



Maternal and Child Health Integrated Program Philippines

Quarterly Report

October–December 2013

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Executive Summary

Supported by a strong collaboration with USAID and the Government of Philippines, MCHIP had a productive Quarter One.

Intensive efforts focused on strengthening Centers of Excellence have been successful, with eight Centers of Excellence sites now offering integrated PFP as part of MNCH services. This quarter alone, over 22,000 women accepted FP counseling at COE sites and over 1,000 PPIUD insertions performed. MCHIP finalized the PFP Supplement to the Philippines Clinical Standard Manual of Family Planning, and is planning for its dissemination in Quarter Two. Technical assistance was provided through PPIUD Service Provider Trainings and ICV Orientation, in conjunction with USAID's regional CAs. Significant progress was made on both of MCHIP's planned studies, the "PPIUD Follow-Up Assessment Study" and the "Descriptive Analysis of PPIUD Insertions at Dr. Jose Fabella Memorial Hospital" documentation study, and MCHIP looks forward to continuing progress on these studies during Quarter Two. Additionally, planning for the upcoming FP SOTA was initiated, support staff were hired, and discussions with partnering regional projects are underway. Finally, the MCHIP Philippines advocacy toolkit was created, which summarizes key findings on FP topics and presents these topics in both a brief and a presentation format.

Among the activities planned for Quarter Two are supportive supervision and assessment of M&E systems at selected COE sites, ICV orientation, compliance, and monitoring, and the launch of the PPIUD Follow-Up Assessment Study.

As we enter into the final six months of MCHIP Philippines, our focus for the remainder of the program will be to strengthen the capacity of the regional projects through technical assistance, so that they can carry on MCHIP's scope of work at the regional level.

This report presents MCHIP's results, implementation issues, expenditures, and accomplishments from the period October – December 2013.

List of Abbreviations

ANC	Antenatal Care
COE	Center of Excellence
DHS	Demographic Health Survey
DOH	Department of Health
FP	Family Planning
ICV	Informed Choice and Voluntarism
IUD	Intrauterine Device
LAPM	Long-Acting or Permanent Method
M&E	Monitoring and Evaluation
MCHIP	Maternal and Child Health Integrated Program
PP	Postpartum
PPFP	Postpartum Family Planning
PPIUD	Postpartum Intrauterine Device
R1MC	Region 1 Medical Center
WRA	Women of Reproductive Age

Situationer

Every year, 5,000 women in the Philippines die from complications associated with pregnancy and childbirth. Most of these deaths directly result from complications that could be prevented through healthy spacing of pregnancies. These complications—which occur during labor, delivery and the postpartum (PP) period—include hypertension, PP hemorrhage and other medical problems arising from poor birth spacing and various chronic and infectious diseases. Some improvement in maternal and newborn outcomes has been reported in the past few years: a considerable decline in the under-five mortality rate and infant mortality over the past decade as well as increases in antenatal care (ANC) visits and skilled birth attendance. However, maternal mortality rates remain high, with a reported increase from 162 to 221 per 100,000 between 2006 and 2011 (Family Health Survey [FHS], 2011).

Across the range of maternal and child health services, uptake of family planning (FP) services remains markedly low. Data from FHS 2011 indicate that the contraceptive prevalence rate has barely moved from 36% to 36.9% between 2006 and 2011, in contrast to the increase in ANC visits, facility-based delivery and skilled birth attendance. FHS estimates that as many as 5.3 million Filipinas of reproductive age have unmet need for FP. Gaps in delivery of essential maternal health services, lack of access to effective FP methods and challenges in national health policy remain the major obstacles to improving maternal health outcomes in the country. The lack of a consistent, effective and enabling policy environment for FP services, in particular, is critical, and will have to be addressed to improve access to FP services and—ultimately—maternal mortality in the Philippines.

The National Demographic and Health Survey (DHS) reported that in 2008, 51% of PP women who wanted to space or limit their pregnancy for the next 2 years were not using any FP method.¹ One of the gaps identified is the lack of access to long-acting or permanent methods (LAPMs), including immediate placement of PP intrauterine devices (PPIUDs), during the PP period. Improving access to LAPMs by integrating PFP services into established maternal and child health programs has been proven as a viable approach in reducing unmet need for FP and promoting healthy birth spacing among women living in low-resource settings. Lessons learned from other Maternal and Child Health Integrated Program (MCHIP) sites demonstrate the feasibility of this approach.

For most Filipinas, pregnancy and childbirth may be the only opportunity to access formal health services. In the Philippines, 78% of pregnant women receive care from skilled birth attendants during the antenatal period and 55% of births are delivered at a health facility. In addition, 84% of women receive at least one PP care visit during the first week PP. These data indicate there are multiple “touch points” and opportunities to introduce the benefits of safe birth spacing; yet only a fraction of women receive FP assistance during ANC, prior to discharge and during PP care. An assessment activity conducted by MCHIP in 2012 reports that while service providers claimed that PFP messages were given during ANC, none of the women interviewed at the site reported receiving FP messages during ANC. PP women in the Philippines represent an underserved segment among women of reproductive age needing FP. Reaching out to this segment of the population will not only contribute to achieving contraceptive prevalence rate target for the Philippines, but will also be instrumental in fulfilling the Millennium Development Goals of reducing child mortality and improving maternal health by 2015.

¹ In this analysis, unmet need is defined prospectively with regard to the woman’s next pregnancy. This definition normally yields higher rates of unmet need than when it is estimated based on a woman’s last birth. The definition is based on the question, “Would you like your next child within the next 2 years or would you like no more children?” The category “No sex” in the DHS definition of unmet need refers to unmarried women or women who are not living with their spouse who have had sex in the past but have not recently had sex. In the prospective definition of unmet need, these women are allocated to unmet need categories based on their fertility preferences looking into the future.

The Project and Objectives

The objectives of MCHIP in Philippines, in support of the Department of Health (DOH) are as follows:

Objective 1: Create an enabling environment for the adoption of LAPMs of PPFPP through advocacy.

Objective 2: Develop comprehensive resources for training in and delivery of PPFPP/PPIUD services.

Objective 3: Increase access to lifesaving maternal and newborn care interventions, especially Kangaroo Mother Care for the management of low birth weight newborns.

Under Objective 2, MCHIP is working in 10 geographical areas in the Philippines to develop Centers of Excellence (COEs). COEs are model service delivery sites that (1) offer PPFPP services, including PPIUD, and (2) serve as technical/training resources for regional Centers for Health Development / DOH offices. The centers for Health Development are extensions of the DOH at the regional level, responsible for implementing national health and development programs at the regional level. The COE sites were selected with the help of the DOH and are strategically identified to provide coverage to the three geographic regions of Luzon, Visayas, and Mindanao. All sites have a high volume of deliveries and demonstrate the interest, capacity and commitment to integrate placement of IUDs into their existing PP services.

MCHIP's approach is to leverage support from existing organizations, programs and agencies to increase the visibility and integration of PPFPP/PPIUD. To this end, MCHIP is building upon existing partnerships with—among others—the DOH, the Centers for Health Development, the United Nations Population Fund, Health Policy and Development Program, Basic Emergency Obstetric Care Training, Essential Intrapartum and Newborn Care Training, Integrated Midwifery Association Program, Philippines Obstetrics and Gynecology Society, and the upcoming Behavior Change Communication Program, as well as USAID's three regional bilateral programs in Luzon, Visayas and Mindanao.

Accomplishments and Reasons for Variance in Performance

PROJECT COMPONENT/ PERFORMANCE INDICATOR	BASELINE VALUE (SOURCE, YEAR)*	END-OF- PROJECT TARGET	TARGET FOR THE YEAR	FY 2014 ACCOMPLISHMENT				CUMULATIVE PERFORMANCE TO DATE	REMARKS
				Q1 OCT-DEC 2013	Q2 JAN-MAR 2014	Q3 APR-JUN 2014	Q4 JUL-SEP 2014		
2.1.1: COEs for PPFP/PPIUD established									
Number of COEs for PPFP/PPIUD services		10	0	8				8	<ul style="list-style-type: none"> Ortoll is no longer fully operational as a birthing facility (practicing FP at a diminished rate). After Typhoon Yolanda [Haiyan],(source: http://www.usaid.gov/haiyan) EVRMC is trying to get back on its feet in providing FP services.
Number of health facilities/locations/service delivery points/sites that offer integrated PPFP as part of MNCH services†		10	0	8				8	<ul style="list-style-type: none"> Ortoll is no longer fully operational as a birthing facility. EVRMC is trying to get back on its feet in providing FP services.
Number of MCHIP-supported health facilities demonstrating increased compliance with clinical standards over baseline†		10	0	0					Increased compliance will be measured through the end of project review.
Number of trainers developed for PPFP/PPIUD		20	10	0				11	Schedule of training for another set of trainers is planned for Q2 (March 2014).
Number of supportive supervision visits conducted		20	10	0				18	On track

PROJECT COMPONENT/ PERFORMANCE INDICATOR	BASELINE VALUE (SOURCE, YEAR)*	END-OF- PROJECT TARGET	TARGET FOR THE YEAR	FY 2014 ACCOMPLISHMENT				CUMULATIVE PERFORMANCE TO DATE	REMARKS
				Q1 OCT-DEC 2013	Q2 JAN-MAR 2014	Q3 APR-JUN 2014	Q4 JUL-SEP 2014		
Number of clients accessing essential MNCH services with integrated FP at MCHIP-supported facilities who received FP counseling†		120,000	48,000	<ul style="list-style-type: none"> ▪ 12,316 antenatal FP counseling ▪ 9,764 early labor and postpartum ▪ 22,080 total accepting counseling 				<ul style="list-style-type: none"> ▪ 72,850 antenatal FP counseling ▪ 55,240 early labor and postpartum ▪ 128,690 total accepting counseling 	
Number (and percentage) of women delivering at the health facility who accept a PFP method prior to discharge		Not applicable	Not applicable	<ul style="list-style-type: none"> ▪ 1,096 PPIUD insertions ▪ 15,282 deliveries ▪ 7% PPIUD acceptor 				<ul style="list-style-type: none"> ▪ 4,705 PPIUD insertions ▪ 91,855 deliveries ▪ 5% PPIUD acceptor 	
2.1.2: Best practices documented and "how to" operational manual prepared for COE replication									
Number of documents developed and disseminated		7	7	0				0	Documents in draft form: <ul style="list-style-type: none"> ▪ Advocacy toolkit—awaiting USAID approval (3 pieces) ▪ PFP job aids—development stage (5 pieces) ▪ Implementation guideline (1 piece) ▪ Supportive supervision guideline (1 piece) ▪ Advocacy paper on KMC (1 piece)

PROJECT COMPONENT/ PERFORMANCE INDICATOR	BASELINE VALUE (SOURCE, YEAR)*	END-OF- PROJECT TARGET	TARGET FOR THE YEAR	FY 2014 ACCOMPLISHMENT				CUMULATIVE PERFORMANCE TO DATE	REMARKS
				Q1 OCT-DEC 2013	Q2 JAN-MAR 2014	Q3 APR-JUN 2014	Q4 JUL-SEP 2014		
2.1.3: TA to other agencies for PPFPP/PPIUD expansion									
Number of TA visits for PPFPP/PPIUD expansion		10	6	2				10	On track
2.1.4: FP service providers trained									
Number of people trained through USG-supported programs†		120	40	0				82	No trainings conducted during FY 2014 Q1.
2.1.6: FP service delivery guideline updated									
Number of national policies drafted with USG support†		1	1	1				1	On track; PPFPP guidelines approved and printed.
2.1.7: PPFPP/PPIUD follow-up assessment conducted									
Number of studies†		2	2	0				0	<ul style="list-style-type: none"> ▪ Fabella study ongoing ▪ PPIUD study—awaiting ethics review committee decision; data collector training workshop planned for Jan. 2014

*Collection of baseline FP data (July 2011–August 2012) from 10 COE sites has not yet been completed.

†MCHIP Global Indicator.

Abbreviations: COE, Center of Excellence; EVRMC: Eastern Visayas Regional Medical Center; FP, Family Planning; KMC, Kangaroo Mother Care; MCHIP, Maternal and Child Health Integrated Program; MNCH, Maternal, Neonatal and Child Health; PPFPP, Postpartum Family Planning; PPIUD, Postpartum Intrauterine Device; TA, Technical Assistance; USG, US Government.

Major Implementation Issues

AREAS OF CONCERN	IMPLEMENTATION ISSUES	ACTIONS TAKEN	PLANNED ACTIONS IF NOT RESOLVED
Program implementation			
Development of COEs	The onslaught of Typhoon Yolanda in the Visayas region has left EVRMC with practically no resources and infrastructure to continue the program.		A visit to EVRMC has been scheduled for April to assess the effect of Yolanda on the PFPF/PPIUD program and determine scope of work and assistance that MCHIP needs to extend. The visit is being scheduled after the FP SOTA activities so that remaining funds may be channeled to providing extra assistance to EVRMC.
	The security crisis in September 2013 in Zamboanga has prevented MCHIP staff from conducting supportive supervision visits to ZCMC. Collection of monthly reports from the site has also been put aside in deference to the crisis that the residents of the city face.	A supportive supervision visit to ZCMC has been scheduled for the second week of January to gather on-the-ground information.	
	The underperformance of Ortol Primary Reproductive Health Center due to the administrative transition it is undergoing has yet to be resolved.		The inclusion of Ortol as a COE now that it is facing administrative setbacks needs to be evaluated.
Coordination with regional projects	The terms of cooperation and collaboration with USAID FP regional projects need further enhancement to facilitate the transition upon MCHIP closeout.	Terms of cooperation emphasized by activity for example for the upcoming FP regional activities	

AREAS OF CONCERN	IMPLEMENTATION ISSUES	ACTIONS TAKEN	PLANNED ACTIONS IF NOT RESOLVED
Administration and management			
Human resources	<ul style="list-style-type: none"> ▪ The SPM post remains unfilled. Grace Mateo, who is Study Manager for the two studies that MCHIP is conducting, is serving as interim SPM. ▪ Lack of personnel may be causing delay in meeting targets and facilitating the transition of the program to partners. 		Human Resources staff and management will need to determine whether MCHIP will hire a new SPM willing to be onboard for 6 months or instead hire a consultant to fill in the post.
M&E			
Reporting	Diligent and timely submission of monthly reports from project sites remains a challenge. Competing responsibilities and limited staff time are two of the reasons identified by COE sites for the late and spotty submission of monthly reports.		Supportive supervision visits scheduled in Jan. 2014 will include consultative meetings with FP coordinators at the COE sites to determine possible solutions. MCHIP-trained supervisors from CHD will be involved in these meetings.
	Collection of baseline FP data (July 2011–August 2012) from 10 COE sites has not yet been completed. Of the 10, only R1MC, BatMC, ZCMC and CRMC have submitted.		This will be discussed during the above-mentioned consultative meetings.
Recording	Inconsistent data recording and collection still persists across several project sites. Sites have reported that lack of dedicated personnel to oversee the recording and tracking of PPIUD insertions and PPFPP counseling data is affecting the quality of data and regularity of collection.	An M&E Officer has been hired and will be assessing PPFPP and PPIUD data management at COE sites.	

Abbreviations: BatMC, Batangas Medical Center; CHD, Center for Health Development; COE, Center of Excellence; CRMC, Cotabato Regional Medical Center; EVRMC, Eastern Visayas Regional Medical Center; FP, Family Planning; M&E, Monitoring and Evaluation; MCHIP, Maternal and Child Health Integrated Program; PPFPP, Postpartum Family Planning; PPIUD, Postpartum Intrauterine Device; R1MC, Region 1 Medical Center; SOTA, State of the Art; SPM, Senior Program Manager; ZCMC, Zamboanga City Medical Center.

Milestones, Key Tasks and Activities

HIGHLIGHTS OF ACTIVITIES IN THE QUARTER (OCTOBER–DECEMBER 2013)

- MCHIP finalized *PPFP Supplement to the Philippines Clinical Standard Manual on Family Planning*. The supplement has been approved and endorsed by the DOH. MCHIP has printed a few copies of the supplement and the DOH has committed to undertake additional printing of the supplement and distribution to health care providers, program staff and managers in the DOH-retained facilities. Initial copies will be circulated to the 10 COEs in January 2014 to aid them in program implementation. Meanwhile, MCHIP is scheduling the dissemination to coincide with FP State of the Art (SOTA, to be held in March 2014) activities in Luzon (Manila), Visayas (Cebu) and Mindanao (Davao). The purpose of “FP SOTA: Practical Approaches to Effective FP Services” is to provide technical updates on FP in the Philippines in the three regions in collaboration with the DOH and the regional projects.
- The abstract "Postpartum IUD service: an intervention package to address Filipinas' unmet need for modern family planning" was selected for oral presentation during the 7th Asia Pacific Conference on Reproductive and Sexual Health and Rights. The event will be held January 21–24, 2014, in Manila.
- Technical assistance was provided in conducting PPIUD Service Providers Trainings to (1) LuzonHealth (14 participants, November 26–28) and (2) VisayasHealth in Eastern Visayas Regional Medical Center (11 participants, October 9–12).
- Informed Choice and Voluntarism (ICV) monitoring activities were carried out at Region 1 Medical Center (R1MC) and Southern Philippines Medical Center in October and December, respectively. No potential vulnerabilities were reported. However, no clients (FP acceptors) were interviewed at the time of the ICV monitoring since none were present at the facility during MCHIP's visit. ICV monitoring for clients at these sites will be carried out during the next round of supportive supervision.
- ICV Orientation among FP service providers was conducted in November at Batangas Medical Center with 25 participants attending and at R1MC with 30 participants attending. The orientation workshops were conducted through technical assistance extended by LuzonHealth.
- Significant progress has been made in preparation for MCHIP's "PPIUD Follow-Up Assessment Study." The protocol was submitted to the University of the Philippines Manila Ethics Review Board in October. Initial comments were received in December and MCHIP responded immediately. The ethics review committee will meet in January 2014 to review the revised submission. Ethics approval from the Vicente Sotto Memorial Medical Center Ethics Committee was provided orally; MCHIP awaits a letter from that committee. MCHIP continues to prepare for the launch of the study. MCHIP purchased study supplies and prepared data collector training materials. Data collectors have been identified for each of the study sites. Training and orientation of data collectors will take place in the last week of January 2014. Tablets have been purchased; mobile data collection tools have been prepared for the study and loaded onto the tablets.

- The “Descriptive Analysis of Postpartum IUD (PPIUD) Insertions at Dr. Jose Fabella Memorial Hospital” documentation study started. The overall aim of this study is to review the experience of PPIUD provision through secondary data analyses of client records from the Family Planning Unit at Fabella Maternity Hospital over 12 years (1990–2012) in order to inform the international community about PPIUD provision. Data encoding is currently ongoing, with 80% of 900 cases having been encoded. Data cleaning will follow, and data analysis will commence by the end of February 2014.
- Planning for FP SOTA was initiated. Support staff to conduct FP SOTA were hired. Discussions on planning were initiated with the three regional projects and the DOH. Materials for dissemination were identified and procurement and printing of the materials were initiated.
- Advocacy toolkit was created, comprising a Philippines 2008 DHS reanalysis for PPF in brief and presentation formats. The DHS reanalysis, entitled “FP needs during the first two years postpartum in the Philippines,” summarizes key findings related to birth and pregnancy spacing, fertility return, unmet need for and use of FP, and contact with key services for women during the period from the last birth through 2 years PP. The presentation includes facilitator notes. The advocacy toolkit will be presented to the DOH for review and endorsement.
- KMC trainings were conducted at University of the Philippines Manila Philippine General Hospital and St. Luke’s Hospital in Quezon City to orient staff on KMC service provision.

PLANNED ACTIVITIES IN THE NEXT QUARTER (JANUARY–MARCH 2014)

January 2014

- Staff work planning for year 2 activities
- Supportive supervision and assessment of Monitoring and Evaluation systems in Zamboanga City Medical Center, Vicente Sotto Memorial Medical Center and R1MC
- ICV compliance monitoring in Zamboanga City Medical Center
- Orientation and training of data collectors for “PPIUD Follow-Up Assessment Study”
- Consultative meetings with regional projects with regard to the implementation of “FP SOTA: Practical Approaches to Effective FP Services” activities
- Implementation of KMC services at the University of the Philippines Manila Philippine General Hospital and St. Luke’s Hospital in Quezon City.
- Consultative discussions with Department of Health and other key partners on planning and coordination of National KMC Forum.
- Development of KMC advocacy paper in collaboration with the Department of Health, KMC Foundation and other stakeholders.

February 2014

- ICV Orientation of remaining MCHIP staff
- Technical assistance to LuzonHealth and VisayasHealth in the conduct of Clinical Skills Training for Providers in Albay and Visayas
- Launch of data collection and implementation of “PPIUD Follow-Up Assessment Study” in Batangas, Cotabato and Cebu

- Supportive supervision visits and assessment of Monitoring and Evaluation systems in Batangas Medical Center, Southern Philippines Medical Center, Cotabato Regional Medical Center and Davao Regional Hospital
- ICV monitoring activity in Davao Regional Hospital
- Preparations for “FP SOTA: Practical Approaches to Effective FP Services” activities

March 2014

- “PPIUD Follow-Up Assessment Study” monitoring in Cebu
- Rollout of PPIUD Service Providers Training to be conducted at University of the Philippines Manila Philippine General Hospital
- Prepress production of PPFPP/PPIUD Implementation guideline
- “FP SOTA: Practical Approaches to Effective FP Services” activities to take place
- National KMC Forum to take place March 7-8, 2014. KMC advocacy paper to be disseminated at Forum

NEW OPPORTUNITIES FOR PROGRAM EXPANSION

Because MCHIP is ending in June 2014, our focus for the remainder of the program is strengthening the capacity of the regional projects through technical assistance on (1) PPFPP/PPIUD service provider training and training of trainers; (2) supportive supervision; and (3) FP SOTA activities, among other efforts. The regional projects will carry on MCHIP’s scope of work at the regional level.

Financial Reports

Itemized Project Expenditures

COST ITEMS	TOTAL LOP	CUMULATIVE EXPENSES OF PREVIOUS QUARTERS	EXPENDITURE THIS QUARTER			CUMULATIVE AMOUNT AT END OF THIS QUARTER	% OF EXPENSES BASED ON THE LOP
			OCTOBER	NOVEMBER	DECEMBER		
Labor and fringe benefits	\$573,023	\$163,892	\$50,923	\$13,014	\$2,918	\$324,342	57%
Travel and transportation	\$142,577	\$58,758	\$10,118	\$2,704	\$5,975	\$109,013	76%
Project activities	\$189,508	\$52,714	\$13,886	\$2,959	\$20,875	\$127,115	67%
Subgrantees/subcontractors	\$197,081	\$51,874	\$2,392	\$1,588	\$1,716	\$80,921	41%
Other direct costs	\$202,021	\$64,076	\$9,622	\$2,922	\$4,223	\$113,636	56%
Indirect costs	\$195,791	\$65,504	\$13,841	\$4,450	\$2,763	\$121,666	62%
TOTAL	\$1,500,000	\$456,818	\$100,783	\$27,636	\$38,470	\$876,693	58%

Abbreviation: LOP, Life of Project.

Success Stories/Highlights

This section enumerates the project's initiatives in the quarter that have the potential to become sustainable products; demonstrates the technical processes and components/factors involved in making the initiatives successful; and presents the high points of the project in the quarter.

A research study conducted by Dr. Novie Balan-eg Manwap, resident in the Obstetrics Department of R1MC, provides evidence for the effective and safe use of PPIUD in promoting healthy timing and spacing of pregnancy in the community. Conducted from February to December 2013, with a sample size of 55 women, the study tracked clients' overall satisfaction with PPIUD during follow-up visits. The study found acceptable satisfaction ratings from the sample sites, with most women wanting to retain the IUD for 5–6 years (at 3 months follow-up) and 7–8 years (at 6 months follow-up). These results demonstrate the viability of PPIUD as an effective “use and forget” FP method for low-income women who do not have either the means to return to the facility or the financial capacity to replenish FP commodities.

Dr. Manwap trained under R1MC's Dr. Jun Bacugan. In August 2012, Dr. Bacugan participated in the first round of PPF/PPIUD Clinical Skills Training conducted by MCHIP, as part of her residency training at R1MC. An important component in R1MC's residency training is the completion of a research study. Seeing the potential of the PPF/PPIUD program in improving the uptake of FP in the region, Dr. Manwap embarked on documenting the impact of PPIUD on clients.

Communication and Outreach

ACTIVITY/PRODUCT	DESCRIPTION	MULTIPLIER EFFECT/ESTIMATED REACH
Success story	"Mothers in the Philippines Space their Births to Address Unacceptably High Maternal Mortality"	Posted on MCHIP Global website November 2013 (http://www.mchip.net/node/2054)

Annex A. List of Products Developed in the Quarter

- Philippines 2008 DHS reanalysis for PFFP as a part of the Advocacy toolkit package
- “PFFP/PPIUD Follow-Up Assessment Study” research plan

Annex B. ICV Compliance (Q3)

FP and Abortion-Related Policies Compliance Monitoring Activity USAID Cooperating Agencies REPORTING FORM

Date Submitted: December 17, 2013

Project: MCHIP: PPFPP/PPIUD program in the Philippines

Report for the Months of: October–December 2013

Instructions: This form will be accomplished and submitted to designated project staff on a monthly basis. This should record ALL activities related to compliance to FP and Abortion-Related Policies, such as, but not limited to, orientation sessions on Informed Choice, Voluntarism, compliance monitoring tools, systems or activities. A collated quarterly summary will be incorporated into the regular quarterly project reports submitted to USAID.

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		
Nov. 27, 2013	Dagupan City	ICV Orientation	MCHIP	4	26	Hospital providers and PPFP/PPIUD trainees	Integrating ICV Orientation in one of the sessions of the PPFPP/PPIUD training is a good intervention as it informs the providers of ICV principles at the onset of PPFP/PPIUD implementation in their facility
Nov. 2013	Batangas Medical Center	ICV Orientation		2	23	FP service providers	A hospital activity coincided with the ICV Orientation activity, so the participants were going in and out. A second round of ICV Orientation is recommended.

Abbreviations: ICV, Informed Choice and Voluntarism; MCHIP, Maternal and Child Health Integrated Program; PPFPP, Postpartum Family Planning; PPIUD, Postpartum Intrauterine Device.

Total number of orientation/training activities conducted: 2

Total number of participants trained or oriented: 55

Males: 6

Females: 49

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

DATE MONITORED	NAME OF FACILITIES	LOCATION OF FACILITIES	NAME/DESIGNATION OF SERVICE PROVIDERS	NO. OF FP CLIENTS INTERVIEWED	MONITORED BY	RESULTS/FINDINGS (BE AS DETAILED AS POSSIBLE PLS)	STEPS TAKEN/ RECOMMENDATIONS (PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE)
Oct. 23, 2013	R1MC	Dagupan City	<ul style="list-style-type: none"> ▪ Dr. Jun Bacugan, Head FP Clinic (Medical Officer IV) ▪ Rowena Abulencia, RN 	None (no FP acceptors were present during visit)	Donna Miranda	<ul style="list-style-type: none"> ▪ Providers Dr. Jun Bacugan and Nurse Rowena Abulencia gave broad range of FP information during group education and one-on-one counseling; no FP targets; inquiries on abortion were not answered; no incentive provided for FP providers. Clients also signed consent form for BTL and PPIUD. ▪ Flip chart, wall charts were present in the FP room. ▪ No inconsistencies in FP records were reported. 	An ICV Orientation activity was organized for FP providers. Dr. Bacugan was very receptive and reckoned that this was a good learning activity to fill in the facility's August FP Month celebrations, but failed to organize an ICV activity in August 2013.

DATE MONITORED	NAME OF FACILITIES	LOCATION OF FACILITIES	NAME/DESIGNATION OF SERVICE PROVIDERS	NO. OF FP CLIENTS INTERVIEWED	MONITORED BY	RESULTS/FINDINGS (BE AS DETAILED AS POSSIBLE PLS)	STEPS TAKEN/ RECOMMENDATIONS (PLEASE PROVIDE AS MUCH DETAIL AS POSSIBLE)
Sep. 12, 2013	SPMC	Davao City	<ul style="list-style-type: none"> ▪ Rhoebelle Ann R. Balio ▪ Cristitia Tatad 	None (no FP acceptors were present during visit)	Donna Miranda	<ul style="list-style-type: none"> ▪ Both providers gave broad range of FP information during both group and one-on-one counseling; no FP targets; inquiries on abortion were not answered; no incentives to FP providers and clients; clients sign consent form for BTL and PPIUD. ▪ Wall chart, posters, fliers and brochures present in the room. Flip chart was not in FP clinic at the time of monitoring because staff from DR had borrowed it. 	Need to provide additional flip chart so both clinic and DR have flip charts.

Abbreviations: BTL, Bilateral Tubal Ligation; DR, Delivery Room; FP, Family Planning; ICV, Informed Choice and Voluntarism; PPIUD, Postpartum Intrauterine Device; R1MC, Region 1 Medical Center; SPMC, Southern Philippines Medical Center.

Total number of facilities monitored: **2**

Number of facilities noted to be compliant to policies: **2**

Total number of service providers monitored: **4**

Number of facilities with possible vulnerabilities: **0**

Total number of FP clients interviewed: **0**

Number of facilities with possible violations: **0**

(Please fill up narrative incident report for vulnerabilities or violations)

C. General Recommendations and Next Steps

Good points determined during this monitoring:

Points to improve on and recommendations/next steps:

Prepared by: **Donna Miranda**, *MCHIP Documentation Officer*

Date: **December 17, 2013**