

Chapter 13

MANAGEMENT OF FAMILY PLANNING SERVICES

PURPOSE

This chapter describes the essential components of the effective management of delivering quality family planning (FP) services in a given health facility.

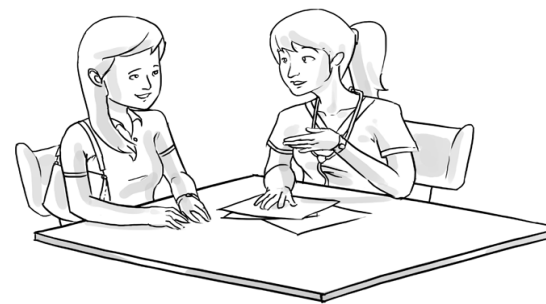
Specifically, this chapter has the following objectives:

- To define the package of FP services that should be offered by the different categories of health facilities
- To identify the specific requirements of each type of health facility to provide quality FP services
- To describe the necessary management systems for supporting the delivery of FP services, including a description of the principles and techniques of infection prevention and control

RATIONALE

The access and use of FP services depend largely on the capacity of the health facility and its staff to provide the appropriate services in response to the specific conditions and expressed needs of the targeted clients. The effective management of FP clinic services is central to meeting this demand on a sustained basis. The provision of quality FP services requires the following:

- Presence of competent staff with technical skills to provide culturally appropriate and gender-sensitive counseling techniques and to offer a broad range of FP methods
- Provision of accurate evidence-based information to ensure informed choice
- Efficient health infrastructure
- Appropriate state-of-the-art functioning equipment



- Accessibility of services that are readily available, affordable, and acceptable to clients
- Continuous and adequate supply of contraceptives and other materials
- Provision of follow-up care
- Establishment of a sustainable management support system

Such provision also requires the organization of management support systems ranging from planning, organization, implementation, monitoring, and evaluation to ensure the efficient and effective delivery of FP services.

FP SERVICES

The FP services provided by a healthcare facility are summarized below.

1. FP promotion
2. FP counseling and assessment of clients
3. FP method provision
4. Protective measures for infection prevention and control
5. Management of complications and appropriate referral (e.g., reproductive tract infections [RTIs]/sexually transmitted infections [STIs])
6. Client follow-up

Certain health facilities also provide laboratory diagnostic services to FP clients, as needed.

FP Promotion

These services involve the provision of appropriate FP messages to specific groups of clients to improve their knowledge, attitude, and behavior about FP. FP information and education services are focused on the following areas:

- FP as a health intervention
 - Preventing high risk pregnancies
 - Reducing maternal and child deaths through identification of unmet modern FP needs
- Reiteration of health benefits of practicing FP through healthy timing and spacing of births
- FP in the context of poverty mitigation intervention
 - Attaining desired family size
 - Sustaining quality of life to contribute to national development
 - Emphasis on the links of FP with health and social development concerns
 - Provision of accurate and evidence-based information about FP and FP methods
 - Provision of information on the broad range of modern FP methods
 - Information on clients' rights and benefits/entitlements

Who should conduct health promotion activities?

Health promotion related to FP services can be provided by health providers (e.g., doctors, nurses, and midwives) community health volunteers (e.g., Community Health Teams [CHTs], barangay service point officers, and other volunteers). These activities can be carried out within health facilities and in a community setting using different methods, such as the following:



- a. Interpersonal communication (one-on-one interaction with clients)
- b. Bench conferences (e.g., in the outpatient department units of hospitals)
- c. Web-based group sessions in communities
- d. Outreach and facility-based activities
- e. Small group discussions (e.g., Usapan sessions)

To support health promotion activities, FP information, education, and communication (IEC) materials, such as brochures, fliers, leaflets, and video materials (i.e., FP videos/films) must be provided to clients. These sessions must serve as a venue where client inquiries related to FP can be addressed.

FP Counseling and Assessment of Clients

Counseling is an FP service provided to individual clients through face-to-face communication. In providing this service, the provider helps the targeted client make informed decisions about his/her fertility relative to reproductive choice (see Chapter 2).

Client assessment is the process by which the health worker learns about the health status, the FP needs, and the eligibility of the client for contraceptive use. It is a MUST that all clients who attend FP/reproductive health (RH) clinics undergo assessment (see Chapter 3).

FP Method Provision

After a client undergoes appropriate counseling and assessment, the specific FP method is then provided. The provision of FP methods includes the dispensing of all medically approved, safe, effective, and legally acceptable modern FP methods. The services provided are as follows:

- Assessment of clients, including pelvic examination if required
- Simple laboratory procedures, as needed
- RH cancer screening
 - Other FP services, including identification and management of common gynecological problems (i.e., RTIs), such as STIs/human immunodeficiency virus (HIV)-autoimmune deficiency syndrome (AIDS)

Quality Management System for Family Planning Service Delivery

The following are important requirements that should be fulfilled when managing FP services in facilities.

- A. Appropriate health service infrastructure in an enabling environment
- B. Adequate, committed, and competent staff
- C. Availability of standard equipment, health products, and other logistics

A. *Appropriate Health Service Infrastructure in an Enabling Environment*

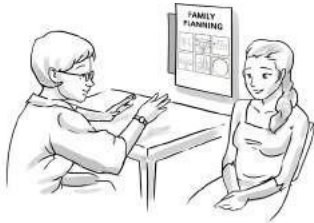
Health facilities should have adequate and efficient infrastructure and a physical set-up (e.g., FP room/clinic) that is conducive to the provision of quality FP services. Such infrastructure ensures confidentiality and privacy during the interview, counseling, and physical examination. The facility should be clean and safe and offer a welcoming atmosphere. A waiting area should also be provided for clients.

To ensure that quality services are maintained, the following measures should be undertaken:

1. Strategically and prominently display the menu of FP services offered and the clinic schedule outside the health facility for client information.
2. Always maintain cleanliness inside and outside the health facility.
3. Ensure that the facility has good lighting and ventilation.
4. Ensure the availability of running water at all times.
5. Designate a waiting area with adequate seats to ensure client comfort, and make IEC materials available while clients are waiting to be served.
6. Ensure that the health facility has the following:
 - A dedicated area for counseling and an examination room that provide visual and auditory privacy to clients as well as a setting wherein clients can be comfortably examined and clinic staff can work with ease and convenience
 - Containers with decontamination solution for used gloves and instruments
 - An area for washing and sterilizing gloves and instruments
 - Clean and functioning toilet facilities
 - Orderly and updated client records kept in confidentiality
 - Storage rooms for contraceptives and other FP supplies that are safe, secured, and maintained in good order condition

B. Adequate, Committed, and Competent Staff

- FP services must be provided by competent service providers, which primarily include physicians, nurses, and midwives who have completed appropriate FP training courses.
 - Physicians, nurses, and midwives generally provide appropriate FP information, education, counseling, and FP methods. Physicians also provide supplementary services to manage medical problems that are beyond the scope of work of nurses and midwives.
- Other healthcare workers (medical technologists, rural sanitary inspectors, nutritionists, dentists, and trained community health volunteers) may also be trained in FP and may function as FP educators/communicators when they perform their work in the clinic.



- CHTs and other trained community health volunteers help generate demand for FP, particularly for women of reproductive age (WRA) with unmet needs. CHTs conduct the profiling and risk assessment of each household member and prepare health use plans together with the heads of the families. The community health volunteers serve as the link or referring arm of household members with health needs to service providers for them to gain access to healthcare.

C. Availability of Standard Equipment, Health Products, and Other Logistics

A health facility must have sufficient logistics management to deliver quality FP services effectively. These logistics include the following:

- A continuous supply of FP commodities to meet the requirements of current and potential FP users
- Medicine and other medical supplies for voluntary surgical contraception (bilateral tubal ligation [BTL] and no-scalpel vasectomy [NSV]), management of complications, and other health-related conditions
- Standard diagnostic equipment/instruments/supplies to perform physical examinations or laboratory tests, as needed
- Supplies and materials for cleaning and maintaining infection prevention and control
- Required forms for recording client information and services, consent forms, referral forms, and supplies
- IEC materials

Table 33 summarizes the FP services delivered at each level of a health facility. The recommended minimum requirements of the various levels of health facilities to provide FP services are specified.

Table 33. Recommended minimum standards for family planning service outlets

FP Service Facility	Minimum Set of FP Services	Required Minimum Staffing with Training	Basic Resource Requirement
Primary Care Facility (City/Rural Health Units) With in-patient beds <ul style="list-style-type: none">• Infirmary• Birthing home Without in-patient beds <ul style="list-style-type: none">• Medical out-patient clinics• OFW clinics	<ul style="list-style-type: none">• FP promotion/education• FP counseling• Provision of FP methods: pills, injectables, condoms, NFP; LAM, SDM, interval/post-partum IUD insertion, insertion and removal of subdermal implants, NSV• Infection prevention and control• Referral for BTL• Risk assessment by history• Management of minor side effects• Routine check-up/follow-up of clients• Follow-up of dropouts/defaulters• Referral for major complications of contraceptives	<p>Midwife and/or nurse/MD, with the following trainings:</p> <ul style="list-style-type: none">• Basic FP course or FPCBT Level I• Fertility awareness orientation• FPCBT Level 2<ul style="list-style-type: none">— Interval IUD Skills Training— Postpartum IUD Training— Implant Insertion and Removal Training— NSV Training— All NFPs including SDM <p>Recommended additional courses:</p> <ul style="list-style-type: none">• Orientation on CSR• DQC for FP current users• NOSIRS and SMR Tools• CBMIS• Orientation on informed choice and voluntarism	<p>Basic clinic equipment/instruments/supplies:</p> <ul style="list-style-type: none">• Stethoscope• BP apparatus• Weighing scale• Examination table• Gooseneck lamp• Instrument tray• Adequate supplies of contraceptives (condoms, pills, and injectables, IUD kit, subdermal implant kits) at authorized stock levels• Auto-disable syringes or disposable syringes with needles• BBT thermometer• NFP charts• Cycle beads• Forms: FP form 1, target client list, MEC checklist by FP method, clinic service records, referral slips, CBMIS forms, IEC materials, NOSIRS, SMR Forms, and consent forms
Custodial Care Facility <ul style="list-style-type: none">• Sanitarium/Leprosarium	All services in primary care facility	Same as in primary care facility	Same as in primary care facility

Table 33. Recommended minimum standards for family planning service outlets

FP Service Facility	Minimum Set of FP Services	Required Minimum Staffing with Training	Basic Resource Requirement
Specialized Out-Patient Facility <ul style="list-style-type: none"> Itinerant/ outreach FP services 	All services in primary, custodial care PLUS <ul style="list-style-type: none"> NSV BTL provision Management of complications related to contraceptives 	A team composed of a surgeon, nurse, and/or midwife trained on the above courses PLUS <ul style="list-style-type: none"> Surgeon and nurse or midwife trained on implant, NSV, and BTL 	<ul style="list-style-type: none"> Stethoscope BP apparatus Adequate supplies of contraceptives including requirements for NFP Forms including client consent forms (e.g., IUD, BTL, NSV) BTL kits, subdermal implant kits, IUD kits, NSV kits (e.g., vas dissecting forceps and vas fixating clamp) OR equipment/ instruments for BTL-MLLA Medical supplies
Level I Hospital	All services offered in primary care facility PLUS: <ul style="list-style-type: none"> Risk assessment by physical exam IUD insertion (interval/ postpartum) Subdermal implant insertion and removal BTL-MLLA Management/referral of complications Diagnosis and management of RTIs, cancer screening (acetic acid wash/ Pap smear) Counseling on infertility Management/referral of complications 	Nurse and/or midwife trained on the above courses PLUS <ul style="list-style-type: none"> Comprehensive FP Training or CBT Level 2 (including PPIUD and implants) NSV training for physicians BTL-MLLA training for physicians Subdermal implant insertion and removal for physicians 	All resources available in Primary Care Facility PLUS <ul style="list-style-type: none"> IUD insertion and removal kit (ovum forceps, scissors, speculum, tenaculum forceps, uterine sound, alligator forceps, and modified placental forceps) Sterilizer or stove with covered pan Sterile gloves, microscope laboratory facilities for RTI diagnosis Acetic acid wash kit, Pap smear kit, NSV kits, vas dissecting forceps, vas fixating clamp, BTL kits, and surgical record forms Subdermal implant kit Consent forms

Table 33. Recommended minimum standards for family planning service outlets				
FP Service Facility	Minimum Set of FP Services	Required Minimum Staffing with Training	Basic Resource Requirement	
Level II Hospital Health facility with the capacity to provide Levels I and II services	<p>All services offered in Level I PLUS</p> <ul style="list-style-type: none"> Infertility workup and referral management of other RTIs and gynecological diseases 	<p>A team composed of a physician/ surgeon, nurse, and/or midwife trained on the above courses PLUS</p> <ul style="list-style-type: none"> Physician and nurse trained for laboratory facilities Medical technologist 	<p>All resources available in Level I PLUS</p> <ul style="list-style-type: none"> VSC drugs and supplies operating room, minilap kit, and NSV kits Other related equipment (basic laboratory) 	
Level III Hospital Health facility with the capacity to provide the above services and management of major complications	<p>All of the above</p> <p>PLUS management of major complications</p>	<ul style="list-style-type: none"> Midwife Nurse Medical specialists Obstetrician–gynecologist Anesthesiologist General surgeon Urologist 	Tertiary hospital requirements	

Quality management also entails that mechanisms be set in place to ensure that FP service delivery will be well supported. These mechanisms include the following:

1. Ensuring the availability and accessibility of effective and efficient FP services through standard procedures
2. Maintaining appropriate health facility infrastructure and conducive environment
3. Ensuring that systems are in place to install and support competent and proficient service providers through supportive supervision. Training and deployment of community-based health volunteers should also be given support.
4. Maintaining an efficient logistics management system that includes the following processes:
 - a. Forecasting of health products
 - b. Procurement and financing
 - c. Allocation and distribution
 - d. Warehousing
5. Establishing management support systems
 - a. Information management (e.g., reporting and recording)
 - b. Monitoring and evaluation
 - c. Service delivery network
 - i. Referral system
 - ii. Public-private partnerships
 - d. Quality assurance
 - i. Infection prevention and control
 - ii. Client safety and client responsiveness

Staff Development

Two mechanisms are recommended to develop the capability of staff and improve their competencies in FP service delivery. These mechanisms include attendance in training, post-training evaluation two to six months after training, and regular supervision/coaching/mentoring and monitoring of staff.

Training

- Training is the main vehicle used to enhance and ensure the capability of staff to deliver quality FP services.
- Training refers to the process of developing staff competencies so that they can effectively perform their expected functions and tasks.
- All providers of FP services must undergo the appropriate training specified in Table 29. Given the fast turnover of staff in health facilities, a staff development plan must be established and updated yearly. Such plan must be accompanied by a strong advocacy for budgetary support from local officials and mobilization of funds from other sources.

Supportive Supervision

- Supportive supervision refers to the process of organizing and overseeing the work of subordinates responsible for performing certain assigned functions and tasks.
- This practice is a personal interface between the supervisor and supervisee that must be undertaken regularly for the effective operation of the program and for sustaining staff morale and commitment.
- The process is focused on the mentoring, constructive feedback, and joint resolution of problems while considering subordinates as clients.
- Supervision aims to (a) determine the actual performance of staff in all aspects of their work and (b) renew the enthusiasm of staff for the work they are doing.
- The overall guiding principle of supervision involves guidance, support, and assistance by coaching and mentoring the staff in carrying out their assigned tasks well (see Table 34).

Table 34. Guidelines for staff development

Training of Staff

1. Conduct/update an inventory of the training status of health staff.
2. Conduct training needs analysis (TNA) among staff.
3. Discuss TNA results with staff.
4. Identify gaps in competencies, and identify appropriate training courses.
5. Prepare the staff development plan specifying the following:
 - 5.1 Name of staff to be trained
 - 5.2 Specific training course to attend
 - 5.3 Projected schedule for training
 - 5.4 Potential sources of funds for training
6. Coordinate with the provincial/city or regional health office for training opportunities for health staff on specific training courses.
7. Mobilize resources to support staff training.
8. Send staff to training, and reassign other staff to take on the trainee’s tasks.
9. Conduct post-training evaluation two to six months after training for every trainee prior to the issuance of the appropriate certificate.
10. Monitor the application of knowledge and skills learned during the training program.
11. Maintain training certificates and training records.

Supervision of Staff

1. Organize the work of clinic staff and volunteer workers responsible for implementing/ delivering FP services and general clinic operations, including the following:
 - 1.1 Infection control and good housekeeping
 - 1.2 Equipment and supplies maintenance and availability of adequate FP commodities
 - 1.3 Provision of service to FP/RH clients
 - 1.4 Proper recording and reporting
 - 1.5 Demand generation
2. Designate the supervisor of an individual or group of staff who will perform specific tasks, and reflect these designations in the organizational chart.
3. Prepare the supervisory plan by performing the following:
 - 3.1 Identifying staff members who need supervision
 - 3.2 Prioritizing the specific program area where supervision is necessary
 - 3.3 Scheduling the supervision visit/session
4. Implement the supervision plan.
5. Document the results of the supervision.
6. Give feedback to the supervisee.
7. Develop an action plan with the supervisee to address identified gaps.

Efficient Logistics Management System

Logistics management for FP refers to the process of ensuring that the health facility has sufficient FP commodities and supplies to meet the needs of FP clients and has the necessary equipment or instruments for use in delivering quality FP services. With the phasing out of the donated contraceptives from the USAID (condoms were phased out in 2003, whereas pills and injectables were completely phased out in 2007 and 2008, respectively), health facilities need to secure a continuous supply of contraceptives to serve their current and potential FP users. AO No. 158 issued by the DOH stipulates that local government units (LGUs) should

- Develop a contraceptive distribution guideline to map and identify the catchment areas;
- Conduct campaigns to inform the catchment areas of the LGUs regarding the contraceptive distribution guideline;
- Provide resources for delivering contraceptives to the catchment areas;
- Undertake measures to guarantee local availability of contraceptives. These measures include any of the following:
 - Allocate budget to procure contraceptives for free distribution.
 - Make available contraceptives for sale at cost recovery basis or at margins above cost.
 - Allow consigned commodities from social marketing sources or commercial sources to be made available to clients in LGU outlets.
- Continue with the quarterly distribution and inventory of contraceptive stocks.

According to Sec. 10 of the RPRH Law of 2012 (Procurement and Distribution of Family Planning Supplies),

“The DOH shall procure, distribute to LGUs and monitor the usage of family planning supplies for the whole country. The DOH shall coordinate with all appropriate local government bodies to plan and implement this procurement and distribution program. The supply and budget allotments shall be based on, among others, the current levels and projections of the following:

- (a) Number of women of reproductive age and couples who want to space or limit their children;
- (b) Contraceptive prevalence rate, by type of method used; and
- (c) Cost of family planning supplies.

Provided, That LGUs may implement its own procurement, distribution and monitoring program consistent with the overall provisions of this Act and the guidelines of the DOH.”

These processes/conditions would enable the acquisition of commodities from the different procurement sources. To assist in the procurement and distribution process, Supply Management Recording Forms were developed to track the inflow and outflow of FP commodities in a facility and to determine stock level and average monthly usage. The National Online Stock Inventory and Reporting System was developed to report the stock inventory of these FP commodities from the Province to the Region and then to the Central Office.

Recent developments require a health facility to establish the needed logistics and management system encompassing the following concerns:

A. Forecasting of health products

- Forecasting is the process of determining the commodity requirements (supplies and other services) of all clients (i.e., current users and potential clients with unmet needs).

B. Procurement and financing

- Procurement is the process of acquiring commodities from suppliers at affordable prices and ensuring procurement requirements to safeguard the quality of commodities.
- Financing is the process by which the health facility decides on how the FP commodities required by clients will be sourced.

C. Allocation and distribution

- This process involves determining how much and where the various commodities and services will be placed to make them available to different target clients.

D. Warehousing

- Warehousing refers to the process of ensuring that FP commodities are properly kept and maintained in good condition to avoid wastage and to maintain their quality.

Functions of the FP/RH worker in logistics management

Given the above processes and requirements in logistics management, the assigned FP logistics health facility worker must always ensure that supplies are sufficient, that no stock runs out, and that the equipment is in good working condition.

In particular, the FP/RH worker should

- Make a regular inventory of all commodities, supplies, and equipment;
- Properly allocate and distribute the required contraceptives and other supplies (IEC materials, forms, etc.) promptly based on client needs;
- Ensure the appropriate storage of contraceptives, other supplies, and equipment;
- Update and maintain records and reports;
- Regularly monitor the proper use and care of the two types of equipment, namely, the expendable equipment for short-term use and the nonexpendable equipment, which refers to items used for a long time and therefore require proper care and maintenance

Management Support System

Management support systems must be developed and installed in each FP service outlet to ensure the efficient and effective delivery of quality FP services. The management and staff must be able to internalize the importance of these systems and proactively implement programs and services. The following systems must be established:

A. Information Management

This system involves the collection, processing, and analysis of program-related information essential for policymaking, planning, and designing interventions appropriate to the needs of target clients. The aim of management information systems (MIS) is to generate a timely, accurate, and complete set of information as a ready reference for health facility managers and staff when they make decisions to improve the delivery of FP services. The FP information system must be established at each level of operation (e.g., public and private facilities and hospitals) and at the community level (e.g., health use plans).

1. National Household Targeting System for Poverty Reduction (NHTS-PR)

- This information management system identifies who and where the poor are nationwide. This database of poor families allows the national government, as well as private agencies engaged in social protection and services, to objectively select beneficiaries in service delivery. This system is spearheaded by the Department of Social Welfare and Development.

2. Community-Based Monitoring Information System (CBMIS)

- The CBMIS consists of a set of sequenced and continuous steps that enable healthcare providers to identify eligible target clients who do not avail of appropriate health services in a given locality. CBMIS provides and prompts alternative service delivery interventions.
- Since its inception in the mid-1990s, the CBMIS tool has been expanded to cover not only FP but also selected maternal and child health indicators. The tool is useful in identifying clients with FP unmet needs and has been applied to classify clients according to their capacity to pay for contraceptives. (Refer to the Manual on CBMIS for a copy of the forms and important instructions.)

3. Facility-based recording and reporting system: The use of the Field Health Services Information System (FHSIS) as the official management information system of the DOH

- Clinic management requires a good recording and reporting system. FP workers must be familiar with records and reports, and must know how to accomplish these documentations accurately. Any health facility can adapt and use the records and reports discussed in this section based on their particular need and interest.

Recording Tools: Facility-based documents

In these documents, the data are more detailed and include the day-to-day activities of health workers. The source of data is the services delivered to clients.

FP Service Record or FP Form 1. FP Form 1 is the basic record form used in the FP program and corresponds to the individual treatment record form used in other programs. This form contains essential information about the client that enables the health worker to provide quality FP service. This form is filled out by the service provider and is updated every time the client returns for a follow-up visit (Appendix F, p. 385).



Target Client List (TCL) for FP. The TCL is another essential record accomplished in a manner similar to that for FP Form 1.

This form is helpful because it

- Contains data that help the health worker plan and implement patient care and service delivery;
- Facilitates the monitoring and supervision of service delivery activities to a group of patients/clients identified as eligible/targets to use FP;
- Facilitates the preparation of reports; and
- Provides clinic-level information that can be accessed for future studies.

Summary Tables (ST). STs are forms with 12-month columns retained at the facility (BHS) where the midwife records all monthly data. The midwife records a summary of all data from TCL or registries. The ST is the source of data for reports included in the MW Monthly Consolidation Table (MCT). The PHN records data from all barangays. MCT is the source of documents of the PHN for the Quarterly Form. The MCT serves as the output table of the RHU because it contains a list of indicators per barangay.

Other Records. These forms are kept in the health facility and include NFP charts, referral slips, supplies ledger cards, and requisition and issue vouchers (RIV), which are important for monitoring the availability of FP supplies in the health facility.

Reporting Tools

These tools contain summary data that are transmitted or submitted on a monthly, quarterly, and annual basis to a higher level. The source of data is dependent on the ST and MCT.

Monthly Form Program Report (M1-Brgy) for FP, maternal care, etc. The FP Program indicators found in the TCL and ST are also recorded in M1. The midwife should copy the data from the ST to the Monthly Form, which is submitted monthly to the PHN, which in turn consolidates and prepares the quarterly report.

Quarterly Form Program Report (Q1-RHU): This form is the municipality/city health report that contains the three-month total of indicators categorized on FP. Only one Quarterly Form should be submitted per municipality/city. If the municipality/city has two or more RHUs/MHCs, the consolidation should be performed by or under the direction of the MHO/CHO who sits as Vice Chairman of the Local Health Board. The Quarterly Form is submitted to the Provincial Health Office for consolidation.

For the Hospital Service Statistics Report Form for Family Planning, refer to the Appendix F.

Table 35 shows the guidelines for setting up the information system.

Table 35. Guidelines for setting up an information system	
CBMIS	<ol style="list-style-type: none">1. Orient/train staff on CBMIS.2. Identify the target groups to be covered in the CBMIS.3. Assign specific areas and number of households to a particular worker for the survey.4. Conduct a house-to-house interview.5. Create a master list (TCL of FHSIS) of all women of reproductive age.6. Identify client needs, and take initial action.7. Prioritize clients for services.8. Plan and implement appropriate service delivery interventions.9. Track clients with FP unmet needs.10. Update officials/health staff concerned regarding results of CBMIS.11. Maintain and update the entries in the CBMIS.
Recording System	<ol style="list-style-type: none">1. Properly record all pertinent information on clients in FP Form 1.2. Properly file and maintain these records while observing confidentiality.3. Check consistency of client information across related forms.4. Update FP Form I of clients per visit to the facility as well as the TCL, and consolidate STI and MCT.
Reporting System	<ol style="list-style-type: none">1. Analyze obtained information.2. Regularly prepare required reports.3. Submit the following reports on time:<ol style="list-style-type: none">3.1 Monthly FHSIS Form or M13.2 Quarterly FHSIS Form or Q13.3 Annual FHSIS Form3.4 E-Reporting System
Dissemination and feedback	<ol style="list-style-type: none">1. Present analyzed information to concerned health management and staff.2. Develop an action plan to address findings.3. Update local officials on results/findings.

Source: CBMIS and FHSIS Manuals.

B. Work and Financial Planning

This system refers to the formulation of a definitive direction and plan of action to address demand for FP services among the population groups. The system involves the identification of approaches and interventions appropriate for the particular situation of the identified beneficiaries.

Planning must observe the following principles:

- Objectives and activities aligned with the vision/goal of the LGU/ organization and the overall direction of the National Family Planning Program
- Use of evidence-based information generated through program reviews, records analysis, or updated census information, as well as participation of all health staff and other stakeholders (i.e., private sector)
- Appropriate budgeting and financing of program requirements

Table 36 provides a guide for preparing the Annual Work and Financial Plan for FP.

Table 36. Guidelines for preparing a work and financial plan for FPs
Review of Program Accomplishment and Situation Analysis
<div>1. Conduct health facility self-assessment and identify clinic requirements in terms of staff, training, and logistics; contraceptives based on contraceptive self-reliance, clinic supplies, IEC materials; and service record forms.</div> <div>2. Review program accomplishments and needs.<div>2.1 Identify strengths or best practices.</div><div>2.2 Identify and summarize gaps/weak areas.</div></div> <div>3. Install or update the CBMIS/Master listing of WRA, and identify target population.<div>3.1 Those with unmet FP needs</div><div>3.2 Current FP users</div><div>3.3 FP clients who dropped out</div></div> <div>4. Prioritize clients to be served.<div>Priority I: Pregnant/postpartum mothers below 20 years or above 35 years old, parity of 4 or higher, pregnancy interval of less than 3 years, low level of education, poor obstetrics/gynecological history, WRA, and individuals who are sexually active with risky behavior</div><div>Priority II: Immediate postpartum, postabortal, and lactating mothers of malnourished children below 5 years.</div><div>Priority III: Couples suffering from tuberculosis, malaria, heart and kidney diseases, and STI/HIV/AIDS as well as those with metabolic diseases, such as diabetes mellitus and thyroid disorders</div></div>
Preparation of the Work and Financial Plan
<div>1. Set goals and objectives for next year based on assessment results.</div> <div>2. Identify succeeding strategies and activities to realize the objectives.</div> <div>3. Determine the focal person/staff responsible for the activity.</div> <div>4. Specify the time frame/scheduled activity.</div> <div>5. Estimate the amount of resources/funds needed and identified sources.</div> <div>6. Specify the success indicators to facilitate the monitoring of accomplishments.</div>
Submission of Work and Financial Plan
<div>1. Integrate FP work and financial plans (MIPH/PIPH/CIPH) with the health facility's overall annual plan.</div> <div>2. Submit to the LGU Planning and Development Office and LCE for approval.</div> <div>3. Request budget allocation or funding support from key stakeholders.</div>

C. Resource Mobilization


Resources have never been adequate to meet the full requirements of quality FP service delivery in any given health facility. FP training for health staff, replacement or upgrading of FP equipment, and maintenance of supplies and materials are hardly funded from the regular budget allocation for health.

Mobilizing additional resources is important in the effective and efficient management of FP clinic services. Such mobilization involves generating and sustaining the active and coordinated participation of all stakeholders at all levels to facilitate program implementation and service delivery. Resources encompass finances, logistics, cost of operations/ activities, and personnel, including time/person-hours and technical expertise.



Different mechanisms can be used to generate additional resources for FP services. These mechanisms entail mobilizing the support and participation of the different stakeholders from the national, regional, local, and community levels through the establishment of sustainable financing schemes for FP services, such as availing of certain Philippine Health Insurance Corporation Benefit Packages where FP services are compensable. These packages include the Inpatient Benefit Package, Maternity Package, or those that are part of outpatient services as long as they are rendered by Philippine Health Insurance Corporation (PhilHealth)- accredited healthcare providers to all eligible PhilHealth members and their dependents in PhilHealth-accredited facilities. Table 37 provides a guide for mobilizing resources for FP service delivery. Refer also to Appendix D (p. 329) for the processing of requirements for PhilHealth accreditation.

Table 37. Guidelines for mobilizing resources for FP services: Identification of resources

1. Determine the total requirement needed to provide FP services to the targeted population.	
2. Identify activities/services that can be funded using the existing budget.	
3. List the activities/services that lack funding, identify the type of resources needed, and determine the amount to be mobilized.	
4. Identify all possible sources of the resources required.	
5. Prepare proposals or plans for presentation and submission to targeted contributors/donors.	
6. Mobilize resources from the following potential partners through the following activities:	
6.1 Advocate/lobby with local officials to procure contraceptives, particularly for the poor segment of your target population from the 20% development fund, 5% Gender and Development Fund, supplemental budget or congressional funds, etc.	
6.2 Establish partnerships with the private sector for FP service delivery and contraceptive supplies (e.g., referring clients who are able to pay for private practitioners and pharmacies for contraceptive supplies)	
6.3 Coordinate with the DOH–CHD and other institutions for training support and other technical assistance (e.g., prototype IEC materials, copies of protocols and standards, and attendance in training for technical updates)	
6.4 Mobilize support from the donor community for financial assistance or technical support.	
6.5 Mobilize the participation and contribution of community members in FP service delivery (e.g., participation in establishing community-based information system and referral and follow-up of FP clients).	
7. Establish sustainable financing schemes in support of FP	
7.1 Comply with the requirements of the PhilHealth for the health facility to be accredited (see Appendix D for the accreditation process and requirements of PhilHealth).	
7.2 Advocate the continuous enrollment of indigents to PhilHealth.	
7.3 Participate in the Outpatient Benefit Package of PhilHealth, and explore the possibility of using a portion of the capitation funds in procuring contraceptives or supporting other priority activities in the FP	

D. Monitoring and Evaluation

Monitoring and evaluation are important processes to monitor the progress and status of program implementation and to assess whether the desired outputs and outcomes are being met as planned. Results of both monitoring and evaluation are expected to generate information that will be used to improve and enhance the provision of FP services, facilitate the implementation of relevant FP-related activities, troubleshoot problem areas, and provide managers and staff with bases for making sound decisions.

Monitoring is the process of keeping track of the progress of FP activity implementation at regular intervals to measure improvement and changes from what were originally targeted and designed.

Evaluation is the process of determining the extent and quality of changes brought about by implementing FP activities and providing FP services to clients or beneficiaries at periodic intervals.

Table 38 provides a guide for monitoring and following up on clients.

Table 38. Guidelines for the monitoring and evaluation of FP clients

1. Review the annual Work and Financial Plan to identify the indicators to be monitored and evaluated.
2. Determine the methodology for data collection to measure each indicator.
3. Designate specific staff/team members to perform the monitoring/evaluation.
4. Decide on the frequency and interval of monitoring/evaluation.
5. Develop monitoring tool/evaluation forms to record findings and data.
6. Orient concerned staff/team on the use of the tool.
7. Conduct monitoring as planned/designed.
8. Conduct an evaluation as planned/designed.
9. Give feedback to management or concerned staff regarding the results of the monitoring/evaluation, preferably during the regular staff meeting.
10. Act on issues and concerns that surfaced during monitoring and evaluation.

Infection Control in FP

Infection control in FP refers to the prevention of the spread of infection during the provision of FP methods. This process aims to protect both the clients and providers from the spread of infectious diseases.

Principle of Infection Prevention

Infection prevention refers to stopping the transfer of infectious organisms (germs) between people by

- (1) providing a barrier to body fluids, for example, by wearing gloves; and
- (2) removing infectious organisms, for example, by processing instruments and through waste disposal. Blood, semen, vaginal secretions, and body fluids containing blood can carry infectious organisms. These organisms include HIV (the virus that causes AIDS), hepatitis B virus, staphylococcus bacteria, and many others.

Infections can spread when infection-prevention procedures are not followed and these fluids pass from one person to another.

In the clinic, infectious organisms can be passed between clients and health workers through needle sticks (with used needles) or similar puncture wounds or through broken skin (such as an open cut or scratch). Infectious organisms can be passed from one client to another by surgical instruments, needles, syringes, and other equipment that have not been properly decontaminated, cleaned, and disinfected or sterilized well between clients.

Major Techniques for Preventing and Controlling Infection

Infection control is performed by using any of these techniques: asepsis, antisepsis, decontamination, cleaning, disinfection, and sterilization. Table 39 outlines the basic rules for infection prevention and control.

Table 39. Basic rules for infection control

<div>1. Wash hands (hand washing may be the single most important infection-prevention procedure).<ul style="list-style-type: none">• Wash hands before and after contact with each client.• Use soap and clean running water from a tap or bucket for washing.• Wash hands before putting on gloves and whenever they get dirty.</div>
<div>2. Wear gloves.<ul style="list-style-type: none">• Wear gloves when there is a chance of contact with blood or other body fluids.• Before any procedure with each client, put on a new pair of single-use or processed reusable gloves, if possible.• Sterilize gloves for any surgical procedure.</div>
<div>3. Perform vaginal examinations only when needed or requested (vaginal exams generally are not needed for most contraceptive methods—except for female sterilization, diaphragm, and IUDs).<ul style="list-style-type: none">• For vaginal exams, wear either a new pair of single-use gloves or reusable, highly disinfected, or sterile gloves.• Perform vaginal exams only when needed—such as for VIA (acetic acid) and Pap smear or upon suspicion of disease when the exam could help with diagnosis or treatment.</div>
<div>4. Clean the client’s skin.<ul style="list-style-type: none">• Appropriately clean the client’s skin before an injection or insertion of Norplant implants.• Use a locally available antiseptic on dirty skin, or have the patient wash the skin with clean water and soap.• Antiseptics have minimal effects when used on clean skin.</div>
<div>5. Clean the cervix with antiseptic as part of the “no touch” technique for IUD insertion.</div>
<div>6. Use a new, single-use needle and syringe.<ul style="list-style-type: none">• For each injection, use a new, single-use needle and syringe or a sterilized reusable needle and syringe.• If reusable needles and syringes cannot be sterilized, use high-level disinfection.</div>
<div>7. After use with each client, reusable instruments, equipment, and supplies should be<ul style="list-style-type: none">○ Decontaminated (soaked in 0.5% chlorine solution [bleach] or another disinfectant),○ Cleaned with soap and water, and○ Disinfected (by boiling or steaming) or sterilized (by steam or dry heat).<ul style="list-style-type: none">• Vaginal specula, uterine sounds, gloves for pelvic exams, and other equipment and instruments that touch mucous membranes should be decontaminated, cleaned, and then either high-level disinfected or sterilized, as appropriate.• Scalpel holders and other equipment and instruments that touch human tissue beneath the skin should be decontaminated, cleaned, and then sterilized.• Disinfected or sterilized objects should not be touched with bare hands.• Gloves should be worn when cleaning instruments and equipment.• Linens should be washed in warm, soapy water, and line-dried.• After each client, exam tables, bench tops, and other surfaces that will come in contact with unbroken skin should be washed with 0.5% chlorine solution.</div>

8. Dispose of single-use equipment and supplies properly.
- Do not reuse needles and syringes meant for single use.
 - Do not break, bend, or recap used needles. They should be immediately placed in a puncture-proof container. The container should be buried when three-quarters full.
 - Wash dressings and other soiled solid waste. Wash linens such as beddings, gowns, and surgical drapes by hand or machine and then line-dry or machine-dry. When handling soiled linens, always wear gloves, and hold the linens away from the body and avoid shaking them.



Table 39. Basic rules for infection control

Source: WHO Global Handbook for Providers, 2011.

In handling patients with HIV, healthcare providers are at risk when exposed to needle sticks, mucus membranes, or broken skin. However, the risk is low.

- The average risk of being infected after a needle stick injury with an HIV- infected blood is 3 out of 1,000.
- Exposure of the eyes, nose, or mouth to HIV-infected blood is approximately 1 infection per 1,000 exposures.
- The use of universal precautions best prevents workplace exposure to HIV and other blood-borne infections.

Management of complications and appropriate referral

Management of complications related to FP requires that the health workers are knowledgeable on the adverse effects and complications of each FP method.

Timely referral is essential in order to prevent unwanted complications arising from delays in referral to a higher level of facility. A functional service delivery network

is a must to provide quality FP services to clients. FP services are made available to FP clients through the network of health facilities in both the public and private sectors in the service delivery network. These services vary in comprehensiveness and degree depending on the capacity of the facility. Some FP methods can

also be obtained through pharmacies or drug stores and through the network of community-based volunteer health workers. However, this manual does not provide standards for these set-ups.

Client Follow-up

Follow-up refers to the clinic’s responsibility of looking after the needs of clients who had been initially provided with FP or other RH-related services to

- Determine whether clients are satisfied and are correctly using the method that they chose,
- Provide appropriate supplies,
- Answer client questions and reassure them about the side effects of using FP medication and other services,
- Check for medical complications and refer them for further medical evaluation as needed, and
- Identify the reasons for discontinuance of the method or failure to comply with scheduled visits.

Table 40. Steps for FP client follow-up

- | |
|--|
| <div>1. Identify the clients who need follow-up.<div>a. Those who missed their clinic appointments for resupply of oral contraceptives, condoms, and injection of DMPA, or check-up of IUD</div><div>b. Undecided couples who are motivated</div><div>c. Acceptors who complain of side effects or have other problems</div><div>d. High-risk mothers who are not practicing FP</div><div>e. Those who have just accepted an FP method and transferred immediately to another area</div></div> |
| <div>2. Set up priorities to ensure that optimum and quality follow-ups are done by the staff.</div> |
| <div>3. Schedule follow-up visits.</div> |
| <div>4. Record the results of follow-up visits.</div> |
| <div>5. Act on the findings/results of the follow-up.</div> |