



MATERNAL AND CHILD HEALTH INTEGRATED PROGRAM Philippines

Annual Report
Oct 2012 – September 2013

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List of Abbreviations

ANC	Antenatal Care
BatMC	Batangas Medical Center
BeMONC	Basic Emergency Obstetric Care
CHD	Center for Health Development
COE	Center of Excellence
CRMC	Cotobato Regional Medical Center
DHS	Demographic Health Survey
DOH	Department of Health
DRH	Davao Regional Hospital
EVRMC	Eastern Visayas Regional Medical Center
FP	Family Planning
ICV	Informed Consent and Volunteerism
IRB	Institutional Review Board
IUD	Intrauterine Device
JHU	Johns Hopkins University
LAPM	Long Acting Permanent Method
LARC	Long Acting Reversible Contraceptives
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
M&E	Monitoring & Evaluation
MMR	Maternal Mortality Rate
PPFP	Postpartum Family Planning
PPIUD	Postpartum Intrauterine Device
SHIELD	
TWG	Technical Working Group
UFMR	Under-five Mortality Rate
VSMMC	Vicente Sotto Memorial Medical Center
WRA	Women of Reproductive Age

1. Situationer

Every year 5,000 mothers in the Philippines die from complications associated with pregnancy and childbirth. Most of these deaths are due to complications that are preventable through safe and healthy spacing of pregnancies and birth. The majority of these maternal deaths directly result from

pregnancy complications

complications include hypertension, postpartum hemorrhage, and other medical problems arising from poor birth spacing and various chronic and infectious diseases. And while some indication of improvement in maternal and newborn outcomes have been reported the past few years with the considerable decline of under-five mortality rate (UFMR) and infant mortality over the past decade as well as increase in antenatal visits (ANC) and skilled birth attendance, maternal mortality rates remain high with reported increase from 162 to 221 between 2006 and 2011.

Across the range of maternal child health services, uptake of FP services remains markedly low. Data from Family Health Survey (FHS) 2011 indicate that the contraceptive prevalence rate (CPR) has barely moved from 36 to 36.9% between 2006 to 2011 in comparison to the increase in antenatal visits, facility-based delivery and skilled birth attendance. FHS estimates that as many as 5.3 million Filipino women of reproductive age have unmet need for family planning. 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 in improving maternal health outcomes in the country. The lack of consistent, effective and enabling policy environment for FP services, in particular, is critical in improving the access to FP services and ultimately, maternal mortality in the Philippines.

Additionally, the National Demographic and Health Survey (NDHS) reports that in 2008, 51% of postpartum women who wanted to space or limit their pregnancy for the next two years are not using any FP method.¹ One of the gaps identified is the lack of access to long-acting or permanent methods, including immediate post-partum IUD, during the postpartum. Improving access to LAPMs by integrating postpartum family planning services into established maternal and child health (MCH) programs has been proven as viable approach in reducing unmet need for FP planning and promoting health birth spacing among women living in low-resource settings. Program learnings from other MCHIP sites demonstrate the feasibility of this approach.

To most Filipino women, pregnancy and childbirth may be the only opportunity to avail of formal health services. In the Philippines, 78% of pregnant women receive care from skilled birth attendants during the antenatal period while 55 % of births are being delivered at a health facility. In addition, 84% of women receive at least one postpartum care (PPC) visit during the first week postpartum. These data indicate there are multiple touch points and opportunities to introduce the benefits of safe birth spacing and yet, despite this only a fraction of women receive FP assistance during ANC, prior to discharge and PPC. An assessment activity conducted by MCHIP in 2012 reports that while service providers claimed to that PPF messages were given during ANC, none of the women interviewed in the site reported receiving FP messages during ANC. Postpartum women in the Philippines represent an underserved segment of WRA needing FP. Reaching out to this segment of the population this segment of the population will not only contribute to achieving our CPR target but instrumental in fulfilling MDGs of reducing child mortality and improving maternal health by 2015.

¹ In this analysis, unmet need is defined prospectively (or '*Prospective unmet need*'; pie chart on the left) with regard to the woman's next pregnancy, which normally yields in higher rates of unmet need than when it is estimated based on woman's last birth. This 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 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.

2. The Project and Objectives

MCHIP in the Philippines works with the Philippines Department of Health (DOH) to create an enabling policy environment for PPFPP/PPIUD, and to establish resources and capacity for service delivery and training for PPFPP/PPIUD adoption and scale-up.

MCHIP is working in 10 geographical areas in the Philippines to develop Centers of Excellence (COEs) throughout the country. COEs are model service delivery sites (1) offering PPFPP services, including postpartum IUD, and (2) technical/training resource to regional Centers for Health Development / DOH offices. These sites were selected with the help of DOH and are strategically identified to provide coverage to the three regions. All these candidate sites have high volume delivery and demonstrate the interest, capacity, and commitment to integrated IUD with their existing postpartum services.

The program objective of MCHIP Philippines is to provide technical assistance to the DOH in increasing access to LAPM of family planning in the postpartum period through advocacy, development and documentation of training sites and model service delivery sites for PPFPP/PPIUD. Planned activities:

In addition to the activities on PPFPP/PPIUD, MCHIP also supports activities on newborn health specifically on Kangaroo mother care.

MCHIP's approach is to leverage support from existing organizations, programs, and agencies to increase the visibility and integration of PPFPP/PPIUD. DOH, Center for Health and Development (CHD), UNFPA, Health Policy and Development Program (HPDP 2), BEmONC training, Essential Intrapartum and Newborn Care training (EINC), Integrated Midwifery Association Program (IMAP), Philippines Obstetrics and Gynecology Society (POGs) and the upcoming Behavior Change communication Program (CHANGE), as well as USAID's three regional bilateral programs in Luzon, Visayas, and Mindanao are some of the anticipated partnerships that MCHIP plans to build upon.

3. Accomplishments & Reasons for Variances in Performance

Project Component/ Performance Indicators*	Baseline Value (source, year)	End of Project Target July 2012- June 2014	Target for the Year Oct2012- Sep 2013	FY 2013 Accomplishment	Cumulative Performance to Date July 2012- Sep 2013	Remarks	Reasons for Variance
Number of Centers of Excellence for PPFPP/PPIUD services	0	10	10	8	8	On track. 8 of 10 candidate COEs are meeting the COE criteria. EVRMC has yet to qualify their clinical trainers to achieve COE status. EVRMC clinical trainers are due to complete the practicum component for the TOT this October. Ortoll Primary Reproductive Health Care Center is facing some administrative setbacks and not fully operating as service Facility.	N/A
Number of health facilities/locations/service delivery points/sites that offer integrated PPFPP as part of MNCH services*	0	10	10	10	10	On track.	N/A
Number of MCHIP-supported health facilities demonstrating increased compliance with clinical	0	10	10	0	0	N/A	No progress made. Baseline values measured in Aug 2013 at each site to assess performance in the following areas:

standards over baseline*							(1)initial client assessment and counseling during antenatal care; return visits (2) IUD counseling and client assessment during labor or postpartum period IUD service provision management and (3) record keeping The Standards will be reassessed in March 2014 and then MCHIP will be able to report on improvements over baseline.
Number of trainers developed for PPF/PPIUD	0	20	10	12	12	Surpassed target. MCHIP exceeded this target due to the training. The initial target was at least one clinical trainer per candidate COE but later on it was found out to that having two per site is ideal. At the time of TOT only 6 sites were prepared to send in candidate trainers.	N/A

Number of supportive supervision visits conducted	0	25	10	18	18	Surpassed target. 10 of 10 Health Facilities have received SS visits.	N/A
Number of clients attending essential MNCH services with integrated FP at MCHIP supported facilities who received FP counseling*	0	120000	72000	ANC-24,176 PP-18,343 Total: 42,519	ANC-50,858 PP-43,757 94,615	N/A	FY 2013 data only reflect Jan-Sep 2013 data. Need to interpolate data from aggregated data from July –July 2013 to get Oct – Dec 2013
Number and percentage of women delivering at the health facility who accept a PPF method prior to discharge	N/A	N/A	N/A	2980 of 32246 9%	3411 of 72380 4.7%	MCHIP estimates the between 2 and 5% of women obtain IUDs in the post-partum period. Cumulative results from Philippines are in line with this estimate.	The FY 2013 reflects incomplete data the 10 sites from Jan –Sep 2013
Number of documents developed and disseminated	0	7	N/A	N/A	N/A	In progress. The final draft of the How to guide is under internal review and will be completed in October 2013. The PPF advocacy outline and its components have been	N/A

						<p>conceptualized and are ready for internal review.</p> <p>These additional documents are being developed: Adoption of Global PPIUD training package On the Job Training on PPFPP/PPIUD Job Aids</p>	
Number of technical assistance visits on PPFPP/PPIUD expansion	0	15	4	8	8	<p>MCHIP has almost reached its cumulative target for this indicator (8 planned).</p> <p>3 training assistance to SHIELD project 3 training assistance to VisayasHealth for PPFPP/PPIUD training in VSMCC</p>	N/A

						1 training assistance to Mindanao Health for PPFPP/PPIUD training in Davao	
Number of people trained through USG-supported programs*	0	120	100	61	79	<p>Clinical Skills Training: 18 (MCHIP sites)</p> <p>Clinical Skills Training: 33 (non MCHIP sites)</p> <p>Training of Trainers PPFPP/PPIUD: 11 participants</p> <p>Supportive Supervision on PPFPP/PPIUD: 16</p> <p>Master Trainer on PPFPP/PPIUD: 2</p>	<p>Additional training to be completed by March 2014. MCHIP plans to conduct PPFPP/PPIUD trainings to further develop pool of trainers as the existing number of available trainers may not be enough to meet training demands from the CHD and regional projects since MCHIP will be ending.</p>
Number of (national) policies drafted with USG support*	0	1	N/A	N/A	N/A	On track. Guidelines have been completed and submitted to the Secretary for signature subject to	N/A

						<p>the schedule of the DOH.</p> <p>Anticipate receiving ethical approvals in October 2013 and initiating the studies between October and November.</p>	
Number of studies*	0	2	N/A	N/A	N/A	<p>On track. IRB protocols have been drafted; local researchers have received training in research ethic; 2 protocols have been submitted and are under review at JHSPH IRB.</p> <p>Anticipate receiving ethical approvals in October 2013 and initiating the studies between October and November.</p>	N/A

4. Major Implementation Issues

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if not Resolved
Program Implementation			
1. Potential ICV Vulnerabilities identified at Batangas Medical Center.	Quarterly ICV Compliance Monitoring at Batangas Medical Center revealed that FP providers and staff are not adequately oriented with principles on ICV and FP related Philippine and US policies that need to be observed during the conduct of FP service delivery.	FP providers were duly informed of potential ICV vulnerability and briefly oriented with the principles and policies that have to followed while counseling clients on FP methods.	A planned ICV orientation for FP providers and staff at Batangas Medical Center will be conducted in October.
2. Development of COEs	2 candidate COEs are falling behind the criteria of becoming COE. The first one, EVRMC is still in qualifying their clinical trainers for PPFPP-PIUD. While, Ortoll Primary Reproductive Health Center is currently facing administrative transition and therefore not fully operating as service delivery facility	EVRMC clinical trainers are due to complete the practicum component of Training on Training Skills and Clinical Skills on PPFPP this October.	Actions need to be taken in evaluating the inclusion of Ortoll Primary Reproductive Health Center in the COE now that it is facing administrative setbacks.
3. Coordination with regional projects	The terms of cooperation and collaboration with USAID FP regional projects need to be enhanced to ensure that comprehensive resources and support needed to adopt and scale-up PPFPP-PIUD services in MCHIP sites are properly mobilized and sustainably met.	Cooperation with LuzonHealth, VisayasHealth and MindanaoHealth to mobilize resources and support for training and service delivery at MCHIP sites are already being developed and established.	
Administrative and Management Concerns			
1. Senior Program Manager post needs to be filled by 20 th November	Hiring for new senior program manager needs to commence as soon as possible to facilitate the to avoid delay in achieving targets and deliverables.		
2. Hiring of new staff	The posts for M&E officer, study Manager for the 2 upcoming studies, FP/RH adviser have not yet been filled due to the setbacks in	Hiring of new staff is being fast-tracked.	

	the hiring process.		
Monitoring and Evaluation			
1. Reporting	Diligent and timely submission of monthly reports from project sites remains a challenge. Competing responsibilities, limited time and resources are some of the reasons identified for the late and spotty submission of monthly reports.	The project team has established frequent and regular communication routine with the project sites to ensure that the sites are meeting their goals and tracking their progress accordingly.	
2. Recording	Inconsistent data recording is still being reported across several project sites. Sites have reported that lack of dedicated personnel to oversee the recording and tracking of PPIUD insertions and PPFP counseling data.	The hiring of an M&E officer is already underway. Some sites have already requested additional personnel to oversee the recording and reporting of data from their respective PHOs.	As soon as M&E officer has been hired, sessions on data quality check with projects sites will be planned and scheduled. The session will be devoted to validate existing data, re-calibrate data interpretation and harmonize collecting and recording methods in between project sites.
Security Concerns			
Zamboanga City and Cotabato City	Intermittent security threats in the		

5. Milestones, Key Tasks and Activities

- MCHIP through its set of interventions listed below was able to established 8 of the 10 sites as Centers of Excellence on PPFP/PIUD
 - Trainings

A conduct of Clinical Skills Training was conducted last August 2012 and from the batch of competent service provider, candidate trainers were selected. Using the Blended Learning Approach, the candidate trainers completed ModCAL (Modified Computer-Assisted Learning) for Training Skill followed by participating in a group based learning and was mentored in conducting their own Clinical Skills Training by the master trainer.

In the interest of maintaining and ensuring the quality of care in our delivery sites, MCHIP conducted a Supportive Supervision Orientation and Workshop to regional officers from the Centers for Health Development (CHD). Participants from 8 CHD offices, representing the regions where our delivery sites are located, attended the workshop. At the end of the workshop-orientation, the participants not only gained an enhanced understanding of PPFP/PPIUD, but more importantly, developed a more

keen appreciation of their functions in ensuring quality of care in their respective regions and delivery sites

Training/Workshop Title	Location	Date	Male	Female	Total
Clinical Skills Training on PFPF/PPIUD	Manila	Aug 6-9/ 2012	2	16	18
	Dagupan	Jan 28-31, 2013	0	16	16
	Davao City	Jan 28-31, 2013	1	16	17
Training of Trainers on PFPF/PPIUD	Manila	Jan 21-24, 2013	2	10	12
Supportive Supervision on PFPF/PPIUD	Cebu City	May 8-10, 2013	0	16	16

By way of blended learning, two master trainers on PFPF/PPIUD were also developed. The clinical trainers from VSMC were mentored in conducting a training of trainers on PFPF/PPIUD with oversight from MCHIP Senior Technical Advisor this September 22-24, 2013.

- Supportive Supervision visits

All ten sites have been provided supportive supervision. During these visits, orientation with residents and other hospital staff was conducted to brief them about PFPF/PPIUD. At the same time, in each visit, adherence to performance standards were checked by the supervisor and a debriefing was done after to discuss best practices and identify action plans for gaps identified.

- Midline Assessment

The assessment activity engaged the different sites in establishing the criteria for becoming COEs. The sites identified areas of program implementation that needed more attention and assistance from MCHIP and the other USAID assisted regional FP projects. The specific objectives of the Midline Assessment Activity were: 1) to account and share MCHIP's accomplishments over the last 13 months, (2) share the experiences, learning, challenges and best practices of the different sites, (3) validate data and accomplishments, (4) link up sites to the USAID FP regional projects, and (5) identify the next steps that will ensure the PFPF/PPIUD program is sustained for the longer term.

The meeting provided the opportunity for candidate COEs to align their strategies and next steps with the regional projects. At the end of the activity an agreement on criteria for COEs was established with concrete

next steps. This also strengthened the linkage of regional projects with COEs and concretized planned FP adoption and scale-up activities.

- MCHIP completed the “PPFP Supplement to the Philippines Clinical Standard Manual on Family Planning.” This has been approved and endorsed by the Department of Health. DOH has committed to will undertake the printing of the supplement to the manual and is expected to aide FP service providers with up-to-date information on Postpartum Family Planning technologies that can be offered to women postpartum period (time immediately after birth until 6 weeks). Our model delivery sites are also anticipating the release of the guideline as an important tool to guide their providers and increase stakeholder buy-in in their communities.
- Technical Assistance to USAID Regional Projects

MCHIP extended technical assistance to USAID FP projects: SHIELD, VisayasHealth and MindanaoHealth. These trainings built the capacity of candidate COEs to deliver quality PPFP/PPIUD services and sustain the demand for these services in their own facilities. Among the participants for this training were health service providers from other areas that these regional projects support. In addition to providing the technical support and expertise during training, MCHIP, through this activity, facilitated important linkages for COEs and respective USAID FP regional projects. This linkage is crucial in sustaining the adoption and scale up of PPFP-PPIUD trainings and services in the regions in which these sites are located.

DATE	Project Assisted	Purpose	Location
October 16-18, 2012	SHIELD	part of the training team for CST PPIUD	Zamboanga City
October 23-25, 2012	SHIELD	part of the training team for CST PPIUD	Cotabato City
December 3-5, 2012	SHIELD	part of the training team for CST PPIUD	Zamboanga City
June 24-27, 2013	VisayasHealth	part of the training team for CST PPIUD	Cebu City
Aug 27-30, 2013	VisayasHealth	part of the training team for CST PPIUD	Cebu City
August 14, 2013	MindanaoHealth	resource speaker for MindanaoHealth Preconference workshop in Davao	Davao City
Sep 1-7, 2013	MindanaoHealth	part of the training team for TOT and Practicum CST	Davao City
Sep 23-2, 2013	VisayasHealth	part of the training team for TOT	Cebu City

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- Informed Choice and Volunteerism Compliance Monitoring
ICV Monitoring activities were carried out at Vicente Sotto Memorial Medical Center and Batangas Medical Center (BatMC). Potential vulnerability for DeConcini Amendment (states that “funds shall be available only to voluntary family planning projects which offer, either directly or through referral to, or information about access to, a broad range of family planning methods) was identified at BatMC. To address the situation, an ICV orientation for FP providers and staff will be organized by the end of October.
- Conduct of Researches
 - The ***Descriptive Analysis of Postpartum IUD (PPIUD) Insertions at Dr. Jose Fabella Memorial Hospital*** documentation study has received IRB exemption from JHU School of Public Health Institutional Review Board. MCHIP is currently in the process of determining if this exemption applies locally and MCHIP can move ahead with the conduct of the study.
 - MCHIP’s ***Assessment of PPIUD Services in the Philippines Study*** received preliminary approval from JHU School of Public Health Institutional Review Board. The study tools have already been adopted and translated into two major local languages, Tagalog and Bisaya. Formal agreement to conduct the study with selected project sites (Batangas Medical Center, Vicente Sotto Medical Memorial Center and Cotobato Regional Medical Center) has already been entered. MCHIP is has applied for local IRB Ethical Approval.
 - The local research organization that will undertake the **Antenatal Corticosteroid Study** has undergone 2-day workshop with MCHIP Global’s Mark Hathaway and Shivam Gupta to orient them with the study and technical updates on antenatal corticosteroids.

Planned Activities in the October 2013 – June 2014

New Opportunities for Program Expansion

6. Financial Reports

7. Success Stories/Highlights

MCHIP in the Philippines works to establish access, resources, and an enabling environment for the delivery of postpartum family planning and postpartum IUD services in health facilities across the country. MCHIP’s approach is to develop 10 Centers of Excellence (COE) in postpartum family planning/postpartum intrauterine contraceptive device (PPFP/PPIUD) services. These COEs are envisioned to serve as model delivery sites that provide (1) quality PPFP-PPIUD services to postpartum women, (2) train PPFP-PPIUD service providers and clinical trainers, and (3) initiate adaption and scale-up of PPFP-PPIUD services in their respective regions or localities. As of September 2013, PPFP-PPIUD services have been integrated into relevant MCH services of 8 of these 10 hospitals, with the expectation that one more hospital will fulfill COE criteria by the end of October. From Aug 2012 -September 2013 a total of 3144 women have received PPIUD insertions at one of the Centers of Excellence.

The success of adoption and implementation of the program is due to the effective competency-based training given to highly motivated providers who can echo their learning and skills to equally motivated and supported FP providers in their respective hospitals.

Integration of the program in MCH services, specifically in antenatal, intrapartum and postpartum care, has been key in driving and sustaining the demand for PFP-PPIUD services and strengthening the capacity of both hospitals and their FP providers. The administrative support of hospital leadership, assistance of other USAID FP regional projects, and diligent supportive supervision from MCHIP staff has also been critical in achieving the objectives of the program. Nevertheless,



An young mother who opted for UD after giving birth in Batangas.

consideration for diligent and consistent FP data reporting and recording needs to be further enforced and addressed both by the COEs and through the assistance of MCHIP staff. Similarly, MCHIP is also encouraging COEs to seek and advocate for the support of their local health offices to ensure that a supportive policy environment for PFP-PPIUD services is put in place. MCHIP is working with the USAID FP regional projects to help attain this objective.

MCHIP’s work in the Philippines has been catalytic in generating awareness on the postpartum period as an important opportunity to introduce life-saving FP services to women and families, as well as a viable strategy to reduce the unmet need for FP services. The National Demographic Health Survey (NDHS) reports that as of 2008, 51% of postpartum women who wanted to space or limit their pregnancy for the next two years are not using any FP method. And the major reason for this is the lack of access to long-acting or permanent methods, including immediate post-partum IUD, during the postpartum period.

8. Communication and Outreach

Activity/Product	Description	Multiplier Effect/Estimate reach
Success story	Filipino Women Celebrate “Buntis Day,” Attend Postpartum Family Planning Launch Ceremony	Posted in MCHIP Global website, <i>18 April 2013</i>
Success story	“Providers in Philippines Persuade Hospital Leadership of Importance of Postpartum IUD”	Posted in MCHIP Global website, 31 August 2013
Guideline	“PFP Supplement to the	Distribution to be carried out

	Philippines Clinical Standards Manual on Family Planning” currently printing phase	nationally by Department of Health and shall reach DOH retained health facilities Luzon, Centers for Health Development
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Annex A

List of Products Developed 3Q, 2013

“Postpartum Family Planning Supplement to the Philippine Clinical Standards on Family Planning.” Approved and endorsed by the Department of Health, this supplement augments the existing clinical standards manual on FP. It is expected to aide providers and managers with updates on family planning technology that can be offered to women in the postpartum period (time immediately after birth until 6 weeks). This is envisioned as an indispensable reference for PFP-PPIUD service providers, giving them valuable information on timing of initiation, attributes, risks and benefits of different PFP methods. Most of all, this guideline is pivotal in mobilizing awareness for the postpartum as an important, and yet missed, opportunity to introduce life saving family planning methods to women.

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

REPORTING FORM

Date Submitted: 7 October 2013
 Project: MCHIP – PFP/PPIUD Program in the Philippines
 Report for the Months of: July – September 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.

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		

Total Number of Orientation/Training Activities conducted: _____
 Total Number of Participants Trained or Oriented: _____
 Males: _____
 Females: _____

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 (be as detailed as possible pls)	Steps Taken/ Recommendations (please provide as much detail as possible)
28/8/2013	Vicente Sotto Memorial Medical Center	Cebu City	Dr. Carolyn Tabaloc/ resident	1	Marilyn Estopa	<ul style="list-style-type: none"> • Provider: Dr. Carolyn Tabaloc: gives broad range of FP information during group education; no FP targets; is against abortion; no incentive provided for FP provider • Marilyn Estopa-FP user plan to shift to another method after birth but was using pills before; given broad range of information, no incentive given, • Flipchart, Wall charts were present in the FP room, no wall charts in the labor and deliver • Data records show inconsistencies Higher counseled patients during 	<p>They need more IEC materials to be given in the labor and delivery</p> <p>Need guidance in proper recording of PFP data since they include interval FP with postpartum</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)
						antenatal but lower number clients attending of visits. When verified, the reason for this is that even non-pregnant women counseled for FP was included in the antenatal FP counseling.	
19/9/2013	Batangas Medical Center	Batangas City	Dr. Lennybeth Latido Theodora Rayos	4	Donna Miranda Grace Mateo	<ul style="list-style-type: none"> Client Clarisse Bondoc (please see client questionnaire) was advised against having BTL procedure because she wasn't married to her current partner, was told that in case procedure didn't go well there was not one who could be answerable to her so client opted to use IUD instead. Client Jonlayn Makatangay (please see client questionnaire for more details on patient) was made to choose between BTL and IUD during ANC counseling and was told that "these were her two choices since she was already old." Potential vulnerability: client not given information on broad range of methods. Client Annalisa Umayan 	<ul style="list-style-type: none"> Informed patient that husband consent is not a requirement for IUD, that her consent (and signature) was enough to avail of BTL service. Relayed potential vulnerability to supervisor, Grace Mateo who will report potential vulnerability to Dr. Marinduque (MCHIP's ICV focal person) Relayed potential vulnerabilities to supervisor, Grace Mateo for evaluation. Nurse Rayos maintains that they do provide a broad range of information. But initially what they initially ask is about the client's life plans and their reproductive intentions. They also discuss about health spacing and timing of next pregnancy. From there, they

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)
						(please see client questionnaire for details) was only offered IUD during FP counseling. FP counseling was conducted during ANC. Client is minor, 17 years old.	discuss different FP methods available. <ul style="list-style-type: none"> • Need to do orientation on ICV to BatMC because the service providers in the facility don't know about ICV. A request to BatMC to set a schedule for ICV orientation was made since they have no previous knowledge about it. Dr. Villena requested that the schedule of the ICV orientation on a Wednesday afternoon since endorsement has finished by that time.

Total number of Facilities Monitored: **2**
Total number of Service Providers Monitored: **3**
Total number of FP clients interviewed: **4**

Number of facilities noted to be compliant to policies: **1**
Number of facilities with possible vulnerabilities: **1**
Number of facilities with possible violations: **1**
(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:

An ICV orientation for FP service providers in Batangas Medical Center is scheduled for October to acquaint providers with principles of ICV and FP and Abortion related Policies. The orientation/workshop aims to reiterate the importance of providing broad FP choices to clients.

Prepared by: Donna Miranda, *MCHIP Documentation Officer*

Date: 1 October 2013

