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ANNUAL PERFORMANCE REPORT

MINDANAOHEALTH

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EXECUTIVE SUMMARY

MindanaoHealth (MH) officially started its engagement in February 2013. Over the next five years, the project is expected to significantly contribute to USG and GOP goals for the Philippine in the areas of Maternal, Neonatal, and Child Health including Family Planning. This report outlines the modest yet significant gains achieved by the project in its first seven (7) months as it prepares to take bigger strides in Year 2.

Information on the extent of project contribution to the topline-- Contraceptive Prevalence Rate (CPR), Facility Based Deliveries (FBD), Skilled Birth Attendance (SBA), Births Under 18, and Exclusive Breastfeeding (EBF) as well as many mid-level indicators are not yet available as these are sourced from survey results specifically the 2013 National Demographic and Health Survey (NDHS). Also, for most indicators no targets have been set for the year as project technical assistance only started in the last few months.

Project level accomplishments as measured by completed outputs indicated in the project workplan will however be detailed in this report.

Component 1a – Scaling Up Integrated MNCHN/FP Services: MH contributes to improve capacity of health service providers and make accessible quality MNCHN/FP services. **Ten (10) trainers** were trained from the four COEs in Mindanao so they could replicate the trainings and increase the number of health service providers with skills on PPIUD. About **119 Health Service Providers (HSPs) acquired Postpartum Intrauterine Device (PPIUD) skills** through MindanaoHealth or followed-up/supported by the project who, within the reporting period alone, were able to **insert 1,438 PPIUD**. The training of HSPs from Northern Mindanao Medical Center (NMMC) on PPIUD by MH also set out the establishment of **one COE** by the project. The training on Mini Laparotomy under Local Anesthesia (MLLA) in Compostela Valley **produced seven (7) service providers on MLLA** which, upon follow-up, had **served 61 clients**. To further improve access to FP services, the project supported CHD Northern Mindanao in the training of 54 service providers on FP-CBT 1 and 43 on FP-CBT2. To make long acting permanent method more accessible, MH has supported and/or organized **30 Long Acting and Permanent Methods (LAPM) ambulatory services and 7 LAPM fixed facilities also provided services** which has thus far performed a total of **724 LAPM** in 31 local government units. To gain more practitioners on FP, MH reached **66 private & public practicing health workers** during the pre-conference of the Philippine Obstetrical and Gynecological Society (POGS) on PPIUD and **600 health professional** during the Mindanao-wide conference on long acting reversible contraceptive methods.

In ARMM, MindanaoHealth has **trained 146 MECA** on Caring for Mothers and Newborn in the Community (CMNC) ensuring correct practice of Active Management of the Third Stage of Labor (AMTSL) and Essential Newborn Care (ENC). To ensure that home grown trainers are continuing to train Midwives in Every Community in ARMM (MECA) on CMNC, MH also trained **12 trainers** from the DOH-ARMM central office and selected provinces. To further improve reinforcement of knowledge and correct practice by health service providers, **128 public health**

nurses and program managers in Northern Mindanao were trained on PHN Supportive Supervision using an integrated checklist during visits to rural health units.

MindanaoHealth also introduced state of the art teaching modalities: 1) Modified Computer Assisted Learning (ModCAL) to **10 trainers on PPIUD to enhance facilitating skills from about 31 HSPs oriented on ModCAL**; and 2) Objective Structured Competency Evaluation (OSCE) Diagnostic Approach, a method that offers opportunity to observe health service workers to perform skills and do immediate mentoring. A total of **24 MNCHN/FP program managers**, trainers and coordinators from CHDs IX, X, XI, XII medical centers/hospitals and MindanaoHealth's ATTLS and LGU advisors were oriented on the processes and principles in conducting OSCE.

COMPONENT 1b - Improve demand generation through increased and improved messaging for MNCHN/FP services: Developed a "how to guide" in organizing events and the "ready" integrated MNCHN/FP messages for use during targeted groupings of health event participants. MH has jointly conducted health events with CHDs/PHOs/CHOS/MHOs and LGUs and **reached 28,803 individuals** mostly women and youth. Those who attended were provided specific messages on FP, EBF, MN and Adolescent and Youth Reproductive Health (AYRH) for the adolescent and youth. In August, MindanaoHealth assisted the Mindanao Cluster on Health to develop a FP Month Celebration Guidelines. In effect, there were 18 municipalities spread in 10 provinces which conducted activities related to the Family Planning Month Celebration.

Given the key roles of Community Health Teams (CHTs) to profile conditional cash transfer beneficiaries, provide key messages on MNCHN/FP and link them to health services, MindanaoHealth assisted the PHO and MHOs in Compostela Valley province through a **Training of Trainers (ToT)** so they could train midwives to supervise/coach the CHTs. In Davao Region, MindanaoHealth assisted in the conduct of the **ToT on the use of the enhanced Health Use Plan (HUP) forms** for Provincial/City MNCHN/FP Coordinators and selected DOH Reps and public health nurses.

Recognizing the needs of adolescents and youth on MNCHN/FP, MH has conducted profiling of potential partners of youth project/programs from government or non- government organizations in the project sites to learn from what work best in the field.

Component 2 - Removal of Local Policy and Health Systems Barriers: Crucial to the project is Local Chief Executive's (LCE) commitment to invest in health and provide adequate funding and favourable policy environment for health. For MindanaoHealth to navigate support from LCEs, the use of the **political mapping tool** provided understanding on the interests and positions of LCEs on MNCHN/FP and scale engagement with LCEs who are supportive of MNCHN/FP and advocate to LCEs who neither support nor oppose MNCHN/FP initiatives. Furthermore, MindanaoHealth **participated in the provincial/municipal investment planning (P/MIP)** for health which allows for the inclusion of line item budget or budget increment specific to MNCHN/FP programs and the identification of local policies supportive of MNCHN/FP operations. The project has also started to **track Contraceptive Self-Reliance (CSR) and**

MNCHN/FP policies and plans. Building on from the initial tracking, MindanaoHealth will also include monitoring if policies such as Active Management of Third Stage Labor, Midwife-TBA partnership, logistics management, Milk Code and MBFHI are in placed.

Collaboration with **Zuellig Family Foundation (ZFF)** led to agreements on the need to operationalize partnership based on results framework and steps to share vital project information. The partnership with the DILG through the **Local Government Academy (LGA)** forged commitment for MH to develop three modules on health for the LCEs in the the Web-based Seminar (WEBinar) series of the LGA.

In relation to improved data and information for evidence-based decision making, the province of Lanao del Norte and two cities of Davao and Butuan conducted Data Quality Check (DQC) trainings involving **132 health service providers and program coordinators**. MindanaoHealth with guidance from Asst. Secretary Busuego developed the Electronic Masterlisting and Tracking Tool (EMTT) to enhance information on whether the CCTs received FP services. This was adopted by the Mindanao Cluster for Health as its output. Furthermore, to guide the Department of Health (DOH) to issue policies on reducing Post Partum Hemorrhage (PPH), MindanaoHealth has developed initial research protocol to undertake the Misoprotol study in ARMM.

Major implementation issues that affected the timely provision of project technical assistance include among others: i) security related concerns in conflict areas, its effect spilling over in other areas. For example, the war in Zamboanga City technically blocked any field activities in Basilan, Sulu, Tawi-Tawi and Zamboanga City; ii) conflict of schedules and priority towards ISO related activities, for example, also derailed implementation of agreed activities. In ARMM there was a common desire among PHOs and the DOH ARMM to undertake a region-wide start-up consultative meeting first followed by provincial level consultations. This was re-scheduled several times and further aggravated by intermittent conflict; iii) turn-around of referees among potential staffs for recruitment also slowed down the process of hiring key staffs.

There are early signs of success with major partners such as the DOH Mindanao Cluster issuing with technical support from MH, the Mindanao Cluster Order 052 s. 2013 or the Guidelines and Execution Plan for the Family Planning Month Celebration as well as the launching of the EMTT that is intended to bridge the gap between the thousands identified in the HUPs as having unmet need and actual provision of FP. Another success story was documented in Compostela Valley, with midwives trained under the project showing their skills by providing IUD insertion to 22 clients in one outreach activity.

In Year 2, MH will build on the above achievements and implement the following key activities, namely: i) Scale up MNCHN/FP supply and services through the establishment of functional service delivery network; strengthening the capacity of health service providers and additional training, strengthening of the four COEs and establish 2 more COEs for PPFPP/PPIUD; expand the conduct of ambulatory and fixed Long Acting Permanent Method Plus (LAPM+) services; intensifying of information/counseling and service provision in disaster affected and conflict

affected areas: Reaching Every Barangay+ (REB+), health classes, ambulatory LAPM and AY-adult partnerships, ii) improve demand generation through the dissemination of appropriate messages with health events as the platform; strengthen information and counseling by nursing and midwifery students in hospitals; training on Interpersonal Communication and Counseling (IPC/C) for HSPs and Interpersonal Communication (IPC) to Community Health Teams (CHTs); engage adolescent and youth on IPC; scale-up male involvement towards MNCHN/FP activities; media engagement and partnership and strengthening integration of FP/EBF in MN MCH, iii) Removal of local policy and health systems barriers by developing an Integrated MNCHN/FP course in LGA Webinar; integration of MNCHN/FP in LGU plans; Institutionalize and strengthen DQC and Logistic Management System and Tracking and monitoring compliance to DOH and LGU policies, and iv) strengthening CHDs through the engagement of Mindanao Cluster on Health in establishing SDN; assist Mindanao Cluster on Health to provide guidance in profiling and tracking unmet FP needs of CCT/NHTS; improve capacity of CHDs/DOH ARMM on addressing 1) MNCHN/FP implementation; 2) policy and health systems barriers; 3) internally displaced persons (IDP)

LIST OF ABBREVIATIONS

ABC	Association of Barangay Captains
ADN	Agusan del Norte
AMHOP	Association of Municipal Health Officers of the Philippines
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
AO	Administrative Order
AOP	Annual Operational Plan
AP/PP	Ante-partum/Post-partum
ARMM	Autonomous Region of Muslim Mindanao
ATTL	Area Technical Team Leader
AY	Adolescent and Youth
AYHD	Adolescent and Youth Health Development
AYRH	Adolescent and Youth Reproductive Health
BCC	Behavior Change Communication
BEmONC	Basic Emergency Obstetric and Newborn Care
BSPO	Barangay Service Point Officer
CA	Cooperating Agency
CAA	Conflict Affected Areas
CBO	Community Based Organizations
CCT	Conditional Cash Transfer
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement
CHAT	Community Health Action Team
CHD	Center for Health Development
CHO	City Health Office
CHT	Community Health Team
CMNC	Caring for Mothers and Newborns in the Community
CMSU	Community Maternal, Neonatal, Child Health and Nutrition Scale-Up
CRMC	Cotabato Regional and Medical Center
COE	Center of Excellence
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
CSO	Civic Society Organizations
CSR	Contraceptive Self-Reliance
CTU	Contraceptive Technology Update
CVPH	Compostela Valley Provincial Hospital
DC	Davao City
DDS	Davao del Sur
DepEd	Department of Education
DILG	Department of the Interior and Local Government
DOH	Department of Health
DQC	Data Quality Check
DRH	Davao Regional Hospital
DSWD	Department of Social Welfare and Development
EBF	Exclusive Breastfeeding
ENC	Essential Newborn Care
EINC	Essential Intrapartum and Newborn Care
ELA	Executive Legislative Agenda

EMMP	Environmental Mitigation Monitoring Plan
EMTT	Electronic Masterlisting and Tracking Tool
ENGAGE	Enhancing Governance, Accountability and Engagement
EPI	Expanded Program on Immunization
FBD	Facility Based Deliveries
FHS	Family Health Survey
FHSIS	Field Health Service Information System
FPCBT	Family Planning Competency-Based Training
FIC	Fully Immunized Children
FP	Family Planning
FPOP	Family Planning Organization of the Philippines
GAD	Gender and Development
GIDA	Geographically Isolated and Depressed Area
HLGP	Health Leadership and Governance Program
HSP	Health Service Provider
HUP	Health Use Plan
ICV	Informed Choice and Voluntarism
IDP	Internally Displaced Persons
ILHZ	Inter-Local Health Zone
IPC	Interpersonal Communication
IPC/C	Interpersonal Communication and Counseling
IPHO	Integrated Provincial Health Office
IRB	Institutional Review Board
ISO	International Organization for Standardization
HQ	Headquarters
JEMSC	Joaquin Enriquez Memorial Sports Complex
JSOTF-P	Joint Special Operations Task Force – Philippines
JHU	Johns Hopkins University
KP	Kalusugan Pangkalahatan
LAPM	Long Acting and Permanent Methods
LARC	Long Acting Reversible Contraceptive
LCE	Local Chief Executive
LGA	Local Government Academy
LGU	Local Government Unit
LGPMS	Local Governance Performance Management System
LHB	Local Health Board
LHSD	Local Health Support Division
LTAP	Local Technical Assistance Provider
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MCP	Maternity Care Package
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MECA	Midwives in Every Community in ARMM
MH	MindanaoHealth
MHO	Municipal Health Office/Officer
MLLA	Minilaparotomy under Local Anesthesia
MN	Maternal and Newborn
MNCHN	Maternal, Newborn and Child Health and Nutrition
ModCAL	Modified Computer-Assisted Learning
MSI	Marie Stopes International

MSWDO	Municipal Social Welfare and Development Office
MYDEV	Mindanao Youth Development
NCDPC	National Center for Disease Prevention and Control
NCW	National Commission for Women
NCP	Newborn Care Package
NDHS	National Demographic and Health Survey
NEDA	National Economic and Development Authority
NEO	Newly Elected Officials
NFP	Natural Family Planning
NGO	Non-Government Organization
NHTS-PR	National Household Targeting System for Poverty Reduction
NMMC	Northern Mindanao Medical Center
NOSIRS	National Online Stock Inventory Reporting System
NSV	No Scalpel Vasectomy
ODA	Official Development Assistance
OP	Operational Plan
ORS	Oral Rehydration Salts
OSCE	Objective Structured Competency Evaluation
PHIC	Philippine Health Insurance Corporation
PHN	Public Health Nurse
PHO	Provincial Health Office/Officer
PHTL	Provincial Health Team Leader
PIR	Program Implementation Review
PMP	Performance Monitoring Plan
PPH	Post-Partum Hemorrhage
PPM	Private Practicing Midwife
PPR	Program Performance Review
POGS	Philippine Obstetrical and Gynecological Society
PoPCoM	Commission on Population
PPIUCD	Postpartum Intrauterine Contraceptive Device
PPFP	Postpartum Family Planning
PPP	Public Private Partnership
PPR	Program Performance Review
PRISM2	Private Sector Mobilization for Family Health Project - Phase 2
QIC	Quality Improvement Collaborative
REB	Reaching Every Barangay
RD	Regional Director
RH	Reproductive Health
RHM	Rural Health Midwife
RHU	Rural Health Unit
RN HEALS	Registered Nurses for Health Enhancement and Local Service
RSM	Risk Strategic Management
SBA	Skilled Birth Attendant
SDN	Service Delivery Network
SDExH	Service Delivery Excellence in Health
SHIELD	Sustainable Health Improvements through Empowerment and Local Development
SIMS	Stocks Inventory Management System
SMRS	Supply Monitoring and Recording System
SOCCKSARGEN	South Cotabato, Cotabato City, Sultan Kudarat, Sarangani, Gen. Santos
SPMC	Southern Philippines Medical Center

TA	Technical Assistance
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TWG	Technical Working Group
UNYPHIL	United Youth of the Philippines –Women, Inc.
USG	US Government
WEBinar	Web-based Seminar
WRA	Women of Reproductive Age
ZCMC	Zamboanga City Medical Center
ZFF	Zuellig Family Foundation

I. SITUATIONER

High unmet need for Family Planning (FP) lingers on despite modest gains across Mindanao regions, specifically the Autonomous Region in Muslim Mindanao (ARMM), which registered the highest increased Contraceptive Prevalence Rate (CPR) in 2011 Family Health Survey (FHS) at 19.1% from 9.9%. Despite this, it is almost a foregone conclusion that Philippines will miss to meet Millennium Development Goal (MDG) 5 – maternal health and advances in MDG 4 are likewise threatened. Women, men, youth and children in geographically isolated areas, lowest economic quintile and with low education show wide disparities in access to Maternal, Neonatal, Child Health and Nutrition/Family Planning (MNCHN/FP) information and services.

It is for these reasons that woven in the *Kalusugan Pangkalahatan* (KP), the Universal Health Care that served as the project's guide, is the renewed commitment to addressing unmet FP needs and child health, specifically the poorest - Conditional Cash Transfer/National Household Targeting System (CCT/NHTS) beneficiaries numbering 2,047,490 households in Mindanao. With the sole purpose of profiling the health needs and referring the CCT beneficiaries to appropriate health services, the Philippine government infused Php400 million in non-ARMM Mindanao to train and deploy Community Health Team (CHT). However, there remains a huge gap in addressing the unmet FP needs for limiting and spacing of 93,910 CCT/NHTS clients who have decided for a specific method. Thus far, it is not clear how many of them received their preferred FP choice as current data does not capture this information. FP services and Long Acting Permanent Method (LAPM) outreach activities are limited due in part to uneven distribution of health professionals and inadequate skills on MNCHN/FP. Currently, only 25% of project site health facilities provide Post-partum Intra-uterine Device (PPIUD) and Bilateral Tubal Ligation (BTL) services.

To improve availability and distribution of health workers, DOH-ARMM has deployed Midwives in Every Community in ARMM (MECA) and Registered Nurses for Health Enhancement and Local Service (RN HEALS) which narrowed health workers closer to ideal population ratio. Of the 300 newly hired MECA, 146 were trained on Caring for Mothers and Newborns in the Community (CMNC). But project-wide, the capacity to provide the much needed FP skills is wanting. For example, about 105,654 of CCTs/NHTS who expressed unmet FP but are undecided on preferred FP methods to use reflect the need for counseling. Project baseline assessment preliminary results from 82% of health facilities of MH showed only 64.4% of health facilities (RHUs & clinics) providing FP counseling and services. Skills on Essential Newborn Care (EINC), for lack of supportive supervision, are weak with only 59.9% of health facilities surveyed practicing the protocol correctly. In the study of HealthGov¹, only 60% performed controlled cord traction and 26.2% massaged the uterus. In addition, aseptic technique and monitoring of mother and child are often not observed. These create a cavity in the training needs as dire as to require the project technical assistance to focus on capacity building.

What is strikingly weak is the service delivery network (SDN), which would have linked municipalities and provinces through a referral system on MNCHN/FP to address maternal, infant, and child deaths but also make accessible information and services on MNCHN/FP. The current inter-local health zones (ILHZ) have thus far achieved collaboration on different social services but run short of a comprehensive health service with complete transportation and communication support. Thus far, the Private Sector Mobilization for Family Health Project -

¹ Assessing the CMNC-Trained Midwives' Compliance to the Standards of Active Management of the Third Stage of Labor (AMTSL) and Essential Newborn Care (ENC) in the Autonomous Region of Muslim Mindanao (ARMM), December, 2012

Phase 2 (PRISM2) has established two SDNs needing more support to ensuring its functionality and its initial gains of harnessing resources of these municipalities/ cities.

More than ever, pressing needs of young people is underscored with the top four regions registering the highest percentage of 15-19 year-old young women who have begun childbearing are in Mindanao (Caraga, Davao, SOCCSKSARGEN and Northern Mindanao, in chronological order). In addition, only 45% of health facilities in project-sites are providing youth friendly MNCHN/FP information and services. It is therefore compelling to ensure targeted MNCHN/FP information to adolescent and youth (AY), develop AY friendly health services and address the needs of teenage mothers.

To narrow gaps in MDG 5 and attain MDG 4, capacity building of health service providers must be balanced and coupled with sufficient information of women, men and youth so they come informed on MNCHN/FP services. What is telling though is that recall of FP messages stands at 37%. It is recognized that in Philippine culture, the practice of FP is not a norm. Studies bear that seeking FP services is constrained for fear of side effects. For increased awareness on MNCHN/FP, MindanaoHealth needs to seize opportunities that community health events (i.e. Buntis Congress, Nutrition Month, FP Month) offer to convey key and targeted messages on MNCHN/FP. And do so by making it popular and acceptable to choose modern FP.

The LGUs are sufficiently covered with health policies and best practices. There is the CSR in place to ensure FP supplies. However, this has remained at the back burner for most Local Government Units (LGUs), which allocated 2.394 million in 2013, about 150 thousand pesos less than what it budgeted in 2012. Stock outs of FP commodities stand at 38% and oxytocin at 31.5%. Lessons from Bagumbayan, Sultan Kudarat are worth scaling, particularly its Rural Health Unity (RHU) PhilHealth accreditation that brought nearly Php9 million income a year from maternity care package (MCP), outpatient benefit package and newborn care package (NCP). In effect, it served the needs of the marginalized group and reduced maternal death to zero in 2012. If this were practiced by LGUs it would increase project-wide the PhilHealth reimbursement and claims at Php1,731,466 and 333 FP claims, respectively, which are in the low side. Increasing claims would substantially protect the CCT/NHTS from out-of-pocket expenses. Like Bagumbayan, Lanao del Sur has also developed policies on home deliveries and skilled birth attendants (SBA) . It redefined the roles of traditional birth attendants (TBAs) as partners and made possible the midwife and TBA partnership. On the other hand, in Maguindanao, they allocated a portion of the RHU income to TBAs, which has increased referral of pregnant women by TBAs to midwives. So much can be learned by the other LGUs and health facilities from these practices.

With this as backdrop, MindanaoHealth endeavours to address MNCHN/FP gaps and take full advantage of what works best from the ground.

II. THE PROJECT AND OBJECTIVES

MH is a five-year (2013-2018) United States Agency for International Development (USAID) health service delivery strengthening project implemented by Jhpiego-an affiliate of the Johns Hopkins University. It supports the DOH-led scale up of high-impact services and patient-centered information to improve maternal, neonatal, child health and nutrition (MNCHN) outcomes, and to reduce unmet need for FP methods, especially among the lowest wealth quintiles and conflict-affected areas in Mindanao.

MH will (1) increase supply of MNCHN/FP services; (2) increase the demand of MNCHN/FP services; (3) remove local policy and health systems barriers for MNCHN/FP; and (4) provide technical assistance to the DOH, Centers for Health and Development (CHD) and DOH ARMM to implement and monitor compliance to their MNCHN/FP strategy.

The project covers 19 provinces, two cities, and 366 municipalities/component cities in Mindanao to accelerate the progress toward MDGs. Among three (3) regional similar projects, only MH is tasked to provide special attention to priority conflict-affected areas and contribute to the achievement of Development Objective #2. This Annual Report outlines the project accomplishments of MH during its first year of implementation, as well as specific planned activities for Year 2, also taking into consideration results and agreements during the inter-CA Plan harmonization workshop.

III ANNUAL ACCOMPLISHMENTS/PERFORMANCE PROGRESS

MindanaoHealth received its award for the project in February 2013. In the seven (7) months of implementation, the project has mobilized its project team from the central office based in Davao City to field sub-office in three major cities in Mindanao (Zamboanga City, Cotabato City, and Cagayan de Oro City). Consultations with major partners at the CHD, DOH ARMM, PHOs/CHOs and Mindanao Cluster resulted in identifying priorities and areas of collaboration. For service delivery, building from the gains of the previous projects (HealthGov, SHIELD, MCHIP), the technical assistance revolved around establishing and capacitating training teams as well as initial roll-out of PPIUD, CMNC; facilitating trainings (ModCAL) and assessment of skills competency (OSCE) as well as DQC; and support for the conduct of LAPM ambulatory/outreach activities. Demand generation activities on the other hand focused on enhancing existing IEC materials and support for HUP implementation by improving systems for linking identified women with unmet need to service providers. MindanaoHealth also utilized existing community health events as platform for integrated MNCHN/FP information. Policy related activities revolved around forging partnerships with DILG for advocacy work to newly elected officials (NEOs).

This report covers the period from February – September 30, 2013 and outlines the project progress on key indicators and status of performance:

- Improving Access to and Quality Integrated Supply of MNCHN/FP Services at Facility Levels and through Outreach
- Improve Demand Generation through Increased and Improved Messaging for MNCHN/FP Services
- Removal of Local Policies and Health Systems Barriers Common to MNCHN/FP Program Implementation
- Strengthen CHDs Capability in TA Provision for Local MNCHN/FP Operations in the Context of Kalusugan Pangkalahatan

The project also fleshes out in this report the mobilization and start-up activities of MindanaoHealth, Environmental Monitoring and Mitigation Plan, Monitoring and Evaluation and Plan of Activities for Year 2.

A. Performance Progress on Key Indicators

Table 1 (Annex A) describes the status of accomplishments versus FY 2013 Targets. The information on the extent of project contribution to the topline indicators (CPR, FBD, SBA, Births Under 18, and EBF) are not yet available to date as these are culled from survey results specifically from the 2013 NDHS, which is still in progress. This is also true for many of the intermediate level indicators such as:

1. Unmet Need for Modern FP
2. Facility-based delivery
3. Percentage of women of reproductive age (15-49) who were or whose partner was counselled or had a discussion with a health provider on FP in the last 12 months
4. Proportion of women not using modern FP due to fears of side effects

Information on demand related indicators such as the *percent of women who recall hearing or seeing a specific USG-supported FP/RH and MNCHN messages including PhilHealth related messages* are culled from CHANGE monitoring survey that are not, at time of the report writing, not yet available at the end of the fiscal year. Updates on the indicators to measure results of project interventions will likewise come from the same source. For all other indicators that measure results, no targets have been set as well as baseline assessment have just been completed from 82% of the project sites and as project technical assistance only started in the last few months.

It must also be noted that the estimates from which the baseline indicators were derived came from the 82% of health facilities thus far covered as of end September, 2013. And therefore this will be re-computed as soon as the assessment tools from Zamboanga del Sur, Zamboanga del Norte, Zamboanga Sibugay, Zamboanga City and Tawi-Tawi are in.

B. Performance Progress for Year 1 Workplan

Table 2 shows the status of specific tasks outlined in the Project's Year 1 workplan and the status of completion.

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
COMPONENT 1: SCALING UP MNCHN / FP				
1. Improve Access to and Supply of Quality Integrated MNCHN/FP services at facility level and through outreach				
1.1 Expand Center of Excellence, trainers and service providers of PFP/PPIUD				
Explore Opportunities for Expansion of PFP/PPIUD Services (with MCHIP) in Cotabato Regional Medical Center (CRMC)	CHD XII, DOH-ARMM, CRMC and pregnant women Cotabato City	PFP / PPIUD launched CRMC Plan for expansion of training and 24/7 service provision and networking Frequently asked questions by APs identified (misconceptions, nutrition guide, etc)	Completed	<ul style="list-style-type: none"> • PFP/PPIUD was launched in March with more than 500 pregnant women, DOH ARMM secretary and CHD XII director and CRMC chief of hospital and staff in attendance. • CRMC Plan drafted and for further discussion. • Frequently Asked Questions on MNCHN/FP are integrated in coaching and training; • CRMC is certified as Center of Excellence for PFP/PPIUD. • Trained 25 service providers on PFP/PPIUD.
I. Inventory of MNHCN/FP service delivery capability of facilities	19 provinces including cities	Assessment report by province and city including a list of the following: <ul style="list-style-type: none"> • birthing facilities with number of deliveries per year • list of possible provider for PPIUD training, • information on FP/MNCHN related 	Partially Completed	<ul style="list-style-type: none"> • 82% of health facilities surveyed except facilities in Zamboanga Peninsula and Tawi-Tawi due to the Zamboanga armed conflict incident that postponed all data gathering activities in these sites. • DOH ARMM Secretary issued a moratorium on health activation due

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
		trainings attended		to successive incidence of bombing in Cotabato and North Cotabato.
II Refresher/Skills Training on PPIUD for those already trained by SHIELD in ARMM.	45 service providers (Previously trained by SHIELD)	45 trained service providers practiced IUD insertion using the PPIUD kit Trained service providers have developed action plans	Partially Completed	<ul style="list-style-type: none"> • One batch of refresher course was conducted but only four out of 12 participants were trained by SHIELD. • Scheduled training for the remaining 33 by ZCMC in Zamboanga City was postponed due to armed conflict. • Follow up of the trained service providers by SHIELD revealed that only 20% or 9 of 45 have plans and were able to perform PPIUD.
III Supervisors' update on Supportive Supervision for PPIUD practice	CHD/PHO and MHOs/PHNs supervisors of those trained (ARMM and some non-ARMM)	Supervisors' monitoring knowledge and skills improved as seen during return demonstration sessions. Action plan to conduct supportive supervision.	Partially Completed	<ul style="list-style-type: none"> • Some of the planned supportive supervision training was re-scheduled tentatively post-Zamboanga armed-conflict; Will proceed with the plan when activity moratorium will be lifted by the DOH ARMM Secretary • No supportive supervision training conducted yet for PPIUD trainees but LGU Advisors monitored and coached trained service providers of Sultan Kudarat, North Cotabato, South Cotabato, Basilan and Zamboanga City; • CHD Northern Mindanao with MindanaoHealth conducted training on general supportive supervision for 128 PHNs and program coordinators

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
				<p>from Lanao del Norte, Iligan, Bukidnon, Misamis Oriental, Camiguin, and CDO. This supervisory checklist includes FP Planning services but not specific to PPIUD. Local partners opted to undergo the general supportive supervision they never had any such training for the past ten (10) years.</p>
<p>IV Conduct of Training on PPF/PPIUD</p>	<p>2 trainings for 15 participants each (maximum of 30). Participants will include service providers from medical centers and regional/provincial hospitals /RHUs with high volume of deliveries.</p> <p>North Cotabato, South Cotabato, Gen Santos City, Sultan Kudarat, Zamboanga Norte, Zamboanga Sur, Cagayan de Oro City, Davao City, Davao Sur, Agusan Norte and Misamis Oriental</p>	<p>30 health providers trained in PPIUD</p>	<p>Partially completed</p>	<ul style="list-style-type: none"> • 56 HSPs trained on PPIUD from CRMC, SPMC, NMMC, Sultan Kudarat, North Cotabato, South Cotabato, Sarangani, General Santos, Koronadal City, Cotabato City, Davao Sur, Davao Norte, Compostela Valley, Davao Oriental and Davao City; Misamis Oriental, Bukidnon, Agusan Sur and Cagayan de Oro City • On the initiatives of the trained trainers of MH and as part of the OB residency training, the trainers from ZCMC further trained 19 health service providers on PPIUD • 45 HSPs trained by SHIELD were followed-up on their PPIUD practice

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
1.2 Conduct Contraceptive Technology Updates (CTU)				
I. ROAD SHOW: CTU	1 station 150 providers from Mindanao	150 providers familiarized with global CT best practices Agreement on budget sharing	Not done yet	<ul style="list-style-type: none"> MCHIP will take the lead nationwide together with the regional project for the regional roadshow. This is reset to January 2014 (Year 2).
II. 1-day Hands-on PPFP/PPIUD Training for HSPs	60 public and private sector midwives, specialists, and nurses from the cities and provinces Mindanao-wide. All provinces and cities	60 public and private sector midwives, specialists and nurses, demonstrated skills on PPIUD.	Completed	<ul style="list-style-type: none"> 66 public and private doctors, nurses and midwives attending hands-on workshop on clinical demonstration and return demonstration of skills in PPIUD
III. 2-day Mindanao-wide Conference on Empowering Midwives : CTU (organized by POGS in coordination with MH)	500 public and private sector midwives, specialists and nurses, POGS and LGU representatives from all provinces and cities Mindanao-wide	500 public and private sector midwives, specialists and nurses updated in MNCHN strategy/Update on FP/ RPRH IRR	Completed	<ul style="list-style-type: none"> 600 public and private sector nurses, doctors and midwives attended the Annual POGS Convention last August 2013 Interested private midwives were provided information to coordinate with their RHU/MHO or CHD regarding their participation in FP/MNCHN trainings.
1.3 Accelerate training and strengthen supportive supervision in maternal and newborn care and family planning				

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
I. Orientation on OSCE for Trainers	10 trainers from selected CHDs/ DOH-ARMM, medical centers and regional hospitals.	<p>10 trainers, plus MH oriented to and ready to be facilitators for OSCE.</p> <p>Agreed action points to roll out OSCE</p> <p>Accomplishment report submitted</p> <p>Cost sharing documents submitted</p>	Completed	<ul style="list-style-type: none"> • 24 MNCHN-FP program managers, trainers and coordinators from CHD IX, X, XI, XII, CARAGA and medical centers/hospitals including MH LGU Advisors and ATTLS. • Implementation of these roll-out action plans were deferred due to prioritization of their ISO certification and the armed conflict.
II. OSCE Diagnostic Workshop for BEmONC/AMTSL/EINC/ IUD for trained health providers	50 Selected trained service providers	<p>BEmONC/AMTSL/EINC/IUD skill competency among a representative sample of 50 providers from a sample of facilities determined.</p> <p>Action points to improve competency agreed upon with CHD/PHO</p> <p>Assessment report / Technical advisory report submitted</p>	Not Done Yet	<ul style="list-style-type: none"> • NMMC scheduled activity was reset as training on PFP/PPIUD was prioritized so that the newly trained trainers can comply to COE requirement as training center for PFP/PPIUD. • Other reasons for the re-scheduling in Year 2 were the Zamboanga armed conflict and DOH ARMM memo on moratorium of activities. • CHDs also had a change of focus and priority given the ISO Certification requirements that have to be complied.

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
III. ModCAL TRAINING	30 proficient providers of PPIUD, BEmONC, EINC who were previously trained.	Certificate of Completion of the ModCAL Training provided to successful trainees	Completed	<ul style="list-style-type: none"> Ten service providers from DOH retained hospitals underwent ModCAL training. All the 31 service providers trained on PPIUD were oriented on ModCAL during their PPF/PPIUD training and from which potential trainers will be selected from this group to participate in the TOT.
<i>1.4. Establish mechanism to sustain MNCHN/FP services to populations displaced by disaster and conflict</i>				
<i>Establish mechanism to sustain MNCHN/FP services to populations displaced by disaster</i>				
I. Review/validate with the CHD about initial assessment done by CHD/HealthGov team in the Typhoon Pablo- affected areas.	<p>Davao Oriental (Baganga, Cateel, Boston)</p> <p>Compostela Valley (New Bataan, Monkayo, Compostela, Montevista)</p>	<p>Updated assessment reports, including status of the implementation of recommended key action points</p> <p>Updated list of affected health facilities submitted to USAID</p>	Completed	<ul style="list-style-type: none"> Health facilities ready to provide MNCHN/FP services were identified and initial list of clients was reviewed. Development partners, before their pull-out, have endorsed to MH MNCHN/FP-related activities like possible conduct of LAPM outreach services
II. Consultation to discuss and agree on action points with the PHO/ CHD/ MHOs toward conducting MNCHN/FP outreach services.	<p>15 participants</p> <p>Davao Oriental</p> <p>Compostela Valley</p> <p>Marie Stopes</p>	<p>Agreed implementation plan among CHD/ PHO/MHOs</p> <p>Plan of action to strengthen Supply Monitoring and Recording System (SMRS)</p>	Completed	<ul style="list-style-type: none"> As a result of the consultation, it was agreed that MH will consider the endorsements of development partners in the area within the framework of MH Facilities that were found to have their stocks scattered were coached to

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
				conduct proper warehousing.
<ul style="list-style-type: none"> Conduct Ambulatory LAPM Outreach services 	Typhoon affected areas (Compostela Valley Province, Davao Oriental)	Number of clients provided with BTL services Number of clients provided with other FP services	Completed	<ul style="list-style-type: none"> A total of 62 BTL/MLLA, 6 IUDs and 3 pap smear clients from Boston, Cateel, Baganga (38 BTL-MLLA and 6 IUDs) and Lupon (8 BTL-MLLA) in Davao Oriental, and from Montevista (11 BTL-MLLA) and Compostela (5 BTL-MLLA) in Compostela Valley Province.
III. Consultation with PHO/CHO/CHD to map out most affected conflict areas and identify key action points	<ul style="list-style-type: none"> Cotabato City Zamboanga City North Basilan South Basilan Sulu Lanao Sur including Marawi City CHD 9, 12 and DOH ARMM 	Listing of conflict areas and eligible populations for MNCHN/FP; Key action points for implementation <ul style="list-style-type: none"> HUPs reviewed MNCHN/FP potential clients identified (esp PFP/PIUD) 	Completed	<ul style="list-style-type: none"> 9 core partner LGUs identified in ARMM and non-ARMM areas
1.4.2 Establish mechanism to sustain MNCHN/FP services to populations displaced by disaster and conflict				
I. Develop menu of options to improve access to MNCHN/FP services in conflict affected areas: <ul style="list-style-type: none"> Evacuation centers Individual homes/communities SDN 	CHD and PHO/CHO	Menu of options Appropriate options per area identified Schedules of outreach services Availability of outreach services ensured	Partially completed	<ul style="list-style-type: none"> Partial results of the baseline assessment came towards the end of Year 1 Re-scheduled in Year 2
II. Strengthening functionality of	Targeted LGUs for	Number of LGUs with LHBs supporting	Partially	<ul style="list-style-type: none"> Initial discussion done with ENGAGE

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
Local Health Boards (LHB) in collaboration with Enhancing Governance, Accountability and Engagement (ENGAGE)	Year 1 by ENGAGE	MNCHN/FP activities	completed	<ul style="list-style-type: none"> Harmonization of workplans to be done once ENGAGE plan has been firmed up Oriented ENGAGE staff on MH Project
III. Development of action plan to reach-out to adolescent and youth, in collaboration with Mindanao Youth Development (MYDEV)	6 CAAs	AY Plan in CAAs	Partially completed	<ul style="list-style-type: none"> Initial discussion done with MYDEV Plan has been developed in Sulu and Zamboanga Scoping of adolescent and youth programs using MindanaoHealth tool is being conducted Harmonization to be done once MYDEV plan has been firmed up.
1.5 Capacity Building of Midwives				
I CMNC, including EINC, training of Midwife in Every Community in ARMM (MECA) midwives	200 newly hired MECA Midwives in ARMM, with priority to those In conflict affected areas and those with SDNs Maguindanao, Lanao Sur, Basilan, Sulu, TawiTawi The other 100	Enhanced CMNC training package for ARMM 200 trained midwives for ARMM	Partially Completed	<ul style="list-style-type: none"> TOT for 12 PHO/DOH ARMM and CMNC for 146 new MECA Midwives from Basilan, Maguindanao and Sulu. MH's plan for Year 1 covered only 200 midwives. The rest of the training was postponed due to the Zamboanga armed conflict and the issuance of ARMM memorandum of temporary suspension of the implementation of activities such as training and workshop.

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
	especially those that will be hired later in the year will be trained early in y2.			
a. Supportive supervision (within one month after training)	Trained MECA midwives	Midwives proficient in EINC	Partially Completed	<ul style="list-style-type: none"> Supportive supervision implemented in Basilan among 23 out of 41 trained MECA midwives.
II Refresher training for midwives on BEMONC, EINC in non-ARMM guided by the results from the diagnostic checklist	Regions 9, 10 and 11. 1 batch in each of 3 locations, with 20 – 25 participants per region. Zamboanga Norte, Zamboanga Sur, Zamboanga Sibugay Bukidnon, Lanao Norte, Misamis Oriental, Davao Sur, Davao Oriental, Compostela Valley and Davao City	75 midwives were able to demonstrate proper skills in providing BEMONC and EINC.	Not done yet	<ul style="list-style-type: none"> CHDs re-focused their priorities to compliance with requirements for ISO Certification Deferred to Y2
<i>1.6 Intensify advocacy on FP/EBF by integrating FP and breastfeeding in MCH services (antenatal, postpartum, and well and sick child visits)</i>				
I Engage STTA to review existing materials and enhance/develop	1 desk chart	STTA hired to develop IEC materials Desk chart of integrated life cycle key	Partially completed	<ul style="list-style-type: none"> Review of draft brochure developed by a consultant was done Areas for enhancement and for inputs

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
<p>an integrated desk chart of key messages on MNCHN/PPFP/PPIUD/FP/eBF for health providers (MHO/CHO, PHN, RHM ; and brochure for CHT/CHAT) review/enhance HealthPro algorithm and HealthGov protocol on integration of FP in MCH services</p>	<p>1 Brochure</p>	<p>messages including PPFP/PPIUD developed to be used by health providers.</p> <p>Messages in brochure to be used for CHT/CHATs</p> <p>Algorithm/protocol for integration of PPFP/PPIUD/FP/EBF in MNCHN activities developed/enhanced</p>		<p>identified</p>
<p>7. Expand coverage and access to LAPM and other FP methods / MNCHN through ambulatory/ outreach services</p>				
<p>I. Consultative partnership meetings to agree on key action points in increasing access to LAPM and other FP methods</p>	<p>Marie Stopes International (MSI), CHD, medical centers, provincial hospitals/PHOs/ CHOs; DOH ARMM</p>	<p>Plan for LAPM Outreach Services developed, and potential SDN network identified</p> <p>List of priority areas</p> <p>Assistance needs (TA plus) of DOH ARMM discussed and agreed upon</p> <p>Agreement with MSIs as main service provider</p>	<p>Completed</p>	<ul style="list-style-type: none"> The project also gathered potential partners: Family Planning Organization of the Philippines (FPOP), Mother's Haus of the Committee of German Doctors and the Association of Municipal Health Officers of the Philippines (AMHOP), private practicing providers. MH also met with both the top and local management of MSI resulting in an agreement for MSI to be the main service provider.
<p>II. Conduct of LAPM outreach services</p>	<p>GIDA/LGUs with high FP unmet need among NHTS-PR</p>	<p>Number of BTL clients served Number of IUD clients</p>	<p>Completed</p>	<ul style="list-style-type: none"> 30 Ambulatory/Fixed LAPM services conducted with 724 clients provided with LAPM services; 93% of these were BTL and 7% were IUD insertion.

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
III. Provision of TA Plus to DOH ARMM in the conduct of LAPM outreach services	23 Itinerant teams from: Maguindanao Lanao Sur Sulu Basilan TawiTawi	Number of clients provided with BTL and NSV services	Partially Completed	<ul style="list-style-type: none"> Coordinated discussion on LAPM activities in Sulu (TA in planning, social preparation and the conduct of LAPM outreach activity at Parang District Hospital. Assistance to Tawi-Tawi for the masterlisting of possible BTL clients was cancelled due to DOH-ARMM memorandum order which temporarily cancelled all field activities and trainings. 3 fixed service providers of LAPM identified in Maguindanao and LAPM scheduled in October.
III. Conduct of REB plus	5 LGUs with activated LHB in ARMM	Number of clients served including the youth and adolescent	Not done yet	<ul style="list-style-type: none"> Re-scheduled due to armed conflict in Zamboanga City; and DOH ARMM moratorium on trainings and field activities
<i>COMPONENT 2: Improve demand generation through increased and improved messaging for MNCHN/FP services</i>				
<i>2.1 Promote breastfeeding during related LGU events and Nutrition Month</i>				
I Promotion of Breastfeeding/FP/MNCHN during Nutrition month, Women's	Launching (one LGU per region)	"How to" Guide on BF/ FP/MNCHN promotion during fiestas and other significant/important LGU events	Completed	<ul style="list-style-type: none"> MH developed key messages on EBF, FP and maternal and newborn care and a "how-to" guide in the conduct of health event to spur demand.

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
month, fiestas, such as: <ul style="list-style-type: none"> testimonies of mothers who exclusively breastfed their babies; booth promoting model barangays with high EBF; showcase best BF practices 	Maguindanao Sultan Kudarat Zamboanga Norte Davao Sur Agusan Norte Bukidnon	Schedules of fiestas and tentative program agreed upon		<ul style="list-style-type: none"> 23 LGUs from 15 provinces and Zamboanga City conducted health events integrating MNCHN/FP messages.
II Integration of EBF in the roll-out of <i>Usapan Pampamilya</i> for pregnant women, in collaboration with the CHT/CHATS	2,000 people reached	<i>Usapan Pampamilya</i> adopted by LGUs	Not done yet	<ul style="list-style-type: none"> To be pursued in Year 2 Available <i>Usapan</i> modules are tailored more for private service providers; hence, in collaboration with PRISM2, modules for public sector will be developed.
III Conduct assessment of selected hospitals previously certified as MBFH	6 hospitals	Technical advisory report for the Chief of Hospital/ PHO/ CHD	Completed	<ul style="list-style-type: none"> Part of baseline survey results Areas for improvement identified
2.3 Coaching/mentoring of CHTs on the use of key messages and conduct of risk assessment				
I Orientation training and coaching on use of the brochure of key messages and risk assessment	100 CHT members of Bukidnon, South Cotabato and Davao City	Number of CHT members who skillfully demonstrated the use of messages and risk assessment	Partially completed	<ul style="list-style-type: none"> The existing CHT forms for key messages and risk assessment have been reviewed and areas for enhancement have been identified with CHANGE. Draft prototype will be released in October for discussion with CHDs.

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
II Conduct Supportive Supervision training for PHNs/RHMs to improve their management of CHTs and CHATs	60 PHNs/RHMs in targeted SDN areas, (10/SDN) from: CHD 10 – LGUs	60 PHNs/ RHMs trained on supportive supervision for demand generation activities Action plans on supportive supervision	Completed	<ul style="list-style-type: none"> ToT on the use of the enhanced HUP forms among 8 regional/provincial/city MNCHN/FP coordinators, 19 DOH Representatives and 68 LGU-hired Public Health Nurses/rural health midwives (PHNs/RHMs)
2.5 Establish multi-sector partnership to improve access to RH/FP for men and youth				
I Inventory multi-sector groups with programs for youth and men in FP/MCH	19 provinces, 2 cities	List of potential partners Existing tools for men and youth programs categorized: advocacy, service provision, etc.	Completed	<ul style="list-style-type: none"> Part of baseline data collection Initial environmental scanning identified potential partners: Commission on Population (PoPCoM), Zambo City Teen Center, Caraga, FPOP, MSI, Mother's Haus, AMHOP
II Consultative workshop among partner agencies with programs for men and youth	Government agencies including Sangguniang Kabataan (SK), Association of Barangay Captains (ABC), NGOs and business groups with programs for men and youth	Sectoral plan of action to intensify program implementation for men and youth developed for 1 selected province and 1 city	Partially completed	<ul style="list-style-type: none"> Initial discussion was done including potential development of guide for integration of MNCHN/FP in Madrasah; Individual consultative meetings with key partners i.e., PopCom, German Doctors, etc., including inventory of adolescent and youth program and areas for collaboration had been identified
Component 3: Removal of Local Policy and Health Systems Barriers Common to MNCHN/FP Program Implementation				

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
3.1 Conduct advocacy to Newly Elected Local Officials (NEO) on FP MNCHN in the context of KP				
I. Consultative meeting with Department of Interior and Local Government (DILG) and DOH towards Newly Elected Officials (NEO) program	DILG/DOH/PopCom	Agenda and schedule of the NEO programs region-wide determined	Completed	<ul style="list-style-type: none"> • Agreements on MH assistance for integrating priority health programs in the NEOs health agenda. • Partnership established with DILG-LGA and ZFF-DOH HLGP project for Mindanao
II. Conduct of orientation for NEO by province- (assist in): <ul style="list-style-type: none"> • Presentation templates 	NEO, all provinces and 2 cities	Pledge of commitment	Partially completed	<ul style="list-style-type: none"> • Provincial health situationers were prepared and presented during health investment planning in Davao Region and Northern Mindanao • Developed two sets of tools for engaging the NEOs
III. Conduct follow up discussion with interested LGUs	Interested LGUs	Agreed upon action points	Not done yet	<ul style="list-style-type: none"> • Follow up engagement with the LCEs will be strategically done through SDN consultative meetings and orientation. • Deferred to Y2
3.2. Establish Functional MNCHN / FP Service Delivery Network				
I. Provision of TA to CHD/PHO/CHO toward establishment of SDNs. <ul style="list-style-type: none"> • Program design • Action planning • Orientation training 	CHD/PHO/PHTL/AMHOP President, PopCom South Cotabato	Listing of priority areas for SDN validated Schedule of roll-out orientation identified	Completed	<ul style="list-style-type: none"> • Participation in the Public Private Partnership (PPP) forum on Service Delivery Network in Aug 2013 for ADN. Assessed FP/MCH services provided in each participating facility, referral systems reviewed, draft MOU discussed. • Initial discussions in 12 sites on selection of potential SDNs and the

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
	Agusan del Norte Davao City			orientation. <ul style="list-style-type: none"> PHO and CHD PHT orientation and planning activities in South Cotabato: identified SDN sites
II. Assist the hospital COE in establishing a functional PFP/ PPIUD SDN <ul style="list-style-type: none"> CRMC will take the lead with the City Health Officer, CHD, about the PPIUD services) and Orientation training - once they agree to become a part of the SDN, help them come up with the referral system, recording and reporting and the monitoring system 	CRMC with Cotabato City , Maguindanao and Sultan Kudarat	Functional PFP/PPIUD SDN <ul style="list-style-type: none"> Increased number of trainers Increased number of service providers Supportive supervision in place Increased referral of clients from CHTs/CHATs and other facilities 	Partially Completed	<ul style="list-style-type: none"> Several discussions were conducted with the Head of the OB-GYN Dept, CHD FP Coordinator and MH(ATTL) Draft action plans developed with stakeholder but implementation deferred due to series of bombings in Cotabato City Increased number of trainers from 2 to 14 Increased trained service providers from 45 to 87
Component 4: Strengthen CHDs' capability in TA provision for local MNCHN/FP operations in the context of KP				
4.1 Build/enhance capability of CHD to provide technical assistance for the implementation of MNCHN strategies in the context of KP				
I. Consultative meeting of CAs	All CAs working in Mindanao	Final Inter-CA Harmonized Operational Plan up to September 2013	Completed	<ul style="list-style-type: none"> Regular inter-CA meetings schedules determined
Mindanao Operations Cluster Harmonization Workshop	Regional Directors (RDs)/Assistant Regional Directors (ARDs)/Program Managers	Harmonized Workplan of CAs and CHDs	Partially completed	<ul style="list-style-type: none"> Harmonized Plan for Zamboanga Peninsula CHD and CHD Northern Mindanao Cluster Workshop had been re-scheduled several times due to

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
				unavailability of Asec. Busuego who has always been called by DOH Secretary Ona
II. Consultative Workshop with DOH ARMM	DOH ARMM PHOs / APHOs CHOs Program Coordinators	Agreements of TA interventions for 2013-2014	Completed	<ul style="list-style-type: none"> Scheduled provincial roll-out not pursued due to armed conflict
III. Participation and provision of TA in the conduct of Regional Implementation and Coordination Team (RICT) meetings	RICT members CAs in Mindanao	Progress report of MH Technical Advisory to CHD/ARMM on MNCHN/FP based on the results of the meetings Agenda inputs from CAs	Completed	<ul style="list-style-type: none"> ATTL attendance in Region 10 and CARAGA RICT meeting in July 2013 RICT & Donors' Meeting last July 22 – 23, 2013 in General Santos City resulted in agreement that all development partners will closely coordinate with ZFFas the NGO that closely works with LGUs Inter-CAs' support to identified CHD concerns agreed upon
IV. Participation and provision of TA in the Monthly/Quarterly Mindanao Cluster Meeting: activity designs developed, reporting templates, presentation materials, tracking tools; act as facilitator if necessary	Asec Busuego and MHDO or Mindanao Cluster staff	Mindanao Cluster MNCHN/FP status report EMTT enhanced Agreements and next steps	Completed	<ul style="list-style-type: none"> Participated in April 2013, June 2013 September cluster meeting postponed due to armed conflict in Zamboanga City
V. At the CHD, coach Local Health Support Division (LHSD) chief prepare presentation materials	LHSD Chief, FP/MNCHN	Regional MNCHN/FP status report Report on status of Electronic	Completed	<ul style="list-style-type: none"> DOH ARMM orientation on the use of EMTT will be pursued in Q1 Y2

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
and reports on MNCHN/FP status to be presented in the quarterly Mindanao Cluster meeting	Coordinators	Masterlisting and Tracking Tool (EMTT) implementation		
4.3 Conduct preparatory activities for Operations Research to generate evidence on PPH reduction, and inform future policy on the expansion of uterotonic coverage for all women giving birth (will be conducted in ARMM)				
I. a) Consultation with DOH ARMM to Develop a Concept paper, including defining the target population, the problem, purpose, the methods, and expected results.	DOH ARMM Consultant	OR Design developed DOH ARMM OR designated point person appointed	Partially Completed	<ul style="list-style-type: none"> Initial consultations with ARMM secretary conducted with agreements on initial sites. A working research proposal is currently under study. DOH ARMM Secretary, Usec. Garin and Senior Performance Management Specialist will be attending the Post-Partum Hemorrhage Training in New Delhi, India.
b) Writing the concept paper including defining the target population, the problem, purpose, the methods, and expected results	1 research protocol	OR Design developed	Partially Completed	<ul style="list-style-type: none"> Drafts being circulated for comments
II. Apply for Johns Hopkins University (JHU) and local Institutional Review Board (IRB)	1 research protocol	Approval by JHU and local IRB	Partially completed	<ul style="list-style-type: none"> Discussions with Jhpiego Headquarters are ongoing for the IRB; Meeting held with local IRB in Davao Region;

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
5. Performance Monitoring & Evaluation				
<i>5.1 Development of Project Performance Monitoring Plan (PMP)</i>				
I. Preparation of draft PMP	Draft PMP	Updated Performance Monitoring Plan	Completed	<ul style="list-style-type: none"> Submitted in April 2013
II. Conduct of baseline data collection including orientation of DOH Reps	DOH Representatives as data collectors	Assessment tools Baseline report	Partially completed	<ul style="list-style-type: none"> Overall, 82% of health facilities surveyed and encoded, excluding Zamboanga Peninsula and Tawi-Tawi, which were deferred due to armed conflict
III. Feedback to CHDs and PHOs	6 CHDs	Technical advisories	Not done yet	<ul style="list-style-type: none"> Deferred to Q1 Y2 since the assessment analysis is not completed yet Zamboanga Peninsula and Tawi-Tawi's data collection deferred due to the war in Zamboanga
IV. Finalization of PMP (with baselines and targets)		PMP submitted	Partially completed	<ul style="list-style-type: none"> Project wide targets prepared but need to be disaggregated by area. PMP to be finalized as M&E TWG is still making adjustments in the initially-agreed indicators
<i>5.2 Conduct of DQC Training and Workshops</i>				
I. Orientation of project staff on DQC	Selected regional personnel	Staff oriented	Completed	<ul style="list-style-type: none"> Attendance of project staff in DQC activities
II. Conduct of DQC workshops	2 areas	Data quality issues identified and improvement plan prepared	Completed	<ul style="list-style-type: none"> 132 HSPs trained on DQC in Davao City, Butuan City and Lanao del Norte

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
				which covered 18 municipalities and cities
5.2 Development and Installation of Performance Monitoring and Reporting Tools				
I. Development of field monitoring manual		Field manual completed	Partially Completed	<ul style="list-style-type: none"> Draft prepared to be finalized upon completion of provincial targets, which is dependent on the completion of baseline data collection
II. Orientation of field personnel on performance monitoring system/1 st roll-out	All regional M&E and field teams, component teams	Performance monitoring system installed with people trained, with reporting tools, and with systems to consolidate and analyze reports.	Partially completed	<ul style="list-style-type: none"> Orientation conducted for field personnel. Follow through activities per region needed to feedback logframe, targets, reporting systems
5.3 Preparation of inputs to USG OPLAN 2013				
I. Inputs to USG OPlan 2013		Narrative on MH inputs to USG OPlan 2013	Completed	<ul style="list-style-type: none"> Inputs submitted to M&E Technical Working Group (TWG)
II. Inputs to USAID Program Performance Review (PPR) Report		Mindanao MNCHN/FP PPR report and presentation materials	Completed	<ul style="list-style-type: none"> Inputs submitted to M&E TWG
6. Cross-cutting start-up action plan				
6.1 Conduct project start-up activities				
I. Work planning for start-up activities/setting-up for _____/recruitment of staff - HQ STTA to assist in workplan development and	Senior start-up advisor, COP, DCOP	Start-up workplan developed	Completed	<ul style="list-style-type: none"> Submitted to USAID as scheduled Workplan, PMP, Gender Plan, EMMP Branding and marking plan approved by USAID
	HQ STTAs	Start-up system and USAID requirements completed:		

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
start up <ul style="list-style-type: none"> • Setting up of finance and admin system • Equipment • Office installation • Recruitment of staff 		<ul style="list-style-type: none"> • Workplan • Branding and marking plan • Performance Monitoring Plan (PMP) • Project Briefer • Gender Plan • Environmental Monitoring/Mitigation Plan (EMMP) • Key Personnel Hired 		<ul style="list-style-type: none"> • 37 staff onboard
II. Courtesy visits and consultations with CHDs to determine priorities in MNCHN-FP	All Mindanao CHDs and DOH ARMM	MNCHN/FP priorities identified	Completed	<ul style="list-style-type: none"> • Conducted in all CHDs.
6.2 Participation in USAID start-up activities				
I. Monitoring and evaluation TWG meeting	Chief of Party (COP), Deputy Chief of Party (DCOP), Monitoring and Evaluation (M&E)	Draft results framework based on analysis of supply and demand and policy systems barriers Operational Plant (OP) targets and indicators agreed based on USAID logframe Timelines for submission of documents agreed	Completed	<ul style="list-style-type: none"> • Series of M&E TWG attended from April-Sept 2013
II. COP meetings	COP	CAs start up updates shared OH directions articulated and understood by CAs Critical timelines	Completed	<ul style="list-style-type: none"> • All COP meetings attended
III. OH/USAID start-up meeting	DCOP, COP, M&E, FP-MNCHN specialist, start-up advisor	Critical dates: March 22- USAID rules April 16- USAID Project orientation	Completed	<ul style="list-style-type: none"> • Discussions and agreements included the engagement of local partners through presentation of inter-CA harmonized workplan. This

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
		<p>during DOH Execom Meeting</p> <p>May 16-18: DOH-USAID harmonization workshop</p> <p>Directions and action points agreed with DOH</p>		also provided the opportunity for the plan to be tailored-fit according to the needs at the regional/provincial levels.
IV. InterCA coordination meeting <ul style="list-style-type: none"> • With CHANGE project • InterCA harmonization workshop • Regular interCA coordination meeting 	CHANGE project: COP	<p>InterCA mechanism regarding: communication, demand generation, BCC</p> <p>Harmonization of priorities and mechanism of coordination identified</p> <p>Lead CA and other CAs roles identified and agreed schedules/calendars finalized</p> <p>Agreed upon action points</p>	Completed	<ul style="list-style-type: none"> • The different USAID CAs met on 9-10 July 2013 to discuss key interventions based on the top line indicators on each key intervention. CAs identified/reviewed key activities to undertake in the next two years.
	ENGAGE	<p>Areas of collaboration initially identified</p> <p>Harmonized action plan</p>	Partially completed	<ul style="list-style-type: none"> • Harmonization of workplan to be finalized once ENGAGE has their approved workplan
6.3 Project Orientation and Technical Standardization				
I. MH and LuzonHealth Jhpiego Team meet to prepare the OSCE.	Jhpiego team (Mindanao and Luzon Health)	Preparatory activities determined: methodology and schedules	Completed	<ul style="list-style-type: none"> • OSCE orientation jointly facilitated by Luzon Health and MindanaoHealth Jhpiego personnel
II. 2-day Project orientation: policies, operations manual (procedures), project strategies and teambuilding for all staff	All project staff	<p>Project staff get to know each other</p> <p>Better knowledge and appreciation of</p>	Completed	<ul style="list-style-type: none"> • Conducted in Q1

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
a. Required staff retreat		Jhpiego as an organization Jhpiego HQ/Project rules/roles clarified		
III. Technical Standardization and Training on OSCE	Project Technical Staff	Staff trained on OSCE and oriented on Jhpiego technical strategies and approaches. Staff trained on the following areas/procedures/steps/mechanisms: <ul style="list-style-type: none"> • supportive supervision • coaching/mentoring • terminologies • clinical skills (FP CBT, MNCHN, AMTSL, PPIUD, BEMONC) 	Completed	<ul style="list-style-type: none"> • Newly-hired staff will be thoroughly oriented in Q1 Y2 • Conducted OSCE in Aug. 2013 attended by CHDs and MH ATTLS and LGU Advisors
IV. Conduct regular program monitoring and supportive supervision following all capability-building activities	27 Project Technical Staff	Regular monitoring and supportive supervision conducted Monitoring results discussed and action points determined	Partially completed	<ul style="list-style-type: none"> • Post-training follow-up/supportive supervision conducted only among the recently trained MECA midwives for Basilan
V. MH Year Two Workplan Development	Mindanao Health staff, partner organization staff, DOH	Consultation results from all CHDs, DOH ARMM and partners were critical inputs to Year 2 Workplan Finalized draft of Year Two Workplan	Completed	<ul style="list-style-type: none"> • This report was submitted to USAID as scheduled.
7. Environmental Monitoring and Mitigation Plan				

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
I. Implement integrated Service Delivery Excellence in Health (SDExH) standards including infection prevention and injection safety.	<p>Targeted facilities in priority sites (SDN)</p> <p>Targeted facilities implementing SDExH</p> <p>Targeted facilities with a written waste management plan</p>	<p>Targeted facilities with a written waste management plan</p> <p>Training on disposal of solid waste</p>	Partially completed	<ul style="list-style-type: none"> Basic elements of safe storage; infection prevention and injection safety as part of inputs in all trainings/workshops Disposal sites----have been identified in some facilities Deferred to Y2
II. Provide prototype protective clothing and essential supplies, such as puncture proof, liquid proof receptacles to guide the LGUs in the procurement	Targeted facilities implementing SDExH	Appropriate clothing and potential suppliers identified and shared to CHDs and LGUs	Not done yet	<ul style="list-style-type: none"> Deferred to Y2
<p><i>7.3 Develop plan for documenting procurement, distribution, utilization and disposal of related electronic devices in support to FP/MNCHN monitoring</i></p> <p><i>Limited procurement and distribution of small electric and electronic equipment, such as cellular phones, netbooks and tablets, in support of FP/MCH health services monitoring, logistics management, health information systems management, and other related purposes.</i></p>				
I. Consult the CHD/PHO and the targeted LGUs and gather relevant information to inform the	Targeted facilities with identified electronic equipment inventory,	Documentation plan developed	Not done yet	<ul style="list-style-type: none"> Initial discussions done with CHDs but did not progress due to prioritization and completion of ISO

ACTIVITY	TARGET	EXPECTED OUTPUTS/RESULTS	Status	Remarks
development of the documentation plan	maintenance and disposal plan			certification requirements <ul style="list-style-type: none"> • Deferred to Y2
II. Conduct regular monitoring	Targeted facilities	Targeted facilities monitored quarterly Action points for improvement agreed upon	Not done yet	<ul style="list-style-type: none"> • Deferred to Y2
III. Submit annual report;include a copy of the required certifications and/or documentation on the use, maintenance, and disposal of electronic devices			Not done yet	<ul style="list-style-type: none"> • Deferred to Y2

IV REASONS FOR VARIANCES

As described in the previous section, no assessment on project contribution to overall and intermediate level results can be made as the Project is yet to fully scale-up its technical assistance support. Hence, this section does not intend to report reasons for variances in targets vs actual results. Rather the report only accounts for deviations in accomplishment vs Year 1 planned activities. In this section will discuss the positive and negative variances of project progress on key activities.

First is to account what key activities that MindanaoHealth has surpassed its target or given the various opportunities and platform with which MindanaoHealth was able to scale the undertakings of CHDs/PHOs/CHOs and LGUs. The succeeding narratives identify these activities and the reasons for successful implementation:

- A. MindanaoHealth's performance outmatched what it targeted for. The project reached 28,803 women and men in reproductive age and adolescent and youth with EBF, MN, FP and AYRH messages through various platforms such as Nutrition Month, Family Planning Month, Buntis Congress, Youth forum and the likes surpassing its target of 2,000. By seizing these ongoing mechanism in the communities to provide information and, to some extent, counseling offer the greatest opportunity for MindanaoHealth to provide integrated MNCHN/FP messages particularly so that these community events are popularly followed by community members. 1) More effective family planning month celebration; 2) Medical mission/consultations, public announcement systems and health classes held in the evacuation centers at the height of the Zamboanga conflict were also contributory to the success.

What catapulted the Family Planning Month celebration was Asec. Busuego's issuance of the guidelines (which MindanaoHealth helped conceptualize and draft) on celebrating Family Planning Month and his visits to CHDs with MindanaoHealth to promote the family planning month celebration and focus to CCT/NHTS. As a result, there were 20 municipalities spread in 10 provinces which conducted activities related to the Family Planning Month Celebration and reached more women, men and youth. MindanaoHealth's support from planning (e.g., caravan, FP forum, banners, reaching out to youth etc.), actual implementation and support for mobilization (i.e., meals, transportation) made also possible the conduct of the FP month celebration.

In Zamboanga City, a little over one hundred (100,000) thousand individuals were housed in several evacuation sites at the height of the war in Zamboanga City. Information giving during vaccination and medical mission were conducted and MindanaoHealth spearheaded the provision of MNCHN/FP messages to women and men in reproductive age when these services were being conducted. In addition, tarpulins and public announcements re-iterated the MNCHN/FP messages. By engaging the people "gathering" in a captured site offers tremendous opportunities to provide information but also to make use their time in more productive ways.

- B. Even if PPIUD was recently introduced in the Philippines it is gaining supporters among health service providers such that MindanaoHealth has trained 56 HSPs on PPIUD and 19 more were trained as part of the OB residency training. This represents 150% more HSPs as compared with the 30 HSPs the project committed to train. There are four reasons for the success: 1) more demand for PPIUD in health facilities with high volume of deliveries. With its introduction in the COEs more HSPs appreciated women's family planning needs post partum and that PPIUD could be one of the better FP options for women particularly those who rarely come in contact with health facilities. The scientific findings on PPIUD which MindanaoHealth employ to convince HSPs provided the best argument that PPIUD works and dispel myths on PPIUD i.e., high expulsion rate; 2) MindanaoHealth jointly with MCHIPs also trained trainers on PPIUD so that more trainings could be conducted in the project sites; 3) COEs are also training their Obstetric and Gynecology residents on PPIUD; and 4) the success of private midwife practitioners in PPIUD also generated interest from other midwives. So by word of mouth there is now a growing demand for PPIUD in the private sector.

As a result of the above, one thousand four hundred thirty eight (1,438) women were provided with PPIUD by trained HSPs. Not only the extensive training of the HSPs provided the skills to perform IUD insertion post-partum, but also to ensure that counselling is taking place during the antenatal care phase were the critical factors in the high acceptance rate despite its very recent introduction. Also, those facilities with 24/7 PPIUD trained HSPs on duty tend to perform better than those health facilities with only "single shift" duty of PPIUD trained HSPs.

- C. MindanaoHealth's support to the call of Mindanao Cluster on Health to make available ambulatory and fixed LAPM made it possible to reach 724 women who were provided with BTL and interval IUD. It also targeted CCT beneficiaries who expressed unmet FP need for LAPM. There were several factors leading to the successful LAPM: 1) by engaging MSI as primary provider ensured that LAPM could be widely available particularly in areas where interval IUD is not available; 2) MindanaoHealth's support in several phases of LAPM i.e., pre-paratory phase, screening of potential LAPM clients and during the actual and post-LAPM include the TA package in organizing LAPM, provision of meals and transportation, ensuring that infection control is adhered to during LAPM and assessment of the LAPM. 3) LGU support was also crucial so that the RHUs and the local chief executives were able to mobilize its resources in support of the LAPM.
- D. About 20% more (600 vs. targeted 500) Health Service Providers (doctors, nurses and midwives) were provided with contraceptive technology updates on long acting and reversible contraceptives. The strong collaboration between the Philippine Obstetric and Gynecologic Society in Davao together with the OB Department of the Brokenshire Memorial Hospital and with MindanaoHealth's network and support to promote the conference, which drew large interest from the Health Service Providers, were the contributing factors to this successful CTU.
- E. MindanaoHealth also seized, to the extent possible, opportunities for long term investments and sustainability with CHDs/PHOs/CHOs. The project was able to engage with CHDs/PHOs and CHOs across the project sites which paved the way for collaboration on major activities like capacity building, health systems strengthening (DQC) demand generation on MNCHN/FP and the baseline

assessment of health facilities. This has maximized utilization of resources. Then the partnership of MindanaoHealth with Mindanao Cluster on Health has made possible the joint support to address unmet FP needs and priority to CCTs. This was further concretized with the released by Mindanao Cluster of the Family Planning Month Celebration guidelines, which MindanaoHealth jointly developed with Mindanao Cluster on Health. This served as basis for the strengthened campaign on FP unmet need reduction, Then MindanaoHealth has also developed the electronic masterlisting and tracking tool (EMTT) to link the CCT unmet FP needs to services.

On the other hand, the major reasons behind variances in the accomplishment of Year 1 planned activities in Mindanao revolve mostly around the following local or region-wide events or conditions and internal program/administration issues namely: 1) the inadequacy of potential candidates for key regional posts and the turn around time of referees of potential candidates delayed the hiring such that majority of the staffs have had only 4 months to implement the activities! 2) the sporadic outbursts of armed conflict in Cotabato and Zamboanga, 3) ISO Certification of the Department of Health, 4) On-going mobilization by key TA partners (ENGAGE and CHANGE), and 4) project level delays in the completion of technical assistance products and services.

A. Turn Around Time in Hiring and the Lack of Potential Candidates for Key Posts

Despite intensive advertisement to call for applicants to key regional posts via internal network and national newspapers (re-advertisement was also done), several applicants applied but only few potential candidates were vetted and met the job requirements. Most of the candidates were young with limited experience that should MindanaoHealth pursue their application would eventually do harm to the project as compared to waiting for the right person. It was also observed that when candidates are short listed the other major problem to hurdle is the long turn around time for the candidates' referees to submit reference documents. Even with MindanaoHealth's interventions to follow-up the candidates and fastrack the referees' endorsements, still you have delayed submission of the requirements. This led to delayed hiring of the staffs. For example, there were three ATTLS and two were on-board in March which gave them 7 month project lead time, but just the same they were also slowed down with fewer warm bodies to implement the project in their region. One ATTL was hired in May with 5 month lead time to roll out the project. About 19 LGU Advisors were hired and started to work with the project for an average of 3 months. For that 3-month window period would allow limited activities like engaging the CHDs, PHOs/CHOs, PopCom, LGUs and other stakeholders. And even this would take sometime to introduce the project and let them understand the technical assistance package that MindanaoHealth offers. But there were some provinces with in-placed activities as points of collaboration. Such situation allows MindanaoHealth to seize these opportunitiese and put them to scale like the LAPM ambulatory services, CMNC training in ARMM and the PPIUD training, to name a few.

There were also candidates that had reached agreement to join MindanaoHealth, but just about the time to sign the contract consideration of family problems prevents them from doing so. Thus, there were activities that had to be pushed to next year considering also the other factors like security.

B. Intermittent Conflict in various parts of Mindanao.

Bombings attributed to restlessness over the on-going peace talks between the Philippine government and MILF, local elections, and the Zamboanga conflict put on hold on-going and activities planned in the areas. Unlike most incidences where conflict was sporadic and localized, the Zamboanga incident was more prolonged and had spill over effect on the whole of the Zamboanga Peninsula and ARMM (both mainland and island provinces). Even beyond these areas, especially as regard to training which the Zamboanga City Medical Center OB Gyne Department team as trainers conducting PPIUD training in Zamboanga City will facilitate completion of the requirements for certification of Zamboanga City Medical Center as COE has to be pushed back because of the conflict. Post-conflict efforts by affected DOH regions necessitated the redirection of project efforts in mitigating the effects of the incident. The activities that were put on hold or deferred include REB+, in Sulu and Tawi-Tawi the masterlisting of women for LAPM ++ outreach activities; and the conduct of baseline collection in the Zamboanga Peninsula and Tawi-Tawi. To date plans have been re-scheduled or STTAs contracted to provide additional support in the case of baselining activities.

- C. In ARMM, the DOH Secretary and most of the Provincial Health Offices opted for a region-wide consultative meeting to first lay down and agree on the directions for MindanaoHealth support to the region. There were several postponements to the agreed upon schedule as both MindanaoHealth and DOH ARMM officials tried to harmonize their itineraries. A Manila workshop was eventually concluded with agreements on the conduct of provincial follow-through workshops to thresh out the details of the agreements. Lack of funds on the part of the provinces and the escalation of the Zamboanga armed conflict and sporadic bombings in Cotabato City and neighboring provinces which prompted DOH ARMM Secretary to issue a regional order to put on hold trainings and field activities. have since re-scheduled these plans further into the 2nd Year. MindanaoHealth is currently conducting discussions with PHOs on how to push through with these activities in Year 2.
- D. DOH CHD ISO Certification Activities put on hold several activities that required the participation of regional program managers, trainers, or field personnel such as DOH Reps. Among the activities that were affected were the BEMONC, EINC training activities; rollout of the OSCE, PFP/PPIUD refresher course and Supportive Supervision courses
- E. While initial coordination meetings have been conducted between MindanaoHealth and key partners ENGAGE and MyDEV lead to tentative agreements on areas of collaboration, MindanaoHealth is still awaiting the completion of their plans to concretize the support technical assistance packages that the project will contribute. The conduct of a harmonization planning workshop will be the first order of the day once all CAs are ready. This is expected to happen within the first quarter of Y2.
- F. Delays in the completion of the inputs to the development of TA products and services such as:
 - a. The completion of baseline study that would provide data for situationers, training plans (eg number of untrained personnel by type of training and location), NGOs involved in adolescent health programs, service delivery network configurations and functionality

- b. Development of IEC materials and the refinement of HUP messages including its rollout
- G. Supportive supervision of trained HSPs on PPIUD and CMNC took a backseat because there were limited trained trainers who could do the supportive supervision. Another consideration is that most trained trainers/supervisors are also tied with their clinical work in their respective hospitals. To address this problem, it is envisaged to train more trainers from other high volume trainings and from the CHDs/PHOs so that more health professionals are able to do supportive supervision.

V MAJOR IMPLEMENTATION ISSUES

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
Management Concerns	<ul style="list-style-type: none"> Internal organizational issues among LGU partners: <ul style="list-style-type: none"> Re- alignment of the job description of provincial technical staff where PHO technical staff are mandated by the newly elected Governor to go on duty in the Provincial Hospital. [Agusan del Norte] 	<ul style="list-style-type: none"> MH with Provincial Health Team Leader (PHTL) suggested to PHO and the technical staff to conduct a forum with the provincial DILG and the LCEs to present the scorecards and the MNCHN assessment results of the province. 	<ul style="list-style-type: none"> The issue was brought up to the PHT and the CHD 13 RD. CHD planned and scheduled a LCEs forum with DILG to discuss relevant concerns on LCEs support to Health
	<ul style="list-style-type: none"> LGU appreciation of technical assistance (TA) support In Davao Oriental, Provincial Health Officer (PHO) II and Health Consultant of the Governor clearly expressed that if the Project has no concrete funds to be provided to the Province it will not work. 	<ul style="list-style-type: none"> MH facilitated the cooperation between the municipal LGUs, the CHD and MSI and PHO re conduct of LAPM ambulatory services just to show the RHU and Governor's consultant that things will turn out positively when parties discuss the problem and find solution to the problem together. 	<ul style="list-style-type: none"> Top level discussion with the Provincial Governor Assist PHO in developing advocacy tools (situationers) to be used during the meeting with the Governor and Consultant.
	<ul style="list-style-type: none"> Some resistance in the utilization/adoption of Project TA products (OSCE, EMTT) that hinders roll-out (CARAGA). 	<ul style="list-style-type: none"> Initial discussion on the possibility of migrating the 2 tracking tools - MH EMTT and CATAGA's MNCHN tracking tool. 	<ul style="list-style-type: none"> Request Asec Busuego to present the enhanced EMTT during the cluster meeting to get support of Mindanao RDs towards its adoption.
	<ul style="list-style-type: none"> Competing schedules of CHD and other ODA partners on the ground [Davao del Sur, Davao City] 	<ul style="list-style-type: none"> Schedule MH activities 1-2 months ahead (Davao del Sur, Davao City) LGU Advisor coordinates closely with PHTO and the PHO – CHO in planning and 	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
	<ul style="list-style-type: none"> • Late conduct of start-up activities in ARMM due to Secretary's decision to conduct harmonized work planning. • Follow-up harmonization meetings at the provincial level did not push through as planned and agreed due to the lack of funds to conduct the activity in Lanao del Sur • Delays in the provision of technical support to LGU advisors in the roll out of TA packages. 	<p>scheduling of activities. Continue doing – one quarter advance planning of TA activities with LGU health officers [Caraga]</p> <ul style="list-style-type: none"> • Project facilitated the conduct of a consultative meeting in Manila instead due to sporadic bombings/armed conflict in ARMM. • Discuss with PHO the planned joint provincial planning and initial dissemination of the baseline assessment. • Some tools have been disseminated (eg. DQC manuals, monitoring checklists, etc). • Orientation training of LGU Advisors/ATTLs on all the TA products/tools 	<p>Per assessment based on Annual Performance Progress by province, there's a need to re-orient / train LGU advisors and ATTLs in the project TA packages and tools</p> <p>Specialists need to monitor / coach the field staffs.</p>
SECURITY	<ul style="list-style-type: none"> • There are LGUs in Agusan del Sur and Agusan del Norte that are considered hotspot (conflict affected) as of now that cannot be reached by monitoring. • Need for extra caution when travelling to different Municipalities of Maguindanao as well as Cotabato City • Limited movements during stand off. [Zamboanga City] and ARMM 	<ul style="list-style-type: none"> • Security alers from GeM were being conveyed to the field staffs • Coordination with local Peace Officers re day to day advisory. • Close monitoring of situation and whereabouts of staff; provision of temporary 	

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
		office (Zamboanga City) <ul style="list-style-type: none"> Provision of an authority to work at home for some staffs in conflict affected areas and vicinities. 	
OTHERS	<ul style="list-style-type: none"> Lack of qualified applicants for ATTL for Zamboanga Peninsula, DOH ARMM Advisors and LGU Advisors for Bukidnon, Agusan Sur and Misamis Oriental Difficulty in finding for qualified applicants for vacant positions; Short term engagement of some organic staff due to greater/better opportunities abroad and with other development projects; Some potential qualified applicants committed to report at a later date but subsequently opted not to pursue joining the project. 	<ul style="list-style-type: none"> ATTL of SOCCSARGEN supervised LGU Advisors of Maguindanao and Lanao del Sur DCOP acted as ATTL for Zamboanga Peninsula and BASULTA 	<ul style="list-style-type: none"> To advertise again the vacant positions for LGU Advisors for Zamboanga del Sur, Misamis Oriental, Bukidnon and Agusan del Sur; MH to request additional position for LGU Advisors for Cotabato City (a CAA areas); CDO (a CDI area) and M&E Officer in ARMM.
	<ul style="list-style-type: none"> Delayed hiring of Admin and Finance Support Officer that burdened the ATTL on admin and finance concerns of project staff [Cotabato City] 	<ul style="list-style-type: none"> Staff has to function as such taking most of competing time affecting performance on major deliverables 	
	<ul style="list-style-type: none"> Project staff are not fully oriented on the financial policies and procedures. Thus, majority of the staff encountered some difficulty in securing timely reimbursement of travel and other project related expense or payment of suppliers [Misamis Oriental] 	<ul style="list-style-type: none"> The regional finance and admin staff hired in July is authorized to review staff travel and other related expenses to ensure that finance policy is followed. COP and Senior Finance and Admin Manager allowed cash advance to support project activities and office operation 	<ul style="list-style-type: none"> Formulate Project Operations Manual, then, re-orient all the staff on policy and procedures Create a revolving fund for the area office operation

VI MILESTONES, KEY TASKS AND ACTIVITIES

The MindanaoHealth project has undertaken numerous activities with its partners to achieve what has been planned for the year by building on the gains of previous projects and specifically assisting partner in strengthening Centers of excellence on PPIUD, increasing number of HSPS providing PPFPP/PPIUD, institutionalizing supportive supervision and Objectively Structured Competency Evaluation of HSPS, expanding the reach for ambulatory LAPM services.

ACTIVITY HIGHLIGHTS

COMPONENT 1a: Scaling Up Integrated MNCHN/FP Services

At a glance

- ✓ Ten trainers on PPIUD trained by MindanaoHealth. They also underwent the Modified Computer Assisted Learning (ModCAL) on Facilitating/Teaching Skills
- ✓ Fifty six (56) HSPs were trained on PPIUD which ensured that PPIUD could be accessed more by women especially in 32 LGUs where the trained HSPs are practicing;
- ✓ Thus far, the trained HSPs and trainers on PPIUD performed 1,438 PPIUD from February – September, 2013;
- ✓ Northern Mindanao Medical Center is being groomed as COE by MindanaoHealth and as a first step MindanaoHealth has supported the trainings of 2 trainers from NMMC.
- ✓ MindanaoHealth collaborated with CHD Davao Region and Davao Regional Hospital to train 7 HSPs on Mini Laparotomy under Local Anesthesia;
- ✓ MindanaoHealth participated as a resource speaker to train 54 HSPs on FPCBT 1;
- ✓ There were 43 service providers trained on FPCBT 2. MindanaoHealth provided the training modules and participated as resource speaker.
- ✓ Twelve (12) trainers were trained on CMNC ensuring “homegrown” trainers in ARMM.
- ✓ 73% (n=146) of the 200 MECA were trained on CMNC. Pre and post tests revealed significant increase in knowledge post training. Further supportive supervision in Basilan and Lamitan to 23 trained MECA revealed good practices in AMSTL and EINC.
- ✓ Three batches of training on Supportive Supervision for PHNs were conducted by CHD Northern Mindanao to 128 PHNs in coordination with MindanaoHealth;
- ✓ A total of 24 MNCHN/FP program managers, trainers and coordinators from CHDs IX, X, XI, XII, CARAGA, medical centers/hospitals and MindanaoHealth’s ATTLs and LGU advisors were oriented on the processes and principles in conducting OSCE.
- ✓ PPFPP/PPIUD Pre-conference Hands-on Workshop for Healthcare Workers participated by 66 health service providers;
- ✓ Mindanao-wide Conference on Long Acting Reversible Contraceptives (LARCs) in the Philippines participated by 600 health service providers.
- ✓ MindanaoHealth forged agreement with Marie Stopes International as primary provider of LAPM ambulatory services. Thus far, 30 LAPM outreach services were conducted to 31 LGUs;
- ✓ A total of 724 women were provided LAPM most of whom are CCT/NHTS beneficiaries.

6.1 Strengthen Capacities of PFPF/PPIUD Centers of Excellence (COE) to Expand PFPF/PPIUD Services

6.1.1 Support to MCHIP's Establishment of COE to Ensure Sustainability of Training and Availability of PFPF/PPIUD Services

MindanaoHealth's take on MCHIP's mandate to establish Centers of Excellence on PFPF/PPIUD stems from the need to ensure that trainings on PFPF/PPIUD is sustained, trainers are provided supportive supervision till able to provide the service, and that when these services are sought, the Centers of Excellence (COEs) would be able to provide PFPF/PPIUD to women who deliver. Broadly, the certification of the COEs in the four COEs in Mindanao is MCHIP's end point. Whereas, MindanaoHealth's view on the certification would ensure that certified PFPF/PPIUD trainers and practitioners are able to provide training, which MindanaoHealth will support along with CHDs for health service providers. In so doing, the trainings will increase the number of health facilities (with high volume of deliveries) providing PFPF/PPIUD and health service providers correctly practicing PFPF/PPIUD. In addition to short acting FP methods, post-partum women could opt for PPIUD immediately or within 48 hours after giving birth in health facilities where they deliver. There is no need for them to go to COEs which may be farther from their place of residence. Thus, MindanaoHealth sought to work with the CHDs in Davao Region, SOCCSKSARGEN and Zamboanga Peninsula on making PPIUD as accessible as possible through, at first, strengthening COEs and as a result will make such services available beyond the COEs and by training HSPs who can do PPIUD in their own facilities.

On 12 March 2013, MindanaoHealth, together with the Secretary of Health – DOH ARMM and Regional Director of SOCCSKSARGEN, attended the launching of PFPF/PPIUD in CRMC. The launch was timed during Women's Month celebration to underscore freedom of more FP method choices. About 500 pregnant mothers came and were given information on PFPF/PPIUD as an option, among others.

Of the four COEs located in Mindanao, CRMC was certified as a COE by MCHIP and the three others (ZCMC, SPMC and DRH) are queued to also receive their certification once they have demonstrated competency in training more HSPs. Unfortunately, the armed conflict in Zamboanga City and the threat it created even in other parts of Mindanao caused the postponement of the trainings for HSPs and subsequent evaluation towards certification. What nudged the certification of CRMC was its completion of the requirements as COE. The last of the requirements that CRMC met was the certification of their trainers by MCHIP after satisfactorily demonstrating the skills through supportive supervision. The certification did not come as a surprise given that most of the trainers conducted hands on trainings for health service providers which further honed their confidence and skills; and at the same time expand the number of HSPs that can provide PPIUD in the surrounding North Cotabato, Sarangani, South Cotabato and General Santos.

6.1.2 Modified Computer Assisted Learning (ModCAL) for PPIUD Trainers

To respond to the clamour of LCEs that their health staffs are frequently called for training, reducing the time for service provision, MindanaoHealth employed Jhpiego's interactive multimedia tools for effective trainers, knowledge updates, training skills demonstrations and exercises to develop training competencies. The training cycle for PPIUD is such that

among participants of the PPIUD training for health service providers, those participants with potentials as trainers are identified by training facilitators, including MindanaoHealth and MCHIP. The identified potential trainers go through the following process: 1) orientation to ModCal during their training for HSP, 2) after the PPIUD training, completion of the online/flash drive ModCAL modules by self-learning over a one month period, and 3) a 2-day didactic and 4-day practicum in which the candidate trainer practices teaching and is assessed during teaching practice on a particular intervention. This training is done during the succeeding PPIUD training for HSPs.

In year 1, MindanaoHealth assisted 10 trainers from SPMC through the ModCAL process and were assessed in terms of their teaching skills during a teaching practicum, which is integrated in the training for health service providers. These trainers practiced their newly acquired skills during the training of service providers in SPMC and NMMC where 31 participants were also oriented on ModCAL and ten (10) potential trainers were also identified from the ranks of the 31 participants. These newly identified trainers will undergo ModCAL and depending on the result of the evaluation, will also become part of the trainers' pool. Increasing the trainers will facilitate scale up of PPIUD beyond COEs.

6.1.3 PFP/PPIUD Training of Trainers

One of the criteria for COEs is to have certified trainers in order to train more HSPs who could do PPIUD. In effect, this will increase access to this type of FP method in municipalities farther from the COEs and the potential of conducting supportive supervision by the trainers from the PHOs/RHUs is greater than those trainers from the COEs. As shown by the result of the initial assessment done for the first batch of training on PPIUD, trainers from COEs were not able to conduct supportive supervision as they were tied down with their clinical practice aside from very limited number of trainers.

Given the situation, MindanaoHealth, in collaboration with MCHIP conducted training of ten trainers from three COEs – SPMC, DRH and ZCMC including two participants from NMMC, the CHD-retained hospital of Northern Mindanao which MH is also grooming as a COE (Table 1).

Name of Hospitals	Number of participants
Southern Philippines Medical Center	4
Davao Regional Hospital	2
Zamboanga City Medical Center	2
Northern Mindanao Medical Center	2

As a result of the Training of Trainers, eight health service providers were certified as trainers from the original three COEs. In addition, two from NMMC were also certified trainers which set the establishment of NMMC as a COE. The said trainers were able to train 31 more HSPs on PPIUD.

MH, jointly with MCHIP and CHD Davao Region, conducted the Training of Trainers and Service Providers on PFP/PPIUD. The TOT was designed for two purposes: 1) as a venue for the newly trained trainers to practice their skills as trainers and 2) for the health service providers from different health facilities to acquire knowledge and skills on PFP/PPIUD. The first two days of the six-day training was dedicated to the ToT and the succeeding four days were for the actual training on PFP/PPIUD for health service providers facilitated by the TOT participants as their practicum.

The practicum phase allowed the trainer-participants to apply feedbacking during the demonstration/return-demonstration of certain skills like counseling, handwashing and insertion of IUD gently and safely. The trainers also applied the learning approach of mentoring to facilitate the acquisition of PPIUD skills. All the ten (10) trainers were certified as trainers.

All in all, the TOT revolved around adult learning within a most conducive environment of skills learning through mentoring and coaching. The use of Zoe pelvic models were maximized allowing the service provider-participants to learn the skills first on the models before being allowed to proceed to the delivery room for actual IUD insertions.

6.1.4 PFP/PPIUD Training of Health Service Providers

During the 2nd quarter of Year 2013, the project along with CHD SOCCSKSARGEN, which co-funded the training, took the lead in the conduct of the first batch of training on PFP/PPIUD. A total of twenty-five (25) participants attended the training. They were selected from birthing facilities with high volume of deliveries from the provinces of Sultan Kudarat, North Cotabato, South Cotabato and Sarangani and the cities of Cotabato, General Santos and Koronadal. One of the participants was a private practicing midwife from General Santos City.

At the end of the training, the participants were provided with PPIUD kits consisting of placental forceps to insert TCu380A, ovum forcep (to hold the cervix) and vaginal retractor. As of September 30, 2013, the total cases provided with PPIUD were 397.

The table below outlines the details of the PFP/PPIUD training, the number of participants and the provinces and the number of LGUs where PFP/PPIUD are accessible.

Dates and Location	Number of participants	Number of Provinces/Cities Represented in the Training	Number of LGUs with PFP/PPIUD Services as a Result of the Training
June 4-7, 2013 Cotabato Regional Medical Center, Cotabato City	25	10	11
September 4-7, 2013 Southern Philippines Medical Center, Davao City	19	5	13
September 23-25, 2013 Northern Mindanao Medical Center, CDO City	12	5	8
Total	56	20	32

With increasing demand for PFP/PPIUD from regions and provinces, including the plan to establish NMMC in Cagayan de Oro as additional COE, another training was conducted in coordination with SPMC with 19 participants from Davao City, Davao del Sur, Davao del Norte, Davao Oriental and Compostela Valley Province. As explained under the “Training of Trainers” section of this report, the second batch of training for health service providers was coupled with ToT. It was facilitated by the ToT participants with guidance from MH and

MCHIP. As a result of this training, women who prefer PFP/PPIUD could now be served in 13 LGUs in Davao Region, specifically Davao City, Malalag, Sta. Maria and Bansalan (Davao del Sur), Carmen, cities of Tagum and Panabo (Davao del Norte), Nabunturan, Maco, Mabini and Sto Tomas (Compostela Valley Province) and Mati City and Banay-banay (Davao Oriental). As of September 30, 2013, there were a total of 290 PPIUD acceptors.

The third training which MH and CHD Northern Mindanao conducted was a refresher course to four (4) previously trained health service providers by SHIELD, along with eight HSPs. It was known that almost one year from the training, majority of SHIELD-trained HSPs were not able to practice their skills mainly because they did not have instruments like long placental forceps to do PFP/PPIUD. A refresher course was then designed that incorporated didactics and practicum for three days to walk them through the concepts and practice of PFP/PPIUD. Specifically, there were seven (7) midwives, three (3) emergency/delivery room nurses, two (2) obstetricians from five hospitals (two private hospitals) and four birthing facilities. All participants were active FP service providers who have undergone Family Planning Competency Based Training Level 1 and 2 (FPCBT 1 and 2). With the said training, six (6) LGUs now have trained health service providers for PFP/PPIUD. These are Jasaan and Balingasag of Misamis Oriental, Manolo Fortich and Maramag of Bukidnon, Davao City and CDO City, among others.

At least for the PFP/PPIUD trainings conducted in Northern Mindanao and Davao City, pre and post tests were conducted Table 3 outlines the mean difference of pre-test and post-test scores for Northern Mindanao and Davao City listed at 10.70 and 21.68, respectively. It means that the post-test scores improved compared with the pre-test. Using t-test of dependent means and applying 95% confidence level, the p-values generated from both trainings were at 0.000, which is less than the p-value of 0.05. This implies that the knowledge gained by the participants was significant post training in Northern Mindanao and Davao City.

Areas	Number of Training Participants taking Pre & Post Tests	Pre-test Mean Score	Post Test Mean Score	Mean Difference	p- Value
NM	10	15.30	26.00	10.70	.000
Davao	16	11.37	33.06	21.68	.000

In interpreting the test results one must take into account that the pre-test and post-test questions applied to the participants were dissimilar but were along the objectives of the course.



Trained trainer of PPF/PPIUD demonstrates to service providers the process of administering the PPF/PPIUD procedure using the Zoe pelvic model.

In brief, there were three (3) PPF/PPIUD trainings conducted, of which fifty six (56) health service providers acquired skills on PPF/PPIUD from 20 provinces/cities and were provided with PPF/PPIUD kits. This means that about 32 LGUs have HSPs who could provide PPF/PPIUD services. A significant testing was done, and it showed that the pre- and post-tests results showed significant difference for the two trainings. The narrative below explains how many of the trained HSPs were able to apply their skills and as a result women had been provided with PPIUD.

6.1.5 Post-Training Practice of the Health Service Providers

MindanaoHealth followed up the trained health service providers as to the number of PPIUD conducted thus far. The Table 4 shows the number of trained health service providers per region and the number of PPIUD acceptors as of September 30, 2013.

As of September 30, 2013, there were a total of 119 HSPs trained PPF/PPIUD including 18 trained trainers resulting to provision of 1,438 PPIUD from the facilities of trained HSPs. There were trained HSPs from 14 health facilities that have yet to perform PPF/PPIUD. Thirty two percent (18/56) of the MH trained service providers however are not practicing PPIUD yet due to lack of confidence, two needs to advocate to their obstetricians and few needs to practice since during the training they did not have the chance to practice. On the other hand, 80% of the service providers trained by SHIELD has not done PPIUD insertion as they were not provided with the PPIUD instruments. These HSPs will be the priority to be retrained in Year 2.

Table 4. The number of Trained HSPs by MH, SHIELD and Trained Trainers and the Number of PFP/PPIUD Performed in their Health Facilities, By Region as of September 30, 2013

Region/ Province/ City	TRAINERS			No. of PPIUD Acceptors (9/30/13)
	MH and SPMC or CRMCor NMMC	SHIELD	Trained Trainers	
Zamboanga Peninsula	0	7	7	285
Northern Mindanao	12	0	2	414
Davao Region	19	0	8	290
SOCCKSARGEN	25	6	1	397
CARAGA	0	1	0	2
DOH ARMM	0	31	0	50
GRAND TOTAL	56	45	18	1,438

Of the three trainings, about 83% (11/12) of trained health service providers in Northern Mindanao were able to perform PFP/PPIUD. On the other hand, the percentages of service providers performing PPIUD in SOCCSKSARGEN and Davao Region are pegged at 64% (16/25) and 58% (11/19), respectively. Despite the fact that trained service providers from NMMC had their training towards the end of September, still most of them were able to perform PPIUD. This can be attributed to the high volume of deliveries in NMMC. In Zamboanga City, seven (7) more health service providers/OB residents who were trained by their department trainers as internal roll-out were able to insert PPIUD to 272 PPIUD acceptors.

The project also followed-up 15 of the 25 trained service providers in General Santos City and the provinces of SOCCSKSARGEN. Of the 15, 10 were able to perform PPIUD to 131 acceptors from June to September 2013. There are evolving good practices from RHUs and private practicing midwives from those trained from SOCCSKSARGEN. Out-performing the other health service providers was the RHU Bagumbayan nurse in the province of Sultan Kudarat providing PPIUD to 59/131 acceptors. Thus, the project will need to ensure that PPIUD kits are replenished. Then a private practicing midwife from General Santos City also did well and performed PPIUD to 23/131 PPIUD acceptors.

The remaining five (5/25) were not able to practice their skills: three (3) did not have the confidence to perform the insertion and one midwife claimed that thus far, despite counseling, no woman who gave birth in her facility chose PPIUD. MH is planning to do supportive supervision to improve their confidence. Another worth noting initiative is

The provincial health nurse of Bagumbayan RHU in Sultan Kudarat provided PPIUD to 59 acceptors who gave birth in her facility. This number represents 46% of the total PPIUD provided by the ten (10) HSPs who have performed PPIUD from among those followed up. This makes the Bagumbayan nurse the best performing PPIUD trained HSP. Facilitating factors include 24/7 availability of services, the availability of the nurse 24/7 and other factors including policies for "home deliveries" in Bagumbayan.

from the RHU midwife of Roxas, North

Cotabato who had forged agreement to go on duty in the Aleosan District Hospital once weekly under the supervision of the PPIUD trained Chief of the same hospital just to practice and build self confidence in providing PPIUD. Similarly, another trained HSP solicited support to advocate focusing on PPIUD with South Cotabato Provincial Hospital so she could practice PPIUD and ultimately institutionalize PPIUD service provision. The same feedback was also received from service providers of German Doctors. Reflecting on the issues raised by the trained midwives, it is important that obstetricians or doctors from the hospitals, where the midwives are working, need to be trained on PPIUD so they can advocate to the management and peers.

When service providers were asked how access/availability of PPIUD could be improved, most of them recommended additional training of health service providers to ensure that at every rotation of health service providers in the hospital there is one who could perform PPIUD 24/7 especially that the recommended timing of PPIUD insertion is ten minutes post-placental expulsion.

6.2 Training of Health Service Providers on Long Acting and Permanent Method, including other Modern Family Planning Methods

The trainings mentioned below are those generally conducted by DOH/CHDs and PHOs/CHOs. These are continually conducted since new staff are recruited both permanent or on job orders or due to some staffs leaving their posts for greener pasture. Technical assistance from MindanaoHealth were focused on the provision of training modules, facilitators and resource persons, TA in planning for service provision post training and capability building for skills.

6.2.1 Training on Mini Lapatoromy under Local Anesthesia (MLLA)

In Compostela Valley Province, the project collaborated with CHD Davao Region and Davao Regional Hospital to train seven (7) service providers on MLLA. Subsequently, LAPM services were organized for them to perform MLLA - 61 clients were served. These trained participants were already certified as MLLA service providers.

6.2.2 Family Planning Competency Based Training Level 1 (FPCBT 1)

This training is a basic course required for health service providers to enable them to provide Interpersonal Communication and Counseling (IPC/C) and FP services, except the LAPM. MindanaoHealth provided technical assistance to CHD Northern Mindanao and their Provincial Health Offices (PHO) in conducting FP-CBT1. There were 54 health service providers trained: 26 from Bukidnon, 17 from Misamis Oriental and 11 from Lanao del Norte. As a result, an additional 54 health facility (RHUs and BHs) has now capabilities to provide basic FP services.

6.2.3 Family Planning Competency Based Training Level 2 (FPCBT 2)

One of the long-acting reversible contraceptives is IUD, which is also the focus of FPCBT 2 training provided by MH. This training prioritized service providers that could have at least 10 IUD insertions to be a proficient provider. MindanaoHealth provided technical assistance

to CHD Northern Mindanao in the conduct of FPCBT 2 by acting as resource persons/facilitators and by providing the training modules. There were 43 service providers trained: 20 came from Bukidnon, while 23 were from Lanao del Norte. These service providers have to be followed-up to ensure that they have at least 10 IUD insertions to be considered proficient.

6.3 CMNC Training for the Newly Deployed MECA Midwives

The Autonomous Region in Muslim Mindanao (ARMM) is particularly vulnerable to higher maternal and infant/child mortality rates due in part to the confluence of individual, socio-economic, political and peace and security factors. One of the factors for the poor health situation is the low number of health worker to population ratio.

In ARMM, it was proven that by hiring more MECA, gains in reducing maternal and neonatal rates and increasing CPR were observed with equitable distribution of health providers. But the lesson learned from the past (SHIELD's assessment) is the need to improve on MNCHN/FP skills of MECA midwives. DOH ARMM's priority for technical assistance need is to capacitate 300 newly-hired MECA midwives deployed in conflict-affected areas, and in Geographically Isolated and Disadvantaged Areas (GIDA) in Maguindanao, Lanao del Sur, Basilan, Sulu and Tawi-Tawi. The training, Caring for Mothers and Newborns in the Community (CMNC), was developed by DOH ARMM and USAID (SHIELD).

To date, 146 MECA midwives were already trained on CMNC from the provinces of Basilan, Sulu, Tawi-Tawi, Maguindanao and Lanao del Sur.

6.3.1 Expanding Pool of Trainers on CMNC

Recognizing the acute lack of trainers to capacitate newly-hired MECA midwives as a result of the fast turnover of trainers, the DOH ARMM Secretary requested MindanaoHealth to assist them in training trainers and health service providers on CMNC. With trained "homegrown" trainers, sustainability of training and the ease to conduct supportive supervision would then be greatly improved.

In taking forward the commitment with DOH ARMM, a review of CMNC modules was undertaken. The reviewers underscored on the need to improve the teaching and learning processes of the module. As a result, the enhanced CMNC training design added features in facilitating/conducting trainings, including EINC, AMTSL, focused ante natal care (ANC), partograph and other MNCHN/FP components. DOH ARMM and provincial trainers/facilitators were oriented on the modules prior to being engaged as CMNC trainers/facilitators. After which, MindanaoHealth and DOH ARMM conducted the CMNC training to 12 trainers/facilitators from the Provincial Health Offices of Basilan and Tawi-Tawi, the City Health Office of Lamitan, and DOH ARMM in June 2013.

During the training of MECA midwives, each of the CMNC Trained Trainers was assigned to specific topics to allow them to further improve their skills in conducting CMNC training. A facilitators' meeting was also carried out at the end of each training day so as to learn from the process, and identify strengths and challenges as they facilitated the discussions/topics.

6.3.2 CMNC Training of MECA Midwives

For Year 1, MH has earmarked to train 200 of 300 newly hired MECA. During this period, the project trained 146 MECA midwives on CMNC in 7 batches or 73% of the targeted 200 MECA from the provinces of Basilan, Maguindanao, Sulu and DOH ARMM central office. The trainings scheduled in Lanao del Sur and Tawi-tawi had been postponed as an aftermath of the war that broke out in Zamboanga City. The DOH-ARMM issued a memorandum circular to halt field activities.

With MH's training, about 59 LGUs now have trained MECA midwives on CMNC and will ensure that AMTSL and EINC skills are available to assist mothers giving birth and their newborns in these areas.

PROVINCE/CITY	Number of MECAs Hired	Number of MECAs Trained	Percent Trained (%)	Number of LGUs Served by Trained MECA
Basilan	41	41	100	12
Lanao Sur	73	0	0	-
Maguindanao	85	61	72.6	34
Sulu	59	44	74.5	13
Tawi-Tawi	30	0	0	-
DOH ARMM	12	0	0	-
Total	300	146	48.6	59

Whether indeed the training improved the knowledge of the HSPs, MH conducted pre and post tests of the participants and only 117 participants were able to complete both tests.

Table 6 summarizes the results of the pre and post tests analysis. It shows that the six CMNC trainings garnered higher post-test mean scores compared to pre-test mean scores that indicates

improvement in the knowledge domain. This was statistically proved by the results of *t-test* of dependent samples in which all six CMNC trainings have p-values less than 0.05 (95% confidence level) which implied that the training participant's post-test scores were significantly higher than the pre-test scores.

Training Location	No. of trained HSPs with Pre/Post Tests	Pre-test Mean Score	Post-test Mean Score	Mean Difference	p-value
Basilan Batch 1	20	24.45	34.50	10.05	.000
Basilan Batch 2	18	32.77	39.72	6.94	.000
Maguindanao Batch 1	20	29.15	34.15	5.00	.000
Maguindanao Batch 2	20	31.20	35.20	4.00	.000
Maguindanao Batch 3	20	32.60	34.85	2.25	.001
Sulu Batch 1	19	30.15	37.05	6.89	.000

After several months at time of training, MH followed up the participants to determine practice of skills they learned from the training. It emerged that the participants did not only gain knowledge as revealed by pre and post tests results, but most of them were able to correctly practice their skills and in effect improve care for mothers.

Trainers from DOH ARMM, Basilan PHO, Lamitan CHO and MH conducted follow-up and supportive supervisory visits to 23 (51%) out of the 41 trained MECA midwives using the integrated monitoring and supervisory checklist (IMSC) developed by SHIELD and DOH ARMM. The MECA midwives were from five LGUs of Lamitan City (15), Lantawan (2), Maluso (1), Hadju Muhtamad (1) and Tabuan Lasa (4). In the supportive supervision, the supervisors divided the tasks among themselves to assess the skills of HSP, recording and record keeping, compliance to standards of the birthing place and stocks inventory, among others. In this way, time is allocated to review all aspects of the health facilities and makes supportive supervision more efficient.

Findings from these visits revealed that only 48% (11/23) MECA midwives were able to handle deliveries and applied AMTSL and EINC. In fact, at the time of the supportive supervision three were observed assisting deliveries, while the rest were instead reviewed on the different steps of AMSTL and EINC based on the checklist since they didn't have patients at time of the visit.



Participants of the Caring for Mothers and Newborn in the Community (CMNC) Training perform a return-demonstration to show how they apply the knowledge and skills imparted to them.

What came as a surprise during the visit was the revelation that the MECA observed did not undergo trainings on FPCBT 1 and Family Health Information System (FHSIS). Thus, the 41 MECA are constrained in providing counseling and in effect limiting access of mothers to information and counseling. On the other hand, recording and record keeping are likewise compromised. It was also noted during the visits that Oxytocin, at least among the sites visited, is expiring in September and there were stock outs of condoms.

Given these findings, MH and Lamitan CHO agreed that the Quality Improvement Collaborative (QIC) coaches will conduct supportive supervision regularly and will be tasked to certify that MECA midwives are correctly practicing AMTSL and EINC. Furthermore, encouraged by the results of the supportive supervision and the potentials it can do to improve MECA skills, DOH ARMM Assistant Secretary Linang Adiong emphasized the conduct of a yearly assessment of MECA midwives' performance and make the results as basis for their job renewal. The criteria will include number of deliveries attended using AMTSL and EINC, number of fully-immunized children (FIC), number of children exclusively breastfed until six months and number of FP unmet needs identified and provided with FP services. For those MECA needing more practice, it was also agreed that they will report to Limook Barangay Health Station to expose them to more cases and practice their skills under the direct supervision of the midwife.

6.4 Accelerate Training and Strengthen Supportive Supervision in Maternal and Newborn Care and Family Planning

It is recognized that reinforcement of knowledge and skills could best be achieved through supportive supervision, a process whereby the trainers or an expert use guides and checklists will observe a health service provider in terms of key skills. The roles of Public Health Nurses (PHN), as members of the service provider team, are crucial to supervise and mentor Rural Health Midwives (RHM). When supportive supervision is done effectively, it will enhance job satisfaction of RHMs as they acquire skills and the problem areas they encounter on a daily basis are addressed.

In line with this, CHD Northern Mindanao saw the need to train PHNs on supportive supervision and requested MindanaoHealth to provide technical assistance as trainers in the said training.

Three batches of training on Supportive Supervision for PHNs were conducted by CHD Northern Mindanao in coordination with MindanaoHealth last May 20-24, 2013 attended by 128 PHNs from the provinces of Lanao del Norte, Iligan, Bukidnon, Misamis Oriental, Camiguin and Cagayan de Oro City. The training covered key tasks of nurses and midwives in the health centers and aimed at enabling public health nurses and program managers to conduct effective supportive supervision with the aid of supervisory checklist.

Practicum of skills was integrated in the training and the participants were assigned to the 10 Rural Health Units (RHU) to practice the use of the Integrated Supervisory Checklist on Service Coverage and Public Health Outcomes, Health Facility, Equipment and Supply, IEC materials and References, Drugs and Supplies, Recording and Reporting, and Ante- and Post-natal Care.

It is observed that among those who attended the training, the quality of supportive supervision improved. The trained PHNs are now using the standard supervision checklist tool that systematically documents their findings. With the use of the checklist, it minimizes the perception of “subjective” supervision and made sure that all aspects are covered. Then on the basis of the findings, technical assistance is provided. To maintain the quality of PHN’s supervision, there is a need to mobilize CHDs and DOH representatives to monitor PHNs in their conduct of supportive supervision to RHMs.

6.5 Capability Building on the use of Objective Structured Competency Evaluation (OSCE) Diagnostic Approach to assess HSPs’ Performance and Skills in MNCHN/FP

MindanaoHealth introduced the Objective Structured Competency Evaluation (OSCE) method, an effective and efficient approach to strengthen training and supportive supervision. This method, when done appropriately, quickly identifies gaps in provider performance and skills.

MindanaoHealth developed a three-staged activity to prepare and carry-out the OSCE diagnostic and performance improvement activity:

The **1st stage** - engage the team (trainers) consisting of CHDs'/DOH ARMM's and medical centers'/hospitals' MNCHN/BEmONC/FP and the Area Technical Team Leaders (ATTL) and LGU advisors from each of the six regions and 19 provinces/2 cities covered by the project. The goal of the **two-day workshop** is to prepare a core team from the region who will take the lead in advocating, preparing and implementing the diagnostic workshop.

Once the region is ready to conduct the diagnostic activity, a two-day preparatory activity is held for the trainers to standardize/agree the workshop (**Stage 2**). It is expected that a team of FP and MNCHN experts is established and could conduct the assessment and provide mentoring during the actual diagnostic workshop.

Within one to two weeks, a diagnostic workshop (**Stage 3**) is held for providers in selected municipality or district.

To take forward the above-mentioned steps, MindanaoHealth conducted an orientation on OSCE to six CHDs and the regional hospitals including ARMM, followed by a Facilitators' workshop before the project proceeded with the OSCE diagnostic workshop.



Participants of the OSCE Diagnostic Workshop undergo an exercise of learning the OSCE diagnostic process at the EINC station supervised by chosen regional MNCHN-FP trainers.

A total of 24 MNCHN/FP program managers, trainers and coordinators from CHDs IX, X, XI, XII, CARAGA, medical centers/hospitals and MindanaoHealth's ATTLs and LGU advisors were oriented on the processes and principles in conducting OSCE. The participants learned the diagnostic processes of OSCE and became familiar with the use of standard checklists for respective skills in PPIUD, EINC, Infection Prevention and Counseling and

the concept of using stations to demonstrate and return demonstrate the clinical skills.

The main features of OSCE were demonstrated during the workshop proper making use of OSCE stations on the skills related to EINC, IPC/C and Infection Prevention. Each of the 24 regional and provincial MNCHN/FP coordinators and trainers went through the eight clinical stations and applied the OSCE diagnostic process under the supervision of chosen regional MNCHN-FP trainers. The workshop proper created a scenario that simulated that of a supervisor: supervisee evaluation session.

As the participants demonstrated their skills with the aid of the stations, it was observed that the participants missed some processes or forgot some crucial steps. In which case, the trainer pointed out what were missed or not done properly. The whole exercise made it possible for the participants to hone their skills with assistance from the trainers.

At the end of the OSCE workshop, the participants developed their respective action plans, which included the conduct of initial OSCE diagnostic workshop among selected facilities and service providers in MNCHN/FP incorporating actions to adopt and sustain OSCE implementation. This complements well with the commitment to conduct at least 1 OSCE in each region for Year 2.

6.6 Contraceptive Technical Updates: Preparatory Work on PFP/PPIUD Introductory Workshop with POGS Mindanao

MindanaoHealth and MCHIP successfully forged partnership with Brokenshire Hospital and Southern Philippines Medical Center, specifically the Departments of OB-GYN and the Southern Regional Chapter of the Philippine Obstetrical and Gynecological Society (POGS). The partnership led to agreements to jointly conduct two events, namely: 1) PFP/PPIUD Pre-conference Hands-on Workshop for Healthcare Workers participated by 66 health service providers on 14 August 2013 and 2) Mindanao-wide Conference on Long Acting Reversible Contraceptives (LARCs) in the Philippines participated by 600 health service providers.

In the regional POGS conference, MindanaoHealth, Brokenshire Hospital and POGS, preceded the conference with discussions on PFP/PPIUD. Broadly, it intends to generate interest from private midwife practitioners, doctors and nurses on PPIUD. In the workshop, it provided the venue for hands-on clinical demonstration and return demonstration of skills on PPIUD insertion. As this is a new issue for most of the conference participants, the pre-conference drew positive comments and added new advocates for its use in their practice. However, they also requested if future trainings could be made available for them.

Coming from the successful partnership during the POGS regional conference, MindanaoHealth and its partners conducted the Mindanao-wide Conference on Long-Acting Reversible Contraceptives (LARCs) in the Philippines entitled: "Exciting Development in Expanding Choice" which was held at the Apo View Hotel.

MindanaoHealth was involved in the design of the conference, drumbeating it to partners so more would attend and participate in the conference, and provided funds to conduct the conference. MindanaoHealth's Chief of Party, Dr. Dolores C. Castillo, discussed during the conference the project and underscored PFP/PPIUD and LARCs as effective options to address unmet FP needs.

6.6.1 Clinical Case Conference for Midwives in Caraga

In July, MindanaoHealth was invited to provide technical assistance in the Maternal and Neonatal Death Review during the Clinical Case Conference for officers and members of the Philippine League of Government and Private Midwives of the Philippines from different LGUs of Agusan del Norte specifically Cabadbaran, Tubay, Kitcharao, Remedios T. Romualdez (RTR) and Magallanes. Technical Staff of PHO Agusan del Norte also attended the conference. Four cases of maternal and newborn mortality and morbidity in the form of hemorrhage, obstructed labor and malpresentation were reported and presented for discussion. The learning in the conference included discussions of the AMTSL, ENC, partograph and focused ANC. Updates on the new innovative process of attending

deliveries were provided to the midwives working in the field. The PHO and the CHD committed to sustain this initiative and to continue mentoring and monitoring of activities.

6.7 Expand Coverage and Access to LAPM and other FP Methods and MNCHN through Ambulatory and Fixed Services

6.7.1 Consultative Partnership Meetings to Agree on Key Action Points in Increasing Access to LAPM through the conduct of Facility-based or Ambulatory LAPM

The results of the Health Use Plan (HUP) profile of CCT/NHTS beneficiaries by Community Health Teams revealed that 15% (n=13,852) in non-ARMM provinces/cities and municipalities preferred either IUD (59%) or BTL (32%) or NSV (9%). On the basis of this, including the increasing demand for LAPM from non-NHTS clients and the observed limited number of LAPM ambulatory services, CHDs and the provinces made plans to improve LAPM ambulatory and fixed services.

Based from the environmental scanning on LAPM service providers, Marie Stopes International emerged as the main provider of LAPM in the region. Recognizing the crucial role of MSI, MindanaoHealth met with the top management of MSI to collaborate in the provision of both ambulatory and facility-based FP/LAPM services. It was then agreed that MSI will provide the LAPM services, while MindanaoHealth will be responsible to create demand and facilitate LAPM through collaboration with CHDs/PHOs/CHOS and the LGUs, including technical assistance for social preparation, ICV adherence, compliance to MLLA protocol and infection control. To realize the agreements with MSI at the national office, MindanaoHealth also met with local MSI officials in the cities of Davao, Zamboanga, Cagayan de Oro and Cotabato to discuss agreements in rolling-out the partnership in providing ambulatory LAPM services. Also it was agreed that MSI and MindanaoHealth will share information and jointly agree on LAPM schedules.

The consultative meeting with DOH Mindanao Health Cluster Head Assistant Secretary Romulo A. Busuego gave way to his endorsement of MSI partnership but underscored on aseptic technique and ICV compliance. He also encouraged MindanaoHealth to focus on the unmet FP needs of CCT/NHTS.

Taking cue from the call of Asec Busuego, the parties involved agreed on a monitoring mechanism that CHDs will lead to improve the quality of health services provided and the ICV compliance. Meanwhile, LGU advisors and P/CHOs would also monitor the social preparation of the community in terms of transport support, FP counseling/action sessions for probable users and preparation of the activity site. In addition, MSI and MindanaoHealth agreed to provide reports to the Mindanao Cluster Head and CHDs to account for the LAPM performed.

MindanaoHealth continues to conduct environmental scanning for other FP service providers. In Davao City, the City Health Office has partnership with Jerome Foundation, which has been providing BTL and no-scalpel vasectomy (NSV) services at Davao Doctors' Hospital and Southern Philippines Medical Center, as well as outreach services in districts or barangays. Also, the project continues to probe/assess functionality of current LAPM service providers, including hospitals, ambulatory teams, and providers. It also looks into

how these providers operate, and the role of different stakeholders particularly communities, local government units, and DOH at different levels.

Mindful of the need to provide LAPM services regularly, Davao CHO sent one of the district health physicians for training on BTL-MLLA. Said participant still needs to be certified as LAPM service provider.

Above-mentioned agreements paved the way for the project to aggressively plan for ambulatory LAPM services together with partners. The plan to undertake ambulatory LAPM is focused on addressing the FP unmet needs of CCTs/NHTS members in the areas of **Zamboanga City, Zamboanga del Norte, Bukidnon, Misamis Oriental, Lanao del Norte, Davao City, Davao del Sur, Davao Oriental, Compostela Valley, Sultan Kudarata, Cotabato, and Agusan Norte**. The LAPM services were in collaboration with CHDs, LGUs, MSI, Jerome Foundation, Family Planning Organization of the Philippines DOH-retained hospitals, MindanaoHealth and other health service providers and facilities.

6.7.2 Conduct of Facility-based and Ambulatory LAPM and Other Modern FP Methods

From May to September 2013, MindanaoHealth facilitated, organized or supported a total of 30 fixed and ambulatory LAPM services and provided LAPM to 724 acceptors in the project covered sites. There were seven (7) fixed facilities that provided LAPM in the project sites in Valencia City, Maragusan, Montevista, Pantukan, Aleosan, Isulan and Midsayap.

In organizing the ambulatory LAPM services, MindanaoHealth was involved in the preparatory, pre-screening, pre-operative, actual conduct of LAPM and post LAPM meetings/activities.

The level of efforts of MindanaoHealth's technical assistance vary from LGU to LGU depending upon their existing plans and their responsiveness in addressing FP Unmet needs for LAPM services. For example in Davao Oriental, MindanaoHealth's involvement is high as it mobilized CHD Davao Region, Davao Oriental PHOs and RHUs to plan for LAPM, including technical assistance to RHUs in the social mobilization and community participation, preparation and actual conduct of LAPM services and post-operative care. Bearing in mind agreements with Mindanao Cluster Head to ensure minimum standards of services, MindanaoHealth also ensured, through the project's technical assistance, the following were observed: (a) aseptic technique like defining restricted areas, (b) requiring proper attire from the medical team, (c) observing sterility of the operating room area, and (d) imposing restrictions on patient and personnel flow within the facilities including counseling and comprehensible information on BTL-MLLA before clients undergo the procedure.



Before undergoing the procedure, the lead provider of Marie Stopes International Ligation Team explains BTL-MLLA to clients to prepare them of what to expect.

Table 7 outlines the regional LAPM ambulatory and fixed services, and the total number of individuals provided services.

Great strides were observed in Year 1 in providing LAPM outreach and fixed services in five regions and two (2) cities of Davao and Zamboanga. In total there were 31 LGUs reached from 30 ambulatory LAPM services organized or supported by MindanaoHealth.

In total there were 724 LAPM acceptors: more women opted for BTL at 92.8% (672) and 7.2% (52) had IUD. The LAPM services also served the FP unmet needs of CCT beneficiaries. About 44.5% (322) of the LAPM acceptors were CCT/NHTS beneficiaries. On the other hand, 14.1% (102) and 15.5% (112) were NHTS and non-NHTS, respectively. About 26% (188) of the LAPM acceptors were unclassified as to CCT/NHTS status. It must also be noted that there were seven (7) fixed facilities provided LAPM services to 124 (17%) of the 724 LAPM acceptors in Northern Mindanao, Davao Region and SOCCSKSARGEN.

Zamboanga del Norte had 4 ambulatory LAPM services conducted in collaboration with MSI, Zamboanga del Norte PHO, RHUs and MindanaoHealth. Several lessons could be

drawn from the LAPM ambulatory activities in the province. For one, despite a registration list of potential LAPM acceptors, the turn-out rate was low. For example, in the municipality of Manukan, there were 11 identified probable users for BTL but at the time of LAPM outreach only two clients came and of the two only one underwent the procedure. The other potential LAPM acceptor opted for another FP method. This situation illustrates the need for intensive social preparation, support in the transportation of clients and intensive screening of women for medical eligibility criteria and to mobilize key partners like the LGUs. The project adheres to the principles of ICV (non-targeting of BTL/IUD clients), however, for purposes of planning and budgeting and in deciding the number of LAPM providers to be mobilized, there is a need to have a general idea of how many women/men have gone through social preparation and counseling and expressed desire for LAPM. There is, therefore, a need for the project to do one-on-one coaching with CHDs/PHOs/CHOs to every step in the social preparation, conduct of LAPM and post-LAPM.

For Zamboanga del Norte, there were only 24 women who received LAPM from the following municipalities: Jose Daluna (9), Katipunan (9), Polano (2) and S. Osmena (4).

In **Zamboanga City**, MSI conducted ambulatory LAPM services in five sites. A total of 100 master listed LAPM candidates were provided FP counseling and 83 (83%) clients were provided with BTL- MLLA services. There were 17 (17%) clients who decided to reconsider their FP to undergo LAPM and instead opted for temporary methods such as pills (8 clients) and DMPA/injectables (7 clients). Two (2) clients remained undecided and were referred for further counseling.

6.8 Establishment of Mechanism to Sustain MNCHN/FP Services to Population Displaced by Conflict

At a glance:

- ✓ Coordination is ongoing with ENGAGE and MYDev – two CAs working in conflict affected areas in Mindanao;
- ✓ MindanaoHealth invested in training of health service providers: trainers on PPIUD from Cotabato City, and trainers on CMNC from Basilan and Lamitan City
- ✓ Trained 41 MECA on CMNC from Basilan and Lamitan and 44 from Sulu;
- ✓ MindanaoHealth supported the 118,819 evacuees with potential to avail of the good provided in Zamboanga City war with 27,000 bottles of purified drinking water, 16,000 sachets of ORS, 15,000 bottles of Zinc syrup; assisted in providing immunization to 7,531 children with measles and 2,723 oral polio vaccination;
- ✓ With IMPACT, MindanaoHealth also provided 3,500 hygiene kits to evacuees, turned over 5,000 blankets and
- ✓ 5 ice-lined vaccine refrigerators were handed to Zamboanga City Health Office;
- ✓ In the Typhoon Pabo affected areas, LAPM services were organized to address unmet FP needs of women.

6.8.1 Collaboration with other CAs in Conflict Affected Areas

After the regional launching of three USAID projects (MindanaoHealth, ENGAGE, MYDev) in Zamboanga City last 30 May 2013, MindanaoHealth coordinated with USAID ENGAGE project to discuss possible areas of collaboration in convergent areas, particularly in the identified priority conflict affected areas (CAA). That provided an opportune time for

MindanaoHealth, given its stake on Development Objective 2 - improvement of peace and stability in CAA in Mindanao, to discuss areas of collaboration. Of all the CAs focusing on Integrated Maternal, Newborn and Child Health Nutrition and Family Planning, it is only MindanaoHealth that was mandated to contribute towards peace and stability in CAA. ENGAGE has identified nine core partner LGUs in ARMM and non-ARMM, which are Sulu Province, Maimbung, Sulu, Lamitan City, Basilan, Parang and Upi, Maguindanao and Marawi City, Lanao del Sur in ARMM and Isabela City and Zamboanga City and Cotabato City in non-ARMM areas.

As the ENGAGE project is still in its start-up phase, they intended to conduct a baseline study. MindanaoHealth discussed with ENGAGE some key interventions worthwhile pursuing, which included 1) assessment of the functionality of Local Health Boards in the identified nine core LGUs, and determine how the LHB responds to the health and nutrition needs of the community in terms of budgetary allocation, maintenance of health facilities, and policies concerning health and nutrition in the context of conflict; 2) study of the representation of the Indigenous Peoples (IPs) in the LHB and in the Sanggunian; 3) identification of civil society organizations (CSO) that are accredited and represented in the LHB; and 4) Youth and adolescent participation in the governance processes – planning, budgeting, consultations, implementation, and monitoring.

Other areas that ENGAGE and MindanaoHealth could explore for cooperation include: 1) engaging NEOs in the CAAs; 2) mapping of CAAs to identify specific areas affected by conflict, and identify key action points; 3) demand generation activities which include dissemination of MNCHN/FP messages in community gatherings; REB plus as point of convergence for comprehensive information and services for children, women, men, and adolescent and youth; and scale-up CHAT/CHT activities such as Tumpukan Na; 4) improving supply of information and services by engaging local health board to support LAPM services and PPIUD; and 5) support LHBs in strengthening leadership and governance; Engaging LGUs to adopt ordinances that provide annual funding for FP and MNCHN program; and engage Bangsamoro Youth and SK in the development of multi-sectoral plans for action on adolescent and youth health concerns.

6.8.2 Training of Health Service Providers in CAA

As part of its commitment to address health gaps in CAA, MindanaoHealth trained health service providers from Cotabato City on PFP/PPIUD. The project also trained five (5) trainers from the province of Basilan and Lamitan City on CMNC. This was followed by CMNC training to 41 health service providers also from Basilan and Lamitan City from 12 LGUs. In Sulu, 44 MECA midwives were trained on CMNC.

6.8.3 Relief Assistance in Zamboanga City

The 24-day armed conflict, which started on 09 September 2013, between MNLF fighters and government forces in Zamboanga City resulted in the death of 237 persons; injuring 266 and burning of 9,709 houses and structures including 2 health centers inside conflict zone. At the height of the crisis, 23,784 families and 118,819 individuals from the five barangays (Sta. Barbara, Sta. Catalina, Mariki, Rio Hondo and Talon-talon) were displaced and relocated in 58 evacuation centers. Majority of the internally displaced persons (IDP) were cramped at Joaquin Enriquez Memorial Sports Complex (JEMSC) numbering 18,056

families/80,610 individuals far exceeding its holding capacity and increasing risk for disease outbreaks.

Major government offices located inside conflict zone including the City Health Office and Zamboanga City Medical Center were shut down disrupting provision of health services. The displacement of the population compromised the already limited resources Zamboanga City and in addition, heavy torrential rains also caused flooding in the city and inside evacuation sites. With the hazards caused by the open war and the flooding, additional 22,000 individuals were displaced and 30 more evacuation sites were opened. Newly installed Regional Director of Center for Health Development – Zamboanga Peninsula (CHD-ZP) immediately established the Incident Command Center for Health sector and activated the HEMS Operation Center to address immediate health needs of victims.

Ruby Rose Aidil, mother of 5 children aged 1, 2, 4, 5 and 6 was thankful for the support provided by USAID through MindanaoHealth project.

Her youngest son was suffering from severe malnutrition and acute water diarrhea was immediately given purified drinking water mixed with oral rehydration salt and zinc supplement and was referred to DSWD for high protein-calorie supplemental feeding.

Ruby Rose was also provided with FP messages by MindanaoHealth staff and referred to CHO station inside JEMSC for counseling.

Mindanao Health project coordinated with CHD-ZP and Zamboanga City Health Officer through the Unified Health Cluster and responded to the problem of lack of health manpower. Mindanao Health mobilized its project staff and organized a medical team to immediately address medical needs of IDPs at JEMSC and at Talon-talon evacuation center. More than 500 consultations were made with majority of those seeking medical assistance suffering from Acute Respiratory Infections, skin diseases and acute watery diarrhea. Given the increasing number of evacuees with acute watery diarrhea, USAID through Mindanao Health project provided 27,000 bottles of purified drinking water; 16,000 sachets of ORS and 15,000 bottles of Zinc syrup and infant drops benefitting 3,524 patients. During consultations, suspected measles cases were seen among infants prompting the Health Cluster together with Mindanao Health Project and other partner agencies to conduct mass measles immunization campaign among children <15 years old at JEMSC and at Talon-talon evacuation center to avert measles outbreak. Thirty-one (31) vaccination teams from DOH, CHO, Red Cross and academes were mobilized together with 5 MindanaoHealth staff immunized a total of 7,531 children <15 years old with measles vaccines. At the same time, 2,723 children were given oral polio vaccine while children 6-59 months were given vitamin.



Dr. Abdulhalik Kasim (extreme right) from the USAID MindanaoHealth shows a teenage mother how to prepare the oral rehydration solution for her child affected with diarrhea.

In partnership with City Health Office, UNFPA, POGS, MindanaoHealth project conducted 2 reproductive health medical missions and information education campaign on MNCHN and exclusive breastfeeding benefitting 100 pregnant women and 87 lactating mothers. To maximize reach of IEC inside JEMSC, MindanaoHealth with DOH, CHO and Tzu Chi Foundation employed a mobile PAS and disseminated focused messages provided by MindanaoHealth on MNCHN and proper hygiene to 80,610 evacuees inside the evacuation center. USAID through MindanaoHealth and IMPACT projects provided 3,500 hygiene kits for evacuees to prevent disease outbreaks. With the additional evacuees from flooding due to heavy rains, USAID through MindanaoHealth turned-over 5,000 blankets to the DSWD for distribution to evacuation centers and keep IDPs warm. USAID through MindanaoHealth project also turned-over 5 ice-lined vaccine refrigerators to the Zamboanga City Health Office and 1 of the vaccine refrigerators was installed at makeshift health center beside JEMSC to ensure potency of vaccines and availability of immunization services at JEMSC.

The collaborative effort of CHD-ZP, CHO, Red Cross, Government line agencies, private sector and developmental partners and MindanaoHealth project through the Unified Health Cluster effectively curbed the possibility of disease outbreaks inside evacuation centers at the height of the Zamboanga Crisis. Through proper channeling and coordination, resources were pooled maximized and the health needs of IDPs were immediately addressed. The number of IDPs at evacuation centers had already decreased from 18,056 to 8,719 families and 80,610 to 40,347 individuals.

With the end of conflict in Zamboanga City and the emergency phase transitioning to recovery and reconstruction, MindanaoHealth participated in post-emergency meetings, and identified potential assistance to displaced residents in Zamboanga City. Several areas were identified for proposed activities in education, health, environment and the role of the Office of Economic Development and Governance (OEDG), including the potential sources for budgetary support.

In the area of health, MindanaoHealth has committed to continue providing technical assistance to Zamboanga City CHO post emergency and this includes the resumption of the baseline assessment of health facilities and service capability which was stopped at the height of the war. This is crucial as the war have obliterated some health centers and will know from the assessment how the war had changed health facilities' capacity and services. Zamboanga City CHO and MindanaoHealth also jointly agreed to restore the provision of MNCHN/FP services, particularly in the tracking of pregnant women and probable users and continuing users of family planning since they were displaced from their areas/health centers and health records compromised. Both CHO Zamboanga City and MindanaoHealth also firmed up the schedules of trainings which were postponed, that include the orientation of the integration of FP-EPI, PPIUD training, training on supportive supervision and ambulatory LAPM.

In response to the agreement with CHO, MindanaoHealth – with the resumption of peace and order in Zamboanga city – had set the PPIUD refresher training for the SHIELD trained HSPs on December 9,10 & 11, 2013 in Zamboanga City which Zamboanga City Medical Center will spearhead.

Following matrix reflects the summary of accomplishments in Conflict Affected Areas (CAA):

CAA AREA	SUMMARY OF ACCOMPLISHMENT
Basilan	<ul style="list-style-type: none"> • Trained 5 trainers on enhanced Caring for Mothers and Newborn in the Community (CMNC) integrating AMTSL and ENC from the province of Basilan and Lamitan City on • Trained 41 health service providers <u>also</u> from Basilan and Lamitan City from 12 LGUs on PPIUD • 23 Midwives in Every Community in ARMM Program (MECA) in Lamitan City, Lantawan, Maluso, Hadji Muhtamad, Tabuan Lasa followed up for CMNC post training supportive supervision monitoring. • Celebrated the Family Planning Month with a Buntis Party and Health Classes to raise level of awareness on ways of ensuring safe pregnancy, safe delivery, post-partum care, post-partum family planning and exclusive breastfeeding. <ul style="list-style-type: none"> ○ Health Classes and Buntis Party Activity were conducted at the Li-mook Multipurpose Hall last August 30, 2013 in coordination with the City Health Office of Lamitan City and Li-mook Barangay Health Station. ○ The activity was participated by a total of 54 Participants (9 Males and 45 Females), 8 BHW/CHAT . ○ Different health messages and information were linked with the actual conduct of health services. ○ As a result of this activity , there were 3 potential FP clients were given counseling and became new acceptors (1 PPIUD, 1 DMPA and 1 Pills) Birth Plan of 11 Pregnant women were revisited and updated and expressed commitment to deliver in a facility and to breastfeed their babies • Inventory of multi-sector groups with programs for youth and men in FP/MCH wherein Individual scoping/detailing potential partners for youth and men was conducted. As a result of this activity potential partners were identified as follows: <ul style="list-style-type: none"> ○ POPCOM ○ DSWD of Lamitan ○ Isabela Foundation Inc. ○ Nagdilaab Foundation Inc. • Orientation on Informed Choice and Voluntarism compliance monitoring was conducted and dovetailed with the conduct of CMNC post Training Follow up Visit. <ul style="list-style-type: none"> ○ For the quarter, six service delivery sites were visited ○ 24 Health service providers and 16 FP acceptors were interviewed ○ As a result, there was no coercion or violation with regards to Informed Choice and voluntarism noted. • OSCE Training workshop conducted by MindanaoHealth to prepare Regional Level Partners and staff on the conduct of the diagnostic activity and familiarize the tools and process. <ul style="list-style-type: none"> ○ Since DOH ARMM was not present during the OSCE Orientation, this was later on discussed with the DOH-ARMM Assistant Secretary Linang Adiong • ARMM Planning Workshop conducted last August 22-23, 2013 <ul style="list-style-type: none"> ○ Opportunities for scaling up MNCHN/FP in ARMM were explored ○ Opportunities and areas for collaboration were identified to respond to priority challenges in scaling-up MNCHN/FP services ○ Agreement to take forward the MNHCN/FP priorities at the regional and provincial levels, including timelines.
Cotabato City	<ul style="list-style-type: none"> • Inventory of MNCHN/FP service delivery capability facilities • Post-Partum Intra-Uterine Device (PPIUD) Insertion launched in CRMC • 25 service providers trained on PPIUD

CAA AREA	SUMMARY OF ACCOMPLISHMENT
	<ul style="list-style-type: none"> • Coordinative meeting with the City Health Office and the ARMM Regional Information Office
Lanao Del Sur	<ul style="list-style-type: none"> • Dissemination of Community –based Promotions of “How to” Guide on BF/ FP/MNCHN promotion during Buntis party and Launching of Nutrition in LDS. 90 pregnant mothers attended the activity.25 avail prenatal checks up, 40-prenatal counselling, FP counseling-7 • Buntis Party conducted attended by 90 participants provided with MNCHN/EBF and FP messages
Sulu	<ul style="list-style-type: none"> • Inventory of service delivery capability of facilities • Result: <ul style="list-style-type: none"> ○ BeMONC facilities ○ In 2011: Jolo RHU accredited as 3-1 package (MCP, OPB, TB-DOTS) and Patikul RHU as 3-1(MCP, OPB, TB-DOTS). ○ 2012 accreditation: Jolo RHU; Patikul RHU; Maimbung RHU; Parang RHU. Hji Panglima Tahil RHU (MCP & OPB) ○ 2012 Hospital Accreditation: Luuk DH; Sulu Provincial Hospital; Siasi DH; Parang District Hospital ○ In 2013- There are 12 RHU that are MCP and OPB and TB DOTS packages Phil Health Accredited • 39 MECA midwives from 13 LGUs were trained on Caring for Mothers and New-born in the Community • Assisted Maimbung RHU celebrate nutrition month by conducting 2013 Baby Contest for infants who have seek health care for the first nine months <ul style="list-style-type: none"> ○ Attended by 39 participants provided with MNCHN/EBF and FP messages
Zamboanga City	<ul style="list-style-type: none"> • 2 trained as Trainors on Postpartum family Planning and PPIUD at the Zamboanga City Medical Center as a COE on PPIUD • assisted in the conduct of Medical Consultations with the CHD, CHO, ZCMC, Red Cross Team. • During the crisis, the project assisted in: Conduct of Medical Consultations with the CHD, CHO, ZCMC, Red Cross Team • Information dissemination support thru development of key health messages thru mobile health services and putting up of tarpauline in evacuation centers <ul style="list-style-type: none"> ○ 20,000 families or 80,000 individuals reached out with MNCHN/FP, proper handwashing messages ○ coordinated in the distribution of bottled water, zinc and ORS for children with diarrhea cases • formed team for mass immunization <ul style="list-style-type: none"> ○ 37 barangays covered for the family development sessions with 447 individuals reached out with MNCHN/FP/EBF messages ○ 28 schools participated in the AYRH forum with 285 participants ○ 70 individuals reached with EBF messages during the Buntis Congress

6.8.4 Support to Areas Affected by Typhoon Bopha (Pablo)

In Davao Oriental, which is one of the provinces devastated by the typhoon Bopha (locally named as Pablo), MindanaoHealth jointly worked with MSI, CHD Davao Region, Provincial Health Office of Davao Oriental and the Municipal Health Offices, Rural Health Units of Lupon, Baganga, Cateel, Caraga, Boston, Lupon and Cateel District Hospital, Lupon District Hospital, Baganga Lying In Clinic, Governor Generoso, Municipal Hospital and Manay District Hospital. Eight (8) ambulatory LAPM services were conducted from May to September 2013 that resulted to 113 BTL/MLLA, six IUD and two DMPA acceptors.

In Compostela Valley Province, Mindanaohealth partnered with the Davao Regional Hospital (DRH) in training seven health service providers on MLLA. The trained providers were also able to perform 62 BTL/MLLA procedures in the fixed facility of Compostela Valley Provincial Hospital (CVPH), Montevista and Maragusan as of end of August 2013. Sixty-two percent of the clients were NHTS members and the remaining acceptors were unclassified. Supportive supervision was also conducted by the trainer from DRH.

In Compostela Valley, a team of 6 FP-CBT2 trained midwives bonded together and called themselves “Bayanihan” which aims to improve access to Long Acting Reversible Method. They conducted an IUD outreach in Barangay Health Stations (BHS) of Magnaga, Pantukan, Nuevo Iloco, in the Municipality of Mawab and as a result served the FP needs of 22 clients: 14% were CCT recipients, 42% were non-CCT-NHTS clients, and the remaining 44% were non-NHTS. MindanaoHealth provided the supportive supervision during the IUD insertions. After careful review of the midwives’ skills, they were certified as service providers for IUD.

Straight from the training on MLLA, the trained HSPs organized themselves on how to regularize the provision of LAPM in their health facilities and the conduct of ambulatory LAPM. With support from MindanaoHealth, the team drafted the local LAPM/MLLA guidelines which set out the roles of the team members, regularity of the LAPM outreach schedule, protocols to follow in engaging clients, resource allocation, procedure and venue (facility based or outreach). The LAPM team is composed of recently trained MHOs and PHNs and the Compostela Valley Provincial Hospital team under the supervision of the trainer from Davao Regional Hospital.

It was also agreed to conduct of supportive supervision to ensure that newly trained HSPs correctly practice their skills and improve confidence.

Just about the time of the writing of this report, it was known that the Governor of Compostela Valley had, as a result of the guidelines, allocated funds for logistics and in ensuring that LAPM services are carried out regularly.

COMPONENT 1b: Improve demand generation through increased and improved messaging for MNCHN/FP services

At a glance:

- ✓ 16 provinces held health events and provided FP, MN, EBF and AYRH messages to 28,803 women, men and adolescent/youth;
- ✓ MindanaoHealth provided support in the issuance of the FP Month Celebration Memorandum by Mindanao Cluster on Health. As a result, 20 cities/municipalities in 10 provinces staged FP Month Celebration with support from MindanaoHealth.
- ✓ Training of trainers in strengthening mobilization of Community Health Teams with PHOs/MHOs from Compostela Valley;
- ✓ Assisted Davao Region on the Training of Trainers on the use of Health Use Plans (HUP);
- ✓ MindanaoHealth assisted 18 batches of roll out CHT training on the use of HUPs in Davao City with a total of 835 participants trained.
- ✓ In CARAGA Region, more than 100 Barangay Service Point Officers (BSPOs) were given basic information on assessing unmet needs and referring clients to the health facilities.
- ✓ Inventory of adolescent and youth programs is ongoing. Thus far, established working relationships with 12 government and non-government organizations, including 3 public schools in Davao del Sur.
- ✓ MindanaoHealth provided a lecture on AYRH to 285 youths from 28 schools and 100 youth in Lanao del Norte;
- ✓ Radio plugging and interview on MNCHN/FP in Butuan City, Bukidnon and South Cotabato;
- ✓ In Davao del Sur, HSPs were oriented on FP/EPI integration. Upon monitoring, eight (8) out of 15 RHUs fully utilized the integration of FP messages and services during ante-partum/post-partum (AP/PP) and well-child visits. MindanaoHealth also oriented HSPs in Cotabato City on FP/EPI Integration.

Family planning in the Philippines is not a norm. Several women and men in reproductive age and young people, who are in relationships, keep their prevailing misconceptions on FP from making a choice and accessing FP. When they get pregnant, antenatal care and birth planning is practiced less and when they deliver mothers prefer to have it at home. The lack of information on breastfeeding also turned many women to bottle-feeding despite the risk of diarrhea as a result of poor hygiene and preparation. Many mothers initiate breastfeeding but introduce formula milk and other food supplement early in life. These are compelling reasons to scale-up activities to inform and make aware the men and women of reproductive age on MNCHN/FP.

In Year 1, MindanaoHealth focused on reaching more people and giving messages on MNCHN/FP to correct misinformation and to provide guide on how to access services and develop local champions. When the community members are informed, they are more aware of what should be done. It is therefore important that health information activities are coupled with linking/bridging unmet needs of women, men, adolescents and youth to services.

There are various modalities in raising awareness and equipping the populace in making decision. Interpersonal communication processes are conducted by Community Health Teams, volunteer health workers and members of the Barangay Service Population Office

(BSPO). Family Development Sessions (FDS) are on-going and more information is provided in these venues. On the other hand, CHTs conduct profiling of CCT/NHTS families and the guidelines also direct information to impart based on the unmet health needs of the CCT/NHTS beneficiaries. When the clients are informed, they are referred to midwives or health service providers so they could receive appropriate counseling. For only health service providers who had undergone FPCBT 1 or basic Interpersonal Communication and Counseling are permitted to provide counseling.

Building upon the previous effort of HealthGov, FP/EBF integration with MCH activities were also undertaken. Health Use Plans were also updated to guide decision makers and health providers in scaling up their services.

6.9 Scaling-up Promotion of Exclusive Breastfeeding and MNCHN/FP in Health Events

In the communities of MindanaoHealth there are ready platforms for integrated MNCHN/FP messaging; among these are health events that are popular like Nutrition Month, Family Planning Month and *Buntis* (Pregnant) Congress. These are occasions that health program managers are also keen in doing regularly. It is also easy to organize people around these celebrations as people are more generous to lend their time and resources. However, very little is done to plan out a more focused and targeted messaging on MNCHN/FP. This was where MindanaoHealth's technical assistance has added value, starting from drawing up the concept of launching health events, developing the "how-to guide" in organizing events and the "ready" integrated MNCHN/FP messages for use during targeted groupings of event participants. In MindanaoHealth's messaging, emphasis is also in developing local champions practicing exclusive breastfeeding or family planning. Having local champions speak of their experiences and thoughts make it more believable as they also are the "average" people from whom the community also connect with readily.

In staging the events, MindanaoHealth and its partners set-up information booths on family planning and safe motherhood, conduct MNCHN/FP health classes for segmented audiences—women, men and adolescents, as well as conduct counseling for individuals and couples to choose their desired FP method. These enabled health units to improve demand and ensure its link to the actual provision of service delivery. The Community Health Teams assist in the preparation, including gathering participants for these activities.

MindanaoHealth provided assistance in the social preparation and negotiation with local government units, including the Association of Barangay Captains, as part of its advocacy to ensure commitment and sustainability of the intervention. Local leaders and champion FP couples provided testimonies and shared experiences. MindanaoHealth together with LGUs, CHDs, PHOs/CHOs conducted IPC/C activities reaching a total of 28,803 clients in 16 provinces/cities in the project sites (Table 8).

converged during the caravan/motorcade, which were facilitated by both public and private vehicles bearing MNCHN/FP messages in streamers. After the caravan, the participants were gathered in the hall and several speakers discussed on family planning and breastfeeding. Other organizations like pharmaceutical company, such as DKT Philippines set-up a counseling booth so women and men could come for guidance on family planning. The success of the activity encouraged the CHD and CHO of Butuan City to mount another event in December 2013.

In Sultan Kudarat, a MNCHN/FP caravan preceded different activities for pregnant mothers and women/men in reproductive age. Participants of the event who came from the communities were segmented to groups – mothers, AY, WRA and assigned to different rooms where targeted topics were discussed, including counseling for those needing it. It was learned that among the young mothers, the youngest was only 15 at her first pregnancy. They were given special messages addressing their unique needs and risks. Those needing counseling and FP services were in another room. Young people were also gathered together and were given AYRH messages.

The FP month celebration did not only raise information through caravan and Buntis Congress, but also in some areas like in Lambayong District, Sultan Kudarat, the FP month celebration was kicked-off with FP services provision. About 25 BTL-MLLA acceptors were provided with services and almost all are CCT/NHTS beneficiaries except for five who are non-CCT members and non-member of PhilHealth.

MindanaoHealth assisted the province of South Cotabato in the conduct of the Lakbay Buhay Kalusugan caravan in Banga, South Cotabato where MNCHN/FP information and services were provided in four depressed barangays namely; Lambingi, Derilon, Lampari and Lam-apos. Around 600 participants were provided with messages and MNCHN/FP services. Out of the number, 90 were provided with antenatal care, 90 on blood typing while 13 became new FP acceptors (DMPA). One hundred fifteen (115) women of reproductive age were able to attend FP health class while 70 mothers attended the breastfeeding class. The PHO also conducted seven (7) responsible parenthood sessions with around 400 participants. One hundred twenty (120) young adult participants were provided with health information during the event.

In the City of Cabadbaran, the PHN initiated the FP month celebration to draw attention of the community to family planning, skilled birth attendance and facility-based delivery and other health-related issues among its community members with the Mayor leading the call for action. Several speakers also underscored on the need to go for early antenatal check and safe delivery in accredited health facilities. The CCT beneficiaries were informed that they could access services through PhilHealth's Maternity Care Package (MCP) for free, and those that are not members of PhilHealth are encouraged to enroll or deliver in the government facilities at a minimal fee.

Community events like Buntis Congress highlights the problems related to pregnancy and maternal death. In his speech during Buntis Congress in Liloy, Zamboanga del Norte the Mayor, Felixberto Bolando, committed to improve the birthing facility and to pass a law to encourage facility-based delivery to address the lingering complications and deaths related to giving birth. He said: "it is the right of any individual to choose where to deliver, but it is the right of the municipality to ensure safe delivery and protect safety of the children"

Similarly Mayor Bolando of Liloy, Zamboanga del Norte, having apprised of the high incidence of pregnancy complications and maternal death in the municipality, has committed in his public speech during the Buntis Congress event in July, 2013 to improve its birthing facilities and to pass a law to encourage facility based delivery. Taking forward the public declaration of support to safe delivery, follow-up with the Municipal Health Officer showed that the bill to have deliveries in health facilities is being deliberated in the legislative body.

During the conduct of FP Month Celebration in President Roxas, North Cotabato, LAPM outreach services were conducted in addition to demand generation related activities. The LAPM was in collaboration with the Family Planning Organization of the Philippines (FPOP), CHD SOCCSKSARGEN, North Cotabato PHO, President Roxas RHU and MindanaoHealth. As a result, four (4) clients were provided with IUD insertion services, three (3) were given pills, four (4) received DMPA/injectables and three (3) opted for condoms. Nine (9) clients also benefited from the additional pap smear service.

In North Cotabato, Marie Stopes International (MSI) along with MindanaoHealth conducted LAPM outreach services in Magpet and Midsayap with eight and 42 BTL acceptors, respectively.

In total, there were 20 municipalities spread in 10 provinces which conducted activities related to the Family Planning Month Celebration (Table 9).

Project Areas	LGUs That Conducted FP Month Celebration
Region 9 (Zamboanga Peninsula)	
Zamboanga del Norte	Sindangan, Dipolog City, Polanco
Region 10 (Northern Mindanao)	
Bukidnon	Valencia City, Malaybalay City, Cabanglasan and Dangcagan, Malaybalay City
Region 11 (Davao Region)	
Davao del Sur	San Isidro, Malalag
Region 12 (SOCCSKSARGEN)	
Sultan Kudarat	Barangay Poblacion, Columbio, Selected barangays of Esperanza, Lambayong, Bagumbayan, Isulan
South Cotabato	Banga (Barangays of Lambingi, Lampari, Lamapos and Derilon)
North Cotabato	Midsayap, Magpet
Region 13 (CARAGA)	
Agusan del Norte	Cabadbaran City
ARMM Region	
Maguindanao	Datu Saudi
Lanao del Sur	Saguiaran
Basilan	Limook
10 Provinces	20 Municipalities and Cities

6.10 Strengthening CHTs' Capacities to Conduct Risk Assessment and Deliver MNCHN/FP Key Messages

The tasks of Community Health Teams (CHTs) to navigate and to ensure that families are referred to health facility for appropriate information and health services entail that they are able to convey the right MNCHN/FP messages including risk assessment that will allow families to better take hold of their health. In **Compostela Valley Province**, MindanaoHealth assisted the PHO and its MHOs in strengthening the mobilization of CHTs through a Training of Trainers (Public Health Nurses) to do the roll-out among midwives who will mentor/coach CHTs to better perform risk assessment and in assisting families in the formulation of health use plans, and generate demand through the provision of information and health messages. Similarly in **CARAGA Region**, more than 100 Barangay Service Point Officers (BSPOs) from Agusan del Norte, Butuan City and Agusan del Sur were given basic information on assessing unmet needs and referring clients to the health facilities.

In **Davao Region**, MindanaoHealth assisted in the conduct of the Training of Trainers on the Use of the Enhanced forms (HUPs) for Provincial/City MNCHN/FP Coordinators and select DOH Reps and public health nurses. With this, families at risk can be identified and referred to health service providers. The TOT reviewed the navigational roles of the CHT, which includes identifying health risks, providing information to families, assisting them in the formulation of their health plans and in availing health services. It also included a demonstration on how to fill up the forms. Case studies were provided for participants to practice on. At the end of the training, the CHD, PHO/CHO staff and DOH Reps prepared their action plans for the roll out of the training to their respective LGUs. The Regional CHT and KP point persons committed to provide technical and logistical support.

For the same period, MindanaoHealth assisted 18 batches of roll out CHT training on the use of HUPs in Davao City with a total of 835 participants trained. CHD Davao Region developed their own forms. As a result, they cannot get data on current users and probable users on FP among others.

6.11 Strengthening Multi-Sector Partnership to Improve Adolescents', Youth's and Men's Access to FP/RH Information and Services

Despite great strides in male involvement in MNCHN/FP activities, men's participation in planning the quality of their family and reproductive health is still marginal. Large proportion of men is still misinformed on the advantages of small family, and for lack of proper knowledge continues to prevent their wives from using any FP method or from seeking health information. In the health facilities women are counseled but often times they defer any selection of FP method in deference to their husbands. But as studies would also show, men have lesser knowledge on FP.

Among adolescents and youth, the primary source of information and services are not from health service providers but from their peers who are most likely unable to provide comprehensive information. Maternal and neonatal mortality is highest among young pregnant mothers. With the situation, MindanaoHealth developed a tool and conducted an inventory of existing programs for youth, adolescents and men. The inventory shows that there are few but interesting initiatives in involving men and youth that MindanaoHealth can

help strengthen and replicate in other areas. Among the current initiatives are those undertaken by the Population Commission (peer groups, in school counseling and education sessions), the Teen Center in Caraga, which provides information and services to the young and the Learning Package on Parent Education utilized by the Municipal Social Welfare and Development Officers (MSWDO) during Family Development Sessions.

The project also gathered potential partners that could provide Family Planning/Reproductive Health services to include youth and adolescents. These are the Family Planning Organization of the Philippines (FPOP) that has a birthing facility and is selling FP commodities to LGUs and community-based distributors, especially in Northern Mindanao and North Cotabato. Marie Stopes (Zamboanga City, Zamboanga del Norte, Davao Oriental, Cagayan de Oro, Sultan Kudarat, North Cotabato, Lando del Norte), Mother's Haus of the Committee of German Doctors (Cagayan de Oro, Misamis Oriental, Bukidnon), and the Association of Municipal Health Officers in Sultan Kudarat and South Cotabato, also offer MNCHN-FP services and information and expressed willingness to strengthen basic services for young people.

Furthermore, advocacy programs on Adolescent Reproductive Health (ARH) especially including street-based adolescents and in-school youth, is part of the Human Development Empowerment Services in Zamboanga del Sur. Finally, peer education on AYRH offers support for adolescents and youth with the organized group of peer counselors such as in Davao del Sur: Barayong, Magsaysay National High School, Nazareth Academy High School of Bansalan and School of Fisheries National High School of Malalag.

Youth and men are also reached out with MNCHN/FP information and services through the conduct of regular health classes in the health facilities and during the conduct of LGU and health events. For instance, in **Lanao del Norte**, MindanaoHealth assisted the Provincial Population Office in its partnership with the Youth for Development, in its conduct of an AYRH class with 100 high school students. A film showing and discussion on adolescent reproductive health was also done. In **Maguindanao**, a coordination meeting was conducted by MindanaoHealth with PopCom to identify areas of collaboration and to inventory existing youth programs. MindanaoHealth also conducted coordination and planning with the United Youth of the Philippines –Women, Inc. (UNYPHIL), a non government organization with ARH program. Most of the programs are geared towards peer counseling and in-school guidance counseling programs. In Zamboanga City, with HDES, *Sangguniang Kabataan* (SK) Federation, PopCom and DepEd, MindanaoHealth provided a lecture on AYRH to 285 youths from 28 schools.

6.12 Partnership with Media

Building on the existing media platform and engagement of the provincial health and local government units, partnership with the media was strengthened through the provision of MNCHN/FP messages by MindanaoHealth, talking points for local chief executives and program coordinators during their conduct of radio interviews and in providing guidance on focusing their topic for the regular province-sponsored radio program.

In line with the FP month celebration in **Butuan City**, radio plugging and a radio interview over DXBR-AM enabled the Provincial Health Office to reach-out to an estimated 60,000 radio listeners. In **Bukidnon**, health service providers provided interviews in relation to MNCHN and FP situation with DXUM. Estimated audience reach was 20,000. In **South**

Cotabato, the weekly *Tingog sa PHO*, which is ran by the Provincial Information Office was sustained with an estimated reach of 50,000 listeners per month.

6.13 EPI/FP Integration in MNCH Services

Building on the gains of the previous HealthGov's initiative in Polomok, South Cotabato, MindanaoHealth laid out the strategic direction to follow-up and assess status of RHUs/BHS where FP-EPI integration has been in place. The FP-EPI integration is focused on reducing missed opportunities of potential mothers, who are more likely to access EPI services for their children, but may have unmet need for modern FP. Key to this is targeting FP messaging and ensuring FP services in the health facility for mothers and couples who may be availing of the EPI program. FP/EPI integration was initiated in Davao del Sur where an orientation on the integration was conducted with health service providers. Monitoring shows that eight (8) out of 15 RHUs have fully utilized the integration of FP messages and services during ante-partum/post-partum (AP/PP) and well-child visits.

In **South Cotabato**, the health team reviewed sites with FP/EPI integration and is currently documenting its impact on the CPR and EBF rates. MindanaoHealth has also started the orientation on the FP/EPI integration with health service providers in Cotabato City who have committed to utilize the strategy to improve health performance.

COMPONENT 2: Removal of Local Policy and Health Systems Barriers

At a glance:

- ✓ Two tools were developed by MindanaoHealth: Political Mapping and A Guide to Engaging the NEOs
- ✓ Provided technical support in the development of the municipal/city and provincial investment plans for health in Davao Region;
- ✓ Partnerships with Zuellig Family Foundation towards joint collaboration, maximizing resources and exchange of information;
- ✓ MindanaoHealth is developing three modules for inclusion in the WEBinar Series of the Local Governance Academy of the DILG as part of its campaign to orient NEO.
- ✓ In Davao del Sur, 4 of 16 municipalities/ cities enacted ordinances prohibiting Traditional Birth Attendants (TBAs) to engage in handling home deliveries. One municipality enacted Contraceptive Self Reliance.
- ✓ Conducted Data Quality Check training in three sites to 132 HSPs. Pre & post tests analysis showed significant improvement in their knowledge after the training, and data validation confirmed or modified reports of key MNCHN/FP indicators.
- ✓ MindanaoHealth's monitoring revealed that there is uneven utilization of SMRS/NOSIRS in the provinces. Some of the reasons expressed were lack of roll-out training and absence/poor internet connectivity.
- ✓ Series of consultative meetings and planning workshops on SDN establishment and strengthening were conducted across project sites which generated positive response from the LGUs and key partners.

This component seeks to address local policy and health systems barriers that inhibit integrated MNCHN/FP services through: 1) working with CHD and LGU officials to advocate for adoption of, and compliance to policies to address maternal deaths, such as broadening the range of existing services that midwives could provide to include administration of life-saving drugs (e.g. magnesium sulfate and oxytocin), CSR policy, and RHM and TBA partnership necessary to rapidly reduce maternal and neonatal morbidity and mortality; and 2) engendering a more responsive health system by activating SDNs, enabling more health facilities to become PHIC-accredited, and supporting LGUs to adopt ordinances that provide annual funding for contraceptive and other MNCHN commodities such as oxytocin procurement.

At the outset of engaging LCEs, MindanaoHealth developed political mapping tool and the guide on engaging the NEOs for project staff and public health managers (DOH Reps, P/C/MHOs) aimed at identifying champions who can translate their own vision and agenda for improving health outcomes of families. Technical assistance in the formulation of investment plans for health of the local governments using the results of Program Implementation Review and status of LGU Health Scorecards for planning and budgeting. These investment plans, however, still have to be horizontally integrated in the annual investment plans of the LGUs to ensure that the required resources and local policies will be in place.

In order to maximize opportunities for MNCHN/FP implementation in light of recent change in local leadership, MindanaoHealth in partnership with the CHDs closely worked with the Department of Interior and Local Government (DILG), the Local Government Academy

(LGA), and the Zuellig Family Foundation (ZFF) to engage the newly elected officials. One area of collaboration among LGA and ZFF is in developing the web-based seminar (Webinar) module for Newly Elected Officials (NEO) program of DILG. The webinar website was officially launched in September 2013 which features three health course modules that MindanaoHealth is expected to upload online in the first quarter of Year 2.

The MindanaoHealth strategy to engaging the Newly Elected Official (NEOs) is not a one-track approach, but rather a continuous and iterative process of informing and engaging local stakeholders and decision makers in the health sector by closely working with the CHD and DILG within the framework of the NEO program.

6.14 Strengthening Advocacy to Newly Elected Local Officials (NEO) for Supportive Policy and Systems on MNCHN/FP Program Implementaiton

The specific objectives of the advocacy to the NEOs are to (1) orient newly elected and re-elected local officials on the MNCHN/FP implementation strategy and the KP program in general and (2) gain their commitment to invest in health and provide adequate funding and a favourable policy environment for health particularly those related to scaling up MNCHN/FP interventions

6.14.1 Development of Local Policy Environment Mapping and Analysis Tools

The project start was at the juncture of the national/local election, thus afforded great opportunity to engage newly elected officials (NEO). Towards this end, two sets of tools as basis to roll-out the program were developed: (1) Political Mapping (PolMap) Tool, and (2) A Guide to Engaging the NEOs for ATTLS and LGU Advisors.

The use of the results of the political mapping tool led to the discovery and thorough understanding of project staff and CHD partners on how to effectively mobilize champions toward addressing site-specific health challenges from LCEs, CSOs, local health officers, the Committee Chairpersons on health, local health boards (LHB), religious and community leaders, and youth leaders. In Northern Mindanao, particularly in the provinces of Misamis Oriental and Lanao del Norte, the project together with the PHTL and PHO mapped out the NEOs particularly the Governor, Vice Governor, Sanggunian Panlalawigan Committee for Health, Mayors, Vice Mayors, and Sanggunian Bayan Committee for Health to determine their position and level of support for health particularly FP and MNCHN. In Misamis Oriental for instance, out of 27 LGUs covered by the PolMap, 22 (81%) Local Chief Executives (LCEs) registered high support both for MNCHN/FP and NFP; 13 LGUs have existing MNCHN/FP ordinances with regular budget and four LGUs with MNCHN/FP budget while the ordinance is still in process. One LCE of a city is highly supportive of MNCHN but a strong opposition in the use of artificial FP methods, which led the LCE to issue an Executive Order creating the NFP Committee to promote natural FP methods. This policy issuance, however, does not exclude or limit the delivery of other FP methods in the public health facilities as preferred by the clients.

Currently, the political mapping activity is still being conducted by the LGU Advisors and ATTLS in collaboration with the DOH Reps. The result of the political mapping will be used by CHD, local health officers and NGO representative to the Local Health Board in

developing appropriate approaches in advocating for policy and funding support for health among the LCEs.

In the same manner, the Guide to Engaging the NEOs is a step-by-step guide for partners like CHDs, PHOs/CHOs/MHOs and internally, ATTLs and LGU Advisors as they navigate through the component activities of the NEO program. The engagement of local health managers, with MindanaoHealth support, to DILG NEO team in Bukidnon, Misamis Oriental, Lanao del Norte, CDO City and Iligan City committed to integrate health in the orientation of the NEO and to incorporate FP-MNCHN in the Executive and Legislative Agenda.

6.14.2 Partnership with DILG, DOH and other Partners towards NEO Program

MindanaoHealth and DILG Davao Region and Northern Mindanao jointly conducted consultative meetings to map out areas of collaboration. As a result, MindanaoHealth identified five areas where it could provide assistance in terms of integrating priority health programs in the NEOs health agenda, namely: Formulation of the “Social Contract” and First 100 days agenda of the LGU; Formulation of the Executive and Legislative Agenda (ELA); DILG Alliance Building activity; and participation of LGUs in the specialized course.

In this reporting period, however, limited results are achieved in integrating health priorities in the social contract and first 100 days agenda given that the LGUs were already at the stage of completing their social contract and the first 100 days agenda of the LCE. Integrating M/C/PIPH in the ELA and AIP of the LGUs, however, has gained ground. For instance, the DILG NEO team in Northern Mindanao committed to integrate health in the NEO activities and incorporate FP/MNCHN in the ELA.

In Davao Region (Table 10) particularly in the SDN areas of Davao del Sur, Compostela Valley and Davao Oriental involving 15 LGUs, the project provided technical support in this area through the development of the municipal/city and provincial investment plans for health by preparing provincial health situationer as inputs to planning and identifying high impact MNCHN/FP interventions such as LAPM, FP-EPI integration and others to address FP unmet needs to be part of the LGUs annual investment plans. This process allows for the inclusion of a budget line item or budget increment specific to MNCHN/FP programs and the identification of local policies supportive of MNCHN/FP operations.

Table 10: List of LGUs Provided TA on Investment Plan for Health	
Province	SDN LGUs
Davao del Sur	South ILHZ (Malita, JAS, Don Marcelino, Sta. Maria)
Compostela Valley	CoMMMoNN (Compostela, Montevista, Monkayo, Maco, Nabunturan, and New Bataan)
Davao Oriental	Cateel, Baganga, Caraga, Manay, and Mati City

In Davao del Sur, taking forward the initial work of USAID-assisted HealthGov and HPDP project, MindanaoHealth tracked down which LGUs with existing policies and are compliant with CSR and/or MNCHN/FP policies. Unfortunately during the recent monitoring visits of MindanaoHealth, it was noted that majority of the local ordinances were institutionalized excepting the Municipality of Padada. Among the 16 municipal and city LGUs, only three (3) municipalities (i.e., Sulop, Padada, and Bansalan) have Birthing-RHUs which are PHIC-MCP accredited and enacted ordinances prohibiting Traditional Birth Attendants (TBAs)

from handling home deliveries. Furthermore, MindanaoHealth (MH) provided the other LGUs mentoring, as well as copies of MNCHN/FP related ordinances and checklists as references for the completion of the requirements in PHIC-MCP Accreditation.

In Davao del Sur, the MIPH/PIPH processes initiated by the CHD-Davao Region commenced last September 2013 with the active participation of MindanaoHealth. While awaiting results of the capacity enhancement, initial data on the EMTT and FHSIS/RHIS summary were presented by MindanaoHealth. Before the end of year 1, initial draft of the local bottoms-up strategic plan (MIPH to PIPH) was partially presented and circulated to key health officials, including the Office of the newly-elected Governor who himself is taking steps to establish public-private partnership in Malita, Jose Abad Santos (JAS), Don Marcelino to Digos City. Once fully-developed, these integrative processes could serve as gateway for a closer collaboration and streamlining of approaches focusing on MNCHN/FP interventions with the LGUs, public-private sector providers, local and national stakeholders, the C-MSU, WHO and other development partners in Davao del Sur.

In Davao Oriental, the technical assistance to municipal governments (MLGUs) in their **Investment Planning for Health** was initially sought by the province with the guidance of the CHD-Davao Region last September. The challenge is on the need of MLGUs to localize ordinances (e.g., facility-based deliveries) particularly in the eastern coast where indigenous peoples (IPs) prefer home deliveries. Unmet need for limiting in this part of Davao Oriental has been noted to be high because IP women have been starting to bear children at a very young age, as early as 14 yrs old. By age 24, IP women have been noted to have 6-8 children at a very young age. On the western-side of the province in Banaybanay, the birthing facility has been noted to be a high volume provider because data showed increasing number of teen pregnancies.

Thus, the challenges remain how local officials could easily use available data sets for planning purposes. Using available data, MindanaoHealth initially provided assistance to selected municipal LGUs in analysing, drafting or crafting municipal investment plans for health (MIPH) focusing on MNCHN/FP interventions toward a fully-developed PIPH in Boston, Baganga, Caraga and Manay.

In Davao City, the **citywide investment plan for health (CIPH)** was crafted even before the MindanaoHealth project started. However, it is envisaged that MindanaoHealth will participate in the annual operational planning (AOP) before 2015 will commence. In the interim period, small meetings were conducted with key officials of the City Health Office (CHO), including the private sector, the academe and other stakeholders who have been noted to be potential partners in developing a much wider MNCHN/FP coverage.

Thus, the data quality checking (DQC) exercises and the Service Delivery Network (SDN) orientation done with PRISM2 for the the 3rd Congressional District served as springboard for a series of engagements of MindanaoHealth with the city health officials and partners.

In ARMM, MindanaoHealth held a project orientation meeting with DOH-ARMM and one of the agreements reached was for the DOH-ARMM to issue a Department Order (DO) for the region and PHOs to proactively support the NEO program of DILG. The issuance of the DO, however, did not materialize given that the *Convergence Initiative* of the region under the ARMM HELPS or Health, Education, Livelihood, Peace and Governance, and Synergy focusing on major interventions that will be pursued by cluster of agencies in health, education, livelihood, peace and local governance took precedence. The ARMM HELPS

banner program of the region becomes the anchor of all agencies to support the programs of the local government units.

Consultative meeting was also conducted with the Zuellig Family Foundation (ZFF) to level off on the program thrust and projects of ZFF and MindanaoHealth to ensure complementation of resources, expertise, and to avoid duplication of MNCHN/FP interventions in Mindanao being that ZFF is both a USAID grantee and partner of the DOH for a health governance project. The set of next steps agreed in the meeting are: (a) to discuss the operational details of collaboration for Health Leadership and Governance Program (HLGP). The USAID HLGP funded project will cover ARMM, Zamboanga Peninsula, and Misamis Oriental involving 121 local governments; (b) prepare a results framework for ARMM and discuss performance indicators to ensure no duplication of interventions/ TA support; and (c) MH to share its year 2 workplan and baseline assessment results to ZFF. The partnership with ZFF is strategic for MindanaoHealth since the former will lay down the foundation of leadership and health governance for the LCEs and local health managers. Concomitantly, the TA packages of MindanaoHealth on health service delivery shall become the avenue for the application of learning and knowledge gained by the LCEs and local health managers from the health and leadership governance project of the USAID and DOH.

6.14.3 Technical Assistance in the Enhancement of the “WEBinar Module” of the Department of Interior and Local Government

The Department of Interior and Local Government (DILG), through the Local Government Academy (LGA), which is the body responsible to capacitate local government units, targets the Newly Elected Officials (NEO) to enhance local health systems. Making use of two learning approaches, 1) training, and 2) web-based study, the web-based curriculum, “WEBinar”, offers several modules on “Health Governance.” This platform of learning offers an opportunity to reach to more NEO, and provide concrete discussions via computer assisted learning on health issues, specifically on attainment of health-related Millennium Development Goals, which are MDG 4 – reduction of child mortality, and MDG 5- improve maternal health. In addition, when this module is promoted to, and accessed by the LCEs, both in assisted and non-assisted areas, this would enhance understanding of MNCHN/FP problems, and provide simple “how to” guide and good practices to address the problems. It is envisaged that at the end of the course, the LCEs could provide the much-needed leadership to improve demand for FP/MNCHN by women and men, and the quality of service delivery by service providers, strengthen the health systems, and to take actions on MNCHN/FP in their localities.

In line with this, MindanaoHealth is collaborating with the Institutional Partnership Unit (IPU) of the Local Government Academy (LGA) to develop three health course topics to be integrated in the web-based course, namely “**Localizing MDGs 4 and 5: Policies and High Impact Interventions**”, which is essentially about putting in the local context of implementation the reduction of child mortality and the improvement of maternal health by looking at the required regulatory measures, policies, roles of the LGUs, significant high impact interventions, and appropriate fund sources; “**Evidence-based Decision Making for Health: LGU Scorecard**”, an important planning tool for the LCEs in developing health sector plans that are responsive to the local needs and tracking LGU performance against health outcomes and MNCHN/FP topline indicators; and “**Establishing a Functional Service Delivery Network (SDN)**”, will navigate the LCEs on how to make a functional

network of facilities and providers in a coordinated manner of providing integrated MNCHN core package of services supported by a financing, and referral system, communication and transport system and its continuum of care.

As a project strategy, all LCEs who are involved in the establishment of the SDN shall be required to enroll in the course modules for them to acquire the required basic competencies. The learning will be reinforced through on-site coaching support of the DOH Reps and LGU Advisors and through online discussion and downloadable reference materials.

MindanaoHealth has developed the concept notes of the modules and contracted out the modules development to a local consultant. The engagement essentially will cover development of a concept map, health construct module as the anchor to LCEs' understanding on health systems development, design of the FGD and KII guide questions for LGUs and other stakeholders who have demonstrated replicable practice on the identified course topics, and preparation of powepoint presentations as the learning materials. The modules are expected to be completed in the first quarter of year 2.

6.15 Monitoring of the Sustainability of FP/MNCHN Policies and Health Systems

6.15.1 Tracking of Local Policies

The MindanaoHealth, in collaboration with identified CHDs and PHOs, started tracking LGUs' compliance with existing CSR and MNCHN/FP policies and plans, which were assisted by the previous USAID HealthGov project. Currently, the project is enhancing the policy tracking tool which will be rolled out in the next programming year. The project basically will track, monitor and ensure implementation of policies, among others, related to the issuance of Contraceptive Self Reliance (CSR) ordinance, MNCHN/FP, Active Management of the Third Stage of Labor (AMTSL), Midwife-TBA partnership, logistics management, Milk Code, and MBFHI. The preliminary results of the baseline assessment of health facilities by MindanaoHealth showed that out of 285 LGUs covered by the survey, only 20% or 56 have local policies related to MNCHN/FP. Basilan, South Cotabato, and Zamboanga del Norte have registered highest presence of approved MNCHN/FP resolutions and ordinances.

In Davao del Sur, out of 16 municipalities and cities, four municipalities (Sulop, Padada, Malalag, and Bansalan) whose RHUs are MCP certified and PHIC accredited have enacted ordinances prohibiting Traditional Birth Attendants (TBAs) to engage in handling home deliveries. Moreover, only Padada and Malalag LGUs have the approved ordinance on CSR. The remaining LGUs are in the process of completing requirements of MCP and PHIC accreditation. Given that the policy tracking tool is still on its development stage, the analysis on the implementation status of these policies shall be covered and expounded once the tool has been rolled out. In Bagumbayan municipality, the LGU is implementing an ordinance prohibiting TBAs to administer home delivery. Penalty is sanctioned to both TBAs and expectant mothers who are found in violation of this policy. A technical assistance that MindanaoHealth can provide in this area is to bring in legal minds to assess and review together with the concerned LGU whether or not the penal clause is compliant with the principles of human rights. The result of the assessment will inform the LGU on the need to recalibrate the local policy. This TA is critical given that other provinces such as Maguindanao particularly in South Upi and Sultan Mastura and Lanao del Sur have similar

initiatives on Midwife-TBA partnership who are now looking at the possibility of crafting the same ordinance.

In ARMM, the regional government through the Regional Governor signed into law the Muslim Autonomy Act 292 or the Regional Reproductive Health Law, which was crafted with the imprimatur of Bangsamoro Islamic religious community anchored on Islamic precepts of birth spacing and responsible parenthood. During the courtesy call of MindanaoHealth with the DOH-ARMM, the Regional Secretary enjoins USAID health projects operating in ARMM to support the implementation of the regional RH code. This appeal was further reinforced in the consultative workshop with DOH-ARMM held in Manila. The Regional Secretary emphasized, among others, the localization of the regional RH code, dovetail projects with ARMM HELPS convergence program, enact policy that regulates births at home, strengthen male involvement through the MOVE organization, support public-private partnership (PPP) initiatives, and scale-up AMSTL and RHM and TBA partnership. The full implementation of the regional RH code, however, has not taken off given its Implementing Rules and Regulations (IRR) is being developed by DILG-ARMM.

6.15.2 Implementation of Data Quality Checks and Data Used

The FHSIS data derived from the Rural Health Units/districts and barangay health stations from cities and municipalities are key to assess program performance and determine whether the RHUs are able to provide the services. It is also recognized that data, as a basis of planning, requires that it be timely and valid. But in so far as data coming from the RHUs and district health officers, still more are to be desired. For example, during the first ever DQA training in Davao City in September, 2013, it was found out that several of the FP acceptors are listed on papers but not in the Target Clients List (TCL). Then women who are not anymore in the reproductive age are still listed in the TCL and the computation of current FP users varies from personnel to personnel. Supposedly, the current FP users at the end of the month should be carried so as current FP users beginning of the succeeding month. But even the numbers of current FP users at the end of the month and beginning of the succeeding month are not corresponding. This was also observed in Zamboanga Peninsula data.

At a glance, one can also readily recognize that most of the continuing acceptors are using lactational ammenorhea (LAM) and they still remained reported as LAM despite the fact that it has been more than six months since they gave birth. In order to strictly fall in the current user under LAM, the mother ought to qualify all the criteria of: the child is less than six months, mother is amenorrheic and the mother is fully breastfeeding. But most of them fail in meeting the criteria. The number of new acceptors is almost the same as the number of dropped-out on a monthly basis underscoring that there are several leakages in retaining/maintaining FP use. And one of the reasons is the high number of LAM practitioners and weak follow-up.

In support to achieving valid and reliable health information as basis for crafting policy/decisions and programming, MindanaoHealth conducted Training of Users on Data Quality Check of FP and select MNCHN Indicators. This is to ensure that data are accurate for use in planning and decision making. Table 11 shows that the province of Lanao del Norte and two cities of Davao and Butuan conducted trainings involving 132 health service providers and program coordinators. The LGU participants reviewed their 2012-2013 data as input to their 2014 health development planning and will form part of the Local Government Performance Management System (LGPMS). In total, about 18 LGUs were covered in the DQC.

The LGUs covered in the DQC numbered about 18, including the cities of Davao and Butuan. Davao City is particularly important if only to stress that this is the first time that DQC was ever conducted in the city. MindanaoHealth has convinced the CHO to look into its data and learn from the process. An agreement was reached that MindanaoHealth will start the DQC and the CHO will conduct the succeeding

training in the other two districts – District 1 and 2. Third district was the first choice to do DQA for the reasons of high maternal and infant mortality ratios, presence of GIDA and indigenous people. For MindanaoHealth it is also important to do DQA in this district since this will eventually be the areas to be linked in the Service Delivery Network.

There are also RHUs that are regularly conducting DQC. In Davao del Sur, 12 out of 15 RHUs are implementing data clean up on a monthly basis because they have seen the huge discrepancy between the unclean and validated data. The PHNs and RHMs themselves opted to do DQC on a monthly basis to avoid cleaning up voluminous reports as it accumulates at the end of each quarter or year. The local health managers value the importance of reliable and accurate data as a result of the DQC activity for regular planning and decision making purposes. The other three RHUs of Sarangani, Sta. Cruz, and Matanao have not fully implemented DQC. One of the major reasons for not doing DQA is the lack of personnel. The health service providers in the three provinces of Lanao del Norte, Davao City, and Butuan City trained in the DQC last September committed to regularize and expand DQA in other health facilities as part of their action plan.

MindanaoHealth endeavoured to look into how effective the DQC trainings in improving the knowledge of the participants. A pre-test and post-tests were administered by MindanaoHealth prior to and immediately after the trainings.

The DQC trainings conducted in the three areas namely Davao, Lanao del Norte and Butuan showed increased post-test mean scores compared with the pre-test mean score. In Davao, there is a significant increase in mean score from 13.8 to 20.2 as indicated by the p-value of less than 0.05 (95% confidence level). Similarly, test results in Butuan training

Province/City	LGUs/Partners Involved	Number of HSPs Trained
Lanao del Norte	DOH Reps; PHO FP-MNCHN Coordinators; PHNs; LGUs of Iligan City, and municipalities of Maigo, Tubod, Baroy, Magsaysay, Lala, Salvador, Linamon, Kapatagan, Kauswagan, Bacolod, Poona Piagapo, Munai, Baloi, Sapad, and SND	41
Davao City	Third District (Baguio, Calinan, Marilog, Toril and Tugbok) PHNs, Midwives, CHO) and CHD	60
Butuan City	CHD Caraga MNCHN Coordinators, CHO, Health Service Providers, Program Coordinators	31
Total		132

showed significant increase. Mean difference for test scores in Lanao del Norte though have increased slightly but it registered significant difference.

Area	Date of Training	Number of Training Participants taking Pre and Post Tests	Pre test Mean Score	Post Test Mean Score	Mean Difference	p-value
Davao	September 18-20, 2013	24	13.8	20.2	6.4	0.0
Lanao del Norte	September 24-27, 2013	38	13.6	14.3	0.7	0.02
Butuan	September 30 – October 2, 2013	29	14.1	22.2	8.1	0.0

In the actual DQC, the health services providers reviewed back definition of terms and their data whether indeed they are within the definition and follow the recording procedures. As a result of the review, the value of the key indicators (i.e., current FP users, FIC, 4ANC) changed. Upon review of the Target Client List (TCL), some clients are listed on a different paper but not in the TCL, or the client is already more than 49 years old and therefore not anymore within the range of “reproductive age” for current FP use etc. Duplication of entry and non-review of drop outs on a monthly basis also missed out to identify that the clients indeed have dropped out but are still reported as current user. On the other hand, 4ANC’s common errors is failure to comply with 1-1-2 ANC for the first, 2nd and third trimester, respectively. For FIC, errors are noted in reporting children who are beyond infant age.

As a result of the DQC process, data on key indicators were either confirmed as correct or modified based on the evaluation of the correction of the data.

Table 12 outlines the pre- and post- DQC on selected indicators in Butuan City, Lanao del Norte and one of the districts Davao City (District 3 - Baguio). It shows that pre and post DQC data are the same especially for the 4ANC and FIC in Butuan City, and 4ANC and FIC in Lanao del Norte. This indicates that the health service providers are able to report reliable data. Very small variations are observed for current FP and SBA. The results in Butuan City and Lanao del Norte are somehow expected since the two areas regularly conduct DQC in the past and are continuing to do so, on a regular basis. Whereas, Baguio District, Davao City has huge variance reflecting that data reported are not reliable. This is the first time that Baguio District conducted DQC.

Indicators	Butuan City		Lanao del Norte		Baguio (Davao City)	
	Pre DQC	Post DQC	Pre DQC	Post DQC	Pre DQC	Post DQC
Current FP	725	731	388	273	490	271
4ANC	3,929	3,929	162	164	58	16
SBA	2438	2443	185	179	85	85
FIC	2788	2788	498	498	141	111

At the end of the DQC, errors in the recording were corrected and the revised results of the key indicators were agreed upon by the health service providers and signed by the technical coordinators as the official result.

6.15.3 Implementation of SMRS and NOSIRS

On the implementation of Stocks Inventory Management System (SIMS) introduced by HealthGov in 2011 in Davao del Sur for logistics management, 10 out of 13 RHUs are implementing the system either fully or partially. The NOSIRS, however, is not implemented in many areas based on the monitoring activities conducted by DOH and MindanaoHealth as shown in table 13. For instance in Caraga region, not one LGU indicated that they have used the system as a platform to capture SMRS data mainly because of lack of

Provinces	Training	Status
Davao Region	All PHOs, PHNs and IT encoders from the different LGUs were trained on NOSIRS	All except Davao Oriental have submitted baseline data for encoding
SOCCKSARGEN	A training will be conducted in the last quarter of 2013	No province is implementing NOSIRS
Northern Mindanao	54/69 municipalities/city not yet trained on NOSIRS	Not functional - primarily because of no internet connection
CARAGA	23/26 municipalities have not rolled out the NOSIRS training	Not functional – due to lack of training

training support while in Northern Mindanao, 54 out of 69 LGUs have been trained but it was not fully implemented due to internet connection problem. In SOCCSKSARGEN, the training on NOSIRS is yet to be conducted in November 2013, while in Davao region, all provinces except Davao Oriental were able to submit baseline data for uploading onto the system. There is a need for CHD and DOH-IMS to render follow through activities particularly on the NOSIRS use.

No information, however, was registered on the NOSIRS implementation status in the regions of Zamboanga Peninsula and ARMM.

6.16 Establish Functional MNCHN/FP Service Delivery Network

Opportunities for the establishment or strengthening Service Delivery Networks were not given much attention despite presence of the following enablers: availability of MNCHN grants, existing health infrastructures with varying degrees of service capabilities on FP/MNCHN; inter-local Health Zones, presence of private providers, available community groups like the CHTs, NGOs, CSO/CBOs, etc. Cognizant of the increasing gaps between the demand and supply of MNCHN/FP services especially among CCT and NHTS, CHD leadership is now getting ahead in establishing a mechanism for referral network especially in areas where there is not much capability to provide needed services.

Recognizing the experience of PRISM2 in assisting the CHD and PHO in establishing SDN, and in preparation for the transitioning of the task to MindanaoHealth, PRISM2 oriented the technical staff of MindanaoHealth on SDN protocol, its processes and requirements. Given the limited scope and details of the existing guidelines in setting up the SDN, MindanaoHealth in collaboration with DOH Mindanao Cluster will develop a how-to-guide on SDN establishment for the use of CHDs and PHOs.

Series of consultative meetings and planning workshops on SDN establishment and strengthening were conducted across project sites particularly in South Cotabato, SOCCSKSARGEN, Compostela Valley Province (CoMMoNN ILHZ), Cagayan de Oro City, Misamis Oriental Province, Davao City, Davao del Sur, North Cotabato, South Cotabato,

Sultan Kudarat, Maguindanao, Lanao del Sur, and Tawi-Tawi which generated positive response from the stakeholders. In CDO and Misamis Oriental, for instance, the stakeholders further concretized their commitments through a memorandum of agreement and plan of action. The Governor of Misamis Oriental mandated its local health board to prioritize Gingoog Bay Alliance or GBA (eastern towns of Balingoan, Talisayan, Gingoog city, Medina and Magsaysay) for the SDN. The CHD and MindanaoHealth need to provide follow through initiatives by putting up the needed systems and procedures to make the SDN functional. In South Cotabato, involvement of barangay leadership and Sangguniang Kabataan (SK) was highlighted as critical ingredient for a successful SDN operation.

COMPONENT 3: Strengthen CHDs capability in TA provision for Local MNCHN/FP Operations

6.17 Enhance Capability of CHD to Provide Technical Assistance for the Implementation of MNCHN/FP Strategies in the Context of KP

At a glance:

- ✓ MindanaoHealth has advanced the agreements forged during consultations with Zamboanga Peninsula, Northern Mindanao, Davao, SOCCSKSARGEN, CARAGA and DOH-ARMM with the roll out of key activities in the provinces;
- ✓ The DOH-ARMM exploratory meetings identified strengths and challenges in the ARMM provinces and identify areas for potential collaborations;
- ✓ MindanaoHealth continues to engage the CHDs/PHOs/CHOs in the trainings and provided specific trainings to strengthen their supportive roles – PPIUD, CMNC, HUPs and supporting rural health midwives.
- ✓ To address the pressing needs of determining how many of the CCTs with unmet needs were given services, MindanaoHealth developed the Electronic Masterlisting and Tracking Tool, an excel database which links the profile with health services.

6.17.1 Consultation Meetings to Explore Opportunities and Setting Directions with CHDs

To introduce the project during start-up activities, series of preliminary and exploratory meetings were done with DOH Mindanao Cluster and CHDs in five covered regions of Northern Mindanao, Davao Region, SOCCSKSARGEN and CARAGA, as well as with DOH ARMM. The project team provided an overview of MindanaoHealth along with its goals and specific objectives vis a vis current status of the KP implementation and priority directions for MNCHN/FP. The same were described in Quarter 1 and 2 Reports.

Taking forward the gains from the several consultations with all CHDs and provinces, MindanaoHealth has worked out the collaboration at regional and provincial / city levels on key project interventions in training, demand generation and support to health systems strengthening. MindanaoHealth also sought levelling of understanding on the work of other CAs and to identify areas of collaboration.

6.17.2 Consultative Meeting with CHD Zamboanga Peninsula

During start up, there were one on one meetings with Zamboanga Peninsula and DOH ARMM but that the harmonization/exploratory meetings were held only towards the 3rd quarter.

In Zamboanga Peninsula, all activities were held in abeyance, excepting for initial data collection and introduction of the project, until the consultation was held contributory to the delay was the inavailability of the CHD Regional Director. The Health Outcomes thru Program Excellence (HOPE) initiative was very similar to MindanaoHealth's strategic directions. It emphasized on Kalusugan Pangkalahatan, specifically on addressing unmet

FP needs of women/men and the CCT beneficiaries. When regional programs are very much align with the project's, the planning, as what happened in Zamboanga Peninsula, was more targeted and efficient. About 11 key personnel from Zamboanga Peninsula led by the Asst. Regional Director, Head of the LHSD and technical coordinators and PHOs were the attendees in the orientation. As a result of agreements on key MNCHN/FP activities of Zamboanga Peninsula and MindanaoHealth, both parties agreed to do the health assessment of facilities, health service providers' trainings, LAPM activities etc.

6.17.3 *Exploratory Meeting with DOH ARMM*

After several talks and exchanges on MindanaoHealth's project activities and DOH-ARMM's directions for Year 2013 and thereafter, a consultation meeting was held in Manila to explore opportunities for collaboration. The meeting was spearheaded by the DOH-ARMM Secretary with his Provincial Health Officers from Tawi-Tawi, Lanao del Sur, Maguindanao. Sulu was represented by key staffs. CHOs from the cities of Isabela and Marawi also attended the meeting. The technical staffs of DOH ARMM were also in attendance.

Each of the provinces and cities shared the MNCN/FP programs and progress in attaining their goals. What emerged as key learning points from the meeting are the following:

- **Across the provinces reliability of FHSIS data vary**
 - Data Quality Checks which were conducted by the provinces has brought down indicators. But the provinces are more certain that the data are reliable although there were remaining reliability issues to be resolved.
 - Under reporting specially of deaths
 - Registration of birth is also unreliable. There are initiatives on waving fees on birth registration.
- **Need to maximize utilization of the data**
 - From the current information, in terms of program achievements FP and deliveries by skilled birth attendance and facility based deliveries are limping
 - The data would have been a powerful tool to advocate with the LGUs/Local Chief Executives to highlight the health problems and as basis of policy support, but most health managers don't have these data readily at hand. The Under Secretary Dayang has underscored during the meeting that there is a need for the provincial health and city officers to identify what they want from the LCEs.
- **Convergence and linkages at all points:**
 - Kalusugan Pangkalahatan as point of convergence of DOH-ARMM with National DOH, provinces, cities and its partners, including the Local Chief Executives. In the consultative meeting, it was agreed that this will be followed-up with provincial level planning;
 - Make use of lessons learned from the provinces in terms of improving FP/MNCHN this includes MCP accreditation of health facilities, policies on health facility deliveries, and partnerships between midwives and traditional birth attendants
 - To work on areas where ARMM is limping like stagnating CPR from 2009-2012, still high proportion of deliveries at home and low acceptance of exclusive breast

feeding. This includes addressing disparities/differences across demographic characteristics: focus more on poorer, lower educated and those living in rural communities / geographically isolated communities and in conflict areas, which tend to have lesser access to MNCHN/FP information and services.

- **GIDA in each province**
 - Wide recognition that there are several geographically isolated and depress areas in ARMM, and that there is a need to package an array of services like Reaching Every Barangay ++ (in addition to immunization, MNCHN/FP information and services are also provided)
 - There is general agreement of the need to focus in certain areas which are needing more assistance, and to develop a model of integrated MNCHN/FP services in a functional service delivery network and scale this to other areas if proven to be successful.

- **Success story of PhilHealth accreditation of all public hospitals in Maguindanao;**
 - Capitation are now being collected by hospitals, RHUs and BHS with birthing facilities in ARMM, which encourages them to campaign for more facility-based deliveries;
 - But there remained a greater number of RHUs and BHS with birthing facilities that are not accredited. These health facilities must be provided with technical assistance so they could accredit their health center. By doing so, there is a need to identify bottlenecks and provide the much needed technical assistance to fast track accreditation.
 - When health facilities are accredited, they tend to offer quality services based on standards and lessen out-of-pocket expenses of patients particularly the CCT beneficiaries.

- **Wide recognition of the assistance the MECA and RN HEALS offer;**
 - Issue of sustainability (most are casuals) and whether the LGUs could absorbed the MECA or RN Heals
 - The knowledge and skills of MECA and RN Heals are uneven. At least for the newly hired MECA, DOH-ARMM and MindanaoHealth agreed to provide trainings to 300 MECA of which 140 had already been trained in Year 1.
 - There are MECA assigned in offices and hospitals, this is rather challenging in terms of whether they should be targeted for training. It was agreed that those assigned in the communities will be prioritized first.

- **Health system improvement thru Service Delivery Network remains elusive**
 - The reach of private public partnership is still wanting in DOH-ARMM considering that maternal and infant mortality rates are still high. There are few private practitioners and the capacities of health facilities are uneven. Thus, there is a need to maximize the potentials of referral and linkages of health facilities and other sectors to bring these health services closer to patients. Particular focus must also be given to making the health facilities with capacity for Comprehensive

and Basic Emergency Obstetrical, blood banks, transportation and communications to the communities. In the meeting, it was also discussed to establish functional service delivery network in each province prioritizing the municipalities with higher maternal and infant deaths or complications of deliveries.

- **Fixed and ambulatory long acting permanent method (LAPM) to realize the options for FP limiting of women and men in the communities**

- It emerged in the discussion that LAPM are not regularly conducted either fixed or ambulatory. One of the few activities agreed during the meeting was to plan for more LAPM particularly so that there are several CCTs and women/men who have opted for LAPM.

- **Other issues tackled during the meeting:**

- Active management of third stage labor (AMSTL) seems to contribute to lower deaths of mother from hemorrhage.
- The STOCK-OUTS of BCG made the infants vulnerable to common diseases. It also affected the Fully Immunized Child performance of the region;
- FP methods are available except for some STOCK OUTS of condoms.
- During the meeting, the need to address the stock outs emerged as an important issue to address.
- Organized CHATs/CHTs reaching communities
- Overall, ARMM has 538,245 NHTS household and about 26,912 CHTS are required to do the profiling and referral of those with unmet health needs. But up to June, 2013, only 3,287 were trained and deployed which brings the CHT to NHTS ratio to 1:164 a far cry from the ideal of 1:20 ratio.
- One of the problems identified by the provinces is the lack of profiling forms.

MindanaoHealth also shared its project and key interventions as a result of which, the DOH ARMM Secretary and Provincial Health and City Health Officers agreed to do a provincial/city level planning to tailor-fit to the contexts of the provinces/cities. This will also be more practical as each province/city have differing levels of needs and some have progress in MNCHN/FP like Lanao del Sur's midwife-TBA partnership or Maguindanao's MCP accreditation of health facilities.

6.17.4 Capacitating the CHDs on Key MNCHN/FP Trainings

All trainings which MindanaoHealth organized / facilitated or supported are all pursuant to the CHDs/PHOs/CHOs plans to capacitate health service providers based on training needs were mostly funded by the CHDs, PHOs or CHOs. However, for special trainings like PFP/PPIUD, Objectively Structured Competency Evaluation, Supportive Supervision and CMNCs, among others, these are often supported by MindanaoHealth with the end in view that CHDs/PHOs/CHOs will also take this forward.

Recognizing the roles of CHDs to provide technical assistance, the CHDs/PHOs/CHOs are also engaged in all phases of planning, implementation and monitoring of the training. They are also resource-participants to each of the trainings conducted by MindanaoHealth so they acquire

skills required in supervising or in the conduct of mentoring of PHOs/CHOs or for them to roll out the training.

In line with this, 45 representatives from all of Mindanao CHDs, including retained medical hospitals, attended the Training Workshop on Observed Structured Competency Evaluation (OSCE) last 06-07 August 2013 that seeks to enable the participants to evaluate the knowledge and skills of trained service providers. The introduction of this diagnostic tool by MindanaoHealth, received positive response and was adopted by CHDs as part of the assessment and evaluation tool for trained service providers on MNCHN/FP. MindanaoHealth has committed to undertake one (1) OSCE per region; however the occurrence of the armed conflict in Zamboanga City and bombings in Cotabato City caused the postponement of these workshops to early part of Year 2.

The joint trainings of MindanaoHealth with CHDs/PHOs/CHOs and DOH ARMM has enabled, to some extent, the technical capacity of CHD personnel. In DOH ARMM, for example, the Asst. Secretary Linang is very much involved in the supportive supervision of trained MECA on CMNC as a result of MindanaoHealth's support. In Northern Mindanao, 128 PHNs were provided with supportive supervision training so they could properly undertake supervision and mentoring of their rural health midwives who in turn are tasked to supervise Community Health Teams. CHDs/PHOs/CHOs were also trained on CMNC to increase homegrown trainers so they too can take these trainings forward in their provinces (ARMM). PPIUD training of trainers also involved the CHDs/PHOs/CHOs so that more PPIUD practitioners are available in LGUs farther from the Centers of Excellence.

6.17.5 Technical Assistance to CHD Davao Region in the Use of the Health Use Plan

To maximize the Community Health Teams as they conduct the profiling with the use of Health Use Plan, MindanaoHealth and CHDs s jointly conducted training in Davao in guiding technical staffs to assist CHTs in orienting, profiling and referring CCT beneficiaries with unmet health needs. The experience in Davao Region exposed the problem of late or non-submission of required information on the status of the CCTs as to HUPs (health use plan). Davao Region made innovations and used a different version of HUPs which missed out on some variables; thus, the need to align with the standard forms. To address the problem, the project facilitated and acted as resource persons in two batches of Training of Trainers (TOTs) last May 28-29 and 30-31 on the use of the enhanced Health Use Plan (HUPs) forms among eight regional/provincial/city MNCHN/FP Coordinators, 19 DOH Representatives and 68 LGU-hired public health nurses/rural health midwives (PHNs/RHMs). Eventually, these trained trainers were able to re-orient CHT members in the field on the enhanced forms. They are currently doing the profiling and assist families in developing their respective HUPs.

It is also envisaged that the profiling would make use of the EMTT which MindanaoHealth has developed. Talks are underway to strengthen the EMTT and for the region to make use of this sans a database for CCT beneficiaries.

6.18 Technical Assistance to DOH Mindanao Cluster on Develop a Database Linking CCT FP unmet needs to Services

Guided by the list of CCT beneficiaries, the CHT members visit the beneficiaries and provide them copies of family health book. Using Form 1, the CHT member would then ask the

respondent who the members are of the family and whether they belong to any of the prioritized risk groups i.e., neonate, infant, pregnant mother, woman with unmet FP needs etc. On the basis of which, the CHT member would apply specific “guide” questions with integrated messages to each member depending on which risk group he/she belongs. For example, the 2f form is use for women in reproductive age and non-pregnant. Following the 2f form, the CHT asks series of questions to identify unmet FP need of the woman and then the woman is directed to the health center / midwife for counselling.

Information generated through this process is enormous with CHT members to profile about 2 million CCT beneficiaries using the health use plan (HUPs), the report shows 57% coverage of CCT/NHTS household with at least one member profiled and referred (close to 900,000 HUPs). Several attempts had been made in the regions to record and/or encode the names and status of the CCT beneficiaries. Zamboanga Peninsula, as it is in CARAGA and Northern Mindanao, developed computer-based database at the CHD level. The initiatives are worthy but these are bogged down with issues, such as: 1) it is encoded at the central level which would have to process huge number of health use plans/CHT reports. Thus, timeliness of data is compromised; 2) In relation to 1, this information would have been more useful at the municipal/rural health units levels so they could plan programs/activities to do the necessary planning and serve the CCTs’ unmet FP needs and; and 3) the database encodes the profile part of CCTs but no information on whether they received services are derived from the database. Davao Region has not done encoding, excepting the ones did by HPDP in Davao del Sur. But the data/information has not reached the people on the ground.

In response to the above-mentioned issues, MindanaoHealth with guidance from Asst. Secretary Busuego developed the Electronic Masterlisting and Tracking Tool, an excel-based system to profile CCTs with unmet FP needs. The program was developed in response to the issues raised and allowed provision to track whether the CCTs received FP services (counselling and FP methods). This was adopted by the Mindanao Cluster for Health as its output. It means that the program will be disseminated widely to provinces.

Taking forward the initiatives on EMTT, a Mindanao-wide EMTT orientation was conducted which was participated by FP / MNCHN Coordinators, Statisticians and PHOs. In this meeting, MindanaoHealth clarified the definitions of variables and sources of information indicated in the reports submitted by municipalities and provinces. What was revealing is the differing opinion on the definitions and sources of information. For example, FP acceptors are considered by some of the participants as those who are “married”. Another issue on where to source the “probable users” and “undecided” is unclear neither in the health use plan nor in the CHT logbook monitoring. Most of the participants realized the need to agree on terms which the orientation was able to achieve.

Immediately after the training, training participants were followed-up and they claimed that they discussed the EMTT with their colleagues. However, most of them did not use the EMTT for lack of an official memo to undertake the encoding using EMTT. As earlier mentioned, CARAGA, Northern Mindanao and Zamboanga Peninsula are areas with existing computer database which encode the profile but are not linked to FP services. Whereas, Davao and Northern Mindanao do not have any data base at all to encode their CCT profiles. These two areas would benefit more in the use of EMTT. Those with existing databases may need to agree to enhance the system by connecting the service component.

But there are individual initiatives to use EMTT. In Compostela Valley, one of its municipality has used the EMTT, and Zamboanga Peninsula has migrated its database in the EMTT. There

is thus a need to strengthen EMTT, and agree what basic information across the regions are required so as to further improve the current database in the regions.

At this point, MindanaoHealth continues to improve the EMTT in preparation for its use by the Mindanao Cluster for Health. While there is no single province/municipality who have fully adopted EMTT, positive feedbacks of those who have used it at an “exploratory” phase underscored on the “connection” of the unmet FP needs of CCTs to actual provision of FP services. The simple dashboards are easy to follow to provide early heads up on the extent of the CCTs thus far covered with HUPs, the number of CCTs who are FP users at time of interview, and the number of probable users as basis in planning services especially LAPM ambulatory services. That data is automatically generated as to which FP methods are preferred most such that the health service providers could then forecast the FP method requirements in the health facilities or ambulatory LAPM to meet the needs of the CCTs.

6.19 Deploy Project Technical Assistant to Provide TA to CHD re FP/MNCHN

The project has not hired Project Technical Assistants who would have been assigned to CHDs to assist CHDs in its work on MNCHN/FP and liaise between CHD and MindanaoHealth. What the project did instead was to deploy the Area Technical Team Leaders (ATTL) to work out the details of agreements between MindanaoHealth and CHDs and ensure that they are implemented, provided guidance to CHDs in the MNCHN/FP implementation and ensured mechanisms for monitoring. Where MindanaoHealth has not filled in the post of ATTL like in ARMM and Zamboanga Peninsula, the tasks and responsibilities were temporarily assigned to the MNCHN/FP Specialist and ATTL, respectively.

The ATTLs and MNCHN/FP Specialist laid the preliminary groundwork and actual consultative meetings in each region, introduced the project and ensured the implementation of the MNCHN/FP activities agreed jointly by MindanaoHealth and CHDs/PHOs/CHOs. On the other hand, the requests/plans from the CHDs/PHOs/CHOs are also discussed with ATTLs and the ATTLs in return developed the plans including the budget for MindanaoHealth’s support. Whenever there are region-wide activities related to MNCHN/FP, the ATTLs are also involved. In Davao Region during Davao del Sur’s Program Implementation Review, MindanaoHealth’s ATTL provided technical support to design the PIR and guide questions in appreciating the provincial/municipal data.

As in other regions of Northern Mindanao, SOCCSKSARGEN and Caraga, PIRs were maximized by the project to report on its implementation progress as well as in orienting CHD personnel on the use of CCT/NHTS FP/Maternal Health Unmet Needs and Service Delivery Tracking Tool in order to gather information from the Health Use Plans towards reducing unmet needs including discussions on mobilizing the Community Health Teams (CHT) for this purpose and in delivering interventions that would generate impact among CCT beneficiaries with unmet needs on FP-MNCHN services. Specifically for Northern Mindanao, MindanaoHealth’s technical assistance was sought in the design and conduct of CHT mobilization activities monitoring. Moreover, LGUs also asked the project to assist them in planning for programs that would address the challenge of increasing rate of teenage pregnancy. Misamis Oriental and Cagayan de Oro’s specific concern was technical assistance from MindanaoHealth for the creation of a functional service delivery network.

6.20 Conduct preparatory activities for Operations Research to generate evidence on Post-Partum Hemorrhage (PPH) reduction, and inform future policy on the expansion of uterotonic coverage for all women giving birth

At a glance:

- ✓ With support from Jhpiego Headquarter, MindanaoHealth has come up with a draft proposal of the Misoprostol study;
- ✓ Discussions with the DOH ARMM Secretary led to some preliminary conclusions that the research would likely be done in ARMM either in Maguindanao or Lanao del Norte.

Misoprostol is a uterotonic increasingly used in obstetrical and gynecological practice, including prevention and treatment of PPH², particularly at the community level where no other uterotonic option may be available. Various studies have demonstrated misoprostol's effectiveness in reducing PPH cases, reducing the need for additional interventions and referrals in a variety of community-based settings. Auxiliary nurse-midwives, traditional birth attendants (TBAs), and community volunteers have effectively dispensed or distributed misoprostol at home births.

Philippines will benefit from Misoprostol to reduce the common cause of maternal death, which is post partum hemorrhage. That home deliveries is still high particularly in rural areas served as a reason for mothers giving birth to have access to Misoprostol. In the past, Misoprostol is available but with reports of abuse in its use for abortion, it was deregistered from the national drug formulary and thus is not currently available in the market.

The proposed operational research with a working title, "Increasing access to evidence-based interventions for Prevention of Postpartum Hemorrhage (PPH) for women who deliver at home in ARMM", is envisaged to generate evidence as basis to develop policies to effectively reduce PPH. When its use by health workers and mothers during delivery is proven to be effective could convince health policy makers and managers for Misoprotol's registration and use, particularly in Geographically Isolated and Depress Areas (GIDA).

MindanaoHealth has discussed the study with the DOH ARMM Secretary who has shown interest in conducting the research in his region. Initial talks identified potential research sites such as Lanao del Sur and Maguindanao. The team is also negotiating for the participation of the Secretary and the head of the DOH Family Cluster, Usec Garin to the conference on reducing PPH in India so they get first-hand information on how misoprostol has effectively reduce PPH in other countries. Thus far, a working research paper protocol is in the rounds for review with support from Jhpiego headquarters in Baltimore. A noted scientist involved in similar studies in the past is also on board whenever MindanaoHealth needed guidance. She has recommended establishing a strong tracking system for misoprostol to ensure that misoprostol is not being misused. Skype meetings between MindanaoHealth and Jhpiego headquarters had been arranged to discuss issues on the research protocol, Internal Review Board of the Johns Hopkins University and the local IRB.

MindanaoHealth has designated a point-person for the research who will, together with Jhpiego headquarters and experts, enhance the research protocol.

² Caliskan E, Dilbaz B, Meydali MM, Ozturk N, Narin MA, Haberal A. Oral Misoprostol for the third stage of labor: a randomized trial. *Obstet Gynecol.* 2003; 101 (5 Pt. 1): 921-8.

Mobilization and Start-up Activities

6.21 Launch of the Project at National and Regional Levels

The following were conducted during Year 1 and reported in the 2nd Quarter Report:

- National Launch in May 2013 with DOH Secretary Enrique Ona and US Ambassador Harry K. Thomas, Jr. gracing the activity.
- Various consultations and project introduction to DOH, Philippine Health Insurance Corporation, Population Commission and other development partners;
- Regional launch of the project

6.22 Inter-CA Collaboration and Harmonization at Regional Level

In the first two quarters of Year 1, the following were achieved and reported:

- MindanaoHealth and MCHIP have jointly conducted trainings on PFP/PPIUD in support to establishing Centers of Excellence in four COEs in Mindanao;
- MindanaoHealth has sought PRISM2 on its work on establishing SDN. On 05 August 2013, PRISM2 shared its experience in establishing SDNs with MindanaoHealth staffs. At least in Davao Region, joint undertakings to establish SDN in District 3, Davao City along with CHO are underway;
- Talks with Community MNCHN Scale-Up Project and MindanaoHealth to jointly work on training selected Private Practice Midwives (PPMs) in the provision of IUD and PPIUD in selected sites.
- MyDEV and ENGAGE are both starting up but initial informal meetings with ENGAGE has taken place.
- JSOTF-P and MindanaoHealth have consultations on opportunities for collaboration. JSOTF-P attended MindanaoHealth's exploratory meeting with DOH-ARMM;
- Two CAs have national scope, the HPDP2 and CHANGE. For HPDP2, areas of work included technical reports on various issues i.e. implants and post-partum IUD, procedures for bilateral tubal ligation, which could support efforts of the different CAs.

HPDP2 and MindanaoHealth in Caraga met last 23 July 2013 for the former to present the results of the survey for baseline information they conducted in Agusan del Sur for the scaling-up of MNCHN Program. The presentation also highlighted interventions proposed to address the identified needs of NHTS poor household in terms of modern FP services and facility base delivery as well as the process in facilitating the use of available resources and health providers both in public and private.

Some of these proposed interventions that were discussed included:

- Mobilization of a portion of the CHT mobilization budget in printing forms and mobilizing parent leaders
- Utilization of a portion of the MNCHN budget for training and procurement of FP commodities
- Conduct of abbreviated portion of the CHT training /orientation

- Piggy-back HUP development during FDS session for CCT in coordination with DSWD piggy back
- Monitoring of the conduct of HUP development
- Collection and processing of HUP for Family Planning and FBD
- Assistance to parent leaders in informing CCT families about the PHIC benefits, as well as the facilities where they can avail the services.

On the other hand, CHANGE is set to do a survey, which will take on several key indicators of MindanaoHealth on top of behavioral/attitude questions related to MNCHN/FP. Also, CHANGE will be releasing copies of the new material for Family Planning flip desk chart, which when approved by USAID could be shared by MindanaoHealth to its trained service providers.

Environmental Monitoring and Mitigation Plan

6.23 Environmental Mitigation and Monitoring Plan (EMMP) Submission

In Year 1, MindanaoHealth has finalized and submitted the Environmental Mitigation and Monitoring Plan (EMMP).

Towards rolling out the plan, preliminary activities were undertaken. Among the activities was the inclusion of infection prevention and disposal variables in the Baseline Assessment of Health Facility and Capacity such as placental disposal pit and garbage disposal for sharps and hazardous materials.

The preliminary results of the study from 82% of the health facilities surveyed showed that more of the hospitals (both private and public) had disposal pit at 71.7% (162/224), whereas 32.9% (277/775) of RHUs had placental disposal pit. On the other hand, 85.4% (680/796) of RHUs had garbage disposal for sharps and hazardous materials and hospitals – 96.6% (225/233). The implication is that more RHUs needed to be informed and assisted on providing placental disposal pit and disposal of sharps and hazardous materials.

In terms of training materials on infection prevention, MindanaoHealth also reviewed its training modules (MNCHN/FP) to ensure that the said topic is incorporated in the trainings that MindanaoHealth conduct. Three key trainings – Family Planning Basic Competency-Based Course Handbook edition 2011, CMNC Training and PFP/PPIUD training – all included the infection prevention topic. The topic is given 2-3 hours discussion time. Thus, the 54 HSPs trained on on FPCBT 1, 146 MECA on CMNC and 56 trained on PFP/PPIUD were also trained on infection prevention.

Further study will be conducted on environmental mitigation and monitoring practices of sample health facilities from the service delivery network sites. The results of the study will be widely disseminated and made as basis to identify key issues and concerns on environmental mitigation and monitoring.

Gender Action Plan

6.24 Gender Action Plan

Mindanao Health sets its Gender Action Plan to advance gender equality, particularly of women and girls, and accelerate access to health information and services with the following themes:

Gender responsive organizational policies and practices. After the inventory of laws and policies, Mindanaohealth has identified and outlined key action points to realize Republic Act RA 7877 (An Act Declaring Sexual Harassment Unlawful in the Employment, Training and Education Environment and other Purposes). As an initial step, the Human Resource Department, Communication Specialist, Performance Management Specialist and a member from the rank and file met and discussed on the recommendations it will make to create the committee to address sexual harassment, but also to set directions in improving the knowledge and attitudes of Jhpiego staff in relation to gender and women protection.

Strengthening institutional capacity to respond to gender issues in the development intervention. The initial review undertaken by the specialists involved in implementing the Gender Action Plan has identified the need to have a modified gender training making use of self-learning through flash-drive which could be given to training participants prior to the actual training. It is also envisaged that monitoring and supervision tools will be assessed as to whether gender sensitivity of health service providers is also being evaluated.

The following have yet to be undertaken in Year 2:

- ***Assessment of gender issues.*** Using the criteria in the USAID's Health Policy Initiative Gender Integration Index, Mindanao will continue to work with local partners in addressing gender equity issues. The collection, documentation, analysis and reporting of sex disaggregated data are included in the M&E tools.
- ***Engaging partner LGUs and the CHD with a gender lens in the provision of information and services.*** Project partners have been oriented on the need to improve women and girls access to health services and information, but also to be more inclusive of men and adolescent participation in the design and implementation of health and development interventions.

Monitoring and Evaluation

6.25 Development of Project Monitoring Plan

MindanaoHealth prepared and submitted a draft Performance Monitoring Plan to USAID in compliance with the Project's contractual obligations.

Since its submission, several meetings had taken place to review the Performance Indicator Reference Sheets (July 29-August 3, 2013) and agree on the definition, source document and baseline/targets. This was followed by a meeting in August 11-12, 2013 to finalize the PIR and resolve some remaining issues on the definition of terms. Topline indicators (unmet FP for spacing and limiting, contraceptive prevalence rate, births under 18 etc.) estimates for Mindanao were provided by M&E TWG and adopted by the project. On the basis of which, targets on a per year basis were estimated.

With regard the Performance Monitoring Plan MindanaoHealth intends to finalize this once baseline data is available.

6.26 Baseline Assessment of Health Facilities and Service Utilization and Capacity of Health Service Providers

As an initial step to undertake the baseline assessment of health facilities, MindanaoHealth provided training to DOH Reps / Technical Coordinators, who are primarily responsible for the collection of data, in the regions/provinces. About 627 were provided with the orientation on the use of the assessment tools.

Upon review of the baseline assessment tool, it emerged that there were variables missed which MindanaoHealth added in a supplementary tool. Immediately, the ATTL and LGU advisors of MindanaoHealth were informed of the supplementary tool, including the DOH Representatives. In one of the M&E TWG, Issues on "bias" of DOH Reps as data collectors were also raised, but MindanaoHealth sees the important roles of DOH Representatives as per DOH Policy Issuance Administrative Order (AO) No. 2013-0017 underscoring, among others, the role of DOH Reps in assessing RHUs' situation and needs. The baseline assessment thus offers the opportunity for the DOH Reps to understand better their health facilities. Secondly, in non_ARMM Mindanao, the DOH Reps are not under the LGUs or directly organic to the RHUs, in fact it is their duty to determine problems of the health facilities and to provide technical assistance. The advantage of tapping the DOH Reps in the conduct of the baseline assessment is their familiarity of the area and the programs.

In ARMM given that health is not devolved to the LGUs, the assessors are organic to the implementation of the programs. Thus, in Tawi-Tawi MindanaoHealth contracted out an independent lead consultant to undertake the survey. In Maguindanao as it is in Lanao del Sur, the PHO & district staffs were formed into clusters and each cluster is assigned to areas not belonging to their areas of responsibilities.

Thus far, a total of 1,371 health facilities (RHUs, BHS with birthing facilities and private hospitals and clinics) were surveyed of the total 1,675 facilities in the regions or about 82% had been covered.

Table 15. Percentage of Health Facilities Surveyed, Target vs. Surveyed Health Facilities by Region as of September 30, 2013.

Region/Province	BHS with BF	RHUs/ CHOs	Public Hospital	Private Hospital	Private Clinics / BF	Total Target	BHS with BF	RHUs	Public Hospital	Priv. Hospital	Priv. Clinic / BF	Total Surveyed	Percent of Health Facilities Surveyed (%)
	Target	Target	Target	Target	Target		No. Surveyed	No. Surveyed	No. Surveyed	No. Surveyed	No. Surveyed		
Region 9 -Zamboanga Peninsula													
	107	90	24	37	16	274	54	53	3	26	1	137	50.0
Region 10- Northern Mindanao													
	225	93	26	46	27	417	204	75	22	35	32	368	88.2
Region11- Davao Region													
	0	59	16	66	114	255	0	59	16	66	114	255	100
Region 12 -Socksargen													
	147	43	21	71	28	310	131	40	11	52	17	251	81.0
Region 13- Caraga Region													
	145	30	8	8	6	197	117	28	12	12	13	182	92.4
ARMM													
	33	120	26	14	30	223	22	106	18	17	18	181	81.2
Total	657	435	121	242	221	1675	528	361	82	208	195	1371	81.9

Regions 9 and the province of Tawi-Tawi were not able to do baseline assessment. Training of the provincial team and DOH Reps, respectively in Tawi-Tawi and Zamboanga Peninsula was conducted in August, 2013 but immediately thereafter the war broke out in Zamboanga City. This halted the plan of the DOH Reps to collect the baseline data. Excepting for Zamboanga del Norte who has started partial data collection immediately after the training, On the other hand, Tawi-Tawi's data collection has to give way to the DOH ARMM Secretary of Health Memo to stop all field related activities.

It is envisaged that MindanaoHealth will feedback the results to CHDs/PHOs and CHOs and on the basis of information from the baseline, MindanaoHealth will be able to establish a database for birthing facilities, capability profile of health personnel and service delivery MNCHN/FP capability profile.

6.27 Increasing the Sample Size of CHANGE Survey in Mindanao

CHANGE conducted its baseline survey nationally thru TNS Global-Philippines in August, 2013. It was patterned after the Family Health Survey with indicators like unmet FP needs and contraceptive prevalence ratio, skilled birth attendance, facility base deliveries and others. Upon review of the study, MindanaoHealth has two minds on whether to "expand" sample size for Mindanao to have more reliable results given that FHS has results in 2011 and NDHS in 2013-2014 and FHS in 2016-2017. Then there is also the ongoing baseline assessment survey of health facilities. However, one of the more important aspects of CHANGE's study is its emphasis on demand generation-related indicators. For purposes of developing/enhancing

demand generation messages on MNCHN/FP as reference to develop MNCHN/FP messages. The project also recognized that by having an expanded representation for Mindanao the results would be helpful for the project to establish its baseline. In addition, the results will give the project a heads up and do “catch-up” activities as appropriate. So by the time the midterm evaluation is done, the project would expect better results.

The survey covered project sites. However, the sample size for the Mindanao section of the survey was computed at 500 using 95% confidence level sufficient to generate conclusions/inference to Mindanao but not on a per region. Thus, constraining MindanaoHealth to have regional baseline for key demand generation variables since the sample size from each region is too small that margin of errors would be wider and that results per region could not also splice or look into variables that have lower prevalence.

With guidance from USAID, MindanaoHealth expanded the sample size of the Mindanao section of the survey from 300 to 1800 with MindanaoHealth adding 1,300 individuals in the survey. Results are expected towards the first week of November, 2013. The initial plan is for the results to be presented to USAID and to MindanaoHealth and key partners – CHD/PHOs/CHOs.

6.28 Training Information System

USG requires reporting on key training information which is incorporated in its system called, TRAINet.

After the two project staff participated in the USAID-sponsored training on TRAINet in June, MindanaoHealth through the Jhpiego headquarters provided the two with access to the web-based application so they could upload the system. In the succeeding periods, the training and the system were discussed with the M&E Officers, Administrators and the ATTLS and reviewed the forms required for entry. In this meeting, the variables in the TRAINet were discussed, including the flow and process.

In September, 2013, the M&E Unit further developed the reporting database and uploaded it to MindanaoHealth’s dropbox. People were assigned as to who will be responsible to fill and report the training from the regions and also the trainings that involve several regions. The latter was assigned to a staff headquartered at the central office. Whereas, region-based trainings is reported by the region where the training is conducted. Towards the end of September, initial data from the system were generated.

VII LESSONS LEARNED

1. What established the partnership between MindanaoHealth and CHDs is the project's alignment with PHG's *Kalusugan Pangkalusugan*, Universal Health Care, and the subsequent recognition of the CHDs/DOH ARMM of their KP, particularly on Thrust 3 – attaining health related MDGs, established the alliance and partnership between MindanaoHealth and the CHDs. This has greatly spurred the project start-up, engaging all CHDs, and provinces, including key government stakeholders like PopCom, DILG, and DSWD in a short period of time. MindanaoHealth also sought to engage the partners through meetings, which further established/enhanced rapport, and opened the doors for identifying points for collaboration. In addition, the path was made easier with Asec. Busuego's pronouncement of support, which set the tone of partnership, and provided directions to CHDs' engagement.
2. Tailor-fitting the project key interventions to the needs of, and opportunities presented in each CHD or provinces improve the project roll-out. For example, ARMM's MECA offers an opportunity to have better spread of qualified health service providers (HSP) in ARMM, and an additional training on CMNC, which MindanaoHealth conducted, greatly improved HSPs skills. The refresher training and provision of kits for health service providers who have had training on PFP/PPIUD, but never had the chance to practice for lack of equipment, made it possible for PFP/PPIUD to be available in selected areas. The presence of Centers of Excellence in the cities of Cotabato, Zamboanga, Davao and Tagum also made it possible to link all PFP/PPIUD trainings in the COEs.
3. Initial observations of the few LAPM services undertaken support a fair measure of generalization that the actual number of women identified with unmet FP needs for limiting, a high proportion of them would not meet the criteria for LAPM. Several factors are observed, which includes: change in the choice of FP, having no short-acting method to protect them from pregnancy when last assessed for LAPM, unprotected sex, and medical-related problems, among others. Thus, fewer women would qualify for LAPM. But what needs underscoring is the need to prepare for other short-acting methods, which would be readily available for the women when they opt for other FP methods. This will drastically reduce missed opportunities. It is also equally important that social preparation is undertaken with care, and to collaborate with LGUs, MHOs, and private sectors so as to link/refer those women, as appropriate.
4. Taking off from, and making use of information, tools and materials from HealthGov and SHIELD and PRISM2 made clear the pathways to navigate the implementation of the project. Lessons learned from the projects, and the candid insights on what works and what does not work provided a heads up, and adoption of best practices i.e., FP/EPI integration and avoid, to the extent possible, drawing resistance if consultation/consensus and buy-in process is short circuited in favor of prescriptive approach.
5. Coupling demand generation activities with combination of service delivery through capacity building of HSPs is pushing the reach to women/men with unmet FP needs to a good start. In Davao Region, ambulatory LAPM brought the services to the communities, where the women are. But these are made possible through heightened awareness of the CHDs, PHOs, MHOs and LGUs to address the needs of the CCT holders with unmet FP needs. With an abled provider of ambulatory and fixed LAPM, MSI along with local HSPs performed LAPM at Cateel District Hospital and Baganga Lying-in Center. Several

ambulatory LAPM are being scheduled for the months of July to December, 2013 in the regions covered by MindanaoHealth, including Zamboanga Peninsula.

6. While the project gained steam and traction, factors like the priority of CHDs, for a limited period of time, towards ISO accreditation slowed down full implement of project related activities. This means that some activities were deferred after ISO would have been completed.

VIII FINANCIAL REPORTS

(This section presents the itemized costing of annually expenditures, vis-à-vis, the LOP and the annually expenditure per line item)

Itemized Project Expenditures

Cost Items	Yr-1 Budget	Obligated amount	Cumulative Expenses of Previous Annuals to June 2013	Expenditure in this quarter			Cumulative Expenditure at End of Sept'13	% of Expenses Based on Obligated Amount
				Jul-13	Aug-13	Sep-13		
Labor + Fringe Benefits	1,032,867.85	766,652.69	164,150.30	119,910.65	156,755.95	327,935.16	768,752.06	100%
Travel and Transportation	80,369.00	59,654.40	28,707.80	30,609.35	24,840.13	2,206.90	86,364.18	145%
Equipment and Supplies	540,050.00	400,855.53	79,770.00	3,111.00	12,304.00	3,280.86	98,465.86	25%
Sub-grantees/sub-contractors	729,035.51	541,131.22	5,413.16	35,453.44	1,717.04	-	42,583.64	8%
Other Direct Costs	1,949,586.56	1,447,092.96	26,674.77	28,023.21	25,898.76	40,010.76	120,607.50	8%
Indirect Costs	800,680.00	594,309.80	63,953.27	45,592.07	46,121.64	78,421.11	234,088.09	39%
TOTAL	5,132,588.92	3,809,696.60	368,669.30	262,699.72	267,637.52	451,854.79	1,350,861.33	35%

Notes:								
<p>1. The allocated obligated amount for each line item is based on their respective weighted % of the total annual Budget</p>								
<p>2. The higher % of expenditure seen on "travel and Transportation" is primarily due to assigned obligation in this budget line but is not necessarily true to its total annual budget. However, there were some travel expenditures happened during the year which were not necessarily encompassed by the budget. To pin point- increased number of trips to finalize the work plan from Davao to Manila as well as to Davao from the regions; changes in venue for hosting ARMM region harmonization workshop from Cotabato to Manila; and accumulations of minor amounts surpassed the estimation for several other travel trips contributed to bust the expenditure.</p>								

3. Relatively low expenditure on "sub-contracts" and "Other direct program cost" - for detail please refer "Section IV" of this report.

Expenditures and Pipeline

Current Funding (as per recent obligation)	3,809,697
Total Expenditures as of October'13	2,129,552
Total Funds Available (pipeline)	1,680,144

Burn Rate and Performance

6-month Average Burn Rate	350,884
% of Time Elapsed from Start Date of Award	14%
% of Obligated Funds Currently Expensed	56%
Months Funding Available (Based on 6 monthly Burn rate)	5
Months Remaining in Program	52

IX SUCCESS STORIES/HIGHLIGHTS

A. *Promoting MNCHN/FP through health events in provinces/cities supported by Mindanao Cluster Order 052 s. 2013 or the Guidelines and Execution Plan for the Family Planning Month Celebration*

MindanaoHealth recognizes vast opportunities to convey MNCHN/FP messages towards the goal of promoting best practices and behavior as well as services available in LGUs. Some of these promising opportunities are those health events conducted by local LGUs concurrent to celebrations identified by the Department of Health such as Women's Month, Safe Motherhood Week, Nutrition Month, Family Planning Month, National Breastfeeding Awareness Month, National Children's Month, *Garantisadong Pambata* among others. Through its partnership with the Department of Health, particularly the Mindanao Cluster, the project makes the most out of these significant occasions to increase the demand for MNCHN/FP services and ultimately to improve family health situations especially in project-covered sites.

Without necessarily reinventing the wheel, MindanaoHealth sees a great chance to promote MNCHN/FP specifically during the Family Planning Month and the National Breastfeeding Awareness Month both celebrated in August. It was apt for Family Planning activities and for the delivery of messages encouraging exclusive breastfeeding.

To strengthen this and make possible the sustainability of such endeavor, MindanaoHealth provided technical assistance to the Department of Health Mindanao Health Cluster, headed by Assistant Secretary Romulo A. Busuego and was actively involved in the conceptualization and technical writing of Cluster Order 052 s. 2013 was released on 25 July 2013 specifying Guidelines and Execution Plan for the Family Planning Month Celebration. With the development of this policy support, the project correspondingly cascaded this to its various project sites excluding ARMM.

As a result, seven (7) provinces and 20 of their respective component cities, municipalities and barangays – in non-ARMM areas - were able to implement activities in time for the FP Month Celebration. These areas include Zamboanga del Norte and the city of Dipolog and municipality of Polanco, Bukidnon involving cities of Valencia and Malaybalay, Davao del Sur (Malalag), Sultan Kudarat and the municipalities of Esperanza, Bagumbayan and Isulan, province of South Cotabato and Agusan del Norte. The events that were conducted were Family Planning Symposia and Fora, health classes, Buntis Congress, Buntis Classes, Family Health Day celebration and MNCHN/FP Caravan.

More than 1,600 participants attended these separate events and availed of MNCHN/FP information and services. Although most of these attendees benefited from MNCHN/FP messages and information, a number of them also expressed interest to use family planning methods and some received family planning services as part of these celebrations.



A group of young mothers in their early 20s engage in chats while waiting for the AYRH session, revealing their choice of using family planning methods to space the number of their children ranging from two (2) to three (3).

Breastfeeding mothers from barangays (villages) of Lambingi, Lampari, Lam-apos and Derilon in Banga, South Cotabato avail of the opportunity to listen to lectures on breastfeeding as one of the health services showcased during the province's Family Planning Month celebration.

Following counseling done by health service providers, 71 women were identified as probable LAPM+ clients and were subsequently scheduled for the next LAPM activities. This is apart from the 53 who received bilateral tubal ligation services as part of the FP Month Celebration in Esperanza and Lambayong, Sultan Kudarat. A total of 35 clients were also provided with IUD services in Bukidnon (25) and Sultan Kudarat (10). There were nine (9) who became new acceptors of various FP methods; while 25 were given re-supplies of FP commodities and 10 were advised to visit health facilities for further assessment in relation to their desired method.

A significant feature in these health events was also the support and active participation of the provincial/city/municipal/barangay LGUs represented either by local chief executives no less or members of the legislative body. One significant manifestation was shown by the government of Valencia City in Bukidnon, which allocated Php500,000 for procurement of supplies and medicines needed in BTL services and for professional fees of private service providers performing said services.

Although the release of the Cluster Order made possible the successive conduct of these health events, LGUs have always been exerting efforts to ensure that FP Month celebrations and all other health events conducted in other parts of the year are made worthwhile. The order strengthened these initiatives and reinforced the promise for sustainability of bringing integrated MNCHN/FP services to communities, especially to

women, men and young couple, with focus on reaching members of the CCT NHTS 1st quintile.

B. LAPM+ Outreach to address Family Planning unmet needs

Following the Secretary of Health's and the Mindanao Cluster Head's mandate to scale-up initiatives towards reduction of FP unmet needs of the CCT/NHTS-PR beneficiaries, MindanaoHealth has been continually working on the expansion of LAPM+ coverage and access emphasizing the concerted efforts and partnerships between public and private sectors.

Although the project was faced with limited number of LAPM providers, particularly of Bilateral Tubal Ligation services, it was able to forge public and private partnerships to make possible the conduct of ambulatory LAPM+ services. Moreover, to guarantee that clients with family planning unmet needs are served, the project made use of the Health Use Plans (HUP) of the Conditional Cash Transfer/National Household Targeting System for Poverty Reduction (CCT/NHTS-PR) members.

MindanaoHealth was able to serve about 724 clients in 31 local government units. Partnerships among the Mindanao Health Cluster, Centers for Health Development, Provincial and City Health Offices, Barangay LGUs specifically district hospitals and rural health units, itinerant teams available in selected areas and in most cases, the Marie Stopes International Ligation Team played a valuable role in the success of such activity and optimistically, in sustaining such efforts. MSI as the private service provider was present and was at the forefront in all Ambulatory LAPM+ activities of the project with strong support from the local government units. USAID and CHD Davao Region were present in these activities to monitor and ensure quality of services provided through counselling, mentoring and coaching on infection prevention and control as well as compliance to the Minilaparotomy under Local Anaesthesia (MLLA) Checklist and Informed Choice and Voluntarism (ICV).

In spite of these activities, the project recognized that there is a big number of probable users to be reached; hence, more ambulatory and fixed LAPM+ activities will be in motion.

BTL-MLLA clients from Cateel, Boston and Baganga, Davao Oriental listen intently to the BTL-MLLA lecture provided by the service provider with a mix of anxiety and anticipation.





Mandaya women of Davao Oriental line-up and prepare themselves for the bilateral tubal ligation procedure.

C. Development of the Electronic Masterlisting and Tracking Tool (EMTT) for NHTS/CCT with Unmet Need (MNCHN and FP)

MindanaoHealth was able to develop an excel-based tool called Electronic Masterlisting and Tracking Tool (EMTT) to facilitate the identification of women with unmet need for MNCHN/FP services, tracking of follow-through services provided by health facilities, as well as provide health managers at various levels information on the status of profiling/assessment activities as well as reach of services among priority NHTS/CCTs. This is also in support to the ongoing profiling and assessing unmet FP needs of CCT/NHTS, and tracking whether those with unmet FP needs were provided with services, MindanaoHealth developed the electronic master listing and tracking tool (EMTT) along with manuals. The dynamic dashboards in the system help health managers with graphic aids to identify gaps in service provision and aid in programming services or for the project to identify technical assistance needs and the required support.

To date, representatives from 10 MindanaoHealth project sites have been trained on the use of the EMTT. These trained personnel are expected to eventually encode the CCT/NHTS Health Use Plans using the tool. So far, there has been an adoption of the system following the guideline released by DOH Mindanao Cluster. With this, the municipality of Maragusan in Compostela Valley Province and Polomolok, South Cotabato started encoding and migrating existing data to the system, while other provinces/cities have already provided feedback to the their respective LGUs about the training and the tool.

This MindanaoHealth intervention has been reported by Assistant Secretary Busuego to the Department of Health Central Office and has been given favourable feedback.

D. Bayanihan IUD Outreach Services in Compostela Valley Province

In its pursuit to address family planning unmet needs, MindanaoHealth is keen on scaling-up LAPM outreach activities on bilateral tubal ligation and on IUD insertion.

Although reports from LGUs show 100% of them have IUD services, most of these are limited only to main health centers in municipalities and cities, as in the case of Compostela Valley Province. Barangays in Magnaga, Pantukan, Nueva Iloco and Mawab were said to have no access to IUD services because of the lack of trained providers.

Following a training on Family Planning Competency Based Training Level 2 (FPCBT2) that focused IUD insertion/removal, six midwives formed a team called *Bayanihan*, which conducted an IUD outreach in Barangay Health Stations (BHS) of Magnaga, Pantukan, Nuevo Iloco and in the municipality of Mawab to bring the IUD method to communities and making it accessible to women who have expressed need for it. By making IUD closer to women, the team was able to serve 22 clients, 14% of which were CCT recipients, 42% were non-CCT-NHTS clients, and the remaining 44% were non-NHTS. The MindanaoHealth provided the supportive supervision to ensure that these trained midwives were able to exhibit their knowledge and apply the right skills in doing the IUD procedure.

Because of the activity, said six trained midwives were since certified as IUD service providers. With the *Bayanihan* system, these trained midwives work together and go out of their way and out of their respective facilities to serve those communities that do not have trained IUD providers but found to have women who have unmet need for such method.

E. Scaling-up PPFPP/PPIUD

Looking at the reality of high unmet needs for family planning during post-partum period, MindanaoHealth sees this as a venue to capture clients for post-partum IUD in an effort to address such needs. This is especially appropriate if clients deliver in health facilities that provide, even more, for convenience to them.

Taking forward MCHIP's initiative on Postpartum Family Planning/Postpartum Intrauterine Device (PPFP/PPIUD) through four Centers of Excellence (COEs), MindanaoHealth worked on expanding access to PPIUD to other areas particularly LGUs with strong commitment to MNCHN/FP and in facilities where there are high deliveries.

MindanaoHealth collaborated with MCHIP in developing trainers from Cotabato Regional and Medical Center (CRMC). From then on, MindanaoHealth has tapped the expertise of said trained trainers to expand the number of service providers providing PPIUD from different health facilities.

To date, MindanaoHealth, along with trained trainers from CRMC, Southern Philippines Medical Center (SPMC) and Northern Mindanao Medical Center (NMMC), has trained about 56 service providers coming from 16 provinces/cities and has since served in about 32 LGUs. This is a significant foundational step in making PPFPP/PPIUD known as

another option for long-acting family planning method, generating more interest from probable users and in making it more accessible in communities with the presence of increasing number of trained service providers ultimately contributing to efforts put forth to address unmet FP needs.

The project continues to ensure, however, that these service providers are able to perform effectively and appropriately through the conduct of supportive supervision.

The project continues to ensure, however, that these service providers are able to perform effectively and appropriately through the conduct of supportive supervision.

X COMMUNICATIONS AND OUTREACH

DOC Activity/Product	Brief description	Multiplier Effect/ Estimate Reach
<p>Ambulatory LAPM+ Activity in Cateel, Boston and Baganga, Davao Oriental (Photos with captions)</p>	<p>USAID fosters PPP among Provincial Health Office of Davao Oriental, Cateel District Hospital, Baganga Lying-in/Birthing Center, the Marie Stopes International's Ligation Team, as private service providers, with the guidance of Department of Health (DOH) Mindanao Cluster and the Center for Health Development-Davao Region, through Quality Family Planning Service Provision in Disaster-Affected Areas in Davao Oriental</p>	<p>Posted on the Jhpiego Facebook page</p>
<p>Health Public Service Announcements in Zamboanga City evacuation centers during the height of stand-off</p>	<p>To ensure that despite challenging situations of evacuees in evacuation centers, people are able to care for the health and observe sanitation to avoid diseases, MindanaoHealth provided key messages not only on MNCHN and FP, but health care in general.</p> <p>Initially, these messages were just read through a PSA around evacuation centers in the city. Eventually, messages were converted and laid out in the form of flyers and tarpaulins for these to be more visible and attention-catching.</p>	<p>Evacuation centers in Zamboanga City during the stand-off</p>
<p>Flyers and tarpaulins on Health and Sanitation</p>		

YEAR 2 WORK PLAN BRIEF

Component 1A: Scaling-up MNCHN/FP - Improve Access to and Quality Integrated supply of MNCHN/FP services at facility level and through outreach
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- 1.1 Establish Functional Service Delivery Network for Long Acting Reversible Contraceptives and Post-Partum Family Planning and Permanent Methods (BTL and NSV) and other FP Methods to include the Private Sector**
- 1.2 Expand and Strengthen Center of Excellence**
- 1.3 Expand Coverage and Access to LAPM and other FP Methods through Fixed and Ambulatory Services**
- 1.4 Conduct Contraceptive Technology Updates in all regions**
- 1.5 Build Capabilities of Midwives in MDG Breakthrough Provinces - Zamboanga del Sur, Davao Sur, Misamis Oriental with Cagayan de Oro City, and Maguindanao.**
- 1.6 Capability Building on MNCHN outside of the MDG Breakthrough Provinces**
- 1.7 Develop Service Delivery Models for Disaster and Conflict Affected Areas**
- 1.8 Revitalize Mother-Baby Friendly Hospital (MBFH) and increase Mother Baby Friendly (MBF) Workplaces**
- 1.9 Establish Community Support for Kangaroo Mother Care (KMC) in the catchment areas of Davao Regional Hospital.**
- 1.10 Establish One Functional Service Delivery Networks (SDN) in 19 provinces and 2 cities with a total of 106 participating LGUs**
- 1.11 Mitigating the Effects of Conflict and Investing on the Youth in Conflict Affected Areas** by i) mitigating health service delivery disruption in areas with conflict and ii) capacitating youth leaders to mobilize their peers to participate in health action.

Component 1B: Scaling-up MNCHN/FP - Improve demand generation through increased and improved messaging for MNCHN/FP Services

At the ground level, the following are the interventions and activities for Year Two:

- 2.1 Improve demand generation through integration of MNCHN/FP messages in existing health and social activities by training of trainers on organizing and conduct of integration of MNCHN/FP/PhilHealth messages in health events and roll out of these training to CHOs/ RHUs.
- 2.2 Strengthen Communication Program in Public and Private Hospitals by mobilizing hospitals to require nursing and midwifery schools to capacitate their students in IPC/C so that they will be the health communicators/Counsellors in the hospitals during affiliation.
- 2.3 Capacitating Health Service Providers and Community Health Teams and Community Health Action Teams on Demand Generation Strategies
- 2.4 Strengthening Multi-sectoral Partnership on AYRH in planning, implementation and monitoring and evaluation of interventions and activities.
- 2.5 Scale-up Engaging Men and Partnership in MNCHN/FP Activities by adopting the elements of MR. GAD (Men's Responsibilities in Gender and Development; which include among others: 1) men in key positions as champions, 2) men as partners to their spouses' needs, and 3) men as beneficiaries of MNCHN/FP and reproductive health (RH) information and services (use of male-based FP methods like condoms and NSV)
- 2.6 Media Engagement and Partnership by supporting PHOs/MHOs to partner with mass media such as radio, TV, and or print, including social networks to convey MNCHN/FP messages. MindanaoHealth will provide assistance in the development of health updates, briefers and situationer and advocacy activities with tri-media.
- 2.7 Strengthening integration of FP/EBF/MN Integration in MCH by conducting orientation training of LGUs and intensify monitoring and coaching of LGUs who have been oriented on the intervention.

Component 2: Removal of Local Policies and Health Systems Barriers Common to MNCHN/FP Program Implementation

In Year 2, the project will focus on the following:

- 3. 1. Intensify Mobilization of LCEs and Sangguniang to support MNCHN/FP**
- 3.2 Institutionalization of Data Quality Check and Data Use by training of trainers and roll-out training for Davao Oriental, Sultan Kudarat, North Cotabato, Zamboanga City and Cotabato City. In the other areas, the project will assist CHDs and PHOs**

monitor and coach RHUs/CHOs in the conduct of DQC quarterly. On the other hand, the project will mobilize, monitor and mentor the LGUs who had been trained by Healthgov and SHIELD

3.3 Setting-up and Implementation of Logistics Management System

Component 3: Strengthen CHD's Capability in TA Provision for Local MNCHN/FP Operations in the Context of KP

MindanaoHealth is working closely with the Mindanao Cluster Head and actively participating in Regional Implementation Coordinating Team (RICT) meetings.

For year 2, MindanaoHealth will do the following:

1. Technical support to Mindanao Cluster in the implementation of KP Thrust No. 3.

Five important guidelines/memos would fast track the work of CHDs/PHOs and CHOs along: 1) Improving training management system in CHDs/PHOs/CHOs; 2) Prioritize CCTs/NHTS in provision of information and services; 3) Assist in developing the tools in identifying and tracking CCTs/NHTs with unmet FP needs; 4) establish SDNs and operationalize the MNCHN MOP; and 5) renewed commitment to integration of FP to EPI/MCH in RHUs. It is envisaged that Mindanao Health Cluster will issue memo or guidelines to speed the rolling out of the above-mentioned interventions.

Performance Monitoring and Evaluation

3. Performance Monitoring and Evaluation through support to 1) improving program management capabilities of health managers at the CHD, PHO and facility levels with tools (dashboards, situationer, score cards) as well as develop monitoring and evaluation tools on key program interventions; 2) complete the MNCHN/FP assessment and feedback results to partners. Stakeholders and revise and finalize the draft Performance Monitoring Plan (PMP) submitted to USAID in April 2013.

4. Development of mMentoring and SMS systems through the development and implementation of a mobile or SMS-based system for monitoring and mentoring of trained service providers.

Gender Action Plan

5. Gender Action Plan. The project will have a sex disaggregation reporting of training and workshops. In addition, MindanaoHealth will conduct focus group discussions. The objective of which is to understand the experiences of women, and know from them whether the health service providers and the services being provided are gender-sensitive and gender responsive

to their needs. The results of the FGD will be shared with the health service providers to improve further their services.

Environment Mitigation and Monitoring Plan

7 Environment Mitigation and Monitoring Plan. MindanaoHealth will conduct an assessment of the waste management practices of selected health facilities. The results of which will be made as basis to advocate improving environment and mitigation practices, particularly on waste management.

XI ANNEX A: Table 1. Indicators with Corresponding Baseline and Target for Year 2013.

Indicator No. (05-20)	Indicators	Baseline	TARGET FY13	ACTUAL 2013	
FAMILY PLANNING					
1	Unmet need for FP	31.3	29.3	TBD (from 2013 NDHS)	
	Numerator	888,440	863,748		
	Denominator	2,667,913	2,980,188		
	Unmet need for limiting births		13.08	12.20	TBD (from 2013 NDHS)
		Numerator	383,102	372,264	
		Denominator	2,867,913	2,980,188	
	Unmet need for spacing		18.19	17.00	TBD (from 2013 NDHS)
		Numerator	505,338	491,511	
Denominator		2,867,913	2,980,188		
2	Modern CPR	35.90	37.40	TBD (from 2013 NDHS)	
	Numerator (Current Users)	1,034,589	1,121,007		
	Denominator (Total WRA)	2,867,913	2,980,188		
3	Modern CPR among adolescents and youth (15-19 years old)	20.74	21.87	TBD (from 2013 NDHS)	
	Numerator	24,720	27,121		
	Denominator	122,773	127,652		
5	Percentage of women of reproductive age (15-49) who were or whose partner was counseled by or had a discussion with a health provider on FP in the last 12 months	31.81%	31.81%	TBD (from 2013 NDHS)	
	Numerator	912,283	912,283		
	Denominator	2,867,913	2,867,913		

Indicator No. (05-20)	Indicators	Baseline	TARGET FY13	ACTUAL 2013
6	Proportion of women not using modern FP due to fears of side effects	11.25	11.25	
7	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message			To be reported in Y2
	•Contraceptives and side effects	36.99%	36.99%	
	•Counselling of health professionals	22.88%	22.88%	
	•Healthy timing and spacing of pregnancy	21.14%	21.14%	
	•Male involvement	14.05%	14.05%	
	•Early or unplanned pregnancy	19.46%	19.46%	
	•Accessing FP services	15.85%	15.85%	
CC	Percent of audience reached who recalled hearing or seeing a USG-supported PhilHealth message	15.79%	15.79%	TBD (from 2013 NDHS)
8a	Number of youth (15-29 years old, both sexes) reached with FP/RH messages	ND	ND	TBD (from 2013 NDHS)
CC	Percent of service delivery points providing youth friendly MNCHN/FP counseling and services in USG-assisted service delivery points	45%	45%	0 (to be reported in 2013)
	Numerator	487	487	
	Denominator	1083	1083	
10	Number of additional USG-assisted community health workers providing FP information and/or services	0	0	0
11	Percent of service delivery points providing FP counseling and services in USG-sites	60%	60%	0 (to be reported in 2013)
	Numerator	504	504	
	Denominator	841	841	
CC 3	Number of service delivery networks established providing the whole range of MNCHN/FP services	0	0	0(to be reported in 2013)

Indicator No. (05-20)	Indicators	Baseline	TARGET FY13	ACTUAL 2013
12	Percent of service delivery sites providing post-partum IUD and BTL services	25%	27%	(to be reported in 2013)
	Numerator	274	294	
	Denominator	1,082	1,082	
13	Number of health providers trained on FP/RH with USG funds	2128	0	228 10 PPIUD Trainers 56 HSPs PPIUD 128 PHNs Supportive Supervision 24 participants on OSCE training 10 HSPs trained on ModCAL
CC	Number of quality supervisory visits on MNCHN/FP (Same as CC 6)	89	0	23 supportive supervision in Basilan and Lamitan
14	Number of facilities experiencing stock-outs	38%	0%	0 (to be reported in Y2)
	Numerator	320	-	
	Denominator	841	841	
15	Amount of LGU resources for FP commodity procurement	Php2,534,000	Php2,787,400	(to be reported in Y2)
16	Number of community-based alternative distribution points (POPSHOPs, convenient stores, etc.) with contraceptives	174	0	(to be reported in Y2)
17	Amount of PhilHealth FP Reimbursements	1,731,677	1,904,845	(to be reported in Y2)
18	Number of PhilHealth FP Claims	333	366	(to be reported in Y2)
19	Number of pregnant women provided with FP information or counseling	89,750	94,238	
20	Number of post-partum women provided with FP counseling/services	83,460	91,806	
21	Number of women bringing children for EPI/well baby services provided with FP referral messages/ services	TBD	TBD	0 (to be reported in 2013)

Indicator No. (05-20)	Indicators	Baseline	TARGET FY13	ACTUAL 2013
Proxy indicator for 21	Number of health facilities accomplishing FP/ANC EPI Form 1	58	58	(to be reported in Y2)
CC 4	Number of USG-assisted facilities implementing integrated FP-MCH models	145	145	(to be reported in Y2)
22	Number of USG-assisted NGO facilities, Midwife clinics, Educational institutions providing FP/RH services for adolescents and youth	0	0	(to be reported in Y2)
23	Amount of in-country public and private financial resources for FP program	9,357,790	9,357,790	(to be reported in Y2)
CC	No. of USG-assisted CHDs, PHOs, CHOs with improved MNCHN/FP program management capacities	0	0	0 (to be reported in 2013)
MCHN				
3	Skilled Birth Attendance	50.4	57	TBD (from NDHS 2013)
	Numerator (Deliveries by SBAs)	226,310	268,089	
	Denominator	446,366	463,808	
4	Percent of facility-based deliveries in USG-assisted sites	41%	49%	TBD (from NDHS 2013)
	Numerator	182,816	232,242	
	Denominator	446,366	463,808	
5	Percent of infants exclusively breastfed in the first six months in USG-assisted sites	32.52	35.1	TBD (from NDHS 2013)
	Numerator	158,759	178,157	
	Denominator	488,488	507,569	
6	Percent of newborn receiving post natal health check within 48 hrs of birth (NB package)	54.4%	54.4%	TBD (from NDHS 2013)
	Numerator	265,884	276,270	
	Denominator	488,488	507,569	
7a	Percentage of sexes who recall hearing or seeing specific materials	TBD	TBD	Not in TNS baseline report.

Indicator No. (05-20)	Indicators	Baseline	TARGET FY13	ACTUAL 2013
7b	Percentage who recall correct USG MNCHN messages	TBD	TBD	Not in TNS baseline report
9	Number of pregnant women having their first ANC visit during the first trimester	259,534	283,004	TBD (from NDHS 2013)
	Percent of pregnant women receiving at least 4 antenatal consultations in USG-assisted sites	70.8	77.3	TBD (from NDHS 2013)
	Numerator	354913	392161	
	Denominator	88,488	507,569	
10	Percent of service delivery points providing MNCHN counseling and services in USG-assisted sites (EINC, AQNC, PP, EBF counseling, etc)	Indicator deleted by M&E TWG as of Aug 2013		
11	Percentage of health providers correctly practicing EINC protocol	5.7%	0.0%	To be reported in Y2
	Numerator	3		
	Denominator	53		
12	Number of health providers trained on MCH with USG funds	1416	0	168 148 CMNC for HSPs 12 CMNC for Trainers
CC 6	Number of quality supervisory visits on MNCHN/FP (Same as CC 6)	89	0	To be reported in Y2
CC	Percent of service delivery points providing youth friendly MNCHN/FP counseling and services in USG-assisted sites	45%	45%	To be reported in Y2
	Numerator	487	487	
	Denominator	1083	1083	
14	Number of LGUs with at least 1 CHT/community support group providing breastfeeding information and referral to lactating mothers (Note: 285 LGUs/RHUs)	87	0	0-To be reported in Y2

Indicator No. (05-20)	Indicators	Baseline	TARGET FY13	ACTUAL 2013
15	Percent of health facilities certified as Mother-Baby Friendly	19%	19%	To be reported in Y2
	Numerator	73	73	
	Denominator	391	391	
17	Number of health facilities accredited for MCP/NCP in USG assisted sites	171	179	To be reported in Y2
CC	No. of USG-assisted CHDs, PHOs, CHOs with improved MNCHN/FP program management capacities	0	0	0-To be reported in Y2
CAA				
CAA 1	Number of clients reached during health outreach activities (FP, MNCHN, TB)	42,640	42,640	To be reported in Y2
CAA 2	Number of youth trained on leadership in health	0	0	To be reported in Y2
CAA 3	Number of LGUs with increased budget allocation and utilization for health	0	0	To be reported in Y2
CAA 4	Number of CSOs trained to engage LGUs in health	0	0	To be reported in Y2

B. List of Products Developed in Year 1

1. Guide on conducting health events- the tool provides a step-by-step guide for health service providers on how to conduct health events and ensure that MNCHN/FP messages are integrated during these activities.
2. Behavior Change Communication (BCC) Plan- provides an overview on the strategies to improve access to and utilization of critical maternal and child health and nutrition and family planning services through behavior change interventions.
3. FP Communication brief- outlines the communication plan for the FP month celebration to ensure support from the local implementers, including the media and the participation from the target audience- women, men and youth.
4. Messages for specific groups for FP class and counselling – focuses on enabling the client to understand what family planning is, its benefits and learn about the different types of modern FP methods, including information on where they can avail of FP counselling and services.
5. Messages on health class and counselling- using the clients' perspective, it outlines how health service providers can use existing motivations to encourage better health seeking behaviors
6. Key messages on family planning, safe motherhood and exclusive breastfeeding-provides a list of MNCHN/FP messages to be utilized in the conduct of IPC activities
7. Health event tracking form- data collection tool to help health service providers and LGU advisors track audience reach, including services availed by CCT/NHTS clients.
8. Inventory of adolescent and youth programs- tool to capture existing adolescent youth programs, either government or NGO led, in the provinces and municipalities, for possible documentation of good practices, and replication of existing services.
9. Political Mapping (PolMap) Analysis Tool on MNCHN/FP – the tool presents a strategic opportunity to promote the MNCHN/FP program of the project by knowing the position of the Local Chief Executives and local legislators on the extent of their support or opposition to the MNCHN/FP programs. It is useful in drawing up advocacy strategy to ensure institutional support of the LCEs.
10. A Guide to Engaging the Newly Elected Officials (NEOs) for ATTLs, LGU Advisors and DOH Reps – The general objective is to integrate health development agenda (MNCHN/FP) in the context of KP into the NEO program of DILG and the local government processes of the LGUs.
11. Electronic Masterlisting and Tracking Tool – an excel-based database system to encode the profiled CCTs on their unmet FP status and the FP services received;
12. LAPM Registry – this is a registration for use during LAPM ambulatory services with detailed information like CCT category, FP received etc.
13. LAPM Level of Effort Checklist – a checklist which outlines the several activities during the preparation, pre-screening, actual conduct of LAPM and post-LAPM. It indicates the involvement of MindanaoHealth and what support the project provides.

Still in Progress:

- a) Webinar Series Health Modules: (a) Localizing MDGs 4 and 5: Policies and High Impact Interventions; (b) Establishment of a Functional Service Delivery Network; and (c) Evidence-based Decision Making for Health: LGU Scorecard: Objective: The modular web-based curriculum for LCEs aims to enhance the understanding of the NEOs about the problems of MNCHN/FP; provide simple “how to” guide / best practices to address the problems; and to challenge LCEs in providing the much-needed leadership to improve MNCHN/FP, raise the quality of service delivery, strengthen health systems, and to take actions on MNCHN/FP in their localities
- b) Local Policy Tracking Tool - it aims to provide step-by-step guide for the user to monitor and track a health-related policy from inception, adoption, down to moving the policy to action and assessment. It provides the user knowledge and tools to better understand the dimensions of local policy health environment as a systematic and participatory process to address barriers to policy implementation.
- c) LAPM Plus services How To Guide – it provides step by step instruction for the health service providers and managers in addressing FP Unmet need for LAPM. This includes the review of the masterlist of NHTS probable users, to social preparation and community mobilization, to actual conduct of the LAPM and post LAPM services follow-up.

Development of brochure for Community Health Teams- it aims to provide a guide on MNCHN/FP messages to be used by the CHTs in their referral and IPC

- d) Development of desk chart for Health Service Providers- provides MNCHN/FP messages to be used by health service providers in their IPC/C activity

Annex C: Informed Choice and Voluntarism Compliance Monitoring Activity

The following tables contain all reports on ICV-related activities and results of monitoring systems and compliance of health facilities to national and US policies on FP and Abortion.

Part A is a summary of all technical assistance (TA), inputs and other activities conducted by some but not all regions/provinces covered by MindanaoHealth for the first year of implementation.

Part B is a summary matrix of service providers/facilities monitored for their systems and compliance to policies as well as family planning clients interviewed regarding their experience with the service provider.

Part A: Technical Assistance, Inputs and Other Activities

Date	Location	Specific Activity/ Topic or Content	Conducted By Whom	Number of Participants		Specific Audience	Remarks/Results/ Outputs
				M	F		
ZAMBOANGA PENINSULA							
<i>ZAMBOANGA SIBUGAY</i>							
02 Aug 2013	Ipil, ZSP	Consultative Meeting on Intensification of MNCHN Policy Implementation in Zamboanga Sibugay for Refocused BEMONC and other FP-MNCHN Service Delivery	Mindanao Health with CHDZP	7	17	- MHOs, PHNs, RHMs, IPHO technical staff	- MHealth incorporated discussion on ICV during the brief session on project orientation; ICV was also reiterated during the plenary discussion on fast tracking FP-MNCHN interventions like LAPM outreach activities
04 Sep 2013	Ipil, ZSP	BHW FP Forum and Orientation on ICV	Mindanao Health with CHDZP	1	100	- Barangay Health Workers	- ICV was incorporated in the session on BHW's role in promoting FP in the community
05 Sep 2013	Ipil, ZSP	BHW FP Forum and Orientation on ICV	Mindanao Health with CHDZP	1	133	- Barangay Health Workers	- ICV was incorporated in the session on BHW's role in promoting FP in the community
NORTHERN MINDANAO							
22 May 2013	Dynasty Hotel	FPCBT1 Training	PHO	0	17	- One Chief Nurse and 17 RHMs	- As part of the Modules on FPCBT1 training
18 July 2013	Dynasty Hotel, CDO	One day meeting for the FP-MNCHN coordinators of CHD-NM provinces on the Post Training Evaluation on FPCBT 1 & 2 and organization of	CHD FP-Mindanao Health ATTL & LGU Advisor of	2	26	- FP-MNCHN Coordinators of the Provinces of Bukidnon, Camiguin,	- Distributed copies of the ICV Monitoring tools and explained the items in the new tool.

		Provincial Evaluation Teams. Discussed the ICV Monitoring tools for Clients and for Health Providers/Sites	Bukidnon			Misamis Occidental, Misamis Oriental, CDO, Lanao Del Norte & Iligan City	
14 Aug 2013	Taipan Hotel, Valencia City	FPCBT 1 Training for selected RHM/PHNs of Bukidnon	PHO Bukidnon-MH	0	26	- 3 PHNs from Don Carlos & Valencia; 23 RHM/PHNs from Valencia, Malaybalay, Quezon, Impasugong, Malitbog, Talakag, Don Carlos, Maramag, Kadingilan, Kalilangan, Danggacan, Baungon, Kitaotao, Damulog,	- As part of the Modules on FPCBT1.
Sep 4, 2013	Dynasty Hotel, CDO	FPCBT 1 Training for selected RHM/PHNs of Lanao Del Norte	CHD- MH	1	10		- As part of the Modules on FPCBT1
Sep 12, 2013	MTC, Pigcrangan, Tubod, Lanao del Norte	Consultative & Social Preparatory Activity for LAPM - ICV Orientation / Module 10 of FP CBT1	MH LGU Advisor for	5	24	- 2RHM/PHNs, 9PHNs, 3MHO, 8 hospital staffs, 7PHO staff	-
SOUTHERN MINDANAO (DAVAO REGION)							
<i>Davao City</i>							
Aug 14, 2013	Marco Polo Hotel	FP CBT1/ Informed Choice and Voluntarism	CHD Davao - MH	2	15	- CHD and Provincial FP Coordinators (Newly designated Regional and	- Health service providers were refreshed on ICV and committed to apply the principles of ICV in the provision of quality FP

						Provincial FP Coordinators of Davao Oriental and Comval) and select Hospital Staff	services. - As part of the Modules of FPCBT1
Sep 3, 2013	SPMC, Davao City	ICV Protocol Re-orientation	ATTL		1	1 FP Consultant was refreshed on the ICV protocol	-Copy of the AO was provided to key officials. Questions and concerns were responded to by the ATTL.
SOCCSKSARGEN							
ARMM							
<i>BASILAN</i>							
08/30/13	Limook BHS, Lamitan Basilan	1. Safe Motherhood (Importance of ANC and postpartum) 2. Family Planning 3. Immunization 4. Exclusive Breastfeeding 5. Vitamin A		9	45	- As a result of this activity , there were 3 potential FP clients were given counseling and became new acceptors (1 PPIUD, 1 DMPA and 1 Pills) - Birthplan of 11 Pregnant women were revisited and updated and expressed commitment to deliver in a facility and to breastfeed their babies	
<i>SULU</i>							

19 June 2013	Parang DH	Consultative Meeting on Intensification of MNCHN Policy Implementation in FP-MNCHN Service Delivery LAPM/ICV	LGU Advisor	2	10	- MHOs, Hospital Staff	- MHealth incorporated discussion on ICV during the brief session on project orientation and discussion on fast tracking FP-MNCHN interventions like LAPM outreach activities
21 June 2013	Parang RHU	Brief orientation on MNCHN/FP and LAPM outreach activity/ICV	LGU Advisor	3	14	- PHN,RHM,MECA, BHWs	- Brief on MNCHN/FP with emphasis on ICV in identifying and listing of women with FP unmet need on LAPM

The following table shows a summary of the number of ICV orientation/training activities conducted per region/province as well as the corresponding number of participants (male and female) trained in ICV compliance.

Table 1: Summary of Technical Assistance, Inputs and Other Activities

Region/Province	Number of Orientation/Training Conducted	Number of Participants Trained		
		Male	Female	Total
Zamboanga Peninsula	-	-	-	-
- Zamboanga City	-	-	-	-
- Zamboanga Sibugay	3	9	250	259
- Zamboanga del Norte	-	-	-	-

Region/Province	Number of Orientation/Training Conducted	Number of Participants Trained		
		Male	Female	Total
Northern Mindanao	4	3	79	82
- Lanao del Norte	1	5	24	29
Southern Mindanao (Davao Region)	1	2	15	17
- Davao City			2	2
- Davao del Sur	-	-	3	3
- Davao Oriental	-	2	3	5
- Compostela Valley	-	-	3	3
- Davao Norte (Not project site)			3	3
- DOH-CHD			1	1
- DOH-CHD			1	1
- DOH-SPMC	1		1	1
SOCCSKSARGEN				
- North Cotabato	-	-	-	-
- South Cotabato	-	-	-	-

Region/Province	Number of Orientation/Training Conducted	Number of Participants Trained		
		Male	Female	Total
- Sultan Kudarat	2	10	23	33
ARMM				
- Basilan	1	9	45	54
- Sulu	2	5	24	29
- Tawi-Tawi	-	-	-	-
- Maguindanao	-	-	-	-
- Lanao del Sur	-	-	-	-
Total	15	45	477	522

Part B. Summary Matrix of Service Providers/Facilities Monitored and Family Planning Clients Interviewed

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
ZAMBOANGA PENINSULA							
<i>ZAMBOANGA CITY</i>							
27 June 2013	Talisayan BHS	Talisayan, Zambo City	Eleonor Enriquez, RHM	1	Dr. Khalik Kasim	- No violation noted	- Provide FP IEC brochures and flyers from CHO / CHD
17 July 2013	Canelar MHC	Canelar BHS	Evelyn Fernandez, PHN	None	Dr. Khalik Kasim	- No violation noted	- Provide FP IEC brochures and flyers from CHO / CHD
<i>ZAMBOANGA SIBUGAY</i>							
29 Aug 2013	Minsulao BHS	Siay, ZSP	1. Ms. Marilou, PHN 2. Ms. Feliciana Tulabing, RHM 3. Ms. Dimalinda Guerrero, BHW 4. Dr. Elgie Gregorio, Talusan	5	Jennifer S. Nandu, MH Julia Revantad, IPHO FP Coordinator	- The following FP methods are available in the BHS: pills, DMPA, IUD, and condom. Clients who prefer VSS are referred to the RHU who then informs the IPHO for their inclusion in BTL outreach services usually organized by the IPHO. According to the HSPs, there are no targets set for them in terms of number of FP users. For the two MHOs who joined the IUD outreach	- IPHO reminded the RHM and PHN the importance of keeping an up to date record, particularly in the TCL so that it will be easier to identify those clients that need to be followed-up. - There were two

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
			MHO 5. Dr. Gerald Anthony Arañez, Olutanga MHO			<p>team, they don't have numerical targets for FP but are guided by the regional and national FP-MNCHN goals/targets. The facility does not provide incentives for FP users nor are non-FP users denied their benefits. Usually, clients come to the health center with a method in mind which they usually learn from neighbors, friends and BHWs. The midwife counsels the clients and discusses the action, advantages and disadvantages, reactions to be expected, and date of follow-up visits.</p> <ul style="list-style-type: none"> - The BHS has a FP chart in Tagalog and a FP flipchart which the HSP uses during counseling. - During the document review, the midwife's record does not show any inconsistencies, sharp 	IUD sets that are already expired, instead of throwing them away, the monitoring team suggested to the HSP that it can still be useful for counseling and health education purposes.

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>increases or evidence of any numerical target setting.</p> <ul style="list-style-type: none"> - The records, however, are not up to date. During the provision of the IUD service, the health service providers always verified the consent of the clients and reminded them of their follow-up visits. - Since the ICV compliance monitoring was piggy-backed to the IUD outreach activity, the PHN conducted a group counseling and showed an actual IUD to the clients prior to the start of provision of the services. - As for the clients, four of them shared that they learned of the free IUD outreach service from BHWs, while of those interviewed learned it from her friend. 	
<i>ZAMBOANGA DEL NORTE</i>							
21 Aug	Leon	Leon	Dr. Jane Jaug,		MH Jerry	- All FP methods available	- Health staff

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
2013	Postigo RHU	Postigo, ZN	MHO Leonida Regencia, PHN		Elopre	daily except VSS. MSI visits facility on quarterly basis to perform LAPM. Cost recovery scheme for FP commodities implemented. Supplies are procured by LGU. No target setting observed, nor benefits denied for non-FP users or benefits / incentives given for new acceptors. FP information materials are available.	advised to always conform to ICV guidelines
29 Aug 2013	Siayan Diagnostic Center / RHU	Siayan, ZN	Merlyn Melindo, PHN		MH Jerry Elopre	- Health facility was found to be compliant to FP policies, with no indication of vulnerability and violation. There is target set or quota requirement. FP commodities and services are available except long-acting permanent methods. No benefits are provided for new acceptors nor benefits denied for non-FP users.	
30 Aug 2013	Sindangan RHU	Sindangan RHU	Almacita Russiana, Midwife		DOH Rep	- Health facility compliant to FP policies, with no indication of vulnerability and violation. Target is not	- Agreement made with Sindangan District Hospital

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>set nor quota required. Comprehensive information provided to clients through presence of FP IEC materials and FP counseling. There is no denial of benefits for non-FP user nor incentives provided to new acceptors.</p> <ul style="list-style-type: none"> - LAPM services are provided by itinerant team. 	<p>to provide BTL services at least once a week. RHU staff to endorse BTL clients to hospital for final screening.</p>
25 Sep 2013	Manukan RHU		Rey Sarita, PHN		MHJerry Elope	<ul style="list-style-type: none"> - Health facility compliant to FP policies, with no indication of vulnerability and violation. Target is not set nor quota required. Comprehensive information provided to clients through presence of FP IEC materials and FP counseling. There is no denial of benefits for non-FP user nor incentives provided to new acceptors. LAPM services are provided MSI. 	
26 Sep 2013	Tampilisan		Betsy Bulaquena,		MHJerry Elope	<ul style="list-style-type: none"> - Health facility compliant to FP policies, with no 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
			PHN			<p>indication of vulnerability and violation. Target is not set nor quota required. FP leaflets available but not user friendly. Poster strategically located in the facility. FP counseling services provided daily. There is no denial of benefits for non-FP users nor incentives provided to new acceptors. LAPM services are provided by MSI.</p>	
26 Sep 2013	Liloy RHU	Liloy, ZN	Cherrie Ancheta, PHN		MHJerry Elope	<ul style="list-style-type: none"> - Health facility compliant to FP policies, with no indication of vulnerability and violation. Target is not set nor quota required. There is no report of coercion. Comprehensive information provided to clients through FP IEC materials and FP counseling. There is no denial of benefits for non-FP users nor incentives provided to new acceptors. - LAPM services are provided 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						by MSI or referred to Ipil, Sibugay.	
26 Sep 2013	Liloy RHU	Liloy, ZN	Cherrie Ancheta, PHN		MHJerry Elope	<ul style="list-style-type: none"> - Health facility compliant to FP policies, with no indication of vulnerability and violation. Target is not set nor quota required. - There is no report of coercion. Comprehensive information provided to clients through FP IEC materials and FP counseling. - There is no denial of benefits for non-FP users nor incentives provided to new acceptors. - LAPM services are provided by MSI or referred to Ipil, Sibugay. 	
27 Sep 2013	Salug RHU	Salug, ZN	Jovita Salagoste , midwife		MHJerry Elope	<ul style="list-style-type: none"> - Health facility compliant to FP policies, with no indication of vulnerability and violation. - Target is not set nor quota required. Comprehensive information provided to 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>clients through FP IEC materials and FP counseling.</p> <ul style="list-style-type: none"> - There is no denial of benefits for non-FP users nor incentives provided to new acceptors. LAPM services are provided by itinerant tea - 	
NORTHERN MINDANAO							
22 May 2013	CARMEN HEALTH CENTER	Carmen, CDO	<p>Nurse : Aracelie Flores</p> <p>RHM: Merlyn Raiz & Florencia Sagrado</p>	1	ATTIL Roy Gavino	<ul style="list-style-type: none"> - No targets or goals set. Incentives are not provided to FP users nor benefits denied to non- users. - Clients are informed comprehensively on FP methods and IEC materials are available in the facility. - Abortion is not promoted. Health facility is compliant to FP policies. 	
24 May 2013	MACANHAN HC	Macanhan, CDO	<p>Nurse: Charlotte Ytem, R.N.</p> <p>Midwife: Elsa Mofar &</p>	1	ATTIL Roy Gavino	<ul style="list-style-type: none"> - All service and commodities are available except permanent methods. For those who wanted the permanent methods, Clients referred at NMMC. 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
			Anabelle Atay			<ul style="list-style-type: none"> - No targets or goals set. Incentives are not provided to FP users nor benefits denied to non- users. - Clients are informed comprehensively on FP methods and IEC materials are available in the facility. - Health facility is compliant to FP policies. Interviewed DMPA user. - Client aware of the risks/benefits, side effects of the methods selected 	
13 June 2013	Tubod Maternity Clinic	3 rd East Rosario Heights, Tubod, Iligan City	Ruby Capangpangan, Staff Nurse		DOH Rep Jocel Arnado & LGU Advisor JGuinal	<ul style="list-style-type: none"> - Broad range of Modern FP methods available except BTL/NSV. - For clients who prefer the Permanent Method, they are referred at either the St. Mary's Maternity & Childrens Clinic or Dr. Uy hospital. - No planned FP targets. The Maternity clinic is private and they have no PES. - No incentives or rewards provided in provision of FP services. - No payment of FP referrals; 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>the priority of the clinic is for birthing.</p> <ul style="list-style-type: none"> - No food or money provided to FP clients; Staff is not aware of special activities that provide something to FP client. - No special benefits or no denial of rights. - No FP wall chart, no IEC materials; Clients who ask for help to regain menstruation are tested if pregnant before any management is provided. - If found pregnant, pre-natal is conducted; There is no evidence of coercion in the FP program 	
27 June 2013	BHS Poblacion	Poblacion, Tagoloan, Mis Or	Dorie Emata, RHM	1	ATTIL Roy Gavino	<ul style="list-style-type: none"> - No targets or goals set. Incentives are not provided to FP users nor benefits denied to non- users. - Clients are informed comprehensively on FP methods and IEC materials are available in the facility. - Abortion is not promoted. Health facility is compliant to FP policies. 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
13 June 2013	Tubod Maternity Clinic (Private Birthing Homes)	3 rd East, Rosarion Heights, Tubod, Iligan City	Dr. Grospe (OB Gyne-Owner)	None	MH j guinal	- Provides FP counseling, pills, NFP-LAM, no IEC materials, OB owner conducts BTL concomitant with C / S, FP services are provided per request	
June 18, 2013	Sapad RHU	Poblacion, Sapad	Yolanda Anhao (PHN)	None	MHJ Guinal	- Provides FP counseling for all FP methods, FP services except VSC, Only deskchart available for counseling	
19 June 2013	Magsaysay RHU	Poblacion, Magsaysay	Josephine Opay (PHN)	None	MHJGuinal	SAA	
19 June 2013	Lala RHU & Lying-in Clinic	Poblacion, Lala	Bernadeth Lumacad (FP Coordinator)	None	MHJ Guinal	SAA	
20 June 2013	Linamon RHU & Lying-in Clinic	Poblacion, near Municipal Hall Linamon	Florecita Maslog (PHN)	None	MHJGuinal	SAA	
14 June 2013	Munai RHU	Poblacion, Munai	Shirley Mangompia	None	MHJGuinal	- Provides FP counseling & artificial MFP services, only blue deskchart for P is available	
5 July 2013	Pala-o BHC & Lying-in Clinic	Pala-o, Iligan City	Elvira Patay (RHM)	None	MHJGuinal	- Provides FP counseling, pills, condoms, DMPA, NFP, only blue desk chart is	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						available	
17 July 2013	Mandulog BHC	Mandulog, Iligan City	Diamond T. Mohammad (RHM)	None	MHJGuinal	- Provides FP counseling, pills, condoms, DMPA, NFP, IUD insertion, only blue desk chart is available	
17 July 2013	Upper Hinaplanon BHC	Upper Hinaplanon, Iligan City	Clarence D. Recla (RHM)	None	MHGuinal	- Provides FP counseling, pills, condoms, DMPA, NFP-LAM & SDM; no IEC materials due to Sendong	Request IEC materials & job aid at CHD NM
18 July 2013	Buru-un A BHC	Buru-un, Iligan City	Maricris E. Gillo (RHM)	None	MHJGuinal	- Provides FP counseling, pills, condoms, DMPA, NFP; only blue desk chart is available	
18 July 2013	Mahayahay BHC	Mahayahay, Iligan City	Lani M. Canada (RHM)	None	MHJGuinal	- Provides FP counseling, pills, condoms, DMPA, NFP; only blue desk chart is available	
19 July 2013	Marie Stopes Clinic	Quezon Ave, Pala-o, Iligan City	Anatalia Reloba Jocelyn Pica (Senior Service Provider)	None	MHJGuinal	- Provides FP counseling, pills, condoms, DMPA, NFP; IUD insertion, BTL-MLLA Outreach Services	
19 July	Marie	Quezon	Anatalia		DOH Rep	- Modern methods available	- ICV was

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
2013	Stopes Clinic	Ave., Iligan City	Reloba & Jocelyn Pica/ Senior Service Providers		Jocel Arnado & LGU Advisor JGuinal	<p>except permanent and NFP.</p> <ul style="list-style-type: none"> - For Clients who prefers NFP, they are referred to the RHU. - They have planned targets specifically total number of new acceptors. The purpose of the target is for planning for logistics and performance evaluation. If they can't meet their targets, they will be reminded by their supervisors and they will develop a catch-up plan. No additional compensation or reward for providing FP services except for the monthly salary. - To increase their FP users they coordinate with LGU's and hospitals and some have MOA's- they provide FP commodities. - No provision of money or food for acceptors; no benefit is denied if clients will not accept FP services. - Clients are counseled and offered all the available 	<p>stressed in the practice of the Midwives in the provision of FP services</p> <ul style="list-style-type: none"> - Advised to have a separate assessment using the FP Form 1 to all FP clients and especially for BTL clients and have a copy of the consent form at the hospital

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>methods and the clients are allowed to choose.</p> <ul style="list-style-type: none"> - The clients are also provided info on risk and benefits, side effects, how to use method of choice and conditions that would render method not advisable to clients. - Wall Chart and brochures available which the client can take home. - They were not consulted for missed or delayed menstruation. - Perform BTL and they provide counseling before the procedure. - They explain the surgical procedure, possible discomfort and risk, expected benefits, irreversibility and purpose of procedure, and option to withdraw. - Informed consent is also explained to the client with the following elements mentioned like temporary methods are available, VSS is a surgical procedure, is 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>permanent with small failure rate and client will unable to have any more children; it does not protect from STI.</p> <ul style="list-style-type: none"> - Certain risk are associated with the procedure and also the benefits; the client can decide against the procedure any time before the procedure without denial of any rights for medial, health or other services or benefits. - The facility has informed consent. - No compensation provided except for the free post-op medicines. - Not aware of any program in the locality that provides cash or in-kind assistance to VSS clients; referral agents or service providers are not paid on a per case basis. - Marie Stopes not using any reporting form mentioned in the tool. - There is no evidence of coercion on their FP program. Compliant to ICV. 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
25 July 2013	RHU- Manolo Fortich	Manolo Fortich, Bukidnon	Erlinda Palacan, RHM II	1	Gilda Ajoc, PHO MNCHN Coordinator	<ul style="list-style-type: none"> - Pills, Injectables, IUD, no condoms, SDM, BTL & Vasectomy referred to NMMC thru itinerant teams; no targets except for planning for logistics. - CHT helps increase the FP clients especially among NHTS-CCT HH. - RHM introduced all methods, clients choose; couple will discuss and will agree, - Wall chart, flipcharts, brochures leaflets and flyers available in english and tagalog; can't bring home because only few copies are available. 	
23 Aug 2913	BHS- Brgy 9, Malaybalay	Malaybalay City, Bukidnon	Mildred Escrupulo, RHM	1	Violeta Almacen, PHO FP Coordinator AAalaban-LGU Advisor	<ul style="list-style-type: none"> - BPMCAI services are available except permanent methods. - Targets are set for planning, logistics and performance evaluation. Incentives are not provided to FP users nor benefits denied to non-users. - Clients are informed comprehensively on FP 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>methods and IEC materials are available in the facility.</p> <ul style="list-style-type: none"> - Health facility is compliant to FP policies. Interviewed client who is a pill user. - The advantages, disadvantages and side effects were thoroughly explained to client. - Facility is compliant to ICV. 	
26 Sep 2013	BHS- Manolo Fortich, Bukidnon	Poblacion, Manolo Fortich, Bukidnon	Fe Villareal, RHM	1	Violeta Almacen, PHO FP Coordinator AAalaban-LGU Advisor	<ul style="list-style-type: none"> - Pills, injectables and condoms are available at the BHS; If the methods selected by clients is not available they are referred to the MHC for IUD and to the MF Provincial Hospital for LAPM. - The facility has no planned targets/goals; we have existing employee evaluation system but no more targets for FP program. - Our FP program is evaluated by the available methods we provide and the process or procedure we do in counselling and provision of selected method. - I'm not required to assigned 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>any specific targets by methods.</p> <ul style="list-style-type: none"> - No compensation is provided by the LGU for providing FP services; Provision of FP services is part of our job description; No body is paid for FP referrals. - I have not heard of any special activity or events in the municipality that provides something to FP clients when they accept or no benefits, privileges or access are denied when they don't accept FP services. - After counselling, client decides on what methods to use; all information on FP methods are explained in the dialect clients understand before they will make decisions. Information like risks and benefits, side effects, how to use the methods/procedures and conditions that would render the methods inadvisable. MEC wheel is used. 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - FP wall chart is posted in the wall; FP brochures and leaflets in English and Tagalog are available at the facility however, clients can't bring the IEC materials home. - There were times when RHM was consulted for missed or delayed menstruation and she advised clients to go for pregnancy test and she provides Ferrous sulphate tablets. If pregnancy is confirmed she advised pre-natal check-up. - For clients who want to limit, they are counselled on VSS. - The following info are provided to the clients: (i) surgical procedure to be followed, (ii) possible discomforts and risks. (iii) expected benefits. (iv) availability of alternative methods; (v) irreversibility and purpose of procedure; (vi) option to withdraw consent; (vii) informed consent explained to client. 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - The BHS has no informed consent on VSS. - No compensation provided to acceptors of VSS. - No program of the brgy or municipality that provides cash or in kind assistance to VSS clients. - Referral agents or service providers (NMMC & MSI) are not paid when they conduct VSS. - Review of records showed that there was no increase in the number of acceptors/users of any particular method; no inconsistency in the data. - There is no evidence of coercion in the FP program. - Facility is compliant with ICV requirements. 	
CARAGA							
5 Sep 2013	Nasipit District Hospital	Nasipit Agusan del Norte	Minda Rivera, Chief Nurse	None	Arlys D. Demata	<ul style="list-style-type: none"> - The trained hospital staff exercised ICV when giving counseling - The Hospital FP room is not functional, and has no IEC materials available and has 	<ul style="list-style-type: none"> - Advised to have a separate assessment using the FP Form 1 to all FP clients and

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>no FP all method wall chart posted</p> <ul style="list-style-type: none"> - MSI conducted the group counseling prior to the ligation but there were no records on the consent kept by the hospital but staff claimed that consent are with the MSI staff - The facility does not provide any form of compensation for BTL 	<p>especially for BTL clients and have a copy of the consent form at the hospital.</p>
5 Sep 2013	Buenvista RHU	Buenvista , Agusan del Norte	Alma Jalop, RHM Erlinda Casino- RHM	None	Arlys D. Demata	<ul style="list-style-type: none"> - The facility has trained providers and have been implementing counseling based on ICV in providing the services - The RHU has active FP services and has been implementing the DQC in their reports. Supplies are available with trained providers. The RHU is still using the old FP Form 1 - The RHU has a target used for budgeting and forecasting - All method chart was posted at the RHU 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
6 Sep 2013	Kitcharao RHU	Kitcharao, Agusan del Norte	Catalina Vertudazo Alegre, RHM	None	Arlys Demata	<ul style="list-style-type: none"> - There are staffs trained on FP and conduct the counselling. Clients are given choice as to the method chosen. FP supplies were available provided by PHO. The LGU did not purchase commodities in 2013 - MSI performed BTL/MLLA at the BEMONC facility DR last May 28, 2013 with 10 clients. 	<ul style="list-style-type: none"> - Referred to CHD 13 FP coordinator to conduct a meeting with the MSI on the BTL. - Advised to conduct BTL at the Kitcharao District Hospital
6 Sep 2013	Jabonga RHU Birthing Facility	Jabonga , Agusan del Norte	James Galido –PHN Tabetha Tello -RHM	None	Arlys Demata	<ul style="list-style-type: none"> - The RHU has trained midwives who perform and the counselling and provides the method chosen by the client. - Due to the renovation, the all method wall chart was not placed at the FP room - No FP all method wall chart posted. According to the Nurse it was posted only a the main RHU and in Bangonay BHS - No target was imposed to 	<ul style="list-style-type: none"> - Advised to have the FP all Method chart posted on the wall that can be seen by the clients

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						all providers	
6 Sep 2013	Santiago RHU	Poblacion Santiago, Agusan del Norte	Alma Capon, RHM	None	Arlys Demata	- FP services were provided by the midwife trained. Currently they experienced stock out on IUD, condoms and Famila 28 – (a new brand COC pills). However, midwives have IUD supplies provided by MSI but have to charge for cost recovery. Although the facility has trained providers but with the stocks out, they cannot provide the method of choice by the client. Clients are prescribed to buy at the pahrmacy. Informed choice was observed in the service provision	- Referred to CHD and PHO for commodity allocation
6 Sep 2013	Remedies T. Romauldez RHU	RTR Agusan del Norte	Elsie may Simbajon - PHN	None	Arlys Demata	- The RHU has FP services and FP room that is also under renovation as of now. ICV was followed in the course of providing FP services. No target was imposed to the providers.	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - RHU has all different FP methods available provided by the PHO but there are certain brands not available like exluton brand that clients preferred which are prescribed 	
9 Sep 2013	Magallanes RHU	Magallanes	Lorma Lumaban-PHN	None	Arlys Demata	<ul style="list-style-type: none"> - FP services are also provided with available FP commodities from PHO - Based on the interview, all the regular midwives were trained and were providing FP services. All methods are available 	
9 Sep 2013	Las Nieves RHU	Las Nieves, Agusan del Norte	Basilisa Japitana - RHM	None	Arlys Demata	<ul style="list-style-type: none"> - Since most midwives are all trained on FPCBT level 1 and 2, FP service are provided in accordance with inform choice of the clients - Has All Method tarpaulin posted at the FP room IUD - For FP services, the RHU has a room that served as the FP and pre natal room. FP commodities are 	<ul style="list-style-type: none"> - Advised to have a proper form 1 for all FP clients and should have signed consent.

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						available includes DMPA, Pills, condom allocated by the PHO. IUD stocks are provided by MSI after the itinerant services conducted. MSI also conducted IUD itinerant services to the BHS on a quarterly basis	
SOUTHERN MINDANAO (DAVAO REGION)							
<i>DAVAO CITY</i>							
2 Aug 2013	Camp Panacan Station Hospital (during the conduct of an outreach , the facility does not provide FP services)	Panacan, Davao City		3 7	Maharlika Cossid-Gomez Elena Plenos	- Clients interviewed were not coerced on the choice of FP method. They were provided with comprehensible information of the method. - No incentive is also provided. They were asked to sign a consent before the procedure and told that they can back out anytime if they decide to do so.	-
5 Sept	Southern Philippines	Davao City	Dr. Alice Layug and	None	Dr. H.	No vulnerability noted. SPMC staff responded swiftly to the	-

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
2013	Medical Center		Ms. Belle Ballio		Plaza	<p>questionnaires as prescribed in Form 1.</p> <ul style="list-style-type: none"> - Health Providers do not have numeric targets. - Service providers do not receive incentives or financial rewards for FP services or referrals. - FP acceptors do not receive incentives and benefits are not denied for not accepting FP method. - FP information given to clients on FP methods include risks and benefits, side effects, advantages-disadvantages, how to use the method/procedure and conditions that would render method inadvisable 	
5 Sep 2013	Sasa Health Center	Sasa, Davao City	Geraldine Wong - RHM	none	Elena Plenos	<ul style="list-style-type: none"> - FP methods available and offered at the RHU – pills, DMPA, NFP (SDM). IUD 	<ul style="list-style-type: none"> - Provide for a FP Wall Chart to be posted at

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>clients are referred to a nearby BHS. BTL clients are referred to SPMC or during an outreach by the itinerant team in partnership with Jerome Foundation.</p> <ul style="list-style-type: none"> - Health Providers do not have numeric targets. - Service providers do not receive incentives or financial rewards for FP services or referrals. - FP acceptors do not receive incentives and benefits are not denied for not accepting FP method. - FP information given to clients on FP methods include risks and benefits, side effects, advantages-disadvantages, how to use the method/procedure and conditions that would render method inadvisable. - There is no FP wall chart posted in the FP room. But there are other FP IEC 	<p>the waiting area</p>

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>materials like flip chart. There are no fliers or brochures (IEC materials) for clients.</p> <ul style="list-style-type: none"> - Staff claimed that there have been times when she was consulted for missed or delayed menstruation. Actions taken are – ask LMP and compute AOG, PE and request for pregnancy test. If (+) pregnancy test, prenatal is recommended. If (-) pregnancy test, advice to wait for period and come back for FP consultation and counseling. - RHU staff (referral agents) are not paid for referring BTL acceptors 	
9 Sep 2013	Buhangin Health Center	Buhangin, Davao City	Emely Valencia PHN	1	Elena Plenos	<ul style="list-style-type: none"> - All FP methods are offered in the facility except BTL which is referred to SPMC or during an outreach by the itinerant team in partnership with Jerome Foundation. - They compute their FP 	-

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>targets/goals for planning, and as a guide for their delivery of services. There are no consequences when these are not achieved</p> <ul style="list-style-type: none"> - No incentives or financial rewards are given to service providers or payment for any FP referrals. - Clients who do not accept a FP method are not denied of benefits or their rights to avail of health services. - Comprehensible information on FP methods is provided adequately to clients and clients' concerns are adequately responded to. - An old FP wall chart and IEC materials are available in the health facility. - When consulted on missed or delayed menstruation, they are advised for pregnancy test and referred to DHO and when pregnancy is confirmed, 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>client is advised for prenatal care.</p> <ul style="list-style-type: none"> - There are no sharp increases in the number of acceptors nor any inconsistency in the data. - There are no signs of coercion noted in providing FP services - Client interviewed is a DMPA user. The couple decided to accept the method to space their children after the Nurse provided them with all the necessary information of the different FP methods. They also discussed the method she has chosen. She was satisfied with the services of Nurse and she was advised to come anytime to the health center for any problem or concern. 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
<i>DAVAO DEL SUR</i>							
24 July 2013	RHU Padada	Padada	Maribeth Flores	9	Ma. Theresa H.Wood	<ul style="list-style-type: none"> - The Health provider was able to discuss comprehensive information about FP to clients i.e. risks and benefits, side effects & etc. - The clients were not coerced or have been denied of other health benefits - No incentives or financial rewards are given to service providers or payment for any FP referrals. - Clients who do not accept a FP method are not denied of benefits or their rights to avail of health services. - Comprehensible information on FP methods is provided adequately to clients and clients' concerns are adequately responded to. 	<ul style="list-style-type: none"> - The health facility needs more IEC materials i.e. leaflets to be given to clients - Need to ensure the giving of proper information and counseling to clients who want to accept FP methods - Use of FP Form1 during actual counseling and prompt as well as regular (monthly) submission of

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
							<p>accomplished reports to PHN</p> <p>- Good record keeping to ensure privacy and confidentiality</p>
DAVAO ORIENTAL							
20 June 2013	Cateel District Hospital	Cateel	1.Diana Mano, PHN, Boston 2.Cristine Morales, PHN, Cateel 3.Marwenda Toroba, MW, Boston	3	Dr. Eden Wales and Maharlika Cossid-Gomez (MH), Dr. Judith Tapiador (CHD)	The HSPs interviewed were well aware of ICV & observed its compliance. The replies were honest even when probed deeper. The clients decision for BTL is in agreement with partners/husbands. No force or incentives in the clients reply.	
21 June 2013	Baganga Lying In	Baganga	1.Cleopatra Lagbas, RHM 2. Cladestine Masudog, RHM		Dr. E Wales, Dr. Hendry Plaza and M, Cossid-Gomez (MH), Dr. Tapiador	No vulnerability noted. Clients interviewed were not coerced on the choice of FP method. They were provided with comprehensible information of the method. - No incentives or financial	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
					(CHD), Ms. Melody Bano (PHO)	<p>rewards are given to service providers or payment for any FP referrals.</p> <ul style="list-style-type: none"> - Clients who do not accept a FP method are not denied of benefits or their rights to avail of health services. - Comprehensible information on FP methods is provided adequately to clients and clients' concerns are adequately responded to. <p>PHO and LGU staff were coached/ mentored on the use of the ICV form. HSPs who attended FP-CBT 1 were refreshed on the ICV protocol</p>	
20 Aug 2013	RHU	Caraga	1.Marisa Calipes, RHM, Sobrecary 2. Melanie Ybanez, PHN, RHU Caraga 3.Percy Francisquete, RHM, San	4 3	DOH Rep, Dr. E Wales, (MH)	<p>No vulnerability noted.</p> <p>Clients interviewed were not coerced on the choice of FP method. They were provided with comprehensible information of the method.</p> <ul style="list-style-type: none"> - No incentives or financial rewards are given to service 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
			Pedro			<p>providers or payment for any FP referrals.</p> <ul style="list-style-type: none"> - Clients who do not accept a FP method are not denied of benefits or their rights to avail of health services. - Comprehensible information on FP methods is provided adequately to clients and clients' concerns are adequately responded to. 	
23 Aug 2013	District Hospital	Lupon	1.Amelita Barol, Chief nurse 2.Maricel Bernal, RHM, Magsaysay	4	Dr. E Wales, (MH)	<p>No vulnerability noted.</p> <p>Clients interviewed were not coerced on the choice of FP method. They were provided with comprehensible information of the method.</p> <ul style="list-style-type: none"> - No incentives or financial rewards are given to service providers or payment for any FP referrals. - Clients who do not accept a FP method are not denied of benefits or their rights to avail of health services. - Clients and clients' concerns 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						are adequately responded to.	
COMPOSTELA VALLEY							
16 May 2013	CVPH- Montevista	Montevista	Arlene Maglana	2	Nelia S. Gumela	<ul style="list-style-type: none"> - No violation/ vulnerability noted - Clients interviewed were not coerced on the choice of FP method. They were provided with comprehensible information of the method. - Clients' concerns are adequately responded to. - 	<ul style="list-style-type: none"> - Wall chart to be posted at the OPD - Continuous ICV monitoring to be done by DOH Representative s in all facilities providing FP services - MH to provide monitoring tool
SOCCSKSARGEN							
NORTH COTABATO							
21 Jun 2013	Family Planning Org'n. of the Phils. (FPOP)	Alim St, Kidapawan city	Ms. Hermenigilda Escalante – Program Manager	1	LGU Advisor - KCC	<ul style="list-style-type: none"> - ensures proper info giving and counseling to clients who wants to accept FP methods - uses FP Form1 during actual counseling; submits reports to PHO quarterly - records intact and kept in a 	<ul style="list-style-type: none"> - provide All Method FP Wall Chart - include HSPs in training FP CBT 1 & 2 for updates

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - cabinet to ensure privacy and confidentiality - All Method FP Wall Chart not seen in the facility but with leaflets on the different PF methods - Staff needs to undergo FP CBT Level 1 training 	
26 Sep 2013	RHU - Kabacan	National Hiway, Kabacan, Cotabato	Ms. Helen Condez PHN	0	LGU Advisor	<ul style="list-style-type: none"> - FP Room is conducive for provision of privacy and confidentiality - Records are kept in a closed cabinet and well organized - PHN ensures that proper counseling should be provided as it is an opportunity for clients to understand and correct their misconceptions - All Method FP Wall Chart not observed, with few leaflets available - few supplies of injectables 	<ul style="list-style-type: none"> - Provide All Method FP Poster

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						left, prescribed to other clients whom upon assessment can afford to avoid drop outs	
28 Aug 2013	RHU – Pres. Roxas	Poblacion, Pres. Roxas, Cotabato	Ms. Monina de Asis – PHN Ms. Ma. Fe Magallena – MW; trained on PPIUD	2	LGU Advisor KCC	<ul style="list-style-type: none"> - HSPs ensures provision of FP based on their choice and understanding after thorough counseling - FP commodities and records intact; FP Form 1 properly signed by clients - FP posters seen but no available All Method FP Wall chart inside the facility - HSP trained on PPIUD not yet providing the service due to lack of confidence as she had only 1 actual client provide during their practicum at the training course 	<ul style="list-style-type: none"> - Provide All Method FP Poster - MW Magallena to underwent on the job training at Aleosan District Hospital (ADH) where 1 PPIUD trained is an OB-Dr. Vicenta Tello and can support and guide her during actual practice with potential clients
29 Aug 2013	Aleosan District Hospital (ADH)	Aleosan, Cotabato	Dr. Vicenta Tello – OBGyne	1	LGU Advisor KCC	<ul style="list-style-type: none"> - OR / DR Complex is currently on-going construction which also includes the FP / RH Room, 	<ul style="list-style-type: none"> - Provision of All Method FP Poster and other IEC

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			<p>Ms. Rouena Alpas – Chief Nurse</p> <p>Ms. Mindaphine Abulencia – OPD Nurse</p>			<p>thus the limitation to provide BTL services. However, hospital management ensures that clients' privacy is treated with utmost consideration especially if they opted to accept IUD, both interval and PPIUD. Counseling is done at the Nurses' Station, with records kept and filed accordingly. FP Form 1 is properly signed prior to the procedure.</p> <p>- All Method FP Wall Chart not seen inside the facility</p>	<p>materials (leaflets, posters) once hospital renovation is done to set up the FP / RH Room</p>
29 Aug 2013	Dr. Amado Diaz Prov'l. Foundation Hospital (DADPFH)	Poblacion, Midsayap, Cotabato	Ms. Analiza Bardon – FP provider / PPIUD trained	0	LGU Advisor	<p>- FP Room is designated at the OPD Ward where clients availed of the services. Equipment and supplies are properly cleaned and sterilized for ready use. There are few IUD supplies left, thus the need to request from PHO.</p> <p>- There were no leaflets,</p>	<p>- Request from PHO for provision of IUD supplies to DADPFH</p> <p>- All Method FP Poster should be provided and posted at the lobby where the OPD is located</p>

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						brochures on FP available; All Method FP Poster is not also seen / displayed. Desk chart is used for counseling potential FP clients.	so that more clients will be able to acquire basic and correct information on FP
30 Aug 2013; 10 Sep 2013	Cotabato Provincial Hospital (CPH)	Prov'l. Capitol Compound, Brgy. Amas, Kidapawan City	Ms. Felina Hernandez – Chief Nurse Ms. Rhodora Andoy – OPD Supervising Nurse / FP Coordinator	3	LGU Advisor KCC	<ul style="list-style-type: none"> - FP Room is well kept and organized with IEC posters displayed but no All Method FP Wall Chart is seen. Records and files, including FP Form 1 are kept to ensure privacy and confidentiality. - BTL services not provided regularly but per schedule with the availability of the provider 	<ul style="list-style-type: none"> - Provide All Method FP Poster and other IEC materials to CPH as reference materials to be used ward classes especially at the OB/Maternity Ward - Define mechanism with PHO to make BTL as regular service of the facility

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
AUTONOMOUS REGION OF MUSLIM MINDANAO (ARMM)							
<i>ARMM-BASILAN</i>							
30 Aug 2013	LI-MOOK BHS	LIMOOK, LAMITAN	Virginia Cadano	5 Clients	Mindanao Health Project	<ul style="list-style-type: none"> - According to the clients the health service provider to them the different FP methods like Pills, Injectable, IUD, condom and BTL - the couples decided as to what method to be used - Information such as the risks/ benefits , side effects , how to use the methods are discussed with the clients - The health service providers explained the clients what to do and where to go if they experienced the side effects - No coercion nor denial of benefits reported - No Financial Rewards nor Incentives given to FP clients 	<ul style="list-style-type: none"> - Continue to provide complete information to the clients - Contine to involve husband during counseling especially for PPIUD
3 Sep 2013	Malakas BHS	Malinis	Irene Cabute/MECA		DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Pills and Injectables are currently available and offered to clients - IUD clients referred to Limook BHS since she is not 	Training on FP CBT Level II

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>trained on IUD Insertion</p> <ul style="list-style-type: none"> - BTL are referred to Lamitan District Hospital - No numerical target - Usually they use target for logistic management – Forecasting , procurement and distribution - No existing performance evaluation system for FP programs and services - Service providers are not required to achieve any assigned specific numbers of acceptors of specific methods - Service providers do not get any compensation for providing FP services nor get paid for FP referrals - No financial rewards / incentives provided - Family planning clients donot get any rewards in exchange for accepting family planning methods, nor given special benefits offers or preferential treatment , nor deny to any benefits if clients decides not to use Family Planning 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - Comprehensible information are given to Clients - There are available IEC materials available but not posted – no facility = use Multipurpose hall building - No evidence of coercion in the family planning program 	
3 Sep 2013	Maligaya BHS (No Facility) Provide FP services at Maganda BHS	Maganda	Jennifer Pascual/ MECA		DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Available FP Commodities are Pills, injectables , Condom - IUD insertion are referred at RHU 3 Main Health center - BTL referred at LDH - Injectable given by the supervisors - Have numerical targets but for logistics management - No existing PES for FP program - Service providers are not required to achieve any assigned specific numbers of acceptors of specific methods - Service providers donot get any compensation for providing FP services nor get paid for FP referrals - No financial rewards / 	For Training on FP CBT Level 1

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - incentives provided - Family planning clients donot get any rewards in exchange for accepting family planning methods, nor given special benefits offers or preferential treatment , nor deny to any benefits if clients decides - FP IEC available (tagalog version) 	
3 Sep 2013	Bohebessey BHS	Bohebessey , lamitan	Nuraihan Nuddin/MECA	0	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - FP methods available Pills and Injectables - Injectables are referred to Limook BHS – (Not yet trained) - While IUD are referred to CHO - No numerical target - Usually they use target for logistic management – Forecasting , procurement and distribution - No existing performance evaluation system for FP programs and services - Service providers are not required to achieve any assigned specific numbers of acceptors of specific 	Training on FP CBT Level 1

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>methods</p> <ul style="list-style-type: none"> - Service providers donot get any compensation for providing FP services nor get paid for FP referrals - No financial rewards / incentives provided - Family planning clients donot get any rewards in exchange for accepting family planning methods, nor given special benefits offers or preferential treatment , nor deny to any benefits if clients decides not to use Family Planning - Comprehensible information are given to Clients - There are available IEC materials available but not posted – no facility = use Multipurpose hall building - No evidence of coercion in the family planning program 	
3 Sep 2013	Matibay BHS	Matibay , barangay	Fayesha Kalbi/MECA	2 (1 IUD Client, 1 PILL USER)	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Pills , Injectables and condom are currently available and offered to clients - IUD clients referred to Limook BHS since she is not 	For training on FP CBT level 2

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>trained on IUD Insertion</p> <ul style="list-style-type: none"> - BTL are referred to Lamitan District Hospital - There's a numerical target and Usually they use target for logistic management – Forecasting , procurement and distribution - No existing performance evaluation system for FP programs and services - Service providers are not required to achieve any assigned specific numbers of acceptors of specific methods - Service providers donot get any compensation for providing FP services nor get paid for FP referrals - No financial rewards / incentives provided - Family planning clients donot get any rewards in exchange for accepting family planning methods, nor given special benefits offers or preferential treatment , nor deny to any benefits if clients decide not to use Family Planning 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - Comprehensible information are given to Clients - There are available IEC materials available but not posted – no facility = use Multipurpose hall building - No evidence of coercion in the family planning program 	
3 Sep 2013	Baas BHS	Baas Lamitan	Husna Jamiri/MECA		DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Available method pills and condom - Injectables referred to Baimbing BHS since MECA is not trained - Have numerical targets for planning and logistics management - No financial rewards / incentives provided - Family planning clients donot get any rewards in exchange for accepting family planning methods, nor given special benefits offers or preferential treatment , nor deny to any benefits if clients decides not to use Family Planning - Comprehensible information are given to Clients 	For Training on FP CBT Level I

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - There are available IEC materials available but not posted – no facility = use Multipurpose hall building - No evidence of coercion in the family planning program 	
4 Sep 2013	Bato BHS	Bato Barangay	Kennifaye Bisquerra		DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Available method pills, injectables and condom - IUD referred to Li-mook – Service Provider not trained on IUD insertin - Have no numerical targets - No financial rewards / incentives provided - Family planning clients donot get any rewards in exchange for accepting family planning methods, nor given special benefits offers or preferential treatment , nor deny to any benefits if clients decides not to use Family Planning - Comprehensible information are given to Clients - There are available IEC materials available but not posted – no facility = use Multipurpose hall building - No evidence of coercion in 	For Training on FP CBT Level I

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						the family planning program	
4 Sep 2013	Baungos BHS	Baungos , Lamitan	May L. Chua		DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Pills and Injectables are currently available in the facility - Injectable clients referred and inject with supervision since not yet trained on FB CBT Level 1 - IUD referred to Limook BHS - BTL referred to Lamitan District Hospital - Numerical targets are use for Planning and Logistics (forecasting, procurement and distribution) - There's no existing PES for FP program or services. - No incentives/financial rewardfor Service providers - There is also no incentives / Financial rewards for FP Clients - Clients decide on what particular methodbto use after presenting of all the FP methods - Family Planning IEC Meterials available like wall chart, Flipchart,leaflet, flyers and posters in Tagalog and 	<p>For training on FP CBT level 1</p> <p>Request leaflets – only few leaflets are available</p>

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - English - No evidence for coercion. 	
4 Sep 2013	Tandung Ahas	Tandung Ahas	Tita Sta. Loja	0	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Available methods in the facility are condom, pills and Injectables - Can't provide injectable services – referred and provided services with supervision - IUD referred at Limook BHS while clients for BTL referred to LDH - Not trained on FP CBT level 1 - Do not have numerical Targets - There is no incentives/ financial rewards for service providers - No insertives for FP clients - Benefits of clients are nor denied - In terms of decision Making it depends, sometimes influence by friends who used certain methods - After they have listened and asked questions which was answered by the HSP that satisfy them. 	For training on FP CBT Level 1

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - IEC materials on FP are available - Clients can take the IEC materials home - There is no evidence of coercion 	
4 Sep 2013	Balas BHS	Balas	Florifel Tornalejo	0	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Available methods in the facility are pills and Injectables - Can't provide injectable services – referred and provided services with supervision - IUD referred at Limook BHS while clients for BTL referred to LDH - Not trained on FP CBT level 1 - Do not have numerical Targets - There is no incentives/ financial rewards for service providers - No insertives for FP clients - Benefits of clients are nor denied - Clients decide on what method to use after the presentation of all FP methods discuss, after 	<p>Training on FP CBT Level 1</p> <p>Request IEC Material</p>

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<p>hearing the advantages and disadvantages and side effect</p> <ul style="list-style-type: none"> - Clients make decision after confirmation from husband - IEC materials on FP are available but only few stocks left - Clients can take the IEC materials home - There is no evidence of coercion 	
4 Sep 2013	Calugusan BHS	Calugusan	Violeta De La Torre	0	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Available methods in the facility are pills and Injectable - Can't provide injectable services – referred and provided services with supervision - IUD referred at Limook BHS while clients for BTL referred to LDH - Not trained on FP CBT level 1 - have numerical Targets but for planning and logistic management only - There is no incentives/ financial rewards for service providers 	<p>Training on FP CBT Level 1</p> <p>Request leaflets c/o FP coordinator</p>

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> - No insertives for FP clients - Benefits of clients are nor denied - Clients decide on what method to use after the presentation of all FP methods discuss, after hearing the advantages and disadvantages and side effect - IEC materials on FP are available posters and flipchats in Tagalog version - There is no evidence of coercion 	
4 Sep 2013	Tumakid BHS	Tumakid, Lamitan	Naneth Cataylo	0	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Pills and Injectables and condoms are available - IUD Referred to Limook BHS - Not Trained on FP CBT Level 1 – - Injectables clients – referred to supervisors - Have numerical tragets purposely for planning and logistics - No required specific numbers for FP users - No incentives for HW nor financial rewards for FP 	For training on FP CBT level 1

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> clients - Benefits not denied for those who doesn't want to use FP - With available Wall Chart - Other IEC materials available in English and Tagalog - No coercion noted 	
4 Sep 2013	Sta. Clara Main Health Center	Sta. Clara, Lamitan	Vaneza Ann Frando	3 FP Clients (1 DMPA,2 PILLS)	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Available commodities – PILLS, CONDOM Few stocks - Injectable with supervisors - Not trained on FP CBT level 1 - IUD referred at LDH - Have targets for Planning and Logistics - With available wall chart in Bisaya - No coercion noted 	For Training on FP CBT level 1
4 Sep 2013	Maloong San Jose BHS	Maloong San Jose, Lamitan	Geraldine Santos	0	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Pills and Injectables are the available commodities - Injectables are provided in the presence of Supervisors - No training on FP CBT level 1 - With planned FP targets purposely for Planning and Logistics 	For Training on FP CBT Level 1

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						- With limited leaflets	
4 Sep 2013	Boheyawas BHS	Boheyawas, Lamitan	Kathryn Aldanese	0	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Currently available methods Pills , Injectables and IUD - Injectables and IUD referred at Limook BHS - HSP not trained on FP CBT Level 1 - No Coercion 	Not trained on FP CBT Level 1
5 Sep 2013	Pamucalin BHS	Pamucalin, Lantawan	Ruaina Amilhasan	0	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Currently available methods are PILLS, Injectables and IUD, SDM - Injectables with supervision - Not trained on FP CBT Level 1 - BTL referred to LDH - Few leaflets on family Planning - No evidence of coercion 	<p>For Training on FP CBT level 1</p> <p>Request IEC materials</p>
5 Sep 2013	Pisak-Pisak	Pisak –Pisak , Tabuan Lasa	Mudznalein Jai	0	DOH ARMM/ PHO/MindanaoHealth Project	<ul style="list-style-type: none"> - Only Pills available method - Injectables referred to Saluping - Not trained on FP CBT Level 1 - No coercion - 	For training on FP CBT Level 1
5 Sep 2013	Balanting ,	Balanting Saluping	Jawharia Halani	0	DOH ARMM/	<ul style="list-style-type: none"> - Pills and Injection available in the Facility 	For training on FP CBT level 1

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
		Tabuan			PHO/MindanaoHealth Project	<ul style="list-style-type: none"> - Injectables need supervision from MECA in Balanting Barangays - Not trained on FP-CBT 1 - No available IEC materials - No coercion 	
5 Sep 2013	Canibungan BHS	Canibungan , Lantawan	Sitti Rahma Abdulaup/MECA	0	DOH ARMM/ PHO/MindanaoHealth Project	<ul style="list-style-type: none"> - Pills and Injectables the only methods that is currently available at the Health Facility - IUD clients referred to Lower Baniyas- Service providers not trained - BTL at LDH - No evidence of Coersion 	For training on FP CBT Level 1
6 Sep 2013	Shipyards Tabuk BHS	Shipyards Tabuk , MALuso	Arida Maalum/MECA	3 (1 Pills, 2 DEPO)	DOH ARMM/ PHO/MindanaoHealth Project	<ul style="list-style-type: none"> - Methods available Pills and Injectables - Injectables given with supervision - No Numerical Targets/goals - Not trained on FP CBT Level 1 - No evidence of coercion 	For Training on FP CBT Level 1
6 Sep 2013	Panducan BHS	Panducan , Tabuan Lasa	Jurayda Mansujeto/MECA	0	DOH ARMM/ PHO/CHO/ MindanaoHealth Project	<ul style="list-style-type: none"> - Methods available Pills and Injectable - Injectable given with supervision - Not trained of FP CBT level 	For Training on FP CBT Level 1 - Request FP

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						<ul style="list-style-type: none"> 1 - No Numerical Targets/goals - No evidence of coercion - No wall Chart posted – no BHS - No available IEC on Family Planning since there is no BHS 	IEC
6 Sep 2013	Saluping Proper BHS	Saluping, Tabuan Lasa	Nurhana Baraluddin	0	DOH ARMM/ PHO/CHO/ MindanaoH ealth Project	<ul style="list-style-type: none"> - Available methods PILLS and Injectables - Injectables given with supervision since there the HSP is not yet trained on FP CBT Level 1 - No numerical Targets - Clients decide on a particular method – usually clients came in with method in mind - Clients make decision after confirmation from the husband - Have no training on FP counseling - No available IEC Materials on Family Planning since BHS is under construction 	<ul style="list-style-type: none"> - Training on FP CBT level 1 - Request FP IEC Materials
6 Sep 2013	Babag, BHS	Babag , Tabuan	Sitti Farhana Tubadjil	0	DOH ARMM/ PHO/CHO/	<ul style="list-style-type: none"> - FP methods available is PILL - Injectable referred to MECA 	<ul style="list-style-type: none"> - For Training on FP CBT level 1

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
		LAsa			Mindanao Health Project	<ul style="list-style-type: none"> 1 - Not trained on FP CBT level 1 	
<i>SULU</i>							
21 June 2013	Parang RHU	Malinis	Jahara Loong,RHM		Mindanao Health/LGU Advisor	<ul style="list-style-type: none"> - Pills and Injectables are currently available and offered to clients - IUD clients referred to SPH - The MHO is recently graduated in OB-GYN but just reported - Birthing Clinic do not have equipment for IUD insertion. - BTL are referred to Parang District Hospital - No numerical target - Usually they use target for logistic management – Forecasting , procurement and distribution - No existing performance evaluation system for FP programs and services - Service providers are not required to achieve any assigned specific numbers of acceptors of specific methods - Service providers donot get 	

Date Monitored	Name of Facilities	Location of facilities	Name/ Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/ Findings	Steps Taken/ Recommendations
						any compensation for providing FP services nor get paid for FP referrals - No financial rewards / incentives provided - IEC materials available .No evidence of coercion in the family planning program	
<i>TAWI-TAWI</i>							
6/26/13	Pahut BHS	Pahut, Bongao	Asana Alpha/ MECA	4	Senona Passigna/ FP coordinator and Harold Noel Hidalgo/LG U advisor	1. Potential PPIUD users cannot avail of PPIUD service since Training provided to 3 PPIUD service providers lack one module of the training 2. No LAPM referral facility	-
8/28/13	Tubig Boh BHS	Tubig Boh, Bongao	Mary Jane Cagang/ MECA	2	Senona Passigna/ FP coordinator and Harold Noel Hidalgo/LG U advisor	1. Potential PPIUD users cannot avail of PPIUD service since Training provided to 3 PPIUD service providers lack one module of the training 2. No LAPM referral facility	-

Table 2: Summary Matrix of Service Providers/Facilities Monitored and Family Planning Clients Interviewed

Region/Province	Total number of Facilities Monitored	Number of facilities noted to be compliant to policies	Total number of Service Providers Monitored	Number of facilities with possible vulnerabilities	Total number of FP clients interviewed	Number of facilities with possible violations
Zamboanga Pen						
- Zamboanga City	2	2	2	0	1	0
- Zamboanga Sibugay	1	1	5	0	5	0
- Zamboanga del Norte	8	8	8	0	0	0
Sub-total	11	11	15	0	6	0
Northern Mindanao						
- Lanao del Norte	12	12	13	0	0	0
- Others	10	10	15	0	7	0
Sub-total	22	22	28	0	7	0
Southern Mindanao (Davao)						
- Davao City	2	2	2	0	11	0
- Davao del Sur	1	1	1	0	9	0
- Davao Oriental	4	4	7	0	14	0
- Compostela Valley	1	1	2	0	2	0
Sub-total	8	8	12	0	36	0
SOCCKSARGEN						
- North Cotabato	6	6	10	0	7	0
- South Cotabato	-	-	-	-	-	-
Sub-total	6	6	10	0	7	0
CARAGA	8	8	10	0	0	0
ARMM						
- Basilan	1	1	1	0	5	0
- Sulu	1	1	1	0	1	0
- Tawi-Tawi	2	2	2	0	6	0
- Maguindanao	-	-	-	-	-	-

- Lanao del Sur	-	-	-	-	-	-
Sub-total	4	4	4	0	12	0
Total	59	59	79	0	68	0

C. General Recommendations and Next Steps

Local Government Unit (LGU) Advisors and Area Team Leaders (ATTL) who conducted ICV compliance monitoring each gave their observations as to good points and likewise their recommendations for further improvement with regards to ICV compliance. These are all found on Table 3 below. Some LGU Advisors haven't conducted ICV monitoring in their areas so they are not included on the table.

Table 3: Summary of Recommendations and Next Steps

Region/Province	Good points determined during the monitoring	Points to improve on and recommendations/next steps
Zamboanga Pen Zamboanga City	- Presence of FP Counseling room, FP wall chart and flip chart. FHSIS records are in place with TCL and ITRs complete.	- Additional flyers and/or brochures of FP methods, if possible in vernacular (local dialect)
Zamboanga Sibugay	- Since the monitoring was done during an actual IUD outreach activity, it provided an opportunity for the monitors to also observe provider-client interaction during the provision of the actual service. Moreover, there were also readily available clients that can be interviewed while they were waiting for their turn to receive the service.	- CHDZP was not able to join the IUD outreach and ICV monitoring activity. For future monitoring, it would be good to have representative of CHDZP join the monitoring team.
Zamboanga del Norte	- All health facilities were found to be compliant to FP policies. No indication of vulnerability nor violation.	- Encourage provincial coordinator and DOH representatives to include ICV monitoring during their regular monitoring activities. - Schedule a re-orientation on ICV for provincial coordinators, DOH reps and

Region/Province	Good points determined during the monitoring	Points to improve on and recommendations/next steps
<p>Northern Mindanao</p> <p>Lanao del Norte</p>	<ul style="list-style-type: none"> - All the service providers and other staff were accommodating during the conduct of the ICV monitoring. - All health service providers interviewed already knew that no target/quota is required for them in the program as one measure to gauge their performance. - The FP clients were given the full information by their service providers and it is they who chose the method. No evidence of coercion nor monetary reward/incentive was noted. - Although one facility (Hinaplanon) had no IEC materials for clients they still provided comprehensible information. 	<p>PHNs.</p>
<p>Southern Mindanao (Davao)</p> <p>Davao City</p>	<ul style="list-style-type: none"> - All service providers interviewed were providing adequate information to clients especially on the method chosen. Does not coerce clients to accept a particular method. - The ICV compliance monitoring provided avenue to re-orient service providers on ICV policies and disseminate DOH AO 2011-0005 	<ul style="list-style-type: none"> - Increase participation of FP/MNCHN/DOH representatives in ICV compliance monitoring. - FP Coordinator to provide FP wall chart and emphasize its importance in providing FP information.

Region/Province	Good points determined during the monitoring	Points to improve on and recommendations/next steps
Davao del Sur	- With good client-provider relationship during the process and the provider is knowledgeable and possesses good communication and counseling skills	- To continue the acquired skills and to share those to other staff; needs IEC materials i.e. Leaflets. To continue ICV compliance to all FP clients
Davao Oriental	- Service providers interviewed were well-aware of ICV and observed compliance in dealing with FP clients especially in counseling.	
Compostela Valley	- No vulnerabilities noted	- DOH Representatives and PHO to assist in monitoring
SOCCKSARGEN North Cotabato	- MFP Providers have updated training on FP CBT Level 1 and are aware of compliance to ICV protocols, as to no targeting and coercion as well as provision of incentives and clients's/ couple's right to decide the method of their choice. However, most of them do not have copies of the ICV AO/ policy during the visit.	- Make leaflets/handouts available for additional info for clients and All Method FP Poster for reference during counseling. The availability of the wall chart is also in compliance to ICV standards and protocols.
CARAGA Agusan del Norte & Agusan del Sur	- The facilities visited were aware of the ICV policies in relation to providing Family Planning services since they were previously trained and monitored by the previous USAID project- HealthGov. All the facilities have complied with the ICV policies with FP Wall	- Nasipit District Hospital shall have FP Form 1 and BTL consent record at their facility to all BTL services provided by MSI itinerant team. PHO to provide FP wall chart for the new FP room. - PHO Agusan del Norte to conduct regular monitoring to all the facilities and provide technical assistance to

Region/Province	Good points determined during the monitoring	Points to improve on and recommendations/next steps
	charts displayed in some RHUs at the prominent areas that can be seen by the clients. No Targets were imposed to the service providers.	<p>improve the set up and record system.</p> <ul style="list-style-type: none"> - Suggested and agreed to Jabonga RHU and RTR RHU rearrange the FP room to make it presentable though under renovation to make comfortable to the clients. FP all method wall chart will be posted where clients can see it - PHO to provide the needed logistics to the RHUs with buffers to avoid of stock out
ARMM Basilan	<ul style="list-style-type: none"> - No coercion noted - Providing a broad range of Family Planning methods at Limook BHS - Involvement of husband during counseling 	<ul style="list-style-type: none"> - Train other MECA on FP CBT Level 1
Sulu	<ul style="list-style-type: none"> - Referral of clients to other facilities for Injectables, IUD and BTL - No evidence of coercion - Most of the BHS Have available posters and leaflets - Pills and Injectable – available in most of the BHS 	<ul style="list-style-type: none"> - Most of the MECA interviewed could not provide injectables services - Most of the MECA midwives are not trained on FP Counseling. - For FP CBT Level 1 Training/ Training on counseling.
Tawi-Tawi	-	<ul style="list-style-type: none"> - Certification of LAPM itinerant team previously trained by SHIELD - Refresher course for PPIUD service providers

Annex D. Environmental Examination Compliance Report

Environmental Mitigation and Monitoring Activities that were indicated in Year 1 were not rolled out due to start-up related activities and staffs were not yet fully on board. However, the Baseline Assessment of Health Facilities in the project sites was conducted. Preliminary results from about 82% of the health facilities surveyed would show that only 1/3rd of RHUs would have placental disposal pit and hospitals about 71.7% claimed that they have placental disposal pit. Whereas, garbage disposal for sharps and hazardous materials for both Rural Health Units (85.4%) and hospitals (96.65%). What the data illustrates is that MindanaoHealth need to train health service providers on proper placental disposal and promote placental disposal pit particularly among Rural Health Units. The results shall be consolidated with the results of the planned assessment so as to have a comprehensive profile of what is the situation and what is being done in the health facilities.

Preliminary Results on Placental Disposal Pit and Garbage Disposal for Sharps and Hazardous Materials from Rural Health Units and Hospitals (Public & Private)			
Infection Prevention and Disposal Variables	Percentage Distribution of RHUs (Number)	Hospitals (Private & Public) (%)	Total
Placental disposal pit	32.9% (277/775)	71.7% (162/224)	43.9% (439/1001)
Garbage Disposal for Sharps and Hazardous Materials	85.4% (680/796)	96.6% (225/233)	90.4% (905/1029)

A work plan was submitted to USAID along with the Annual Implementation Plan for Year 2.

In Year 2, MindanaoHealth will conduct an assessment of the waste management practices of selected health facilities. The results of which will be made as basis to advocate improving environment and mitigation practices, particularly on waste management.

At the same time, the results will also be used to develop a training module on EMMP – waste management. This will be used during the conduct of the training, one each per region. A training module will also be developed, which will be used for training health service providers. MindanaoHealth will conduct training per region on waste management/environment mitigation and monitoring.

The table below outlines key activities for year 2 on EMMP:

Environment Mitigation and Monitoring Plan								
Activity	Target	Expected Outputs & Results	Resource Requirements	Indicators	Q1	Q2	Q3	Q4
1.1 Conduct assessment on waste management at selected health facilities	Design a waste management assessment plan	Assessment design jointly agreed upon by stakeholders	Assessment design					
1.1.1 Analyze results and feedback to CHD/PHOs/MHOs/CHOs.	Assessment analyzed Results communicated to CHDs, PHOs, CHOs and MHOs	Assessment results	Data from the assessment					
1.1.2 Develop action plan to address gaps		Environmental mitigation and monitoring action plan	Results					

Reference Materials on Infection Prevention and Health Waste Management

Training Modules for Service Providers	Participants (eg. RHMs, PPMS)	Duration of Training [&Est Time for IP/ HWM* discussion]	Agency/ Institution with whom IP/ HWM was vetted
Family Planning Basic Competency-Based Course Handbook edition 2011	54 health service providers trained: 26 from Bukidnon, 17 from Misamis Oriental and 11 from Lanao del Norte	5 days, estimated time for IP is 2 hours	CHDs/PHOs/CHOs
CMNC training	Trained 146 MECA (Midwives in Every Community in ARMM)	5 days, infection control and health waste management is allocated 3 hours	DOH-ARMM/PHOs/CHOs
PPFP/PPIUD	Health service providers – 56	4 days	CHDs/PHOs/CHOs

Annex E. Public-Private Partners Report

No	TA Package	LGU Advisor	Location	Total Amount	Cost Share								DOH-CHD	
					MH	%	Province	%	LGU	%	Others	%		
1	Conduct of LAPM Plus Outreach Services & ICV Monitoring in the Municipality of Lebak, SK	Rhodora Antenor	Lebak, Sultan Kudarat	67,487	7,800	12%	7,400	11%	35,100	52%	17,187	0	-	0%
2	Training Workshop of LGU stakeholders and PPA for Cabadbaran, Agusan del Norte for the establishment of a functional MNCHN SDN and Functional Health Referral System	Arllys Demata	Cabadbaran, Agusan del Norte	132,145	74,545	56%	9,600	7%	33,600	25%		-	14,400	11%
3	Inventory of SD Capability of Facilities for MNCHN/FP	Katherine Ciño	North Cotabato	148,600	43,000	29%		0%	57,600	39%		-	48,000	32%
4	Support to PHO and CPH during Inauguration of CPH Breast-feeding Room	Katherine Ciño	Kidapawan, North Cotabato	25,000	5,000	20%		0%	20,000	80%		-		0%
5	Information dissemination support for the IDPs in Conflict Affected Areas in Zamboanga City	Abdulhalik Kasim	Zamboanga City	83,300	57,300	69%		0%		0%		-	26,000	31%
6	Capacity Building for Midwives on CMNC, including AMSTL and EINC among MECA Midwives in the province of Lanao del Sur & Marawi City	Jane Abdul	Lanao del Sur & Marawi City	958,140	958,140	100%		0%		0%		-		0%
7	Inventory of SD Capability of Facilities for MNCHN/FP	Jane Abdul	Lanao del Sur	167,440	156,940	94%	1,000	1%	9,500	6%		-		0%
8	Orientation and Year 2 Operational Planning for Regional Monitoring & Evaluation Officers and ATTLs	Fidel Bautista	Mindanao	87,500	87,500	100%		0%		0%		-		0%
9	Develop Online Health Learning Modules for the NEO Webinar Series Intended for Local Chief Executives	Edgardo Catalan	Mindanao	-										
10	Conduct of Buntis Congress for the Nutrition Month Celebration in Hagonoy, Davao del Sur	Ma. Theresa Wood		78,950	8,920	11%	3,310	4%	66,720	85%		-		0%

No	TA Package	LGU Advisor	Location	Total Amount	Cost Share									
11	TA for Two batches of FPCBT Level 2 for the Provinces of agusan del Norte & Agusan del Sur	Arllys Demata	Butuan City	647,000	90,000	14%	7,200	1%	93,600	14%		-	456,200	71%
12	Orientation-Training of MHO/PHN, COH/CN, PHO Technical and DOH representatives of Agusan Del Norte, Surigao Del Norte and Surigao del Sure and Dinagat Island on FP-MNCHN assessment Tool	Arllys Demata	Butuan City	170,732	88,332	52%	-	0%	28,800	17%	-	-	53,600	31%
13	Conduct of LAPM Fixed and Outreach Services and ICV Monitoring in celebration of Aust as FP Month in SK Province	Rhodora Antenor	Sultan Kadarat	239,900	8,100	3%	113,160	47%	66,960	28%	45,000	0	6,680	3%
14	Conduct of IUD Outreach Service and Certification of Trained IUD Providers in Siay, Zamboanga Sibugay	Jennifer Nandu	Zamboanga Sibugay	55,050	10,250	19%	23,000	42%	7,600	14%	-	-	14,200	26%
15	TOT and Training of Service Providers on PFP/PPiUD Provision	Cesar Maglaya	Davao City	645,600	270,300	42%	38,600	6%		0%		-	336,700	52%
16	Orientation Workshop on Objective Structure Competency Evaluation (OSCE)	Ma. Melissa Poot	Davao City	473,750	387,250	82%	-	0%	-	0%	-	-	86,500	18%
17	Conduct of Buntis Congress for Nutrition Celebration in the municipality of Lebak, SK Province during the celebration of Nutrition Month Culmination Program	Rhodora Antenor	Lebak, Sultan Kadarat	109,437	40,792	37%	7,800	7%	53,045	48%	-	-	7,800	7%
18	Conduct of Dialogue on Intensification of MNCHN Policy Implementation in Zamboanga Sibugay for Refocused BEMONC and other FP-MNCH Service Delivery	Jennifer Nandu	Zamboanga Sibugay	151,150	29,200	19%	23,450	16%	83,200	55%	-	-	15,300	10%
19	CMNC Training of Midwife in Every Community in ARMM (MECA) midwives including AMSTL and EINC	Cesar Maglaya	Maguindanao	678,800	678,800	100%	-	0%	-	0%	-	-	-	0%
20	Inter-CA Meeting on Harmonizing TA in attaining Topline Indicators on MNCHN/FP and TB in Mindanao	Ma. Melissa Poot	Davao City	510,100	264,100	52%	-	0%	-	0%	246,000	0	-	0%

No	TA Package	LGU Advisor	Location	Total Amount	Cost Share										
21	CMNC Training of Midwife in Every Community in ARMM (MECA) midwives including AMSTL and EINC	Cesar Maglaya	Zamboanga City	382,180	338,980	89%	-	0%	-	0%	-	-	43,200	11%	
22	Orientation Trainin onICV Compliance Monitoring	Cesar Maglaya	Zamboanga City	10,620	10,620	100%	-	0%	-	0%	-	-		0%	
23	Conduct of LAPM Outreach Services, ICV monitoring and validation of status report in Typhoon Affected areas in Baganga, Boston and Cateel in Davao Oriental	Hendry Plaza	Davao Oriental	360,400	46,500	13%	73,000	20%	42,000	12%	153,000	0	45,900	13%	
TOTAL				6,183,281	3,662,369		307,520		597,725		461,187		1,154,480		

Annex F. CDI Report

Cities Development Initiative Cagayan de Oro City Action Plan, 2012 – 2016 (as of November 18, 2012)

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS/RECOMMENDATIONS
<i>Session 2: Strengthening Health Services for Human Capital Development</i>				
A. Quality of Care: Birthing Home Standards				
Capability building for service delivery	<ul style="list-style-type: none"> • Conduct Harmonized Training for Midwives (public and private facilities) • Conduct clinical case conferences/ maternal death reviews • Set up accredited Birthing Homes in GIDA areas • Conduct quarterly meetings with referral partners 	<ul style="list-style-type: none"> • Organize Trainings for Private (FPCBT, Expanded Roles of Midwives) • TA on meeting cum consultation with CHO, midwives and nurses based on the 54 health facilities, with representative from private FP and birthing clinics • Establish an updated database on MNCHN/FP capability profile of service providers • TA on the conduct of referral workshop (Service Delivery Network) 	<ul style="list-style-type: none"> • CHD – conduct of training on BEMONC (public and Private facilities) • CHD – conduct of BEMONC Training for Midwives • CHD – conduct of training for MDs on VIA • CHD – conduct of clinical case conference/ maternal death reviews • CHD - facility enhancement • LGU – sending of trainees to training programs • LGU - compliance to standards for services 	<ul style="list-style-type: none"> • Conduct Harmonized Training for Midwives (public and private facilities) – not conducted, there is no budget coming from the City on such activity, however; with the support of PRISM2 the activity was conducted. CHO with the assistance of CHD send (doctors, nurse and midwife) for BEMONC training • CHD – assisted JR Borja Hospital (City Hospital) for facility enhancement. • LGU – sending of trainees to training programs – not conducted. Three Health workers were invited for PPIUD Training at NMMC last Sep 23-25, however, no one was able to attend. Reason: Immunization of school children • CHD – conduct of training for MDs on VIA – not conducted • MDR – conducted last Oct 29, 2013 with CHD-NM • Documents needed for MCP facilities

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS/RECOMMENDATIONS
				<p>were submitted to PHIC (these are the facilities : RHU Kauswagan, Nazareth, Lumbia, Puntod, Bugo, Lapasan (GIDA), Camaman-an, Carmen and City Health Office)</p> <ul style="list-style-type: none"> • quarterly meetings with referral partners – not conducted • MH & PRISM – Assists in evaluating feasibility for SDN • CHD – facility enhancement • RHUs/BHS – compliance to standards for the referral recording system • MH – coach & mentor PHN in the monitoring and the conduct annual evaluation <p>Recommendation: To engage CHO on the updates of the SDN formed – Last Nov 6, 2013, Dr Roger, met the CHO Officers (Dr Bongcas, Dr Dilla, Ms Bingona, Ms Barba) to pre evaluate the SDN formed.</p>
Health Information	<ul style="list-style-type: none"> • Provide IEC materials for MCH • Refer PHC patients for LAPM services 	<ul style="list-style-type: none"> • TA on Usapan Series (Group Counseling) 	<ul style="list-style-type: none"> • CHD – provision of IEC materials on MCH; conduct of Buntis Party, health classes; provide LPM services 	<ul style="list-style-type: none"> • Not conducted <p>Recommendation: engage the CHO (Ms. Barba) to use their MNCHN funds for the said activity.</p>
Health Financing	<ul style="list-style-type: none"> • MCP Accreditation of 15 health centers • PPP collaboration (referral of PHIC members to PHIC –accredited facilities 	<ul style="list-style-type: none"> • TA on private clinic MCP accreditation 	<ul style="list-style-type: none"> • LGU - Compliance to standards for MCP accreditation 	<ul style="list-style-type: none"> • Conducted (10 Private birthing facilities applied for MCP accreditation) • Documents needed for MCP facilities were submitted to PHIC (these are the facilities : RHU Kauswagan, Nazareth, Lumbia, Puntod, Bugo, Lapasan (GIDA), Camaman-an, Carmen and City Health Office)

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS/RECOMMENDATIONS
Policy and Regulations	<ul style="list-style-type: none"> Agreement on Referral of PHIC members to accredited facilities (Public to Private) 	<ul style="list-style-type: none"> Follow-up DOH Central on IRR on the new licensing classification 	<ul style="list-style-type: none"> CHD – formulation of Implementing Rules and Regulations on the Birthing Home Licensing Agreement on Referral of PHIC members to accredited facilities (Public to Private) 	<p>Conducted- there is a PPP agreement among partners that is part of the SDN in CDO, however, it is not yet implemented. Need to follow through the activity.</p> <p>PRISM2 - New licensing IRR was already disseminated to the various Private Birthing Homes in CDO last September 18, 2013-11-13</p> <p>Agreements were done thru the SDN formation and launching last June 18. 2013</p>
B. Increased Rate of Teenage Pregnancy				
Capability building for service delivery	<ul style="list-style-type: none"> Establishing Youth Centers in four districts Identification of youth-friendly centers Monitoring and tracking of the Youth-friendly health centers Provision of youth-friendly service Essential Adolescent Health Package (Iron, Folate Supplement, Vaccines) 	<ul style="list-style-type: none"> Assist in the identification of youth-friendly centers TA on the conduct of referral workshop (Service Delivery Network) TA on the monitoring and tracking tool of youth-friendly service providers 	<ul style="list-style-type: none"> Provide references to the LGU on the referral system CHD DOH-retained hospital to provide youth-friendly services CHD Provision of Youth-friendly services in private sector facilities (e.g., PPM clinics) Adapt/scheduling of Adolescent Day in a week 	<ul style="list-style-type: none"> One Youth center was formed – located on the ground floor of the city hall in CDOC, as per Doc Dilla they have no plans of creating additional youth centers as of this year. Essential Adolescent Health Package (Iron, Folate Supplement, Vaccines) – not conducted
Health Information	<ul style="list-style-type: none"> Fertility-awareness classes 	<ul style="list-style-type: none"> TA on Peer Educators Training TA on group counseling (Usapang Barkadahan) 	<ul style="list-style-type: none"> Provision of IEC materials by CHD Fertility-awareness classes by PPMs, academes Information Drive in the different schools Training of faculty and guidance counselors of information provision and GBV 	<p>PRISM2 Activity:</p> <ul style="list-style-type: none"> Done – Lapasan HS, Puntod HS and Mindanao University of Science and Technology (MUST) – MUST conducted Usapang Barkadahan last August with more than 40 students participated. Resource speakers: Doc Dilla and Ms. Bingona, MUST created a peer counsellor group <p>Recommendation: PRISM2 To follow up other educational institutions</p>
C. Lack of FP-MCH Commodities				
Service Delivery	<ul style="list-style-type: none"> Procure FP commodities for current 	<ul style="list-style-type: none"> TA on the use of 	<ul style="list-style-type: none"> CHD - procure FP commodities for NHTS families 	<ul style="list-style-type: none"> Done – commodities was already

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS/RECOMMENDATIONS
	users <ul style="list-style-type: none"> • Adopt the commodities forecasting tool 	forecasting tool <ul style="list-style-type: none"> • Linkage to pharmaceutical partners 	(new users) <ul style="list-style-type: none"> • CHD - adopt the commodities forecasting tool • PPMs, clinics, coops -serve as Alternative Distribution Points for access to FP-MCH commodities (PPMs, clinics, coops) • Family Planning Units in hospitals that could provide affordable FP supplies 	ordered by the CHD thru the MNCHN funds of CDO. On process <ul style="list-style-type: none"> • Done - during the FP Regional Conference last July 2011 at Apple Tree Hotel such forecasting tool was introduced and discussed (PRISM2 activity) Recommendation: Need to discuss with CHD Family health cluster head (Dr Santua) and regional FP coordinator (Ms Tagarda) if they have used the said tool.
Health Information	<ul style="list-style-type: none"> • Utilize CHTs/BHW on health information 	<ul style="list-style-type: none"> • TA on Usapan Series 		Not done there was no record that CHT/BHW was trained on Usapan series Recommendation: since PRISM2 cannot include public partners for the usapan training. MH will take the lead for the Usapan series for public health workers.
Policy and Regulations	<ul style="list-style-type: none"> • Adopt Regional Order in making FP commodities available in BNBs • Recognize Alternative Distribution Points as part of the referral network 	<ul style="list-style-type: none"> • TA on making FP supplies available in the BnBs 	<ul style="list-style-type: none"> • CHD – formulate a Regional Order on facilitating availability of FP commodities in BNBs (for current users) 	Not done, CHD did not release regional order on facilitating availability of FP commodities in BNBs Recommendation: to follow up the SB on health and Ms Barba on the Policy on Safe Motherhood