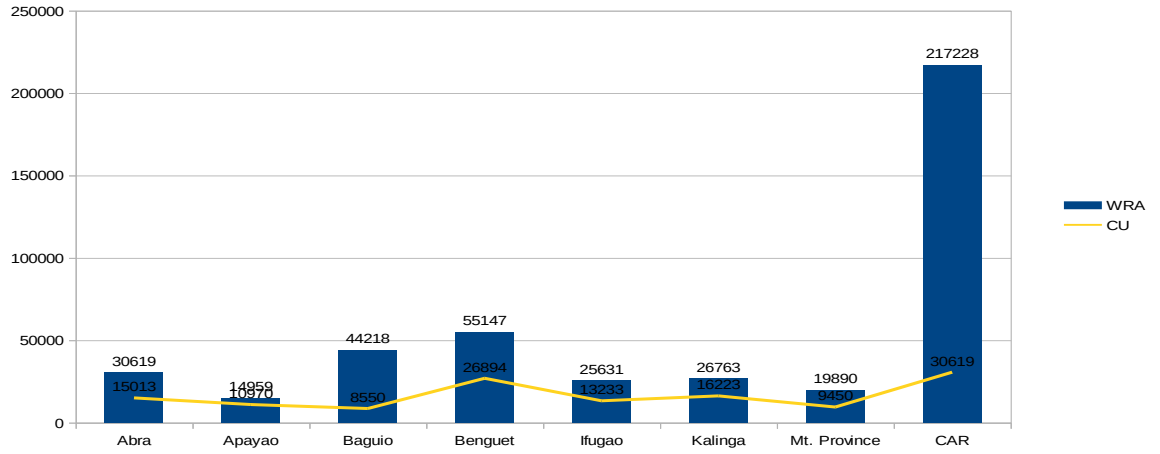


source: FHSIS

In this graph, there is a gradual increase in the Contraceptive Prevalence Rate in the region. It was observed that Benguet including Baguio city has low CPR over the years followed by Ifugao and Mt. Province respectively.

Table 2.

WRA vs CU, 2nd quarter 2015



source: FHSIS, 2nd quarter 2015

This graph shows the direct relationship of current users on family methods against the number of women of reproductive age (WRA). An increase in the number of WRA is directly proportional to the increase in the number of current users. But in the graph, it was noted that in CAR, that there is significant number of gap between the number of WRA and current users, which means there were still many WRA who are not using modern family planning methods.

OPPORTUNITIES AND THREATS:

The state has already enacted the RPRH law, also known as the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 or Republic Act No. 10354, and is now on its implementation. It increased stability and sustainability of health policy across national and local government terms of office. It would help improve access to information, facilities and services (through service delivery network, capacitating both the facilities and the skilled health professionals).

DOH Central office allocated commodities to local government units ONLY for the National Household Targetting System- Poverty Reduction list.

There were the civil society organizations, basic sectors, academe and private sectors that have important roles and contribution in the implementation of Family

Planning Program. To name a few, Family Planning OP (FPOP) with Baguio and Benguet as their coverage area, Philippine Society for Responsible Parenthood (PSRP) catering Ifugao and Mt. Province as their project site and USAID-RTI, Luzon Health Project providing technical assistance and training to the regional office and to the province of Benguet and Baguio City.

But there were some disadvantages being observed having development partners not covering the whole region. Only in their project sites can be benefited and not all provinces have the same access to new technology and technical assistance. It was also noted that there was a confusion in the part of implementing LGUs whether to include in their report their accomplishments assisted by private partners.

There was also the issuance of the temporary restraining order by the Supreme Court in the insertion of Implanon and Implanon NXT in the Philippines, which may have great contribution in the increased of FP acceptors.

STRENGTHS AND WEAKNESSES:

For our region, we have a good amount of budget for the program which we planned for the purchase of our family planning commodities for augmentation to our partner LGUs, conduct of trainings and monitoring.

Provincial FP coordinators have the dependable commitment in the program. 85% of our human resources were trained on Family Planning Competency Based Training (FPCBT) Level 1. We still need to train the other 15%, who were newly hired personnel and others that did yet attend.

In the provision of long acting permanent methods, there were trained nurses and several midwives on FPCBT Level 2, interval IUD insertion. But based on monitoring, 90% of them were not practicing or needs refresher course because of lack of acceptors and weak advocacy. Still, few were trained on postpartum IUD insertion. In CAR, according to NDHS survey last 2013, IUD use declined from 2008-2013, necessitating boosting of RHU capacities to provide the service.

There is a need for the post training evaluation for those trained on bilateral tubal ligation via minilaparatomy under local anesthesia which may significantly aids in the increase of current users.

ANALYSIS:

There has been a steady increase in contraceptive use from 49 percent of married women in 2003 to 55 percent in 2013 in the Philippines. Yet 18% of married women have an unmet need for family planning, 7% want to delay their next pregnancy and 11% want no more children according to the key findings of NDHS 2013.

In our region, there is a gradual increase in our CPR from 36.16 percent in 2012 to 45.68 percent in 2014. But still, based on our CHT reports as of August 2015, we still have a total of 11,511 WRA with unmet need for modern family planning, with Abra province as the highest, second is Benguet including Baguio City and Kalinga Province. It is a challenge to all health workers to reach for those women not using any method.

Fulfilling demands for contraceptives would be beneficial to disadvantaged women, who use contraceptives less and experience unintended pregnancy more than their better off counterparts. Poor women face barriers to contraceptive use such as costs, poor-quality services, lack of awareness of or access to a source of contraceptive care, and lack of awareness of methods. Thus, there is a need for augmentation of commodities to partners where they will access to for both public and private.

Premarital sexual activity is increasing, creating a greater need for contraceptives among young women and men. It is in this venue that the program should come in. Health workers should provide services, advocate and conduct more information, education and counseling.

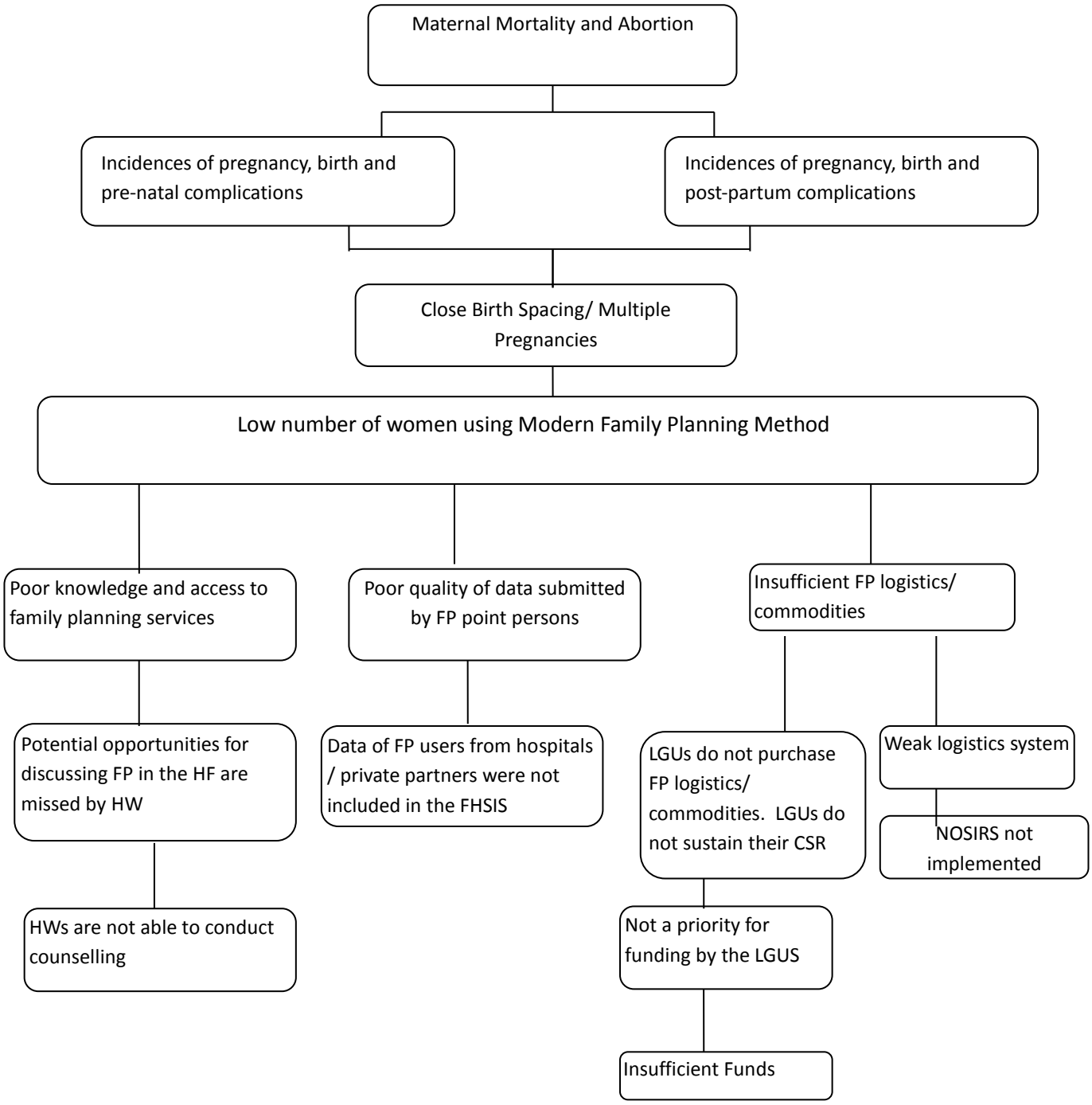
Health providers are the important source of family planning information for non-users who may be in need of family planning. According to 2013 NDHS, 12 % of non-users were visited in their home by a health worker who discussed family planning and that 15% had discussed family planning during a visit they had made to a health facility. The survey also showed that some potential opportunities for discussing family planning with nonusers are missed; one in five nonusers (20%) had visited a health facility in the past year without receiving any information on family planning. Overall, 80% of nonusers had not discussed family planning with field worker or at a health facility in the past year.

Public and private sectors provide an almost equal proportion of modern method users in the Philippines. The principal public sector sources for contraceptives are barangay health stations, government hospitals and rural/city health centers. Pharmacies are the principal private sector provider for contraceptives. And with this, users accessing the pharmacies and private providers were not recorded in the data of rural health units which results to low number of FP users and their data does not show the real picture of their area.

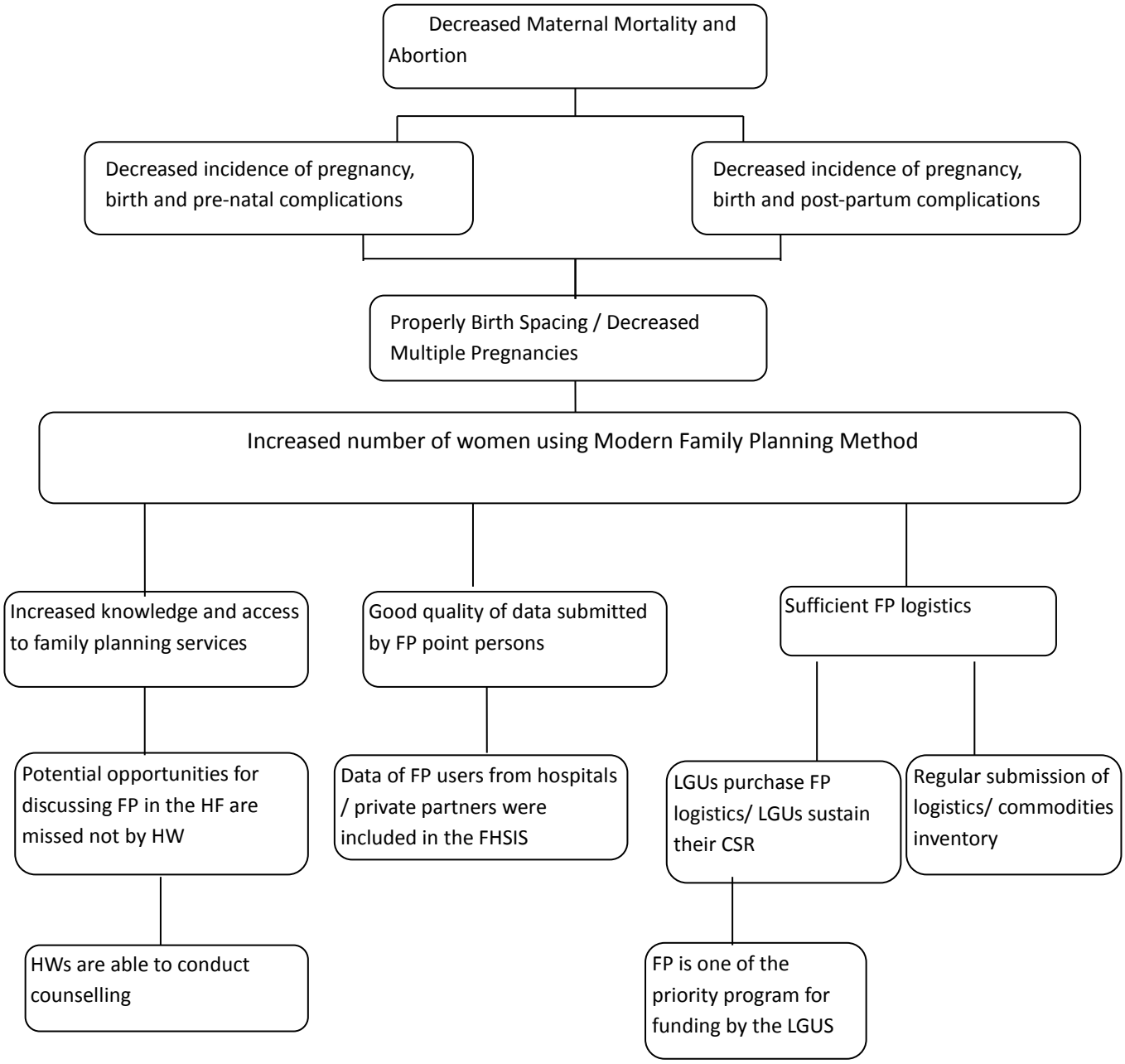
PRIORITIZATION OF CONCERNS:

As a conclusion, our focus for 2016 will be counseling and provision of family planning services to all our women of reproductive age with unmet need for modern family planning in the region. Despite the increasing number of our current users, there are still women of reproductive age with unmet need for modern family planning methods in need of counseling and services. Capacitating our health service providers with knowledge and skill will give great impact. We should also look into the quality of our regional data which greatly affect the regions contraceptive prevalence rate.

PROBLEM TREE

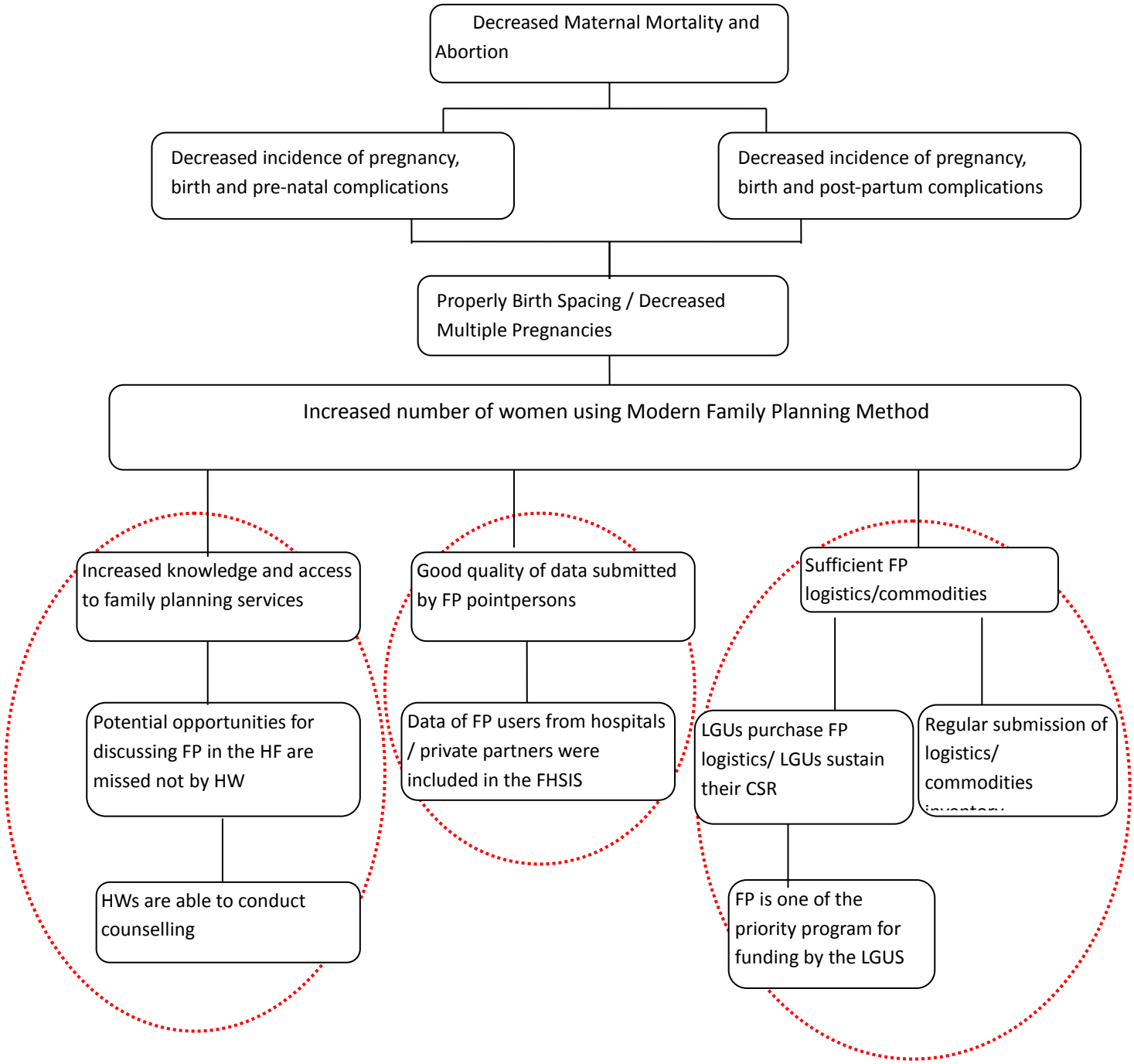


OBJECTIVE TREE



ALTERNATIVE ANALYSIS

1. **INCREASE KNOWLEDGE/SKILLS and ACCESS TO FAMILY PLANNING SERVICES**
2. **GOOD QUALITY OF FAMILY PLANNING DATA**
3. **SUSTAINED SUFFICIENT FAMILY PLANNING LOGISTICS and COMMODITIES**



FAMILY PLANNING PROGRAM LOGICAL FRAMEWORK

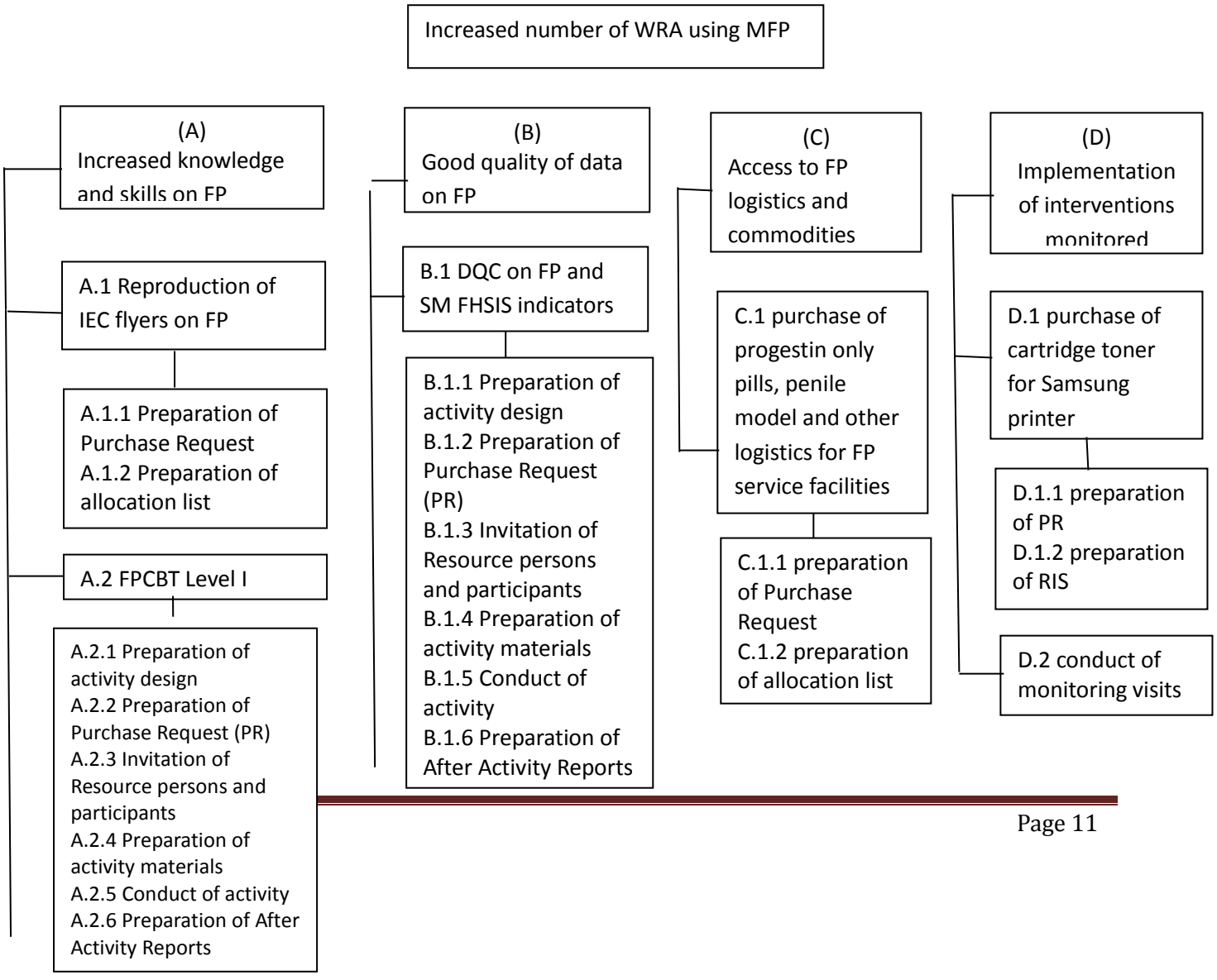
NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
GOAL Improved Maternal Health	Maternal Mortality Rate of 52/100,000 LB in 2016	FHSIS MNDTR	Timely and quality of submitted reports
PURPOSE Increased number of women of reproductive age using modern family planning methods through improved access to quality family planning services.	3% increase in the number of WRA from 100,350 current users to 103,360 by 2016 Increased Contraceptive Prevalence Rate from 46% to 49% by 2016	FHSIS	Timely and quality of submitted reports
OUTPUT A. Increased knowledge on family planning.	**A.1** A total of 3,500 FP flyers are reproduced and distributed.	IRP/Allocation lists	Timely process of procurement of logistics/commodities.
	A.2 A total of 60 health service providers were trained on FPCBT Level I.	After Activity Report	
	A.3 A total of 60 health service providers were trained on FPCBT Level II.	After Activity Report	
	A.4 A total of 20 health service providers were trained and certified on BTL MLLA.	After Activity Report	
B. Good quality of data on FP.	**A.5** A total of 1000 FP GATHER Cue Cards reproduced and distributed to health service providers trained/ certified on FP provision.	IRP/Allocation lists	Timely process of procurement of logistics/commodities.
	B. 1A total of 140 health service providers were oriented on FP indicators in the FHSIS cum Data Quality Check to validate reports submitted.	IRP/Allocation lists	Timely process of procurement of logistics/commodities.
	B.2 A total of 10,000 FP FP Form 1(2015 version)	IRP/Allocation lists	Timely process of procurement of logistics/commodities.

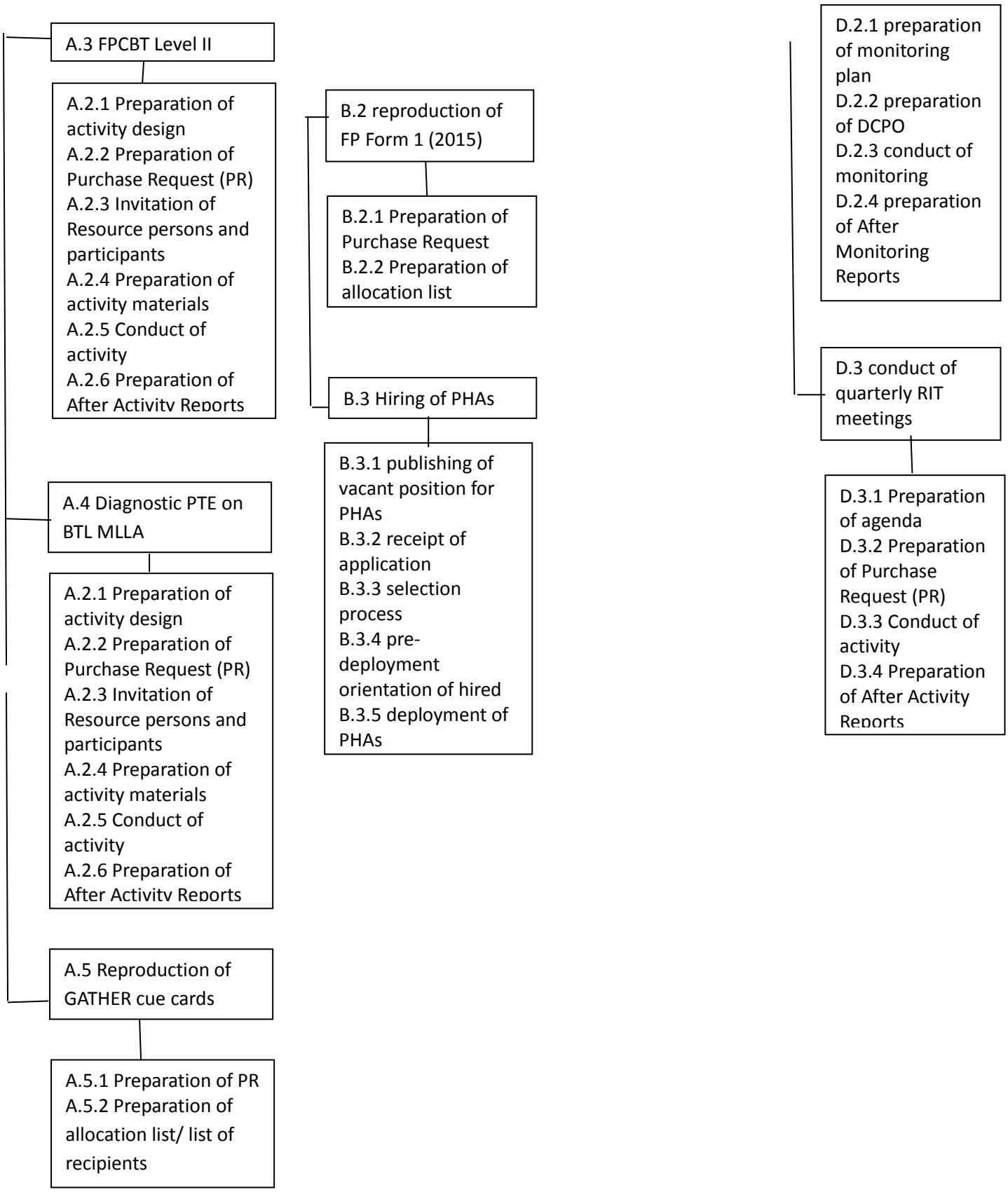
C. Access to FP logistics/ commodities	reproduced and distributed to health service facilities/providers trained/ certified on FP provision.		
	B.3 A total of 8 Public Health Assistants to collect, consolidate and analyze data	Contracts Signed	Timeline of HR in hiring
	C. 1 A total of 33,117 cycles of Lynestrenol, progestin only pills for breastfeeding mothers are provided to health service facilities.	IRP / Allocation lists	Timely process of procurement of logistics/commodities.
	C.2 A total of 100 penile models are provided to health facilities providing FP services.	IRP/ Allocation list	Timely process of procurement of logistics/commodities.
D. Implementation of interventions are monitored	**C.3** A total of 50 gallons of disinfectants, 50 bottles of ethyl alcohol, 100 vials of lidocaine, 100 boxes of amoxicillin, 100 boxes of Mefenamic Acid, 25 boxes of suture, 50 bags of cotton balls, 10 gal hand disinfectant, 10 boxes of facemask, 500 pcs surgical cap, 10 boxes sterile gloves, and 50 gallons of 10% povidone iodine are augmented/provided to health facilities providing FP services.	IRP/ Allocation list	Timely process of procurement of logistics/commodities.
	D.1 A total of 24 cartridge of toner (SamsungMLTD203S/D203L/ D203E) purchased for printing of reports.	RIS	Timely process of procurement of logistics/commodities.
	D.2 A total of 24 onsite monitoring visits conducted	After Activity Report	
	D.3 Four RIT meetings conducted	Minutes of meeting	Availability of RIT members
INPUT A. For increase knowledge on FP A.1 FP IEC Flyers	A.1 12,250.00	IRP/Allocation lists	Timely process of

A.2 FPCBT Level I		After Activity	procurement of
A.2.1 board and lodging	A.2.1 Php560,000	Report	logistics
A.2.2 training kits (pen, ID badge, notebook, marker, plastic envelope)	A.2.2 Php6,000		
A.2.3 van hire	A.2.3 Php40,000		
A.2.4 honoraria for speakers	A.2.4 Php100,000		
A.3 FPCBT Level II			
A.3.1 board and lodging	A.3.1 Php560,000	After Activity	
A.3.2 training kits (pen, ID badge, notebook, marker, plastic envelope)	A.3.2 Php6,000	Report	
A.3.3 van hire	A.3.3 Php10,000		
A.3.4 honoraria for speakers	A.3.4 Php100,000		
A.3.5 supplies needed for the practicum			
A.3.5.i talc powder 600g (5pcs)	A.3.5.i Php500		
A.3.5.ii LED flashlight (8pcs)	A.3.5.ii Php4,000		
A.4 Diagnostic PTE on BTL MLLA			
A.4.1 board and lodging			
A.4.2 training kits (pen, ID badge, notebook, marker, plastic envelope)	A.4.1 Php168,000 A.4.2 Php3,000	After Activity Report	
A.4.3 van hire			
A.4.4 honoraria for speakers	A.4.3 Php50,000		
A.4.5 meals and snacks for host hospital	A.4.4 Php100,000 A.4.5 Php20,000		
A.5 reproduction of GATHER cue cards	A.5 Php5,000	RIS/IRP	Timely process of procurement of logistics
B. good quality of data on FP			
B.1 DQC on FP and SM FHSIS Indicators		After Activity	
B.1.1 board and lodging	B.1.1 Php464,800	Report	
B.1.2 training kits (pen, ID badge, notebook, marker, plastic envelope)	B.1.2 Php10,500		
B.1.3 van hire	B.1.3 Php20,000	IRP/ Allocation list	Timely process of procurement of logistics
B.2 reproduction of FP Form1 (2015)	B.2.1 Php10,000	Contracts Signed	
B.3 hiring of PHAs	B.3.1 Php1,456,576		
C. access to FP logistics/commodities			
C.1 purchase of Lynestrenol, progestin only pills	C.1.1 Php2,152,605 C.2.1 Php160,000	IRP/ Allocation list IRP/Allocation list	Timely process of procurement of logistics
C.2 purchase of penile model			
C.3 augmentation to FP service Facilities	C.3.1 Php45,000	IRP/ Allocation list	Timely process of procurement of logistics
C.3.1 disinfectant	C.3.2 Php2,500	IRP/ Allocation list	
C.3.2 ethyl alcohol,70%	C.3.3 Php8,000	IRP/ Allocation list	
C.3.3 lidocaine,2%	C.3.4 Php10,000	IRP/ Allocation list	

C.3.4 amoxicillin, 500mg	C.3.5 Php10,000	IRP/ Allocation list	
C.3.5 mefenamic acid, 500mg	C.3.6 Php229,500	IRP/ Allocation list	
C.3.6 suture, chromic 2-0	C.3.7 Php5,000	IRP/ Allocation list	
C.3.7 cotton balls	C.3.8 Php1,600	IRP/ Allocation list	
C.3.8 hand disinfectant	C.3.9 Php1,500	IRP/ Allocation list	
C.3.9 face mask	C.3.10 Php1,250	IRP/ Allocation list	
C.3.10 surgical cap	C.3.11 Php10,000	IRP/ Allocation list	
C.3.11 sterile gloves	C.3.12 Php31,200	IRP/ Allocation list	
C.3.12 povidone iodine, 10%			
D. monitoring of FP program	D.1 Php168,000	RIS	
D.1 purchase of cartridge toner of Printer	D.2 Php192,000	After Travel Reports	
D.2 conduct of monitoring visits and attendance to trainings			
D.3 conduct of quarterly RIT meetings	D.3 Php50,000	Minutes of meeting	Availability of members

WORK BREAKDOWN STRUCTURE (WBS)




A.3 FPCBT Level II
A.2.1 Preparation of activity design
A.2.2 Preparation of Purchase Request (PR)
A.2.3 Invitation of Resource persons and participants
A.2.4 Preparation of activity materials
A.2.5 Conduct of activity
A.2.6 Preparation of After Activity Reports
A.4 Diagnostic PTE on BTL MLLA
A.2.1 Preparation of activity design
A.2.2 Preparation of Purchase Request (PR)
A.2.3 Invitation of Resource persons and participants
A.2.4 Preparation of activity materials
A.2.5 Conduct of activity
A.2.6 Preparation of After Activity Reports
A.5 Reproduction of GATHER cue cards
A.5.1 Preparation of PR
A.5.2 Preparation of allocation list/ list of recipients
B.2 reproduction of FP Form 1 (2015)
B.2.1 Preparation of Purchase Request
B.2.2 Preparation of allocation list
B.3 Hiring of PHAs
B.3.1 publishing of vacant position for PHAs
B.3.2 receipt of application
B.3.3 selection process
B.3.4 pre-deployment orientation of hired
B.3.5 deployment of PHAs
D.2.1 preparation of monitoring plan
D.2.2 preparation of DCPO
D.2.3 conduct of monitoring
D.2.4 preparation of After Monitoring Reports
D.3 conduct of quarterly RIT meetings
D.3.1 Preparation of agenda
D.3.2 Preparation of Purchase Request (PR)
D.3.3 Conduct of activity
D.3.4 Preparation of After Activity Reports

GANTT CHART

GANTT CHART		1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
WBS	TASK	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
A	Increased knowledge and skills on Family Planning												
A.1	Reproduction of IEC flyers on FP												
A.1.1	Preparation of purchase request												
A.1.2	Preparation of allocation list												
A.2	FPCBT Level I												
A.2.1	Preparation of activity design												
A.2.2	Preparation of purchase request												
A.2.3	Invitation of resource persons and participants												
A.2.4	Preparation of activity materials												
A.2.5	Conduct of the activity												
A.2.6	Preparation of after activity reports												
A.3	FPCBT Level II												
A.3.1	Preparation of activity design												
A.3.2	Preparation of purchase request												
A.3.3	Invitation of resource persons and participants												
A.3.4	Preparation of activity materials												
A.3.5	Conduct of the activity												
A.3.6	Preparation of after activity reports												
A.4	Diagnostic PTE on BTL MLLA												
A.4.1	Preparation of activity design												
A.4.2	Preparation of purchase request												
A.4.3	Invitation of resource persons and participants												
A.4.4	Preparation of activity materials												
A.4.5	Conduct of the activity												
A.4.6	Preparation of after activity reports												
A.5	Reproduction of GATHER cue cards												
A.5.1	Preparation of purchase request												
A.5.2	Preparation of allocation list												
B	Good quality of data on Family planning												
B.1	DQC on FP and SM FHSIS indicators												
B.1.1	Preparation of activity design												
B.1.2	Preparation of purchase request												
B.1.3	Invitation of resource persons and participants												
B.1.4	Preparation of activity materials												
B.1.5	Conduct of the activity												
B.1.6	Preparation of after activity reports												
B.2	Reproduction of FP Form 1 (2015)												
B.2.1	Preparation of purchase request												
B.2.2	Preparation of allocation list												
B.3	Hiring of PHAs												
B.3.1	Publishing of vacant positions for												

	PHAs												
B.3.2	Receipt of application												
B.3.3	Selection process												
B.3.4	Pre-deployment orientation												
B.3.5	Deployment of PHAs												
C	Access to Family Planning Logistics and Commodities												
C.1	Purchase of POP, penile model and other FP logistics for FP service providers												
C.1.1	Preparation of purchase request												
C.1.2	Preparation of allocation list												
D	Implementation of interventions monitored												
D.1	Purchase of cartridge toner for Samsung printer												
D.1.1	Preparation of purchase request												
D.1.2	Preparation of RIS												
D.2	Conduct of monitoring visits												
D.2.1	Preparation of monitoring plan												
D.2.2	Preparation of DCPO												
D.2.3	Conduct of monitoring												
D.2.4	Preparation of after monitoring report												
D.3	Conduct of quarterly RIT meeting												
D.3.1	Preparation of agenda												
D.3.2	Preparation of PR												
D.3.3	Conduct of meeting												
D.3.4	Preparation of minutes of meeting												

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