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# LUZONHEALTH: **INCREASING DEMAND** TO IMPROVE FAMILY HEALTH IN THE PHILIPPINES

In Luzon, the most populous island in the Philippines, trends in family planning stagnated or, for some methods, even declined over a five-year period since 2008. Teenage pregnancy was also on the rise.

To improve family health in 14 provinces and seven cities, LuzonHealth supports expanded access to high-quality, integrated family planning and maternal, neonatal, child health and nutrition services (FP/MNCHN).

We provide technical assistance to eight Department of Health Regional Offices — as well as provincial, municipal, and city health offices — to improve demand for and supply of FP/MNCHN services, and strengthen local health policies and systems.

LuzonHealth's strategies to increase demand for FP/MNCHN services include tailored outreach and health events, conduct of focused discussions with targeted groups, efforts to integrate FP and MNCHN services, and support to *barangay* (village) health workers or BHWs in identifying individuals who need health services.

## Our Impact\*:

- Current FP users increased by 13.3 percent from 1.5 million in 2013 to 1.7 million in 2015.
- Deliveries attended by a skilled birth attendant increased by 32 percent from 440,000 in 2013 to 580,000 in 2015.
- Deliveries in health facilities increased by 62 percent from 340,000 in 2013 to 550,000 in 2015.
- The number of pregnant women who have completed four antenatal care visits increased by 6 percent from 530,000 in 2013 to 560,000 in 2015.
- In 2015, 57.6 percent of children were exclusively breastfed for the first six months, higher than the 50.8 percent recorded in 2013.

\*Results of implementing a package of demand, supply and health systems interventions in 21 Project sites from 2013 to 2015.



Zenaida administers an injectable (DMPA) to Vanessa Legasa who chose the method after attending an *Usapan* session. (ABabasa/RTI International)

“I gained new FP clients because *Usapan* enabled me to better explain to women the benefits of family planning and inform them about the different methods they can choose from. Having only a maximum of 15 homogenous participants per session made the discussion more purposive and brief. Thus, I am able to have more time for one-on-one counseling which results in a higher acceptance rate.”

— Zenaida Montemayor, Midwife,  
Ususan Health Center, Taguig City

“I just gave birth two months ago. While I've already decided to delay my next pregnancy, I'm afraid to use any family planning method. I'm glad to have attended the *Usapan* because it helped me understand the different methods and choose the one that best suits me.”

— Vanessa Legasa, a resident of  
*Barangay Ususan*, Taguig City



Left: Nemy and colleagues discuss data in their CHSRs.  
 Right: Nemy uses the CHSR to profile and check on Rhea, a client in her village. (NGonzales/ RTI International)



## Spotlight: Use of CHSR in Licab, Nueva Ecija

### Our Approach

- **Integrate FP and ANC messages in child immunization services.** Mothers who go to health facilities to have their children immunized also receive FP and ANC information. *Currently, 63 facilities are carrying out integration, compared with just 15 in 2014, when the intervention was first implemented.*
- **Conduct health events to increase knowledge and awareness** on ANC, FP, skilled birth attendance, facility-based delivery, and exclusive breastfeeding. These events include Health Caravans and *Buntis* Congresses, which are gatherings of pregnant women and their partners. *The number of men and women who received FP information during these events increased from 10,936 in 2014 to 60,755 in 2016, while the number of women who received education on the benefits of exclusive breastfeeding increased from 7,206 in 2014 to 28,812 in 2016.*
- **Organize *Usapan* sessions**, which are either facility-based or outreach group discussions on FP and safe motherhood that end with counseling and service provision. *Since 2014, 485 *Usapan* sessions have been conducted for 10,131 men and women.*
- **Promote the use of the community health service record (CHSR)** to support village health workers and midwives identify and track individuals who should be referred to health facilities for needed information/counseling and services. *Since 2013, LuzonHealth has trained 8,200 community volunteers and health providers in the use of the CHSR.*

Nemy Bastawang, a BHW in the Municipality of Licab, discusses family planning options with Rhea Rivera, a mother of three children. Nemy records information from her visit in a large notebook called the Community Health Service Record (CHSR).

To simplify the recording process for BHWs, and to help identify and track individuals who need to be referred to health facilities, LuzonHealth supported the adoption of the CHSR by providing initial training and technical assistance, and also by continuing to monitor its use. In a monthly meeting, midwives and BHWs verify and synchronize CHSR data with the Target Client Lists as well as share experience and knowledge to better use the tool.

Since the intervention was introduced in Licab in 2014, 110 community health team members/BHWs have been trained and were able to profile 1,974 priority households with an estimated population of 3,726.

“CHSR not only helps BHWs record the information they gather, it also strengthens their capacity to refer women who might need help to rural health units for necessary information and services,” said Ms. Nerissa Gaspar, Supervising Nurse at the Licab Rural Health Unit.

LuzonHealth (Integrated Maternal, Neonatal, Child Health and Nutrition/Family Planning Regional Project in Luzon) is a five-year United States Agency for International Development health service strengthening project implemented by RTI International.

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