

Scaling up the delivery of rural services in the Philippines

# outreach

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*A MSI outreach worker talking to a potential client*

## Need

Over the past 25 years public health reformers, demographic experts, family planning advocates, international sexual and reproductive health organisations and the government of the Philippines have attempted to decrease the country's high fertility rates, and the concomitant issues of infant and maternal mortality.<sup>1</sup>

Despite trying to encourage "responsible parenthood and family

planning" nationwide, particularly among women living in the 45 poorest provinces of the archipelago, family planning advocates have faced a number of barriers including:

- pervasive misinformation and misconceptions about modern contraceptive methods
- barriers to education and access
- the persistent opposition of the Roman Catholic Church authorities
- inconsistent government action.

## KEY FACTS

- MSI provided 56,000 IUD insertions in 2007, a 200% increase over 2006
- most IUDs were delivered by paramedics taking public transport (buses and / or boats) to rural areas
- it cost MSI \$8 per IUD insertion in hard-to-reach, rural locations

Compared with neighbouring countries “the Philippine performance is one of slow fertility decline”.<sup>2</sup> To achieve rapid, sustained and voluntary reductions in the national fertility rate, government and non government organisations will need to invest consistently in sexual and reproductive health initiatives, promoting the use of long-term contraceptive methods such as the intrauterine device (IUD).<sup>3</sup>

While the Contraceptive Prevalence Rate (CPR)<sup>i</sup> is in the double digits, IUD prevalence is at a mere 4.1 percent, despite its established market presence and known effectiveness.<sup>ii</sup> Given high first year discontinuation rates for IUDs, which at 14% are the lowest of any contraceptive method practised in the Philippines,<sup>iii</sup> Marie Stopes International (MSI) and its Partner in the Philippines, Population Services Pilipinas (PSP) have developed an innovative approach to dramatically increasing, and sustaining, people’s access to IUD services. This innovative approach is built on three core principles:

- 1) Bringing IUD services directly to women in need.
- 2) Prioritising outreach and services in remote rural areas where unmet need is greatest.
- 3) Paramedicalising and demedicalising service delivery by using nurses, midwives and MSI trained professionals to deliver IUD services in these areas.

# Demand creation and delivery strategy

The key to MSI’s IUD outreach success stems from its commitment to a collaborative and coordinated approach, linking up with rural village governing councils and local health committees (often by mobile phone) in advance of delivering IUD insertion services. This approach enables community stakeholders to spread the word of MSI’s arrival and the service options available, as well as providing a forecast of insertion demand for the IUD outreach team.

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From the moment the IUD outreach worker arrives in a given village, she works directly with the governing council and local health committee to generate further interest in, and demand for, IUD services. These are provided at pre-determined, hygienic service

delivery locations: village halls, council offices, school classrooms, day care centres, or at the centrally located residence of a government health worker.<sup>iv</sup> MSI’s ability to provide consistent high-quality IUD insertion services is partly due to its use of standardised equipment such as the **IUD Outreach Kit**, which contains:

- speculums, uterine sounds, metzenbaum scissors, ovum forceps, allis forceps, pick-up forceps, two plastic containers (converted to instrument trays for chemical sterilisation and a container of sterile water for rinsing the instruments)
- sterile cotton balls, sterile gauze, povidone-iodine, gloves, IUDs, colour-coded rubbish bags for medical waste and linen (which is wrapped around skirts and also used as tray liners)
- metronidazole and doxycycline HCl (provided to clients diagnosed with a reproductive tract infection).

With the kit in hand, IUD outreach workers begin delivering quality care by first assessing client eligibility via a structured consultation and a bimanual pelvic examination. Equally crucially, the outreach team provides each client with guaranteed post-insertion follow-up, including complication management and IUD removal if necessary. All clients are counselled on proper IUD alignment, common side effects and “warning signs” of medical problems that may require advanced professional attention. Through a combination of regularly scheduled visits and mobile phone communication with village contacts, the MSI IUD outreach worker is able to provide critically important on-going client care.<sup>v</sup>

## FOOTNOTES

1. National Statistics Office Philippines and ORC Macro, *National Demographic and Health Survey 2003*. Calverton, Maryland: NSO and ORC Macro, 2004.
2. Alejandro Herrin et al. *An Evaluation of the Philippine Population Management Program (PPMP)*, Discussion Paper Series no. 2003 – 18. Makati City, Philippines: Philippine Institute for Development Studies, 2003.
3. For further information on IUD long-term effectiveness, up-to-date IUD medical developments, and country-specific use statistics, see USAID’s online IUD toolkit: <http://www.maqweb.org/iudtoolkit/>



*A MSI outreach worker providing education*

## Results and impact

As a direct result of implementing this strategy, MSI has increased IUD insertion services more than fivefold in just two years, expanding the number of women

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seen from 10,700 in 2005 to over 56,000 in 2007, capturing eight percent of the total national IUD client base.<sup>vi</sup> MSI delivered the vast majority of these services to women living in remote rural areas with the help of some 70 IUD outreach workers who used a MSI clinic site nearest to the area of outreach as a base. Such efforts complement MSI's longstanding goal of giving women, particularly those living in impoverished, rural areas, a full range of long-term contraceptive method choices, as evidenced by its delivery of over

41,000 female sterilisations in 2007.<sup>vii</sup> As MSI expands the IUD outreach work further, there is great potential to make a significant impact on contraceptive prevalence rates at the national level and to increase accessibility to contraceptive services for those communities most in need.

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## MSI's IUD outreach strategy - good practice

By focusing on community relationship building, word-of-mouth advertising, travelling to remote villages and providing quality IUD insertion services at a low cost, MSI outreach workers have helped to boost IUD use significantly on a national scale in the Philippines. The expansion of such long-term contraceptive methods into high-need and under-served areas of the country is of critical importance in MSI's drive to give women the option to have children by choice and not by chance.



An outreach information session

## REFERENCES

i The Contraceptive Prevalence Rate (CPR) is a measure of the percentage of women between the ages of 15 and 49 who are practising, or whose sexual partners are practising, any form of contraception. See: <http://www.who.int/healthinfo/statistics/indcontraceptiveprevalence/en/index.html>.

ii Overall CPR for modern methods in the Philippines was 33% in 2003. IUDs were used by only 4 percent of women. From the National Statistics Office Philippines and ORC Macro, National Demographic and Health Survey 2003. Calverton, Maryland: NSO and ORC Macro, 2004.

iii The first year discontinuation rates for other modern methods are: oral contraceptives, 40%; injectables, 53%; condoms, 58%.

iv All locations must have: 1) access to clean water and availability of boiling facilities; 2) designated areas for counselling and service provision; 3) basins and buckets provided by the local community; and, 4) adequate waste disposal either in the village or at the nearest rural health facility. In addition, the MSI IUD outreach workers bring along all necessary supplies to ensure decontamination, cleaning and high level disinfection of the outreach site.

v Depending on the nature of the problem, the MSI team may give instructions to take the client to the nearest hospital for immediate consultation and/or will travel back to the outreach site to provide post-insertion care directly.

vi Ross, Stover and Adelaja estimated that there were 669,000 IUD users in the Philippines in 2007. Based on MSI's IUD provision data, they served 8 percent of this total number of users. Ross, Stover and Adelaja, Profiles for Family Planning and Reproductive Health Program 116 Countries, 2nd edition. Glastonbury, Connecticut: The Futures Group, 2005. The accuracy of the MSI service numbers have been verified through a review of MSI's client records, random monitoring visits by managers of other MSI facilities, and telephone verification with signatories on the intake sheets.

vii Condoms, oral contraceptives and injectable contraceptives are widely available in the Philippines as the result of an excellent social marketing project by the non-profit organisation DKT International. In 2007 DKT achieved 2,042,088 Couple Years of Protection (CYPs) globally. For more information on DKT's work in the Philippines, see: <http://www.dktinternational.org/index.php?section=37>

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