



Maternal and Child Health Integrated Program Philippines

Quarterly Report
January – March 2014

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Executive Summary

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

During Quarter Two, over 10,000 women accepted FP counseling at COE sites and 472 PPIUD insertions were performed. A training of trainers on PFP/PPIUD was conducted in Davao City, wherein Dr. Bernabe Marinduque mentored 6 master trainers and produced 17 clinical trainers. Informed Choice and Volunteerism (ICV) monitoring activities were carried out at Zamboanga City Medical Center, Davao Regional Hospital, and Cotabato Regional Medical Center in January and February, and no potential vulnerabilities were reported. The “PPIUD Client *Follow-Up Assessment Study*” received approval from the University of the Philippines-Manila Ethics Review Board, Vicente Sotto Memorial Medical Center Ethic Committee and Johns Hopkins School of Public Health Institutional Review Board from January through March. With this MCHIP has commenced with orientation at the study sites, and is prepared for the study to take place during Quarter Three. MCHIP also provided technical assistance in PFP/PPIUD Clinical Skills Training for LuzonHealth, VisayasHealth, and MindanaoHealth, and conducted seven supportive supervision visits to oversee the performance of PFP-PPIUD services and monitor the management of FP/PFP-PPIUD data at COE facilities. MCHIP conducted the First KMC Coordinators’ Meeting with the Department of Health and other development partners including USAID and Save the Children, on January 28, 2014 in Quezon City. The meeting discussed experiences in local KMC implementation (success and challenges) and answered queries from the representatives of the two newly-engaged KMC facilities.

In March 2014, MCHIP Philippines successfully facilitated its largest activity since the start of the program: convening 569 FP service providers and program managers from across the country to participate in the “Family Planning State of the Art: Practical Approaches to Effective FP Services (FP SOTA)”. This national contraceptive update activity was a venue for knowledge sharing to disseminate timely updates on FP technologies and high impact FP practices. One-day FP SOTA events were held in Manila, Davao, and Cebu. This event marked a huge accomplishment for the MCHIP Philippines team and its high turnout demonstrated the great demand for capacity building activities such as this.

Among the activities planned for Quarter Three are follow-up supportive supervision and assessment of M&E systems at selected COE sites, ICV compliance monitoring, completion and technical review of Implementation and Supportive Supervision Guidelines, and pretesting of job aids for PFP/PPIUD providers. Quarter Three will also mark the launch of the data collection and implementation of the PPIUD Follow-Up Assessment Study at Cebu, Batangas and Cotabato City. MCHIP’s newborn health component will work to document the process of initiation of KMC in two selected hospitals. MCHIP will continue to work on necessary program and financial close-out activities, including inventory of MCHIP donations, endline assessment of MCHIP’s 10 sites, and completing MCHIP’s end of project report.

As we enter into the final three months of MCHIP Philippines, our focus for the remainder of the program will be to continue 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 Quarter Two period, January - March 2014.

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 improvements in maternal and newborn outcomes have 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). According to the 2012 estimate, the newborn mortality rate is 14/1,000 live births, constituting 48% of under-five deaths. Preterm birth is the leading cause (19%) of under-five deaths.

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 PPF 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 PPF 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 PPF through advocacy.

Objective 2: Develop comprehensive resources for training in and delivery of PPF/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 PPF 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 PPF/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 Behavior Change Communication Program, as well as USAID's three regional bilateral programs in Luzon, Visayas and Mindanao.

Under objective 3, MCHIP is promoting Kangaroo Mother Care (KMC) for low birth weight (LBW) newborns. The Philippines has the highest burden of LBW in the region. However, it has also pioneered KMC, an intervention that has been proven to save newborn lives as well as improve the quality of life of surviving premature, LBW infants. MCHIP has been working with the KMC Philippines Foundation to adopt KMC in two tertiary care health facilities as well as conduct the first national forum on KMC to mobilize commitments from stakeholders.

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 PFP/PPIUD established									
Number of COEs for PFP/PPIUD services		10	0	8	1			9	<ul style="list-style-type: none"> ▪ EVRMC has continued PFP/PPIUD services even after the typhoon Yolanda.
Number of health facilities/locations/service delivery points/sites that offer integrated PFP as part of MNCH services†		10	0	8	1			9	<ul style="list-style-type: none"> ▪ Ortol is no longer fully operational as a birthing facility. ▪ EVRMC is trying to get back on its feet in providing FP services. ▪ No new service delivery points have been added since MCHIP is geared towards strengthening existing MCHIP supported sites
Number of MCHIP-supported health facilities demonstrating increased compliance with clinical standards over baseline†		10	0	0	0				Increased compliance will be measured through the end of project review.
Number of trainers developed for PFP/PPIUD		20	10	0	23 (17-Clinical Trainers)			34	11 in FY13 and 23 in FY14 to date

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		
					6-Master Trainers)				
Number of supportive supervision visits conducted		20	10	0	7			25	18 in FY13; 7 in FY14 - 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"> ▪ 4,395 antenatal FP counseling ▪ 5,934 early labor and postpartum ▪ 10,329 total accepting FP counseling 			<ul style="list-style-type: none"> ▪ 77,245 antenatal FP counseling ▪ 61,174 early labor and postpartum ▪ 139,019 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"> ▪ 472 PPIUD insertions ▪ 8,226 deliveries ▪ 6% PPIUD acceptor 			<ul style="list-style-type: none"> ▪ 5,177 PPIUD insertions ▪ 100,081 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			0	Documents in draft form: <ul style="list-style-type: none"> ▪ Advocacy toolkit— Tool kit and document brief in approval stage. ▪ PFP job aids— development stage (5 pieces) ▪ Implementation guideline (1 piece) ▪ Supportive supervision guideline (1 piece) ▪ Advocacy paper on

PROJECT COMPONENT/ PERFORMANCE INDICATOR	BASELIN E 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		
									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	2			12	On track
2.1.4: FP service providers trained									
Number of people trained through USG-supported programs†		120	40	0	23			105	Conduct of training for clinical trainers and master trainers on PPFPP/PPIUD (17 clinical trainers and 6 master trainers)
2.1.6: FP service delivery guideline updated									
Number of national policies drafted with USG support†		1	1	1	0			1	On track; PPFPP guidelines approved and printed.
2.1.7: PPFPP/PPIUD follow-up assessment conducted									
Number of studies†		2	2	0	0			0	<ul style="list-style-type: none"> ▪ Fabella study data analysis ongoing ▪ PPIUD study—data collector training workshop conducted and received ethical approval from local review board and JHSPH Institutional Review Board

*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			
<p>Ensuring the COE are established according to criteria for PPF/PPIUD.</p>	<p>8 out of 10 of the MCHIP-assisted facilities have complied with 4 of the 5 main components of a COE for PPF/PPIUD. However, the components that have yet to be established with evidence are guidelines/ protocols for PPF/PPIUD training, Supportive Supervision & M&E and evidence for an established link with the DOH Regional Offices in terms of technical support in line with the DOH protocols and guidelines.</p> <p>A COE for PPF/PPIUD is clearly defined as a facility endorsed/ pre-selected by DOH that</p> <ol style="list-style-type: none"> (1) has capacity to provide quality PPF/PPIUD service delivery; (2) has capacity to train for PPF/PPIUD – minimum requirement of training equipment, training site and trainers (3) has guidelines and protocols for PPF/PPIUD training, supportive supervision and M&E, in line with DOH standards (4) can serve as technical resource for PPF/PPIUD <p>In addition to above criteria, a COE has an established link with the regional office of health in terms of the technical component of PPF/PPIUD along the line of DOH guidelines and protocols</p>	<p>COE standards have been set and clarified during consultative meeting of the team with Dr. Ricky Lu last March.</p>	<p>The team needs to verify the compliance of the sites against the COE for PPF/PPIUD criteria and provide the necessary technical assistance in the succeeding supportive supervision visits before the endline assessment in May.</p>

<p>The need for closure of project assistance to Ortol and EVRMC</p>	<p>There is a need to have a definite closure to the support for the EVRMC in Tacloban.</p>	<p>Supportive supervision for EVRMC was held off for the quarter because of directives on the type of support after Yolanda. However, despite the typhoon's disastrous effect to EVRMC, there is evidence that the PPF/PPIUD service provision component has persisted. The facility was able to submit reports for this quarter.</p>	<p>Even if there is setback on EVRMC's full development into a COE for PPF/PPIUD, MCHIP Philippines still has to assess which criteria the facility has met and up to what capacity the facility can be utilized and/or further developed for PPF/PPIUD. This would happen in close coordination with the Western Visayas Regional Health Office Project, as well as Visayas Health for continuity purposes of technical support to EVRMC, as needed.</p> <p>A visit is scheduled in May prior to the Endline Assessment Workshop for all the MCHIP-supported facilities.</p>
	<p>Ortol Primary Reproductive Health Center is shutting down due to administrative issues.</p>	<p>In lieu of this, the PPF-PPIUD program will be transitioned to Philippine General Hospital (PGH).</p>	<p>Clinical Skills Training for OB residents of PGH has been scheduled for May.</p>
<p>PPIUD study implementation</p>	<p>The ethical approval was delayed which delayed initiation of the study.</p>	<p>MCHIP HQ has requested an extension for this study through July 2014.</p>	<p>MCHIP is working on a mechanism through which remaining study activities can be funded through MindanaoHealth.</p>
<p>Technical Assistance to Regional Projects for PPF/PPIUD training</p>	<p>Due to time and number of MCHIP staff, provision of technical assistance to regional projects is limited.</p>	<p>Ensure that technical assistance is provided equally among the regional projects. During this quarter, focus was placed on LuzonHealth since in the previous quarters technical assistance was provided to VisayasHealth and MindanaoHealth.</p>	<p>Regional projects to tap local clinical trainers or expand pool of trainers</p>
<p>Compensation of trainers</p>	<p>There remains unclear guidance on compensation of PPF-PPIUD trainers; providing compensation would help sustain the motivation of trained</p>	<p>The issue has been internally raised with USAID. The recommendation is that regional projects will decide on this.</p>	<p>Concurrence with regional projects regarding resolution.</p>

	trainers coming from the government sector.		
Lack of KMC as a routine practice in hospital obstetric care units.	KMC is yet to be included as a routine practice in the obstetric units of the hospitals.	Invited obstetric unit (doctors and nurses) to attend the training/orientation.	There is a plan to conduct orientation with the obstetric units (obstetric department chair, officers, and consultants) as well as promotion of KMC as a practice in the post-delivery wards
Administrative and Management Concerns			
Staffing	MCHIP continues to be understaffed. Hiring of Monitoring and Evaluation Officer has helped MCHIP stay on track of its deliverables and oversee the transitioning of the project to partners and close out of the project. However there remains lack of personnel to carry out administrative tasks, which has caused delays since the MCHIP core personnel needed to take on additional admin tasks. For instance, the delay in the finalization of the Implementation and Supportive Supervision Guidelines was due to the re-assignment of Documentation Officer to oversee the preparations of the FP SOTA.	Short-term consultants and support staff have been hired to help ease the burden of administrative tasks, specifically in finishing up the pre and post SOTA activities. Additionally, short-term consultants will be hired to help complete the Implementation and Supportive Supervision Guidelines which will fast track the completion of these two deliverables.	
Monitoring and Evaluation			
Reporting and Recording	The previously identified reasons or challenges of the project sites in submitting timely monthly reports were still present during the SS visits conducted in the quarter, i.e. limited human resources, lack of documentation equipment, and difficulty in manually consolidating FP statistics from various data sources.	In order to identify solutions to the existing predicament, during the SS visits at ZCMC, VSMMC, R1MC, JFMC, CRMC, SPMC and DRH, an assessment of FP data management was conducted. ✓ The MCHIP-trained supervisors of Regions 7 and 12 joined the MCHIP team during the SS visits to VSMMC and CRMC.	M&E Officer will document procedure for the suggested solution resulting from the SPMC workshop. For example, M&E Officer will create a written guide for the data flow and aligned FP data capture. Documented procedures will be transmitted back to the sites. Additional TA requested as a result

		<ul style="list-style-type: none"> ✓ Practical solutions were derived in consultation with key staff of the supported facilities e.g. for missing FP form 1, there will be designated drop boxes for the completed FP Forms at the OR, DR and wards ✓ In SPMC, a follow-on workshop at the facility was conducted for some nurses at the identified FP service points to come up with workable solutions. 	of the SPMC workshop is to provide assistance with drafting a request from the FP Coordinator to the Chief of the Hospital, that would make FP documentation an official procedure within the facility
	Collection of baseline FP data (July 2011 – August 2012) from 10 COE sites has not yet been completed. Of the 10, only R1MC, BatMC, and Fabella have submitted.	Partial collection of baseline data was done during the SS visits, however it still needs to be cleaned since there are inconsistencies and duplications identified.	A follow-up visit to each of the sites will include as part of the agenda the completion of the collection of the baseline data.
Recording and follow up after discharge	Although a mechanism has been established to track the KMC babies at the outpatient unit, the practice varies from hospital to hospital and even from one neonatologist to another within the same hospital. It is likely to take some time for the providers at various levels to get familiar with the forms to record newborns until they are 1 year old and to use the data to improve quality of care.	The KMC Philippines Foundation currently conducts quarterly reviews to collect and analyze the data; however this is presently done solely by the Foundation. Additional support is needed for them to continue monitoring the facilities and train hospital staff to conduct their reporting and recording as well as track the KMC newborns after discharge	Additional donor support to be requested in order to define roles of various providers, improve monitoring data and assist in improving the follow up system.

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 (JANUARY-MARCH 2014)

- Conducted TOT for PFPF-PPIUD in Davao City in February 2014. During this activity MCHIP, through the leadership of Dr. Bernabe Marinduque, mentored **6 master trainers** and produced **17 clinical trainers** who have completed group-based learning sessions. The candidate trainers came from two regions: Northern Mindanao and Davao Region. They will receive their Certificate Qualification as Clinical Trainers once they've completed their practicum component or when they have conducted their own PFPF/PPIUD training. In Northern Mindanao, Dr. Caroline Orimaco will do the qualification. In Davao Region, qualification will be certified through Ms. Nelia Gumela. At the end of the three-day training, Certificates of Participation were issued to them.

The mentoring design used for this capacity building activity was “co-facilitation” with master trainers tasked to co-facilitate the conduct of the training of trainers (TOT). As preparation for the training, the identified master trainers (1) were given a training skills learning resource package prior to the actual training activity for their review and (2) convened for a one-day briefing the day before the TOT where Dr. Marinduque also discussed conduct of the TOT. During the training a “feedbacking mechanism” was put in place to keep track of the feedback and experience of the participating master trainers and candidate trainers.

- Informed Choice and Volunteerism (ICV) monitoring activities were carried out at Zamboanga City Medical Center, Davao Regional Hospital, and Cotabato Regional Medical Center in January and February, respectively. No potential vulnerabilities were reported. Findings were shared with hospital staff and CHDs. FP service providers in said sites were reminded of ICV principles and the importance of providing information on a broad range of FP methods available.
- “PPIUD Client *Follow-Up Assessment Study*” received approval from the University of the Philippines-Manila Ethics Review Board, Vicente Sotto Memorial Medical Center Ethic Committee and Johns Hopkins School of Public Health Institutional Review Board from January through March. With this MCHIP has commenced with orientation at the study sites. In January 2014, six data collectors were trained on the data collection process and did a field testing of the tablets to be used for the study. MCHIP is implementing the study in April.
- Data encoding for “*Descriptive Analysis of Postpartum IUD (PPIUD) Insertions at Dr. Jose Fabella Memorial Hospital*” has already been completed and analysis of data is currently ongoing.
- MCHIP successfully convened 569 FP service providers and program managers across the country in the recently concluded “Family Planning State of the Art: Practical Approaches to Effective FP Services (FP SOTA)” in Luzon, Visayas and Mindanao – a national contraceptive update activity that took place 20 -27 March 2014 in the cities of Manila, Davao and Cebu. Organized in collaboration with DOH, USAID’s Luzon, Visayas and Mindanao Health projects, Philippine Obstetrics and Gynecology Society, Integrated Midwives Association of the Philippines, and Association of Philippine Schools of Midwifery, the FP SOTA was a one-day knowledge sharing and exchange activity to disseminate timely updates on FP technologies and high impact FP practices. The high turnout of FP service providers and program managers in all three legs not only raised interest for new FP technologies and high impact practices but also demonstrated the high demand for capacity building activities such as this.

Also present were key government officials representing the DOH with Usec Teodoro Herbosa in Manila, Asec Romulo Busuego in Davao City and Asec Jean Paulyn Rosell-Ubial in Cebu City. Likewise, representatives from the DOH’s Family Health Office were also in attendance in all three legs. Officials from USAID were present to deliver their message of support: Mission Director Gloria Steele in Manila, Senior Health Advisor for the Philippines, Papua New Guinea and Pacific Islands; Dr. Milton Amayun in Davao City; and OIC/Deputy Director Judy Chen in Cebu.

Copies of MCHIP produced “PFPF Supplement to the Philippines Clinical Standard Manual on Family Planning,” along with the “Facts for Family Planning” and “Global Handbook for Family Planning”

important guidelines and reference materials for providers and program managers were disseminated during the said activities. Due to the unexpected high turnout of participants, additional conference kits are being produced and shall be sent out to the participants before the end of April.

- MCHIP has completed the near final draft of the Job Aids for PFPF-PPIUD Providers and revised according to the inputs received from headquarters. The job aids will be undergoing pretesting in April.
- Provided technical assistance to (1) LuzonHealth to conduct PFPF-PPIUD Clinical Skills Training in Legaspi, Albay in February and Quezon City in March; (2) VisayasHealth to conduct PFPF-PPIUD Clinical Skills Training in Bohol; (3) MindanaoHealth to conduct PFPF-PPIUD Clinical Skills Training in Cotabato City.

Supportive supervision visits to ZCMC in Zamboanga City, CRMC in Cotabato City, R1MC in Dagupan, SPMC and DRH in Davao, VSMMC in Cebu City were conducted to oversee the performance of PFPF-PPIUD services and monitor the management of FP/PFPF-PPIUD data at the facility. Among key findings of the supportive supervision were: (1) need to identify new trained supervisors for PFPF-PPIUD as some of the trained supervisors in the localities of the sites have either opted for early retirement or have been reassigned to different offices, (2) need to identify a consistent method for collecting counseling data, and (3) FP and PFPF-PPIUD data were mostly manually collected and managed which made data retrieval challenging to most sites.

- The Memorandum of Understanding (MOU) between the implementing hospitals and KMC Philippines Foundation, Inc. was approved and signed by all concerned hospital authorities of two tertiary hospitals in Metro Manila to implement KMC
- Initiated the KMC program in the two (2) identified health facilities, UP-PGH (University of the Philippines – Philippine General Hospital) in Manila, and the SLMC (Saint Luke’s Medical Center) in Quezon City with more than 200 patients already benefiting from the intervention and the program
- The establishment of the KMC unit at UP-PGH provided the opportunity for pediatric residents and neonatology fellows to conduct scientific research on KMC. More than four studies were carried out at the UP-PGH, which provided more local evidence on the implementation of KMC in urban settings and training in public hospitals.
- Conducted the First KMC Coordinators’ Meeting with the Department of Health and other development partners including USAID and Save the Children, on January 28, 2014 in Quezon City. The meeting discussed experiences in local KMC implementation (success and challenges) and answered queries from the representatives of the two newly-engaged KMC facilities. The meeting also served as a preview of the upcoming A Promise Renewed for Maternal and Child Health Stakeholders’ Conference in which the regional KMC Program Coordinators will be invited to participate. A consensus was built through consultative discussions, led by the Department of Health (DOH) with other key partners, for the KMC Forum to be held within the 2-day A Promise Renewed Conference on April 23-24, 2014.
- DOH already expressed that KMC and EINC (Essential Intrapartum & Newborn Care) indicators will be included in the Mother-baby Friendly Hospital accreditation checklist. The accreditation criteria are currently being revised.

PLANNED ACTIVITIES IN THE NEXT QUARTER (APRIL–JUNE 2014)

April 2014

- Follow-up supportive supervision, i.e. strengthening of FP and verification of COE criteria compliance, M&E system assessments at ZCMC, VSMMC, CRMC, JFMMC, and EVRMC.
- Supportive supervision, i.e. assessment of FP M&E systems and verification of COE criteria compliance at BatMC and EVRMC
- ICV compliance monitoring at JFMMC
- Pretesting of Job Aids for PFPF-PPIUD providers
- Launch data collection and implementation of *PPIUD Follow-Up Assessment Study* in Cebu, Batangas and Cotabato City
- Orientation and training of data collectors for *PPIUD Follow-Up Assessment Study* in Cotabato Regional Medical Center
- *PPIUD Follow-Up Assessment Study* monitoring in Cebu City, Batangas and Cotabato City
- Technical Assistance to LuzonHealth in the Clinical Skills Training for PFPF-PPIUD in Batangas City
- Inventory of MCHIP donations in Manila and Batangas sites
- Presentation on MCHIP's KMC activities in the Philippines during the launch of Save the Children's Report "Ending Newborn Deaths" on April 8.
- Conduct a national KMC Forum within the two-day A Promised Renewed for Maternal and Child Health Stakeholders' Conference to be held in Mandaluyong City, Metro Manila on April 22 - 23, 2014
- Poster presentation of KMC research results and KMC facilities describing their programs that were initiated in the two Philippine health facilities
- Conduct a plenary lecture, panel discussion and consultative workshop on KMC during the conference
- Set up an information booth featuring MCHIP's KMC activities and distribute the KMC Advocacy Paper, flyers and posters
- Convene a meeting with the respective obstetric units to integrate KMC practice in labor and postnatal wards.

May 2014

- Follow-up supportive supervision, i.e., strengthening of M&E systems as well as verification of COE criteria compliance, as needed, of all project sites
- Completion and technical review of Implementation and Supportive Supervision Guidelines
- Printing of Implementation and Supportive Supervision Guidelines
- Conduct Clinical Skills Training to OB residents of Philippine General Hospital
- Continuation of inventory for MCHIP donations
- COE Workshop/Endline Assessment Activity among all 10 sites
- Drafting of end-of-project report
- Documentation of the process of initiation of KMC in the two selected hospitals.

June 2014

- End of project dissemination meeting
- Completion of admin and finance requirements for project close out
- Submission of final draft of narrative report

NEW OPPORTUNITIES FOR PROGRAM EXPANSION

As MCHIP is ending in June 2014, MCHIP's impetus for expansion is focused on building collaborative relationships with the regional projects through technical assistance on 1) PPFPP/PPIUD service provider training and training of trainers; and 2) combined supportive supervision. The regional projects will carry on MCHIP's SOW at the regional level.

Under the management of regional partner, KMC Philippines Foundation continued monitoring and evaluation of the two KMC facilities for the duration of the MOU (3 years) to complete and document the first pilot year, and achieve accreditation status so that they can be certified to train other hospitals in their catchment area. Additionally, Operations Research in ambulatory (outpatient) KMC implementation and community-based KMC to describe the current protocol of KMC follow-up, document actual implementation, analyze results, identify success and challenges to implementation, and project improved outcomes. The revised ambulatory KMC follow-up protocol could be used when expanding KMC services to other health facilities within the Philippines.

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
			JANUARY	FEBRUARY	MARCH		
Labor and fringe benefits	573,023	285,563	63,373	1,873	29,337	27,861	71%
Travel and transportation	142,577	73,862	21,669	1,541	8,889	12,027	83%
Project activities	189,508	87,577	42,872	150	23,987	16,663	90%
Subgrantees/subcontractors	197,081	42,187	3,442	40,252		36,001	62%
Other direct costs	202,021	52,083	15,565	-5,675	5,579	11,711	39%
Indirect costs	195,790	82,436	27,100	-184	11,077	12,235	68%
TOTAL	1,500,000	623,708	174,051	37,956	78,869	116,498	69%

Abbreviation: LOP, Life of Project.

Success Stories/Highlights

National Family Planning “Roadshow” Improves Knowledge of Filipino Service Providers

"Family planning is not about population control, but more importantly an effective intervention that significantly contributes to reducing maternal death and other prenatal complications experienced by many poor Filipino mothers," said Dr. Esperanza Arias, Quezon City Health Officer, at the closing of the Manila leg of Family Planning: State of the Art (FP SOTA) forum.

The forum, which brought together nearly 600 FP service providers from across the Philippines, kicked off at the Hyatt Regency Hotel in Manila. The highly anticipated national roadshow on contraceptive updates was organized by MCHIP in cooperation with the country's Department of Health (DOH), and USAID's Luzon, Visayas and Mindanao Health Projects. The forum was a timely response to the escalating demand for visibility and integration of FP services in primary and reproductive health care in the country, as corroborated by the high turnout and keen feedback of attendees in all three legs.

These one-day knowledge sharing and discussion events in late March—mounted consecutively over the period of one week in Manila, Cebu and Davao—were eagerly received both by service providers and program managers who generously lent their time, participation and valuable inputs during the sessions. The forums provided a much needed platform for international and local FP experts and advocates to discuss the most urgent FP issues facing the country.

The attendance of the DOH cluster heads—Usec Teodoro Herbosa (Luzon) in Manila, Asec Romulo Busuego (Mindanao) in Davao and Asec Jean Paulyn Rosell-Ubial (Visayas) in Cebu—underscored the government's commitment to closing the gaps in the delivery of essential maternal and child health services. This is a principal strategy in averting the needless deaths of Filipino mothers and children.

In his speech, Usec Herbosa stressed the government's efforts to ensure equal access to high-quality primary and reproductive health services for all Filipinos—poor and paying clients alike. Similarly, Busuego underscored the importance of improving the capacity of healthcare facilities to address the growing reproductive health needs of mothers and families living in Mindanao. Alluding to the plight of many young mothers in Visayas, some of whom she has met during her visits to typhoon stricken Tacloban, Ubial highlighted the urgency of meeting the increasing reproductive health and FP needs of adolescent mothers.

"A lot of work remains to be done, and that work entails all of you in this room today. You are the people who touch the lives of everyone else on an everyday basis," said USAID Mission Director Gloria Steele, who delivered the Agency's message of support.

This call to action reverberated among the attendees, who expressed their commitment to put into practice what they have learned. Dr. Florencia Miel, Chapter President of Philippine Obstetrics and Gynecology Society, said: "We need to educate ourselves with newer, innovative FP solutions and technologies that we can apply in our practice."

With special focus on high impact and FP solutions, the forum testifies to MCHIP's objective of creating an enabling environment for adoption and integration of FP in national health programs. This event catalyzed the desire of many health care providers, program managers, and advocates to improve the quality of services they offer by empowering themselves with updated knowledge and approaches in FP.

KMC Highlights

- Initiation of a KMC program and establishment of a KMC unit in the two premier tertiary facilities in the Philippines, one being the only state-university-affiliated training hospital in the country (UP-PGH) and the other being the premier private-run health facility nationwide (SLMC-QC), a first in the country. These two facilities will serve as examples for other health facilities in the country, particularly privately run hospitals
- KMC was one of the highlighted topics during the APR Stakeholders' Conference which was attended by more than 350 participants from the different regions of the country. Although KMC was first implemented in the Philippines in 2000, this was the first time that KMC was discussed at length with other programs on newborn, infant and child health.

Communication and Outreach

ACTIVITY/PRODUCT	DESCRIPTION	MULTIPLIER EFFECT/ESTIMATED REACH
Blog Article	“Expanding Essential Care for Newborn and their Mothers – Philippines”	Posted on Health Newborn Network, 10 March 2014 (http://www.healthynewbornnetwork.org/blog/expanding-essential-care-newborn-and-their-mothers-philippines)

Annex A. List of Products Developed in the Quarter

1. Assessment of Postpartum Intrauterine Contraceptive Device (PPIUD) Services in the Philippines Tablet Data Collector Manual
2. Data Collector Field Manual “Assessment of Postpartum Intrauterine Contraceptive Device (PPIUD) Services in the Philippines”
3. Family Planning State of the Art: Practical Approaches to Effective FP Services Briefer

Annex B. ICV Compliance (Q3)

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

Date Submitted: April 30, 2014

Project: MCHIP: PPFPP/PPIUD program in the Philippines

Report for the Months of: January – March 2014

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		
March 21, 2014	SPMC, Davao City	ICV Orientation	MCHIP	0	6	PPFP/ PPIUD data source handlers (nurses of data source points, i.e. FP clinic, Prenatal (OB-G), DR, OR, wards, birthing clinic, and OPD).	Integrating ICV orientation during the workshop session with the nurses in charge of the recording and capture of PPFP data at various data source points of the facility was an opportunity to emphasize the importance of informed choices by the clients. This activity was held at the onset of the discussion to resolve FP data issues, e.g. data sources, data forms, recording, consolidation, and reporting.

Abbreviations: ICV, Informed Choice and Voluntarism; MCHIP, Maternal and Child Health Integrated Program; PPFPP, Postpartum Family Planning; PPIUD, Postpartum Intrauterine Device; SPMC, Southern Philippines Medical Center

Total number of orientation/training activities conducted: 1

Total number of participants trained or oriented: 6

Males: 0

Females: 6

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)
16/1/2014	Zamboanga City Medical Center	Zamboanga City	Susan Hermosa, RN	1	Donna Miranda	<p>No potential vulnerabilities were found. Provider consistently offered broad range of FP information during FP counseling at mothers' classes, itinerant counseling at OB ward and other facilities when requested to come. Nurse Hermosa also reiterated the need to be thorough during counseling, making sure that the decision is made by client freely and voluntarily because she has encountered several instances of clients being coerced by their relatives.</p> <p>While the facility has posters and pamphlets from DOH they are unable to post them at the moment since the facility is undergoing ISO certification and were told that they can only put posters in one designated area. A designated area has not yet been identified. For PPIUD, provider also uses pelvic model so that the clients can have better picture of the procedure. And sometimes, she demonstrates the insertion process itself. She's found out that "most mothers prefer that than just talking to them and showing them pictures."</p>	

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)
			Eleanor Arcillas, Midwife, (Birthing Center)	1 Anilyn Eleno	Donna Miranda	<p>No potential vulnerabilities were reported at the birthing clinic. The birthing clinic is attached to the FP Clinic of the facility. Anilyn Eleno is client of Midwife Eleanor Arcillas who treated her from prenatal care to delivery. She was presented the broad range of FP methods during counseling, and has tried all other methods (pills, injectibles) in the past and has opted to use IUD this time. She says that she has enough kids now and anytime she wishes to have it removed, she was advised that she can do so. She was also duly informed of what warning signs to look out for and when to come back for a follow-up visit.</p> <p>Wall chart in FP clinic because facility is undergoing ISO certification and they were advised that all posters should be put in one designated area.</p>	A designated area for posting IECs on FP should be identified in the clinic.
				1 Arshia Jawad		Client received PPIUD last October at ZCMC's satellite operation in the Zamboanga Central Sanitarium. According to her, she was only given information on IUD. She explains that she was told that after having 7 children, it is best for her health if she uses IUD because it will prevent her from getting pregnant again. When asked if she was told of	

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)
						<p>other methods she said no. However, she says that did not feel pressured to use the method.</p> <p>** client has cleft palate and have difficulty in communicating with people so there is a possibility she was told but didn't understand</p> <p>Client is in the clinic to ask about BTL and wants to get one if it is free.</p>	Referred to immediate supervisor
19/02/2014	Cotabato Regional and Medical Center	Cotabato City	Mirasol Gellamucho	1	Grace Mateo	<p>No potential vulnerability was found. Wall charts and posters on FP are available in the facility.</p> <p>Client Rhodora Chavez reported that she was happy with the service she received from Nene Layasan, a midwife from Rural Health Center whom she said was very "mabait."</p>	

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: **2**

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

Total number of FP clients interviewed: **4**

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: **April 14, 2014**