



**GUIDELINES IN SETTING UP
FAMILY PLANNING SERVICES
IN HOSPITALS**

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DEFINITION OF TERMS

1. *Client* refers to the patient or beneficiary of reproductive health care.
2. *Contraceptive* refers to any safe, legal, effective and scientifically proven modern family planning method, device or health product, whether natural or artificial, that prevents pregnancy but does not primarily destroy a fertilized ovum from being implanted in the mother's womb in doses of its approved indication as determined by the Food and Drug Administration (FDA).
3. *Family Planning (FP)* 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 do so, and to have access to a full range of safe, affordable, effective, non-abortifacient modern natural and artificial methods of planning pregnancy
4. *Informed Choice and Voluntarism* means effective access to information that allows individuals to freely make their own decision, upon exercise of free choice and not obtained by any special inducements or forms of coercion or misinterpretation, based on accurate and complete information on a broad range of reproductive health services.
5. *Interpersonal communication and counseling (IPCC)* refers to a face-to-face, verbal and non-verbal exchange of information. Effective IPCC between health care provider and client is one of the most important elements for improving client satisfaction, compliance and health outcomes.
6. *Management of complications* refers to an initial assessment confirming the presence of complications, medical evaluations, counseling of the patient regarding medical condition and treatment plan, prompt referral and transfer if patient requires treatment beyond the capability of the facility, stabilization of emergency conditions and treatment of any complications (both complications present before treatment and complications that occur during or after the treatment procedure), conduct of appropriate procedures, health education, and counseling on family planning, responsible parenthood, and prevention of future complications, among others.
7. *Marginalized* refers to the basic, disadvantaged, or vulnerable persons or groups who are mostly living in poverty and have little or no access to land and other resources, basic and social economic services such as health care, education and water and sanitation, employment and livelihood opportunities, housing, social security, physical infrastructure, and the justice system.
8. *Modern methods of Family Planning (MFP)* refer to safe, effective, non-abortifacient and legal methods or health products, whether natural or artificial, that are registered with the Food and Drug Administration (as applicable) to plan pregnancy. Modern natural methods include Billings Ovulation or Cervical Mucus Method, Basal Body Temperature, Symptothermal Method, Standard Days Method, Lactational Amenorrhea Method, and other method deemed to be safe, effective, and natural by the Department of Health (DOH). Modern artificial methods and/or health products include oral contraceptive pills, condoms, injectables, intrauterine devices, No Scalpel Vasectomy, Bilateral Tubal Ligation, sub-dermal implants, and any other method deemed to be safe, and effective by the DOH.
9. *Natural Family Planning (NFP)* refers to a variety of modern methods used to plan or prevent pregnancy based on identifying the woman's fertility cycle.
10. *Poor* refers to members of households identified as poor through the National Household Targeting System for Poverty Reduction (NHTS-PR) by the Department of Social Welfare and Development (DSWD) or any subsequent system used by the national government in identifying the poor.
11. *Private Sector* refers to the key actor in the realm of the economy where the central social concern and process are mutually beneficial production and distribution of goods and services to meet the

physical needs of human beings. The private sector comprises of private corporations, households, and non-profit institutions serving households.

12. *Reproductive Health (RH)* refers to the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. This implies that people are able to have a responsible, safe, consensual, and satisfying sex life, that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. This further implies that women and men attain equal relationships in matters related to sexual relations and reproductions.
13. *Responsible Parenthood (RP)* refers to the will and ability of a parent to respond to the needs and aspirations of the family and children. It is likewise a shared responsibility between parents to determine and achieve the desired number of children, spacing and timing of their children according to their own family life aspirations, taking into account psychological preparedness, health status, sociocultural and economic concerns consistent with their religious convictions.
14. *Service Delivery Network (SDN)* refers to the network of health facilities and providers within the province- or city-wide health systems, offering a core package of health care services in an integrated and coordinated manner. This is similar to the local health referral system as identified in the Local Government Code.
15. *Unmet need for modern family planning* refers to the number of women who are fecund and sexually active but are not using any modern method of contraception, and report not wanting any more children or wanting to delay the birth of their next child.

ACRONYMS

AO	Administrative Order
AMC	Average Monthly Consumption
BBT	Basal Body Temperature
BP	Blood Pressure
BTL	Bilateral Tubal Ligation
CBT	Competency-Based Training
CDLMIS	Contraceptive Distribution Logistics Management Information System
CHO	City Health Office
COC	Combined Oral Contraceptive
COF	Contraceptive Order Form
CS	Caesarian Section
DMPA	Depot-Medroxyprogesterone Acetate
DOH	Department of Health
DTUR	Dispensed To User Record
FHSIS	Field Health Services Information System
FP	Family Planning
GAA	General Appropriations Act
GAD	Gender and Development
HFEP	Health Facilities Enhancement Program
ICV	Informed Choice and Voluntarism
IEC	Information, Education, and Communication
IRR	Implementing Rules and Regulations
IUD	Intrauterine Device
IPCC	Interpersonal Communication and Counseling
LAM	Lactational Amenorrhea Method
LAPM	Long-Acting Permanent Method
LCE	Local Chief Executive
LGU	Local Government Unit
MNCHN	Maternal and Child Health and Nutrition
MEC	Medical Eligibility Criteria
MFP	Modern Family Planning
MLLA	Minilaparotomy under Local Anesthesia
MNFP	Modern Natural Family Planning
MOOE	Maintenance and Other Operating Expenses
NGO	Nongovernment Organization
NSV	No-Scalpel Vasectomy
OPD	Outpatient Department
OR	Operating Room
PHIC or PhilHealth	Philippine Health Insurance Corporation
PHO	Provincial Health Office
POP	Progestin-Only Pill
PPIUD Insertion	Postpartum Intrauterine Device Insertion
PS	Personal Services
RA	Republic Act
RH	Reproductive Health
RHU	Rural Health Unit
RO	Regional Office
RP	Responsible Parenthood
SDM	Standard Days Method
SDN	Service Delivery Network
TCL	Target Client List

INTRODUCTION

Background

Women with unmet need for modern family planning can be reduced by almost one million if the full range of FP services is given by hospitals. The Republic Act No. 10354 (RA 10354) or The Responsible Parenthood and Reproductive Health Act of 2012 and its Implementing Rules and Regulations (IRR) under Rule 4 states that all accredited health facilities shall provide a full range of modern family planning (MFP) including medical consultations, supplies and necessary and reasonable procedures for poor and marginalized couples having infertility issues who desire to have children. Furthermore, it states that the LGUs, with assistance from the DOH, shall ensure that all public health facilities within the Service Delivery Network shall provide full, age-, capacity-, and development-appropriate information and services on all methods of modern family planning to all clients, regardless of age, sex, gender, disability, marital status, or background.

Earlier issuances of the Department of Health such as AO 50-A s. 2001, AO 2008-0029 and AO 2012-0009 stipulate that all government hospitals should provide the full range of family planning services as part of basic services. However, there is wide variation in the provision of family planning services even in government hospitals. This highlights the need to have a set of guidelines that hospitals can refer to in order to provide a package of FP services. This set of guidelines will assist hospitals in establishing and enhancing FP services in particular units of hospitals by identifying requirements for FP commodities and supply, instruments and equipment including improvements in infrastructure and trained personnel. It discusses the roles and responsibilities of a management team that shall oversee implementation of a plan until the hospital has the full range of FP services, establishment and maintenance of a logistics management system as well as recording and reporting mechanisms to aid in monitoring progress in the provision of FP services.

Family Planning Services in Hospitals

According to Section 5.05 of the RPRH Implementing Rules and Regulations, all accredited public health facilities shall provide a full range of modern family planning methods, which shall also include medical consultations, supplies and necessary and reasonable procedures for poor and marginalized couples having infertility issues who desire to have children. LGUs with assistance from the DOH shall ensure that all public health facilities within the service delivery network shall provide full, age-, capacity-, and development-appropriate information and services on all methods of modern family planning to all clients, regardless of age, sex, gender, disability, marital status, or background.

Specifically, family planning services in hospitals includes delivery of information to clients, counseling and assessment, provision of pills, injectables, condoms; performance of procedures such as IUD insertion and removal, subdermal implant insertion and removal, bilateral tubal ligation via minilaparotomy under local anesthesia (BTL MLLA), and no scalpel vasectomy (NSV); support to the practice of natural family planning such as cervical mucus method, basal body temperature (BBT) method, symptothermal method, standard days method (SDM) and lactational amenorrhea method (LAM); and management of complications and adverse reactions following the use of contraceptives. FP information and services shall be made available in the different sections or units of a hospital. It is expected that all units shall contribute in reducing unmet need for modern family planning by providing key messages on FP, counseling clients and at least initially providing pills, injectables and condoms.

Cognizant of the current status of FP services in different hospital settings, it is important to consider the following list of basic FP services as a starting point to establish basic FP service provision in

the hospital units. These services can further be expanded thru phases to cover and complete other required FP services. It should be noted however that gaps in remaining services should already be made available by 2015 as stipulated in the RPRH IRR provision (Section 5.04).

Following is a list of FP services in various hospital units/ departments:

Table 1: FP Services in Different Units of Hospitals

Basic FP Services	Key Supplies and Commodities needed	Who can provide the services
Outpatient Department		
1. FP promotion/education	<ul style="list-style-type: none"> Materials: FP wall chart/poster, brochures, audio-visual presentations, and the like Space required: Information on FP can be given in waiting areas for lectures, video presentations 	<ul style="list-style-type: none"> Physicians/Nurses/ Midwives Nursing or midwife affiliates deployed at the OPD unit in the hospital
2. FP Counseling and Client Assessment 3. Provision of pills, injectables and condoms 4. Routine follow-up for modern FP users 5. Management of adverse reactions following the use of contraceptives 6. Referral for BTL MLLA to other facility or schedule for outreach services (in facilities without capacity to provide BTL-MLLA services)	<ul style="list-style-type: none"> Materials: Medical Eligibility Criteria (MEC) wheel; FP Clinical Standards Manual Supplies and Commodities: pills, condoms, injectables and syringes with appropriate storage space , SDM Space Required: room/area where client and counselor can have auditory and visual privacy 	<ul style="list-style-type: none"> Physician Midwife and/or Nurse trained on Family Planning Competency Based Training 1 (FP CBT1)
Provision of IUD (interval)	Refer to annex for instruments and expendable supplies needed for IUD insertion and removal	<ul style="list-style-type: none"> Physician, nurse and/or midwife trained on insertion and removal of IUD (FP CBT 2)
Provision of sub-dermal implants	Refer to annex for instruments and expendable supplies needed for subdermal implants insertion and removal	<ul style="list-style-type: none"> Physician trained on insertion and removal of subdermal implants
Provision of NSV	Refer to annex for instruments and expendable supplies needed for NSV	<ul style="list-style-type: none"> Physician trained on no scalpel vasectomy
Provision of information on Natural FP and services	Supplies and Commodities: Charts and thermometer to monitor body temperature; cycle beads	<ul style="list-style-type: none"> Physician Nurse or midwife trained on natural FP

Basic FP Services	Key Supplies and Commodities needed	Who can provide the services
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Wards

<p>1. FP promotion/education</p>	<ul style="list-style-type: none"> Materials: FP wall chart, brochures, and the like 	<ul style="list-style-type: none"> Doctors/Nurses/ midwives Nursing or midwife affiliates deployed at the OPD unit in the hospital
<p>2. FP Counseling and Client Assessment</p> <p>3. Provision of pills, injectables and condoms (clients may get resupply of FP commodities in hospital's OPD or can be referred to RHU nearest to the clients' place of residence)</p> <p>4. Referral to providers in the hospital that can deliver other services such as IUD insertion and removal, subdermal implants insertion and removal , BTL MLLA and NSV</p> <p>5. Management of complications (as appropriate in setting)</p>	<ul style="list-style-type: none"> Materials: FP Form 1, Medical Eligibility Criteria (MEC) wheel; FP Clinical Standards Manual Supplies and Commodities: pills, condoms, injectables and syringes with appropriate storage space Space required: room/area where client and counselor can have privacy 	<ul style="list-style-type: none"> Physician/s* Midwife and/or Nurse trained on Family Planning Competency Based Training 1 (FP CBT1)* <p>*Providers do not necessarily have to come from the same ward or unit. FP clients can be referred to trained personnel within the hospital.</p>

Delivery Room

<p>Post-partum IUD insertion</p> <p>Delivery of key FP messages</p> <p>*FP Counseling can be provided during ante-natal care visits, or in the wards after delivery.</p>	<p>Refer to annex for instruments and expendable supplies needed for IUD insertion and removal</p>	<ul style="list-style-type: none"> Trained physician, nurse or midwife on the insertion of and management of clients on post-partum IUD
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Operating Room

<p>Bilateral tubal ligation thru Minilaparotomy under Local Anaesthesia (BTL-MLLA)</p> <p>*Level 1 hospitals can be a host facility for FP outreach services if they are not capable of providing BTL-MLLA services.</p>	<p>Refer to annex for instruments and expendable supplies needed for BTL via MLLA</p>	<p>Trained physician on BTL-MLLA with nursing assistants</p>
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Basic FP Services	Key Supplies and Commodities needed	Who can provide the services
Post-CS IUD insertion	Refer to annex for instruments and expendable supplies needed for IUD insertion and removal	Trained physician on post-CS IUD insertion
Hospitals with Minor OR		
Provision of BTL via MLLA	Refer to annex for instruments and expendable supplies needed for BTL via MLLA	Trained physician on BTL-MLLA with nursing assistants
Hospitals with Outreach/ Itinerant FP services		
Provision of BTL-MLLA and NSV	Please refer to AO/ guidelines on FP Outreach Services	FP Outreach team composed of trained physicians, nurses, and midwives
Provision of IUD insertion		
Provision of Pills, DMPA, sub-dermal implants		

SECTION 1. ESTABLISHING OR ENHANCING THE PROVISION OF FAMILY PLANNING SERVICES IN HOSPITALS

The following steps shall be carried out to jumpstart FP service provision in the facility:

- 1) Appoint the RH Officer or focal person to manage FP service delivery in the hospital
- 2) Assess current capacity to deliver FP services
- 3) Identify action points to establish or enhance FP services in the hospital
- 4) Determine an appropriate management structure or implementation arrangement that will oversee provision of FP services in the hospital

1.1. Step 1: Appoint a focal person (FP Coordinator) who will lead the assessment, organize a team, and eventually manage FP service delivery.

The Chief of Hospital shall designate a Family Planning Coordinator or focal person who shall be in charge in the rapid assessment of the current status of FP services being provided in the different units of the hospital.

1.2. Step 2: Assessing Current Capacity to Deliver Specific Family Planning Services

The FP Coordinator shall oversee the assessment of the current status of FP services in the hospital. The designated officer should be familiar with operations of the different sections/units of the hospital as well as capacity to manage the assessment process by coordinating with all concerned units. Knowledge on the different FP services is preferred but not necessary. To carry out the assessment activity, the FP Coordinator shall perform the following tasks:

- a. Organize the assessment team
- b. Orient the team on the use of the Assessment Checklist
- c. Schedule and undertake conduct of assessment activity
- d. Consolidate results of the assessment

The FP Coordinator shall organize a team to assess different sections of the hospital. For example, section heads or managers can be assigned to identify available FP services in their units. Use the Checklist to Assess Current Capacity to Deliver FP Services (see Annex A) to assess capacity of the different units in the hospital in delivering FP services. Answerable by tickboxes and remarks, the checklist is designed to guide the focal person and the team to assess current capacity in terms of availability of personnel trained on specific services for each type or set of FP services, instruments and equipment, supplies and commodities, presence of space where services can be given.

The FP Coordinator shall provide an orientation to the assigned team (e.g. OPD nurse or a ward nurse) by going through the Checklist to Assess Current Capacity to deliver specific FP Services [Annex A]. The assessment team shall then agree on schedules and timelines in accomplishing the assessment checklist.

Findings from the assessment should be discussed with the FP Coordinator and other members of the team and propose recommendations to either enhance or establish FP services in the unit. The FP Coordinator or focal person should consolidate findings from the team and shall validate the gaps and identify action points to establish or enhance FP services in the various units of the hospital.

1.3. Step 3: Identify Action Points to Establish or Enhance Family Planning Services in the Hospital

Based from the results of the capacity assessment, list down the gaps that have been identified in the previous step and determine appropriate interventions [please see attached template in Annex B to consolidate gaps and identify action points]:

A. Enhance Existing Family Planning Services in the Facility

Determine if existing services in the facility need further improvements. Ensure that there are adequate FP commodities and supply, enough pool of trained health providers, appropriate space to deliver the service and enough information materials to generate demand. If services are not available in the hospital, the RH officer through the Chief of Hospital shall coordinate with the PHO to determine facilities and/or providers where clients can be referred.

B. Determine and Prioritize Hospital Units that will be Developed/ Enhanced to Deliver Appropriate Family Planning Services

Hospitals are to deliver the full range of FP services as part of the service delivery network in their locality¹. Review the checklist and identify the units or sections in the hospital that should be developed or enhanced. For example, the hospital may opt to develop its capacity to provide BTL thru MLLA since no facility within the Service Delivery Network (SDN) in the area can provide this service. One criterion that may be used to determine which unit in the hospital will be prioritized in terms of enhancements is the volume of clients (e.g. OPD/ FP clinic) that utilize services. Specific hospital services within the SDN can further be discussed with the PHO/ CHO. Other facilities like RHUs or private providers can refer clients to the hospital.

The following points can be considered in addressing gaps:

- Identify the requirements for the hospital to deliver the service. Determine the following:
 - Appropriate space to provide the service (with provision of auditory and visual privacy)
 - Instruments and equipment

¹ RPRH IRR Rule 5.05 item a.

- FP commodities and supplies
- Personnel trained in the provision of the service
- Determine the cost and source of funds for each item required.
- Identify items that can be supported by hospital resources. Seek assistance from the PHO or from the DOH RO for other resources that cannot be provided for by the hospital (e.g., additional FP staff).

The FP Coordinator shall then submit the following outputs to the team for validation and should be presented to the Chief of Hospital:

- a. Current capacity of hospital units to deliver FP services
- b. Gaps and priorities that would have to be addressed including resources/ budgets needed, available funding sources, and timelines to address these gaps
- c. Proposed management structure to oversee and sustain delivery of FP services

C. Coordinate with the Provincial Health Office for LGU-owned Hospitals and the DOH Regional Office for DOH Regional Hospitals and Medical Centers for Assistance

Hospitals are expected to support or have resources for expendable supplies, procurement and maintenance of instruments and equipment, maintain a pool of trained personnel and support to implementation of logistics management and information system, reporting and recording mechanisms to monitor progress. The DOH is mandated to provide FP commodities and supplies to service delivery points including hospitals to address requirements of the poor. The LGU through the PHO shall procure additional FP commodities and supplies for clients other than the poor.

Grants for training, procurement of FP commodities and supplies, instruments, equipment or infrastructure improvement, are available in the DOH Regional Offices for hospitals that are setting up or building the capacity of its facility and personnel to provide FP services. To facilitate training of hospital personnel, the DOH RO shall contract with training institutions to provide training on FP CBT1, natural family planning, skills training on IUD insertion (post-partum and interval) and removal, subdermal implant insertion and removal, BTL MLLA and NSV. It shall consolidate requests from PHOs and DOH Regional and Medical Centers for instruments and equipment needed for FP services and adequate commodities and supplies.

DOH Regional Hospitals and Medical Centers can directly request DOH Regional Offices for assistance. A written request from the Chief of Hospital can be forwarded to the DOH RO Regional Director to seek assistance. LGU owned hospitals should seek support from the PHO. The PHO will evaluate and consolidate all requests from the hospitals, determine resources that are available in the LGU. If the hospital requirements cannot be fully covered by LGU resources, the PHO (through the LCE) shall then submit requests for support to the DOH Regional Office. In cases where private hospitals will be contracted for additional FP services, it may seek support for training, supplies and commodities, instruments and equipment from the PHO. The PHO and the DOH RO will develop criteria to choose recipients of government support as well as an incentive mechanism to ensure continuous provision of FP services in private hospitals.

1.4. Step 4: Determine an Appropriate Management Structure or Implementation Arrangement that will Oversee Provision of Family Planning Services in the Hospital

The designated FP Coordinator in the hospital facility shall be the focal person who will manage the provision of specific FP services in the hospital. He/she is responsible for setting up service provision in the various units of the hospital. This shall be accomplished through the following activities:

- a. Identify the FP providers who have acquired appropriate skills and competencies who will provide services in the different units of the hospital. While it is not necessary to have 1 FP staff designated in the each unit of the hospital, the offices should be able to set appropriate schedules to provide these units when required.
- b. Orient other staff in the hospital on the availability of services and ensure that interested and potential FP clients have been properly informed about availability of FP services in the facility
- c. Organize the team of FP providers in the hospital and plan out how the different FP services will be offered in the different units in the facility
- d. Determine logistical requirements to implement FP services which shall be included in the annual plan of the hospital; determine which areas will require technical assistance from PHO or Regional Health Office
- e. Conduct regular monitoring and evaluation of FP service delivery in the hospital
- f. Setting up proper recording and reporting of services provided in the different units; consolidate reports for submission to PHO or appropriate facility conduct quarterly management meetings

SECTION 2. RECORDING AND REPORTING OF FAMILY PLANNING SERVICES IN THE HOSPITAL

To record particular services, all FP clients of the hospital should have a FP Service Record or FP Form 1, consent form especially for surgical procedures given and patient card.

- a. FP Form 1 contains data from individual clients. The FP service provider should fill out each form completely during client consultation and signed by the client after FP counseling and assessment.
- b. Patient Consent Form should be signed by the client and the spouse for long acting and permanent methods such as subdermal implant, IUD, BTL via MLLA and NSV.
- c. Patient Card should be given to a client to show the day of visit when service is provided, method used and day of follow-up visit.

To summarize FP services, the hospital should prepare the Hospital Service Statistics Report Form for Family Planning. The report summarizes the number of clients provided with FP services per unit (as reflected in the FP logbook/ clinic census) and should be submitted by the hospitals to the nearest

reporting public health unit or the PHO for LGU hospitals and to the DOH RO for DOH Regional Hospitals and Medical Centers every month to be included as part of FHSIS reporting requirements.

Refer to the Annex of this document as well as the latest version of the Philippine Clinical Standards Manual on Family Planning for a copy of and instructions on filling up the forms described above.

SECTION 3. LOGISTICS MANAGEMENT AND INFORMATION SYSTEM

The DOH shall support FP commodity requirements of hospitals to adequately respond to the need of the poor. LGU hospitals should procure any additional requirements for clients other than the poor. Hospitals should follow standards in the storage and dispensing of FP commodities and supplies.

To ensure adequate stock of FP commodities and supplies, the hospital should also prepare an inventory report every month and a requisition form every quarter. The inventory report should include the following information on each commodity and supply: beginning balance, commodities and supplies received and issued during the quarter and ending balance. Ending balance is computed by subtracting commodities issued from beginning balance and those received during the quarter. The requisition form is submitted to the PHO by LGU hospitals or to DOH RO by Regional Hospitals and Medical Centers every quarter. Aside from information consolidated from the last three monthly inventory reports, it contains information on the average monthly consumption (AMC), allowable stock level and quantity of commodities required for the next quarter.

SECTION 4. FINANCING

- a. The hospital budget and generated revenues should be tapped to support delivery of FP services.
- b. Services such as IUD insertion, BTL via MLLA and NSV are reimbursed by PhilHealth as long as accreditation requirements for the hospital are met. Midwives should be accredited by PhilHealth in order to be reimbursed for IUD insertion services.

SECTION 5. ASSISTANCE TO COMPLICATIONS ARISING FROM THE USE OF CONTRACEPTIVE METHODS

- a. The health staff shall ensure that all clients with complications are provided with necessary assistance (e.g. medications, hospitalizations or transport to referral facility if needed).
- b. Referrals shall be made to government facilities only if possible. The DOH retained and other government hospitals shall not charge the client treated for complications with any fee.
- c. In areas where there are no existing or accessible government hospitals/health facilities, clients with complications shall be managed in private institutions and assistance shall be provided by the LGU with support from the DOH RO.
- d. Private hospitals/health facilities shall provide assistance to their employees with complications in accordance to the institutions' existing rules and regulations.
- e. Fund allocation for complication assistance shall be incorporated in the hospital plan. Funds can be sourced out from the following:
 - GAA
 - GAD fund (5% of the total budget both MOOE and PS)

- MNCHN Grant
- f. Additional funds if needed shall be requested from the DOH RO. Fund allocated for such activity shall be reflected in their GAD/MNCHN plans.

ROLES AND RESPONSIBILITIES

A. LGU Hospitals and DOH Regional Hospitals and Medical Centers

- 1) Provide full range of family planning services in hospitals
- 2) Establish the following systems in the hospital: human resource development for FP services, logistics management and information system, reporting and recording mechanism
- 3) Coordinate with PHO/DOH RO to strengthen the roles of the hospital in the service delivery network

B. Provincial Health Office/City Health Office

- 1) Ensure that all public hospitals have an adequate number of trained and competent FP service providers.
- 2) Develop a training plan for personnel to ensure a pool of FP trained personnel in hospitals
- 3) Establish or upgrade all hospitals to be equipped with the necessary facilities and equipment, and adequate commodities and supplies to provide FP services.
- 4) Adopt a procurement, distribution and monitoring system for FP commodities and supplies consistent with the provisions of the RPRH Act and guidelines of the DOH.

C. DOH Regional Office

- 1) Allocate budgets and manage available DOH RO resources including grants to support PHOs/CHOs, LGU hospitals and the private sector to access training, enhancement of infrastructure as well as procurement of instruments and equipment needed to support delivery of FP services
- 2) Monitor delivery and utilization of FP commodities and supplies including the inventory of FP commodities
- 3) Develop an incentive mechanism together with PHOs/CHOs to provide incentives for the private sector to deliver FP services in hospitals
- 4) Provide resources to support management of complications or adverse reactions arising from the use of FP.

D. Family Health Office

- 1) Allocate resources for FP commodities and supplies for hospitals
- 2) Consolidate reports coming from DOH RO and use these reports to guide the procurement, allocation and distribution of FP commodities and supplies
- 3) Review training manuals and clinical protocols in order for hospitals to appropriately respond to needs of patients and clients
- 4) Ensure training of DOH RO

ANNEX A: ASSESSMENT CHECKLIST IN THE PROVISION OF FP SERVICES IN HOSPITALS

Instructions: Please put a check mark on the appropriate boxes that are **NOT** available for each hospital unit. Fill in the remarks column with details on the gaps that have been identified on the specific items in the first three columns (please put in as much detail as possible to facilitate the identification of gaps which needs to be addressed.)

A.1. Outpatient Department			
Basic FP Services	Staff/ Training	Infrastructure, Equipment, Instruments, Commodities, Supplies	Remarks
<p>FP Promotion and Education</p> <p>Activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Responding to queries related to FP <input type="checkbox"/> Bench conferences <input type="checkbox"/> Chat group sessions <input type="checkbox"/> Small group discussions <input type="checkbox"/> Distribution of FP IEC materials <input type="checkbox"/> Showing of FP tapes/films <input type="checkbox"/> Lectures 	<ul style="list-style-type: none"> <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Midwives <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Others (Please specify): _____ 	<p>IEC Materials</p> <ul style="list-style-type: none"> <input type="checkbox"/> Brochures <input type="checkbox"/> Fliers <input type="checkbox"/> Leaflets <input type="checkbox"/> Posters <input type="checkbox"/> Films/ Videos <input type="checkbox"/> Flipcharts 	
<p>FP Counseling and Assessment</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Midwives <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 1 Training 	<p>Infrastructure and Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Space for FP counseling and assessment with visual and auditory privacy <input type="checkbox"/> Examination table <input type="checkbox"/> Provision for equipment sterilization <input type="checkbox"/> Sterile gloves <input type="checkbox"/> Disposable syringes <input type="checkbox"/> Gooseneck lamp <input type="checkbox"/> Speculum <input type="checkbox"/> Instrument tray <input type="checkbox"/> Stethoscope <input type="checkbox"/> BP app <input type="checkbox"/> Weighing scale <p>Forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1 <input type="checkbox"/> Patient Cards <input type="checkbox"/> Consent Forms <input type="checkbox"/> Referral Slips 	

		<input type="checkbox"/> FHSIS Report Form/M1 <input type="checkbox"/> Hospital Service Statistics Report Form References <ul style="list-style-type: none"> • Medical Eligibility Criteria (MEC) wheel • Philippine Clinical Standards Manual 	
Provision of Specific FP services and commodities Services <ul style="list-style-type: none"> <input type="checkbox"/> Pills <input type="checkbox"/> Condoms <input type="checkbox"/> Injectables <input type="checkbox"/> Standard Days Method <input type="checkbox"/> Cervical Mucus Method <input type="checkbox"/> Symptothermal Method <input type="checkbox"/> Basal Body Temperature <input type="checkbox"/> Management of Adverse Reactions following the use of contraceptives Others <ul style="list-style-type: none"> <input type="checkbox"/> Referral of clients for BTL services 	<ul style="list-style-type: none"> <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Midwives <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 1 Training 	FP Commodities <ul style="list-style-type: none"> <input type="checkbox"/> Pills <ul style="list-style-type: none"> <input type="checkbox"/> COCs <input type="checkbox"/> POPs <input type="checkbox"/> Condoms <input type="checkbox"/> Injectables <input type="checkbox"/> Standard Days Method Beads <input type="checkbox"/> Natural Family Planning Charts <input type="checkbox"/> Thermometers Forms <ul style="list-style-type: none"> <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1 <input type="checkbox"/> Patient Cards <input type="checkbox"/> Consent Forms <input type="checkbox"/> Referral Slips 	
Intrauterine Device Insertion and Removal	<ul style="list-style-type: none"> <input type="checkbox"/> Physicians trained in IUD insertion and removal <input type="checkbox"/> Nurses <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 2 Training <input type="checkbox"/> Midwives <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 2 Training 	Infrastructure <ul style="list-style-type: none"> <input type="checkbox"/> Space for IUD insertion and removal with visual and auditory privacy <input type="checkbox"/> IUD insertion table Equipment/Instruments/Supplies IUD Insertion² <ul style="list-style-type: none"> <input type="checkbox"/> IUD (Copper T380A) <input type="checkbox"/> Drape to cover pelvic area <input type="checkbox"/> Gloves <input type="checkbox"/> Bivalve speculum <input type="checkbox"/> Light source (droplight or flashlight) <input type="checkbox"/> Uterine tenaculum <input type="checkbox"/> Sponge forceps <input type="checkbox"/> Bowl containing cotton balls 	

² Family Planning Competency Based Training in IUD Insertion, Facilitator's Guide, DOH 2010

		<input type="checkbox"/> Narrow or alligator forceps IUD Removal³ <input type="checkbox"/> Cup/bowl/gallipot <input type="checkbox"/> Forceps, Rampley, sponge, Foerster, straight, 9.5 inches (24.1 cm) <input type="checkbox"/> Speculum, vaginal, Graves, medium (1.38 inches [3.5 cm] x 4 inches [10.2 cm]) <input type="checkbox"/> Forceps, Bozeman uterine dressing, straight, 10.5 inches (26.7 cm) <input type="checkbox"/> IUD removal forceps, alligator jaw, 8 inches <input type="checkbox"/> IUD string retriever Forms <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1/ Patient Chart <input type="checkbox"/> Consent Forms	
No Scalpel Vasectomy	<input type="checkbox"/> Physicians trained in performing NSV	Infrastructure <input type="checkbox"/> Space for performing NSV with visual and auditory privacy Instruments and Supplies⁴ <input type="checkbox"/> Ringed clamp <input type="checkbox"/> Dissecting forceps <input type="checkbox"/> Straight scissors <input type="checkbox"/> Adhesive tape and gauze <input type="checkbox"/> Scissors for clipping any scrotal hair that would interfere with the procedure <input type="checkbox"/> Sterile gloves <input type="checkbox"/> Sterile drapes <input type="checkbox"/> 10-cc syringe with a 1 ½ inch, 25- or 27-gauge needle (U.S. system) <input type="checkbox"/> 1% or 2% lidocaine without epinephrine <input type="checkbox"/> Supplies for vassal occlusion according to the surgeon's preference (examples: a cautery unit; chromic catgut or non-absorbable silk or cotton for ligation)	

³ <http://www.engenderhealth.org/files/pubs/family-planning/lapm-equipment-list.pdf>

⁴ No Scalpel Vasectomy: A Skills Training Course for Vasectomy Providers and Assistants, Facilitator's Guide and Participant's Handbook, DOH 2013

		<input type="checkbox"/> Scrotal support for the man to wear after the procedure (optional) Forms <ul style="list-style-type: none"> <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1/ Patient Chart <input type="checkbox"/> Consent Forms 	
Subdermal Implants	<input type="checkbox"/> Physicians trained in performing subdermal implant insertion and removal	Infrastructure <ul style="list-style-type: none"> <input type="checkbox"/> Space for performing subdermal implant services with visual and auditory privacy Subdermal Implant Insertion Instruments⁵ <ul style="list-style-type: none"> <input type="checkbox"/> Cup/bowl <input type="checkbox"/> Forceps, sponge-holding, straight, 5.5 inches (14 cm) Subdermal Implant Removal Instruments⁶ <ul style="list-style-type: none"> <input type="checkbox"/> Cup/bowl/gallipot <input type="checkbox"/> Forceps, sponge-holding, straight, 5.5 inches (14 cm) <input type="checkbox"/> Scalpel, handle, #3, graduated in cm <input type="checkbox"/> Forceps, mosquito, straight, 5 inches (12.7 cm) <input type="checkbox"/> Forceps, mosquito, curved, 5 inches (12.7 cm) Forms <ul style="list-style-type: none"> <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1/ Patient Chart <input type="checkbox"/> Consent Forms 	
Outreach Services	<input type="checkbox"/> Physicians trained in performing BTL MLLA and NSV <input type="checkbox"/> Nurses <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Trained in OR assistance 	Equipment/ Instruments⁷ <ul style="list-style-type: none"> <input type="checkbox"/> Gauze <input type="checkbox"/> Metal cup with antiseptic (Betadine) <input type="checkbox"/> Sponge forceps <input type="checkbox"/> Graves speculum 	

⁵ <http://www.engenderhealth.org/files/pubs/family-planning/lapm-equipment-list.pdf>

⁶ <http://www.engenderhealth.org/files/pubs/family-planning/lapm-equipment-list.pdf>

⁷ Bilateral Tubal Ligation by Minilaparotomy under Local 1 Anesthesia, Facilitator's Guide and Participant's Handbook, DOH 2013

	<input type="checkbox"/> Midwives (optional) <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> FP CBT 2 Training	<input type="checkbox"/> Ramathobodi uterine elevator <input type="checkbox"/> 1 set of Apelo retractors <input type="checkbox"/> 4 straight Kelly forceps, 8 inches <input type="checkbox"/> Tissue forceps <input type="checkbox"/> Needle holder <input type="checkbox"/> Hypodermic syringe (10 or 20 cc) with needle <input type="checkbox"/> Blade holder with blade <input type="checkbox"/> Metzenbaum scissors <input type="checkbox"/> Chromic 2-0 atraumatic suture Commodities: <input type="checkbox"/> Pills <input type="checkbox"/> Condom <input type="checkbox"/> DMPA Injectables and autodisposable syringes <input type="checkbox"/> IUD <input type="checkbox"/> Forms <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1/ Patient Chart <input type="checkbox"/> Consent Forms	
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Schedule of Services

Please indicate the schedule of the following services, if applicable:

- FP Promotion and Education _____
- FP Counseling and Assessment _____
- Provision of FP Methods and Services _____
- IUD Insertion and Removal _____
- NSV Services _____
- Subdermal Implant Services _____
- Outreach Services _____

A.2. Wards

FP Services	Staff/ Training	Infrastructure, Equipment, Instruments, Commodities, Supplies	Remarks
FP Promotion and Education Activities <input type="checkbox"/> Short orientations <input type="checkbox"/> Responding to queries related to FP <input type="checkbox"/> Small group discussions	<input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Midwives	IEC Materials <input type="checkbox"/> Brochures <input type="checkbox"/> Fliers <input type="checkbox"/> Leaflets	

<input type="checkbox"/> Distribution of FP IEC materials <input type="checkbox"/> Showing of FP tapes/films	<input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Others (Please specify):_____	<input type="checkbox"/> Posters <input type="checkbox"/> Films/ Videos <input type="checkbox"/> Flipcharts <input type="checkbox"/> Others (Please specify):_____	
FP Counseling and Assessment	<input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Midwives <input type="checkbox"/> FP CBT 1 Training	Infrastructure and Equipment <input type="checkbox"/> Space for FP counseling and assessment with visual and auditory privacy <input type="checkbox"/> Examination table <input type="checkbox"/> Provision for equipment sterilization <input type="checkbox"/> Sterile gloves <input type="checkbox"/> Disposable syringes <input type="checkbox"/> Gooseneck lamp <input type="checkbox"/> Speculum <input type="checkbox"/> Instrument tray <input type="checkbox"/> Stethoscope <input type="checkbox"/> BP app <input type="checkbox"/> Weighing scale Forms <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1 <input type="checkbox"/> Patient Cards <input type="checkbox"/> Consent Forms <input type="checkbox"/> Referral Slips <input type="checkbox"/> FHSIS Report Form/M1 <input type="checkbox"/> Hospital Service Statistics Report Form References <ul style="list-style-type: none"> • Medical Eligibility Criteria (MEC) wheel • Philippine Clinical Standards Manual 	
Provision of FP Methods and Services Services <input type="checkbox"/> Pills <input type="checkbox"/> Condoms <input type="checkbox"/> Injectables <input type="checkbox"/> Standard Days Method <input type="checkbox"/> Cervical Mucus Method <input type="checkbox"/> Symptothermal Method	<input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Midwives <input type="checkbox"/> FP CBT 1 Training	FP Commodities <input type="checkbox"/> Pills <input type="checkbox"/> COCs <input type="checkbox"/> POPs <input type="checkbox"/> Condoms <input type="checkbox"/> Injectables <input type="checkbox"/> Standard Days Method Beads <input type="checkbox"/> Natural Family Planning Charts <input type="checkbox"/> Thermometers	

<input type="checkbox"/> Basal Body Temperature <input type="checkbox"/> Management of adverse reactions and complications Others <input type="checkbox"/> Referral of clients for subdermal implant, IUD, BTL, NSV services		Forms <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1 <input type="checkbox"/> Patient Cards <input type="checkbox"/> Consent Forms <input type="checkbox"/> Referral Slips	
Schedule of Services Please indicate the schedule of the following services, if applicable: FP Promotion and Education _____ FP Counseling and Assessment _____ Provision of FP Methods and Services _____			

A.3. Operating Room and Delivery Room			
FP Services	Staff/ Training	Infrastructure, Equipment, Instruments, Commodities, Supplies	Remarks
Bilateral Tubal Ligation Services (through Minilaparotomy under Local Anesthesia)	<input type="checkbox"/> Physicians trained in performing BTL MLLA <input type="checkbox"/> Nurses <input type="checkbox"/> Trained in OR assistance <input type="checkbox"/> Midwives (optional) <input type="checkbox"/> FP CBT 1 Training	Infrastructure <input type="checkbox"/> Operating Room Equipment <input type="checkbox"/> Provision for sterilization Instruments⁸ <input type="checkbox"/> Gauze <input type="checkbox"/> Metal cup with antiseptic (Betadine) <input type="checkbox"/> Sponge forceps <input type="checkbox"/> Graves speculum <input type="checkbox"/> Ramathobodi uterine elevator <input type="checkbox"/> 1 set of Apelo retractors <input type="checkbox"/> 4 straight Kelly forceps, 8 inches <input type="checkbox"/> Tissue forceps <input type="checkbox"/> Needle holder <input type="checkbox"/> Hypodermic syringe (10 or 20 cc) with needle <input type="checkbox"/> Blade holder with blade	

⁸ Bilateral Tubal Ligation by Minilaparotomy under Local 1 Anesthesia, Facilitator's Guide and Participant's Handbook, DOH 2013

		<input type="checkbox"/> Metzenbaum scissors <input type="checkbox"/> Chromic 2-0 atraumatic suture Forms <ul style="list-style-type: none"> <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1/ Patient Chart <input type="checkbox"/> Consent Forms 	
Postpartum and Post CS IUD Insertion	<ul style="list-style-type: none"> <input type="checkbox"/> Physicians <ul style="list-style-type: none"> <input type="checkbox"/> PPIUD Insertion and Removal Training <input type="checkbox"/> Post CS IUD Insertion Training <input type="checkbox"/> Nurses <ul style="list-style-type: none"> <input type="checkbox"/> PPIUD Insertion and Removal Training <input type="checkbox"/> Midwives <ul style="list-style-type: none"> <input type="checkbox"/> PPIUD Insertion and Removal Training 	Infrastructure <ul style="list-style-type: none"> <input type="checkbox"/> Space for IUD insertion and removal with visual and auditory privacy <input type="checkbox"/> IUD insertion table Instruments <ul style="list-style-type: none"> <input type="checkbox"/> Vaginal retractor (valve) or Sims speculum <input type="checkbox"/> Ringed forceps to grasp the cervix <input type="checkbox"/> forceps curved 12" <input type="checkbox"/> Sterile gloves <input type="checkbox"/> Gauze <input type="checkbox"/> Sterile drapes to cover the client <input type="checkbox"/> Exam gloves <input type="checkbox"/> Sterile gauze sponges <input type="checkbox"/> Drapes (to cover client's thighs, pubic area and to put underneath her buttocks) <input type="checkbox"/> Drapes (for packing instruments) <input type="checkbox"/> Decontamination solution <input type="checkbox"/> Sanitary pad Forms <ul style="list-style-type: none"> <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1/ Patient Chart <input type="checkbox"/> Consent Forms 	
Delivery of Key FP messages	<ul style="list-style-type: none"> <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 1 Training <input type="checkbox"/> Midwives <ul style="list-style-type: none"> <input type="checkbox"/> FP CBT 1 Training 		

<p>Schedule of Services</p> <p>Please indicate the schedule of the following services, if applicable: Bilateral Tubal Ligation through MLLA _____ IUD Insertion and Removal _____</p>
--

A.4. Mini OR

FP Services	Staff/ Training	Infrastructure, Equipment, Instruments, Commodities, Supplies	Remarks
<p>Bilateral Tubal Ligation Services</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Physicians trained in performing BTL MLLA <input type="checkbox"/> Nurses <ul style="list-style-type: none"> <input type="checkbox"/> Trained in OR assistance <input type="checkbox"/> Midwives (optional) <input type="checkbox"/> FP CBT 1 Training 	<p>Infrastructure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating Room <p>Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provision for sterilization <p>Instruments⁹</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gauze <input type="checkbox"/> Metal cup with antiseptic (Betadine) <input type="checkbox"/> Sponge forceps <input type="checkbox"/> Graves speculum <input type="checkbox"/> Ramathobodi uterine elevator <input type="checkbox"/> 1 set of Apelo retractors <input type="checkbox"/> 4 straight Kelly forceps, 8 inches <input type="checkbox"/> Tissue forceps <input type="checkbox"/> Needle holder <input type="checkbox"/> Hypodermic syringe (10 or 20 cc) with needle <input type="checkbox"/> Blade holder with blade <input type="checkbox"/> Metzenbaum scissors <input type="checkbox"/> Chromic 2-0 atraumatic suture <p>Forms</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Logbook <input type="checkbox"/> FP Form 1/ Patient Chart <input type="checkbox"/> Consent Forms 	

<p>Schedule of Services</p> <p>Please indicate the schedule of the following services, if applicable: Bilateral Tubal Ligation through MLLA _____</p>

⁹ Bilateral Tubal Ligation by Minilaparotomy under Local 1 Anesthesia, Facilitator's Guide and Participant's Handbook, DOH 2013

A.5. Management Support			
Management Questions (This portion of the tool should be answered by the designated FP Coordinator in the hospital)	Yes	No	Remarks
<i>Financing</i> <i>Presently, what are the available sources for financing the FP service operations of the hospital? Indicate how much of these sources are being utilized for FP services, and breakdown and appropriation of funding available for FP</i>			
A. Gender and Development (GAD) fund			
B. Maintenance and Other Operating Expenses (MOOE)			
C. PhilHealth Reimbursements from FP related services			
D. Health Facilities Enhancement Program (HFEP) funds			
E. Out of pocket charges			
F. PhilHealth Reimbursements from FP related services			
<i>Logistics Management</i>			
Is the hospital able to request FP commodities from the DOH?			
If not, where does the hospital get FP commodities for clients? (check all that apply)			
A. LGUs			
B. Hospital Budget			
C. NGOs			
D. Out of pocket expense from patients			

ANNEX B: PROPOSED TEMPLATE TO DETERMINE GAPS (CONSOLIDATED) IN THE PROVISION OF FP SERVICES

Instructions: This table will be used to consolidate all identified gaps in the different units/ departments in the hospital. The designated FP Coordinator will use this table as guide in determining the interventions/ actions needed, the resource requirements, and targeted timeframe to resolve the gaps. The FP coordinator shall decide on how to phase the completion of the requirements before the end of 2015 (based on FPRH IRR timelines)

Identified Gaps in FP services (examples)	OPD or FP Clinic	Wards	OR/DR	Action points	Resource requirements	Proposed timelines
1. Staff:						
Physicians						
Nurses						
Midwives						
2. FP Services						
a. FP Promotion						
b. FP counseling & assessment						
c. Provision of FP method						
i. Pills						
ii. DMPA						
iii. Condoms						
iv. IUD insertion and removal (postpartum/ interval)						
v. Subdermal implant insertion and removal						
vi. MNFP						
vii. No scalpel vasectomy						
viii. BTL-MLLA						
d. Management of FP complications						
3. Training: (indicate type of training and for which type of provider)						
4. Space/ area for counseling services						
5. FP Commodities						
a. Pills						
b. Condoms						
c. DMPA						
d. IUD						
e. Subdermal implants						
6. Instruments/ Equipment						
a. IUD kit						
b. Subdermal implant kit						
c. NSV Kit						
d. BTL kit						
7. IEC Materials						
8. Forms required:						
9. Others						

ANNEX C: MINIMUM STANDARDS FOR FAMILY PLANNING SERVICE OUTLETS

FP Service Facility	Minimum Set of FP Services	Required Minimum Staffing with Training	Basic Resource Requirement
A. Primary Care Facility With in-patient beds <ul style="list-style-type: none"> • Infirmary/dispensary • Birthing home without beds • 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, No-scalpel Vasectomy • 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 	Midwife and/or nurse/MD, with the following trainings: <ul style="list-style-type: none"> • Basic FP course or FPCBT Level I • ICS/IPCC • all NFP methods, including SDM • Fertility awareness orientation • FPCBT Level 2 or Interval IUD Skills Training • Postpartum IUD training • Implant insertion and removal training • NSV Training Recommended Additional courses: <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 (ICV) 	Basic clinic equipment/instruments/supplies: <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 for IUD insertions
B. Custodial Care Facility Sanitarium/Leprosarium	All services in primary care facility	Same as in primary care facility	Same as in primary care facility
C. Specialized Out-Patient Facility Itinerant/ outreach FP services	All services in primary, custodial care PLUS <ul style="list-style-type: none"> • NSV • BTL provision • Management of major complications related to contraceptives 	A team composed of surgeon, nurse and/or midwife trained on the above courses PLUS -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 implants kits, IUD kits, NSV kits • OR equipment/ instruments for BTL-MLLA • Medical supplies

FP Service Facility	Minimum Set of FP Services	Required Minimum Staffing with Training	Basic Resource Requirement
Level I Hospital	All services offered primary care facility PLUS: <ul style="list-style-type: none"> • Risk assessment by physical exam • IUD insertion (interval/postpartum) • Subdermal implant insertion and removal • NSV • 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 training courses PLUS <ul style="list-style-type: none"> • Comprehensive FP Training or CBT Level 2 (including PPIUD and Implant) • NSV training for physicians • BTL-MLLA training for physicians • Subdermal implant insertion and removal for physicians 	All resources available in Level I PLUS: <ul style="list-style-type: none"> • IUD insertion and removal kit (ovum forceps, scissors, speculum, tenaculum forceps, uterine sound alligator 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, and BTL kits and surgical record forms • Subdermal implant kit • Consent forms
Level II Hospital Health facility with the capacity to provide Levels I and II services	All services offered in Level I PLUS infertility workup and referral management of other RTIs and gynecological diseases	A team composed of a physician/ surgeon, nurse, and/or midwife trained on the above courses PLUS <ul style="list-style-type: none"> • Physician and nurse trained for laboratory facilities • Medical technologist 	All resources available in Level II PLUS <ul style="list-style-type: none"> • VSC drugs and supplies • operating room, minilap kit, NSV kits, Lap kit • Other related equipment (Basic Laboratory)
Level III Hospital Health facility with the capacity to provide the above services and management of major complications	All of the above PLUS Management of major complications	<ul style="list-style-type: none"> • Midwife • Nurse • Medical specialists • Obstetrician–Gynecologist • Anesthesiologist • General surgeon, • Urologist 	Tertiary hospital requirements

Source: The Philippine Clinical Standards Manual for Family Planning 2014

ANNEX D: RECORDING AND REPORTING FORMS FOR FP SERVICES IN HOSPITALS

D.1. Family Planning Service Record Form (FP Form 1)

Source: The Philippine Clinical Standards Manual for Family Planning 2014

FAMILY PLANNING SERVICE RECORD		SIDE A	
MEDICAL HISTORY		PHYSICAL EXAMINATION	
HEENT		Blood pressure: ___ mmHg Weight: ___ kg/lbs Pulse rate: ___ /min	
<input type="checkbox"/> Epilepsy/Convulsion/Seizure <input type="checkbox"/> Severe headache/dizziness <input type="checkbox"/> Visual disturbance/blurring of vision <input type="checkbox"/> Yellowish conjunctivae <input type="checkbox"/> Enlarged thyroid		CONJUNCTIVA <input type="checkbox"/> Pale <input type="checkbox"/> Yellowish	
CHEST/HEART		NECK	
<input type="checkbox"/> Severe chest pain <input type="checkbox"/> Shortness of breath and easy fatigability <input type="checkbox"/> Breast/axillary mass <input type="checkbox"/> Nipple discharge <input type="checkbox"/> Systolic of 140 and above <input type="checkbox"/> Diastolic of 50 and above <input type="checkbox"/> Family history of CVA (strokes), heart attack, asthma, rheumatic heart diseases		<input type="checkbox"/> Enlarged thyroid <input type="checkbox"/> Enlarged lymph nodes	
ABDOMEN		BREAST	
<input type="checkbox"/> Mass in the abdomen <input type="checkbox"/> History of gall bladder disease <input type="checkbox"/> History of liver disease		<input type="checkbox"/> Mass <input type="checkbox"/> Nipple discharge <input type="checkbox"/> Skin-orange peel or dimpling <input type="checkbox"/> Enlarged axillary lymph nodes	
GENITAL		THORAX	
<input type="checkbox"/> Mass in the uterus <input type="checkbox"/> Vaginal discharge <input type="checkbox"/> Intermenstrual bleeding <input type="checkbox"/> Postcoital bleeding		<input type="checkbox"/> Abnormal heart sounds/cardiac rate <input type="checkbox"/> Abnormal breath sounds/respiratory rate	
EXTREMITIES		ABDOMEN	
<input type="checkbox"/> Severe varicosities <input type="checkbox"/> Swelling or severe pain in the legs not related to injuries		<input type="checkbox"/> Enlarged liver <input type="checkbox"/> Mass <input type="checkbox"/> Varicosities	
SKIN		EXTREMITIES	
<input type="checkbox"/> Yellowish skin		<input type="checkbox"/> Edema <input type="checkbox"/> Varicosities	
HISTORY OF ANY OF THE FOLLOWING		PELVIC EXAMINATION	
<input type="checkbox"/> Smoking <input type="checkbox"/> Allergies <input type="checkbox"/> Drug intake (anti-tuberculosis, anti-diabetic, anticonvulsant) <input type="checkbox"/> STW/HIV/AIDS/PIDS <input type="checkbox"/> Bleeding tendencies (nose, gums, etc.) <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes		PERINEUM <input type="checkbox"/> Scars <input type="checkbox"/> Warts <input type="checkbox"/> Reddish <input type="checkbox"/> Laceration	
		UTERUS	
		Position <input type="checkbox"/> Mid <input type="checkbox"/> Antelex <input type="checkbox"/> Retroflex	
		Size	
		<input type="checkbox"/> Small <input type="checkbox"/> Enlarged <input type="checkbox"/> Normal <input type="checkbox"/> Mass Uterine Depth: ___ cms. (for intended IUD users)	
		ADNEXA	
		<input type="checkbox"/> Mass <input type="checkbox"/> Tenderness	
		CERVIX	
		<input type="checkbox"/> Congested <input type="checkbox"/> Erosion <input type="checkbox"/> Discharge <input type="checkbox"/> Polyps/cysts <input type="checkbox"/> Laceration	
		CONSISTENCY	
		<input type="checkbox"/> Firm <input type="checkbox"/> Soft	
OBSTETRICAL HISTORY		RISKS FOR VIOLENCE AGAINST WOMEN (VAW)	
<input type="checkbox"/> Number of pregnancies: ___ Full Term ___ Premature <input type="checkbox"/> Abortion ___ Living Children <input type="checkbox"/> Date of last delivery ___/___/___ <input type="checkbox"/> Type of last delivery ___ <input type="checkbox"/> Past menstrual period ___ <input type="checkbox"/> Last menstrual period ___ <input type="checkbox"/> Number of days menses ___ <input type="checkbox"/> Scanty ___ Moderate ___ Heavy ___ <input type="checkbox"/> Painful ___ Regular ___ <input type="checkbox"/> Hydatidiform mole (within the last 12 months) <input type="checkbox"/> Ectopic pregnancy		<input type="checkbox"/> History of domestic violence or VAW <input type="checkbox"/> Unpleasant relationships with partner <input type="checkbox"/> Partner does not approve of the visit to FP clinic <input type="checkbox"/> Partner disagrees to use FP Referred to: <input type="checkbox"/> DSWD <input type="checkbox"/> WCPU <input type="checkbox"/> NGOs <input type="checkbox"/> Others (specify: ___) ACKNOWLEDGEMENT: This is to certify that the Physician/Nurse/Midwife of the clinic has fully explained to me the different methods available in family planning and I freely choose the ___ method.	
STI RISKS		Client Signature _____ Date _____	
<input type="checkbox"/> With history of multiple partners <input type="checkbox"/> For Women: <input type="checkbox"/> Unusual discharge from vagina <input type="checkbox"/> Itching or sores in or around vagina <input type="checkbox"/> Pain or burning sensation <input type="checkbox"/> Treated for STIs in the past <input type="checkbox"/> For Men: <input type="checkbox"/> Pain or burning sensation <input type="checkbox"/> Open sores anywhere in genital area <input type="checkbox"/> Pus coming from penis <input type="checkbox"/> Treated for STIs in the past		METHOD ACCEPTED: <input type="checkbox"/> COC <input type="checkbox"/> POP <input type="checkbox"/> INJECTABLE <input type="checkbox"/> CONDOM <input type="checkbox"/> IUD <input type="checkbox"/> BTL <input type="checkbox"/> NSV <input type="checkbox"/> LAM <input type="checkbox"/> SDM <input type="checkbox"/> BBT <input type="checkbox"/> IMPLANT NO. OF LIVING CHILDREN: _____ PLAN MORE CHILDREN: <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR PRACTICING FP: _____ TIMING: <input type="checkbox"/> POSTPARTUM <input type="checkbox"/> INTERVAL	
		CLIENT NO.: _____ TYPE OF ACCEPTOR: <input type="checkbox"/> New to the program <input type="checkbox"/> Continuing User <input type="checkbox"/> PREVIOUSLY USED METHOD: _____ DATE/TIME: _____ NAME OF CLIENT: _____ Last Name Given Name MI _____ Date of Birth ___/___/___ NAME OF SPOUSE: _____ Last Name Given Name MI _____ Date of Birth ___/___/___ NO. OF LIVING CHILDREN: _____ PLAN MORE CHILDREN: <input type="checkbox"/> YES <input type="checkbox"/> NO REASON FOR PRACTICING FP: _____ Highest Educ Occupation _____ AVERAGE MONTHLY INCOME: _____ Highest Educ Occupation NO. STREET BARANGAY MUNICIPALITY/PROVINCE _____	
Reminder: Kindly refer to PHYSICIAN for any checked (✓) mark prior to provision of any method for further evaluation			

SIDE B		FAMILY PLANNING SERVICE RECORD				
CLIENT NUMBER: _____ NAME OF CLIENT: _____ (LAST NAME, GIVEN NAME, MI) _____ / _____ DATE OF BIRTH _____ EDUCATION: _____ _____ OCCUPATION: _____ (NO. STREET BARANGAY MUNICIPALITY PROVINCE) ADDRESS: _____	DATE SERVICE GIVEN	METHOD TO BE USED/SUPPLIES GIVEN (cycles, pieces, etc.)	REMARKS <ul style="list-style-type: none"> • MEDICAL OBSERVATION • COMPLAINTS/ COMPLICATION • SERVICE RENDERED/PROCEDURES/INTERVENTIONS DONE (i.e. laboratory examination, treatment, referrals, etc.) 	NAME AND SIGNATURE OF PROVIDER	NEXT SERVICE DATE	

Source: The Philippine Clinical Standards Manual for Family Planning 2014

D.2. Patient Consent Form

SAMPLE INFORMED CONSENT FORM

For Subdermal Implant Acceptors

Benefits and Risks

- My physician and/or provider have discussed with me the benefits, risks, and side effects of using the subdermal implant.
- I understand that I may experience certain side effects, including but not limited to: menstrual bleeding irregularities, acne, headache, breast symptoms, weight gain and abdominal pain.
- I am aware that there may be bruising and discomfort at the insertion site, and that there is a possibility that I may have an allergic reaction.
- Although the subdermal implant has been proven to be a very effective contraceptive method, I am aware that there still is a small chance of pregnancy (less than one pregnancy in 100 women using subdermal implants for one year).

Procedure

- I understand that a local anesthetic will be used to reduce the pain and discomfort during the insertion procedure.
- I have informed my physician of any known allergies, particularly against local anesthetic agents, as well as ingredients contained in the subdermal implants.
- I am aware that the insertion and removal of the subdermal implants may leave a small scar, and that some individuals are predisposed to forming thickened and/or enlarged scars.
- I understand that the subdermal implant has to be removed after three years and that I am responsible for returning to the clinic to have it removed.

Voluntariness and Confidentiality

- My decision to have the subdermal implant inserted is completely voluntary. I have been made aware that this will not affect the services and/or treatment I receive in this facility.
- I understand that I may choose to discontinue using the subdermal implant at any time and for any reason. I may opt to have it removed at this facility, or in any other facility of my choosing.
- I have been assured that confidentiality for my personal information will be maintained.

Based on the information above, I _____, freely give my consent for the physician to insert a subdermal implant in my arm. My signature indicates that I have read and fully understand the statements printed above.

Signature

Date

Name and Signature of Physician

Name and Signature of Witness

Date: _____

Date: _____

Source: The Philippine Clinical Standards Manual for Family Planning 2014

D.3. Patient Card

Patient Card			
Name	of	Date of Visit	Date of Follow-up
Client: _____			
Client No: _____			
Contact No: _____			
Hospital Unit and Address			
Hospital Unit Contact Nos: XXXXXXXXXXXX			

D.4. FHSIS Report Form/MI

Form FHSIS/M 1 : page				
<input type="checkbox"/> <input type="checkbox"/> RH	<input type="checkbox"/> <input type="checkbox"/> PH/CHO	<input type="checkbox"/> <input type="checkbox"/> DH/CH	<input type="checkbox"/> <input type="checkbox"/> RHU/MHC	<input type="checkbox"/> <input type="checkbox"/> BHS/BHC
Section 3 – Family Planning				
1. Number of clients by category and method				
Method	Cont. User (Begin Month)	Acceptors		Dropout
		New	Other	
Pill				
IUD				
Condom				
LAM				when any of the criteria is not met
BTL				at age 50
Vasectomy				
NFP				
2. Number of referrals received and made by this facility this month by reason				
Made Received				
3. Number of Family Planning visits made to this facility this month				

Instructions for Completing the FHSIS Report Form/M1

This report form collects information on family planning methods seen at the facility during the current month.

1. Number of Acceptors and Dropouts

- For each new acceptor of a family planning method seen at the facility this month, place a tick in the bigger box under the (1) “Acceptor New,” alongside the method accepted.
- “New Acceptor” includes clients who are new to the program.
- Others including CM, CC, and RS should be tallied under “Acceptors – Others”
- For clinics performing surgical Family Planning procedures, the number of vasectomy and tubal ligation procedures done should be indicated with a tick in the bigger box under the “Acceptor” column.
- For each dropout from a “Program Method” (i.e., Pill, IUD, and Condom) during the month, place a tick in the box for the method dropped in item I.
- In this item, a CM client should be counted as a dropout alongside the method discontinued.
- At the end of each month, count the number of ticks in the bigger box and write the total in the smaller box.
- To get the total CU at the end of the month, apply this formula from Clinical Standard: Current users at the beginning of the month + Acceptors (new) + Acceptors (others) – Dropouts = Current users at the end of the month

2. Number of Clients Referred

This item collects information on the number of client referrals MADE by the reporting clinic to other clinics, and referrals RECEIVED by the reporting clinic from other clinics, and also the reasons for the referrals. Referrals are classified as either for treatment of medical complications or for provision of FP services. Classify as service reasons only those referrals which have no medical complications involved, and the type of resource for which the client was referred (RCM, Surgical, or Others).

3. Number of Family Planning Visits

Each time a client is seen in the facility/clinic for family planning services during the month, place a tick in the bigger box in Item 3. Family Planning visits include:

- Visits by clients to accept a method or to receive a resupply of pills or condoms;
- Visits by clients who are subsequently referred to another clinic, and;
- Visits made for other reasons but during which time information, education, and communication (IEC) for FP was substantially discussed.

Source: The Philippine Clinical Standards Manual 2014

D.5. Hospital Service Statistics Report Form for Family Planning

Hospital Service Statistics Report Form for Family Planning

Name of hospital (1)	Month and Year (2)	Mini laparotomy			Laparoscopy (6)	Other female VSC+CS (7)	Total female VSC (8)	Vasectomy (9)	PP IUD (10)	IUD Interval (11)	DMPA (12)	Pills (13)	Norplant (14)	Condom (15)	Other methods (16) Please specify
		0-48 hrs postpartum (3)	3-27 days (4)	Interval (5)											
TOTAL															

Instructions for Completing the Hospital Service Statistics Report Form

The Hospital Service Statistics Report Form is accomplished by the different hospitals (OPD and OB-Gyne Department of Medical Centers or Regional, Provincial, District, City, and Municipal hospitals). This report is due quarterly and should be submitted by each hospital to its respective provincial health office copy furnished the Center for Health and Development (CHD), National Center for Disease Prevention and Control-Family Planning (NCDPC-FP), and National Center for Health Facility Development (NCHFD).

1. Please print or type

Name of hospital _____

Address _____

City _____

Region _____

Province _____

Date accomplished: _____

Reporting period:

From: Day: _____ Month: _____ Year: _____

To: Day: _____ Month: _____ Year: _____

Name of person filling out form:

Title: _____

Signature: _____

2. Instructions for completing the form:

1. State the name of hospital in column 1 and month and year procedures performed in column 2.
2. Enter the number of all procedures performed at each hospital for the current reporting period.
 - Under Columns 3 to 6, report the numbers of mini laparotomy procedures performed according to timing after the last delivery and the number of laparoscopy procedures.
 - Under Column 7 “Other female”, report all other types of female voluntary surgical contraception during Caesarean sections.
 - Add the number of female voluntary surgical contraception procedures performed during the period (Columns 3 to 7, and report the total in Column 8).
 - Report vasectomies performed under Column 9.
 - If IUD services were provided, report these under Columns 10 and 11. “Postpartum (PP) IUD” means the IUD was inserted after delivery, but before the woman left the hospital.
 - If DMPA, pills, Norplant, and condoms were provided, report these under Columns 12, 13, 14, and 15, respectively.
 - If other family planning methods were provided, specify which methods and report these in Column 16.

Source: The Philippine Clinical Standards Manual 2014