LuzonHealth

Integrated Maternal, Neonatal, Child Health and Nutrition/Family Planning (I-MNCHN/FP) Regional Project in Luzon

Final Report

January 23, 2013 – December 31, 2018

Cooperative Agreement AID-492-A-13-00002

Prepared for

[redacted]

Cc:

[redacted]

Prepared by
RTI International
3040 Cornwallis Rd
Post Office Box 12194
Research Triangle Park, NC 27709

Submitted: April 2019

This report was produced for review by the United States Agency for International Development/Manila

This report is made possible by the support of the American People through the United States Agency for International Development (USAID). The contents of this report are the sole responsibility of the Integrated MNCHN/FP Regional Project for Luzon and do not necessarily reflect the views of USAID or the United States Government.

All photographs included in this final report are credited to [redacted]

Table of Contents

List of Figures

List of Tables

List of Acronyms and Abbreviations

AHDP	Adolescent Health and Development Program
AJA	Adolescent Job Aid
ANC	Antenatal Care
AYHP	Adolescent Youth Health program
AYHS	Adolescent and Youth Health Services
BEmONC	Basic Emergency Obstetric and Newborn Care
BFSG	Breastfeeding Support Group
BHW	*Barangay* Health Workers
BTL	Bilateral Tubal Ligation
CCHD	Caloocan City Health Department
CHANGE	Communication for Health Advancement through Networking and Governance Enhancement Project
CHD	Center for Health Development
CHO	City Health Offices
CHSR	Community Health Service Record
CHT	Community Health Team
CLA	Collaborating, Learning, and Adapting
DepEd	Department of Education
DHIS2	District Health Information System 2
DM	Department Memo
DMPA	Contraceptive Depot Medroxyprogesterone Acetate
DOH	Department of Health
DQC	Data Quality Check
EBF	Exclusive Breastfeeding
EQ	Emotional Quotient
EINC	Essential Intrapartum and Newborn Care
EPI	Expanded Program on Immunization[1]

[1] Technical guide available at: https://www.doh.gov.ph/sites/default/files/publications/FP_ANC_EPI%20Integration%20Supplemental%20Guide.pdf

FBD	Facility-Based Delivery
FHSIS	Field Health Information System
FP	Family Planning
FPCBT	Family Planning Competency-Based Training Basic Course
FY	Fiscal Year
GOP	Government of the Philippines
HC	Health Center
HPDP	Health Policy Development Program
HRH	Human Resources for Health
HSP	Health Service Provider
HTSP	Healthy Timing and Spacing of Pregnancy
IEC	Information, Education, and Communication
IPC/C	Interpersonal Communication and Counseling
IT	Information Technology
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
LAPM	Long-Acting Permanent Method
LARC	Long-Acting Reversible Contraceptive
LGU	Local Government Unit
LMT	Lactation Management Training[2]
LTAP	Local Technical Assistance Providers
LTO	License to Operate
M&E	Monitoring and Evaluation
M1	Monthly Form 1
MBFHI	Mother/Baby Friendly Hospital Initiative
MCH	Maternal and Child Health
MCP	Maternity Care Package
MERLA	Monitoring, Evaluation, Research, Learning, and Adapting
MHO	Municipal Health Offices

[2] Technical guide on Post Training Evaluation on LM available online

MLLA	Minilaparotomy under Local Anesthesia
MNCH	Maternal, Neonatal, and Child Health
MNCHN	Maternal, Neonatal, Child Health, and Nutrition
MNH	Maternal and Neonatal Health
NCP	Newborn Care Package
NCR	National Capital Region
NDP	Nurse Deployment Program
NHIP	National Health Insurance Program
NSV	Non-Scalpel Vasectomy
OB	Obstetrics
OB-GYN	Obstetrics-Gynecology
OPD	Outpatient Department
OR	Operations Research
PDO	Provincial DOH Office
PhilHealth	Philippine Health Insurance Corporation
PHN	Public Health Nurse
PHO	Provincial Health Offices
POPCOM	Commission on Population
PPIUD	Postpartum IUD
PSI	Progestin-Only Subdermal Implant
PTE	Post-Training Evaluation
PTME	Post-Training Monitoring and Evaluation
QCHD	Quezon City Health Department
R1MC	Region 1 Medical Center
RH	Reproductive Health
RHU	Rural Health Unit
SBA	Skilled Birth Attendance
SDM	Standard Days Method®
SDN	Service Delivery Networks
SDP	Service Delivery Points

SMRS	Supply Management and Recording System
SPA	Service Providers' Agreement
STI	Sexually Transmitted Infection
TCL	Target Client List
THK	Teen Health Kiosk
TPC	Teen Parents' Clinic
TWG	Technical Working Group
UHC	Universal Health Care
USAID	United States Agency for International Development
USD	US dollar
USG	US Government
WAH	Wireless Access for Health
YAKAGIN[3]	Youth and Adolescent Key Areas and Geographic Information Network

[3] User's Manual available at: https://www.doh.gov.ph/sites/default/files/basic-page/YAKAGIN%20User%27s%20Manual.pdf

Executive Summary

The LuzonHealth Project was a six-year (2013–2019) United States Agency for International Development (USAID) health service strengthening project implemented by RTI International. LuzonHealth supported efforts led by the Department of Health (DOH) to scale- up high-impact services and client-centered information to reduce unmet need for modern family planning (FP) methods and to improve maternal, neonatal, child health, and nutrition (MNCHN) outcomes, especially among the lowest wealth quintiles. The LuzonHealth team aligned the project's implementation to support the Philippines Responsible Parenthood and Reproductive Health Law and the consequent issuance of Executive Order No. 12: "Attaining and sustaining zero unmet need for modern family planning services through the strict implementation of the Responsible Parenthood and Reproductive Health Act," pursuant to the goal of improving the health of underserved Filipino families.

To expand Filipino families' access to high-quality integrated FP/MNCH services and client-centered information in targeted provinces, cities, and municipalities, LuzonHealth focused on access at the household, community, public facility, and private facility levels. Across the 21 project sites, LuzonHealth worked with eight Centers for Health Development (CHDs), 14 Provincial Health Offices (PHOs), 338 Municipal Health Offices (MHOs), 46 City Health Offices (CHOs), and 11,052 barangays. The total population living in areas covered by LuzonHealth was 33.8 million people.

The LuzonHealth results framework (Figure 2) outlines three core areas of technical assistance that the project provided to health offices across the region:

1) Increasing demand for FP/MNCH services,
2) Improving the supply of those services, and
3) Strengthening local policy and health systems that have proven to be cost-effective.

Increase demand for FP/MNCH services

LuzonHealth improved communications and outreach to priority populations through key messaging around FP methods and their availability. Additionally, the project focused on communications around antenatal care (ANC) and health risks specific to teenage pregnancy. The project used various channels to reach men, women, and adolescents with key FP/MNCH messages and to increase demand for and utilization of services. These channels included (1) health events that targeted a wider mass of clients; (2) group discussions and immediate service provision; (3) interpersonal communication and counseling (IPC/C); and (4) information, education, and communication (IEC) materials.

Improve the supply of services

LuzonHealth focused on increasing FP use and improving maternal and newborn care through alignment with relevant government strategies and policies. This work was accomplished by enhancing the role of hospitals in FP/MNCH training and service delivery, modeling adolescent health interventions, increasing collaboration with the private sector, replicating and scaling up best practices and innovations, and supporting local implementation of the Philippines' National Health Insurance Program (NHIP).

LuzonHealth closely worked with CHDs, PHOs, and local government units (LGUs) to build technical assistance capacities on local FP/MNCH operations. Additionally, LuzonHealth worked with USAID-supported projects and stakeholders to address service delivery needs of priority populations (men, women of reproductive age, adolescents, children under five years of age, and families covered by the National Household Targeting System for Poverty Reduction). LuzonHealth led a range of FP activities to prevent unintended and high-risk pregnancies. The project also worked to improve maternal and child health (MCH) by training health service providers in basic emergency obstetric and newborn care and on best practices for disseminating information and education materials on women's health and safe motherhood as well as by upgrading health facilities as FP/MNCH service delivery points (SDPs).

Strengthen local policy and health systems

LuzonHealth implemented its key TA activities on policy and health systems in line with the strategic goals of the Philippine government's Universal Health Care and USAID's new strategy for improving family health. In the first year of implementation, LuzonHealth supported the development and testing of tools, systems and instruments for strengthening local policy and health systems and establishing a proof of concept, with specific focus on the following key areas: (a) improving the quality of FHSIS data to measure health performance; (b) improving logistics management systems in public health facilities; (c) strengthening local implementation of the National Health Insurance Program (NHIP) or PhilHealth; and (d) strengthening and expanding service delivery systems for reaching the vulnerable populations with unmet need through community health teams. Years two to four focused on intensive TA support to build capacities of both the CHDs and LGUs. Years five and six focused on sustainability and ensuring that national and local partners adopt, own and implement the tools and instruments developed. The following LuzonHealth tools were embraced by the Department of Health and CHDs: data quality check (DQC), FP in Hospital Recording and Reporting System (which was integrated as part of the FHSIS), and Guide to FP/MNCHN Local Policy Formulation. Additionally, at the facility level, several LGUs implemented the Supply Management and Recording System (SMRS).

Concrete results and sustainable impact for health[4]

Technical assistance provided through LuzonHealth resulted in notable achievements. Key highlights include the following:

- High-impact interventions: *Usapan* (group conversation/communication technique), FP in hospitals, adolescent-friendly health services, SDP capacity building, strengthened local technical service providers and training institutions.
- FP current users increased from 1.5 million (66%) in 2013 to 2.1 million (68%) in 2017.
- FP new acceptors increased from 361,143 in 2013 to 462,529 in 2017.
- Deliveries attended by a skilled birth attendant increased from 57.8% in 2013 to 75.0% (October 2015–September 2016).
- In 2017, 6% of SDPs reported having commodity stock-outs, compared with 66% in 2013.

During its final two years of implementation, LuzonHealth focused on sustaining achieved gains to increase the availability and accessibility of FP/MNCH services and accelerated progress in FP acceptance and practice through a mix of interventions focused on strengthening healthy behaviors, fortifying service delivery quality, and institutionalizing key health systems. The project prioritized technical assistance interventions that produced results showing accelerating improvements in service utilization and a package of high-impact interventions that included the adoption and implementation of the enhanced *Usapan*, strengthening the referral mechanism of existing service delivery networks (SDNs), establishing an FP program in public hospitals, and institutionalizing local health policies and systems. The project also prioritized 12 provinces/cities with the greatest need and the best potential for FP acceleration. Technical assistance to the rest of the project sites was focused on mainstreaming the FP program in priority hospitals. LuzonHealth experts worked to further strengthen FP services in public hospitals, modified and enhanced existing demand-generation strategies to ensure priority groups use needed services, and continued to work with the private sector to enlist their participation in existing FP/MNCH SDNs.

[4] Usapan Technical brief available at online and FP in hospitals Technical guide available at online

Overall Summary of Implementation

Through working with DOH, CHDs, PHOs, MHOs, CHOs, *barangays*, LGUs, other USAID-supported projects, and major stakeholders, LuzonHealth addressed the distinct needs for accessing high-quality integrated MNCHN and FP services and information among priority populations within the project sites (Table 1).

Table 1. LuzonHealth project sites

Region	Province	Municipalities and cities
National Capital Region		Caloocan, Malabon, Marikina, Pasig, Quezon, Taguig, Valenzuela, and 458 *barangays*
Cordillera Administrative Region	Benguet	All 13 municipalities, 1 city (Baguio), and 269 *barangays*
Ilocos	Pangasinan	All 44 municipalities, 4 cities (Alaminos, Dagupan, San Carlos, Urdaneta), and 1,364 *barangays*
Cagayan Valley	Cagayan	All 28 municipalities, 1 city (Tuguegarao), and 820 *barangays*
	Isabela	All 35 municipalities, 2 cities (Cauayan, Santiago), and 1,055 *barangays*
Central Luzon	Bulacan	All 21 municipalities, 3 cities (Malolos, Meycauayan, San Jose del Monte), and 569 *barangays*
	Nueva Ecija	All 27 municipalities, 5 cities (Cabanatuan, Gapan, Muñoz, Palayan, San Jose), and 849 *barangays*
	Tarlac	All 17 municipalities, 1 city (Tarlac), and 511 *barangays*
MIMAROPA	Oriental Mindoro	All 14 municipalities, 1 city (Calapan), and 426 *barangays*
Bicol	Albay	All 15 municipalities, 3 cities (Legazpi, Ligao, Tabaco), and 720 *barangays*
CaLaBaRZon	Batangas	All 31 municipalities, 3 cities (Batangas, Lipa, Tanauan), and 1,078 *barangays*
	Cavite	All 17 municipalities, 6 cities (Bacoor, Cavite, Dasmariñas, Imus, Tagaytay, Trece Martires), and 829 *barangays*
	Laguna	All 24 municipalities, 6 cities (Biñan, Cabuyao, Calamba, San Pablo, San Pedro, Santa Rosa), and 674 *barangays*
	Quezon	All 39 municipalities, 2 cities (Lucena, Tayabas), and 1,242 *barangays*
	Rizal	All 13 municipalities,1 city (Antipolo), and 188 *barangays*

For the six-year period, LuzonHealth supported USAID's development objective of "*accelerating and sustaining broad-based and inclusive growth*" and the goal of *"improving family health."* LuzonHealth worked closely with CHDs to build their capabilities and commitment to provide technical assistance to LGUs to increase utilization of FP and MNCHN services by strengthening demand, improving supply, and improving health policies and systems through evidence-based interventions. The project conceptual framework is depicted in Figure 1, and the specific outputs/sub-outputs for strengthening

demand, improving supply, and improving health policies and systems are shown in the LuzonHealth results framework in Figure 2.

Figure 1. LuzonHealth conceptual framework

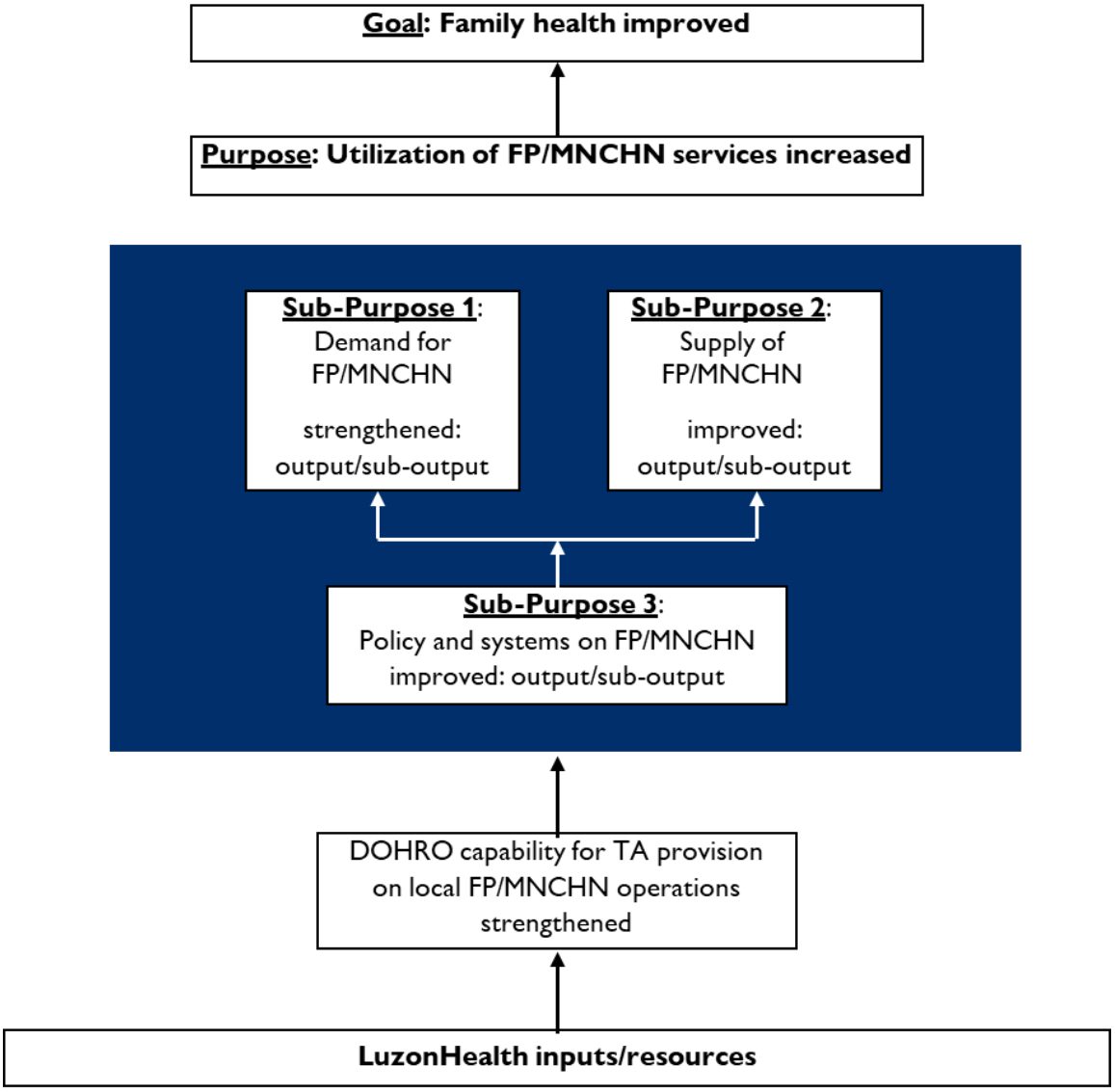
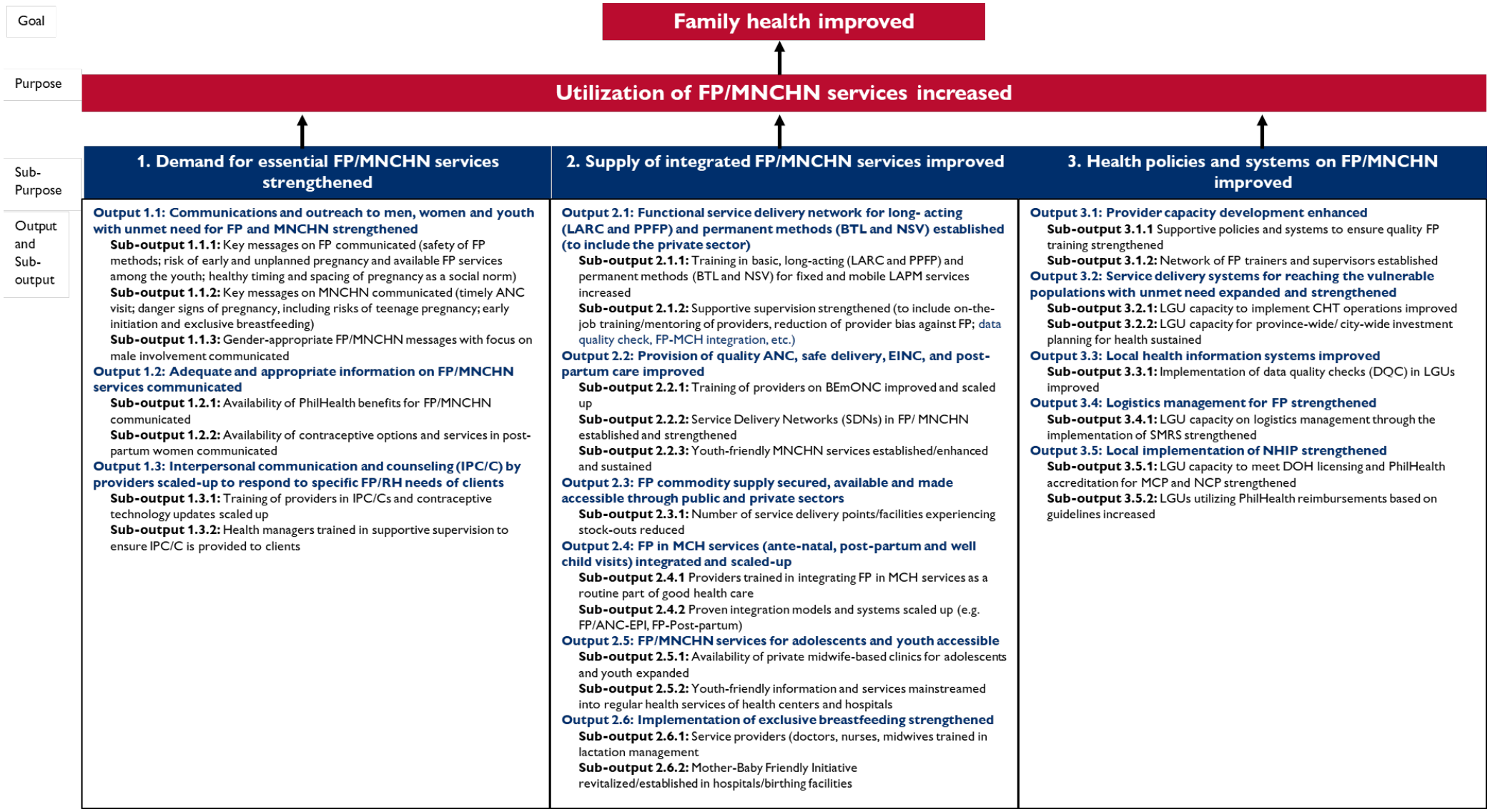


Figure 2. Results framework



LuzonHealth's implementation was anchored on its Monitoring & Evaluation that was designed to track the progress of the Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms Activity, identify project learning and areas for improvement, improve activity performance and effectiveness, and measure project contributions to strengthening the DOH's capacity. In addition, LuzonHealth instituted a continuous collaborating, learning, and adapting (CLA) and data-driven decision-making approach, which was grounded in a comprehensive monitoring and evaluation approach. This approach integrates monitoring and evaluation (M&E) and operations research (OR) with USAID's CLA best practices to create rapid feedback loops for learning and evidence-based decision-making.

First Year of Project Implementation

The strategy for the first year of implementation was to lay the evidence-based foundation for life-of-project technical assistance. To implement evidence-based interventions that allow for focused targeting of priority beneficiaries for capacity building and facility-level service delivery improvements, baseline data on a wide range of information were collected from all public health facilities (primary care facilities and hospitals) and selected private facilities (hospitals, lying-in/ maternity clinics) in the project sites, all totaling 1,878 health facilities.

The baseline survey measured service delivery capacity of health facilities in areas covered by the project. Information was collected from the Rural Health Units (RHU), City Health Offices (CHO), Health Centers (HC), private primary care facilities, and public and private hospitals. The following categories of data were collected:

- Local implementation of activities on generating demand for FP/MNCH services
- Availability of FP/MNCH services and commodities
- FP/MNCH commodity availability and stock-out
- Provision of Long-Acting Permanent Method (LAPM) services
- Support services for FP/MNCH
- Systems and network of support to ensure demand for and supply of FP/MNCH services
- Policies to ensure supply of FP/MNCH services
- Informed Choice and Voluntarism (ICV)
- Availability of Health Service Records on selected FP/MNCH indicators
- Training profile of facility health service providers on FP/MNCH services
- Availability of FP/MNCH IEC and reference materials

Data generated from this activity allowed the project to effectively support the CHD and the LGUs in identifying, defining and implementing specific interventions aimed at strengthening demand, increasing supply and removing health systems barriers. Data generated from the survey were immediately encoded and organized into the project database for quick review and analysis.

Continuing Program of Competency Assessment

To improve the supply and quality of FP/MNCH services, LuzonHealth developed a continuing program of competency assessment of health providers, which helped identify the gaps in providing quality services and became the basis for scaling training in FP and essential intrapartum and newborn care (EINC), post-training M&E, and supportive supervision. This program's key components included the following:

1. Develop a diagnostic workshop and tools based on the Objective Structured Clinical Examination methodology for the overall assessment of the competence of previously trained FP and EINC service providers in knowledge, skills, and working environment
2. Train assessors and roll out competency assessments through diagnostic workshops
3. Use the findings from competency assessments to fine tune existing programs (e.g., greater emphasis on IPC/C in Family Planning Competency-based Training Level 1 [FPCBT 1]) modules and EINC in Basic Emergency Obstetric and Newborn Care (BEmONC) modules
4. Roll out training in FP and BEmONC/EINC
5. Use the competency assessment tool to undertake post-training monitoring and evaluation (PTME)
6. Use the competency assessment tool for public health nurse (PHN) supportive supervision
7. Monitor caseload and service utilization indicators in catchment areas of trained health providers

Insights obtained from profiling institutions providing adolescent and youth RH information and services:

- the need for youth- friendly staff and services
- the presence of community promoters and peer organizers to reach adolescents in their home or community
- a welcoming place to get comprehensive information
- access to a comprehensive set of services at a hospital.

This continuing program for competency assessment enabled program managers to address quality service issues without requiring the health providers to leave the work areas for classroom training; facilitating uninterrupted provision of services.

Adolescent and Youth Health Services Program

Through an evidence-based and participatory process, LuzonHealth provided technical assistance in the development of Adolescent and Youth Health Services (AYHS) programs within LGUs. This technical assistance included the following:

1. Inventory and profile major institutions providing adolescent and youth reproductive health (RH) information and services
2. Identify service point models that include government health centers and nongovernmental organization-run RH clinics, school-based teen centers, and "Teen Mom Clinics" in tertiary-level hospitals and develop a set of "Self-Assessment Checklists" to identify the inputs and preparations needed for the establishment of the AYHS programs
3. Consult with LGUs on existing programs or plans for establishing AYHS programs

4. Obtain in-depth information on problems of adolescents and youth and identify activities to address these problems based on a participatory process involving youth, CHD, PHO, municipal health officers, local health officials, parents and elders, and representatives of national agencies
5. Secure policy support from the local government executives and local legislators (*Sanggunian*)
6. Monitor activities and results of LGU programs on priority adolescent and youth beneficiaries

LuzonHealth conducted a series of consultations with partners at the CHDs and PHOs/MHOs/CHOs as well as LGU officials and duty bearers from relevant government agencies and civil society. These consultations reviewed the local data on teen pregnancy, which have been gathered from various health centers and laid the groundwork for identifying where to begin AYHS activities that are responsive to the needs of the communities.

Regional DOH Capacity Building

One of the project's major components was enhancing CHDs' capabilities in providing technical assistance to LGUs. Over the course of project implementation, LuzonHealth actively sought involvement and participation from CHD staff and DOH representatives in the design and implementation of technical assistance activities.

Training of trainers were initiated in the areas of Data Quality Check (DQC), Supply Management and Recording System (SMRS) and LTO certification and PhilHealth assessment for accreditation tools and instruments were co-developed with the CHDs and PhilHealth Regional Offices and were tested in selected LGUs.

Second Year of the Project Implementation

In Year 2, significant progress was made to fill the gaps in demand, supply, and policy systems identified in the baseline survey[5].

Enhancing Information and Education Services

To update information that service providers and facilities were sharing with clients on FP methods, the project distributed FP wall charts and reproduced and distributed IEC kits containing FP and MCH messages. Health events became a major venue for communicating key messages to pregnant women and adolescents. To improve skills of health providers and workers in communication and counseling, IPC/C trainings were held.

Promoting Exclusive Breastfeeding

LuzonHealth also focused on promoting exclusive breastfeeding (EBF) in year two. The project trained health service providers from birthing facilities and hospitals in lactation management and assessed the extent of breastfeeding support groups (BFSGs) mobilization. To strengthen the BFSGs, the project trained the groups on peer counseling for EBF. LuzonHealth also trained selected

[5] Technical guide on SDC Baseline Survey Instrument available online

CHD V technical staff to serve as the Regional Assessors' Team for the implementation of the Mother/Baby Friendly Hospital Initiative (MBFHI).

Strengthening and Scaling Up the Training System

The project focused on strengthening and scaling the training system. This involved conducting competency assessments of health service providers through diagnostic workshops, developing training courses for service providers to deliver quality FP/MNCH services, and offering PTME and supportive supervision. Strengthening the training system also involved the training of trainers and outsourcing of training to public and private providers to scale-up training.

Ensuring Supplies of Family Planning Commodities

LuzonHealth also emphasized commodity security in year two. The DOH used data on FP commodity availability and stock-outs from the baseline survey to guide the allocation and distribution of commodities to priority health facilities.

Adolescent and Youth Health Services Program

LuzonHealth designed and implemented a school-based peer education program to address high teen pregnancy rates in support of the government-led AHDP. The program was established in 11 national high schools in Cavite and seven public and private high schools across Batangas City, Lipa City, and Tanauan City in the Luzon Region. The peer education program provides a venue for open, interactive, and non-judgmental discussions among students through five standard topics: adolescent development; sex, gender, and development; teen pregnancy; HIV and AIDS; and responsible parenthood and FP. The discussions are initiated during peer education sessions facilitated by trained

students and supervised by faculty members trained as teen health advisers. The project established Teen Health Kiosks (THKs) in national high schools as a means for peer educators to provide accurate information to their fellow classmates. The THKs were linked with respective government health centers that had AJA-trained health service providers. LuzonHealth supported the Mankayan Local Chief Executive to issue an executive order creating the Mankayan Adolescent and Youth Health Program Council and Adolescent and Youth Health Program Technical Working Group. Additionally, the project held stakeholder consultations and strategic planning workshops, which informed the formulation of a local policy to create an Adolescent and Youth Health Program (AYHP) Council that will provide policy and strategic guidance and an AYHP technical working group (TWG) that will develop operational plans, implement activities, and monitor results.

Strengthening Governance and Service Delivery Networks

LuzonHealth developed and supported a three-pronged approach to address teenage pregnancy. linking the teen health kiosks established in the national high schools to rural health units with staff trained in adolescent job aid (AJA) and the rural health units with a tertiary hospital to form a referral system for adolescent health services .

Demand Generation Activities

LuzonHealth assisted CHDs and PHOs/CHOs to scale-up integration of FP/ANC-Expanded Program on Immunization (EPI) services using a tool previously developed by the DOH with HealthGov assistance. Under this strategy, FP or ANC referral messages were given to mothers who visited the health facility to immunize their child. FP referral messages were given to women who were not pregnant and who were identified as having an unmet need for modern FP, while ANC referral messages were given to mothers who were pregnant during these visits. The mothers given referral messages were either directed to the FPCBT Level 1-trained midwife/nurse for

further FP information and counseling or advised to come back to the HC at a certain date for individual counseling or group discussion. Mothers given information were also invited to join the appropriate *Usapan* session based on their reproductive intention, such as *Usapang Kuntento Na* for limiting the number of children and *Usapang Pwede Pa* for spacing. In the implementation of the FP/ANC-EPI integration strategy, the local partners utilized the simplified recording and reporting/discussion forms for BHWs and midwives to capture data.

Improving Data Quality and Reporting

The DOH updated the Field Health Information System (FHSIS) with revised definitions and formulas for selected indicators and changes in Target Client List (TCL) and reporting forms. LuzonHealth enhanced the previous Data Quality Check (DQC) Tool to reflect these changes and conducted a region-wide training of trainers. LuzonHealth and USAID supported the expansion of Wireless Access for Health (WAH), which implements an electronic medical record system. In project sites where the LGUs adopted WAH, data recording and reporting practices improved in quality and timeliness. Expansion was made possible through the support of the LGUs who shared their experience in adopting WAH.

To improve local logistics management systems, LuzonHealth identified facilities that had no facility-level systems for documenting inventory of FP commodities and availability. The Project also conducted refresher courses and RHU-level mentoring and coaching for Supply Management and Recording System (SMRS) implementation and provided capacity building for DOH regional offices and PHOs in understanding the SMRS forms for capturing FP commodity availability and stock-outs at the facility level. As a short-term solution to address stock-outs and to ensure immediate response to the lack of FP commodities, the Project regularly shared with the DOH Central office the list of quarterly data on facilities with stock-outs of contraceptive pills, intrauterine devices (IUD), and contraceptive depot medroxyprogesterone acetate (DMPA) injection at project sites. The DOH prioritized the distribution of commodities to facilities experiencing stock-outs based on this list.

Accelerating and Expanding PhilHealth Accreditation of Health Facilities

In partnership with DOH ROs and PhilHealth, the Project provided technical assistance to accelerate the process of accreditation or renewal of accreditation considering the additional requirement of obtaining prior LTO certification.

This assistance included:

- Educating LGU officials and health facility staff on the benefits of accreditation. Highlighting that accreditation provides better financial risk protection to the poor while also generating additional revenues from PhilHealth reimbursements for investment in improving quality of services.
- Increasing the capability of LGU officials and health managers to assess gaps in meeting requirements for LTO certification and PhilHealth accreditation
- In coordination with DOH ROs and PhilHealth, guiding LGU officials and health facility managers in the process of obtaining LTO certification and PhilHealth accreditation.

- Supporting LGUs in instituting local policies and guidelines to establish a trust fund for PhilHealth reimbursements and the utilization of such fund to expand and improve quality of services in the health facility.
- Supporting LGUs in disseminating information on PhilHealth benefits to clients and requirements for availing the benefits.

Third Year of Project Implementation

In year three, LuzonHealth continued supporting the DOH to intensify efforts to reduce maternal mortality, establish service delivery networks, and reduce the unmet need for FP services by expanding client access to a wide range of contraceptive choices. In close collaboration with local partners, particularly the CHD and PHOs, various capacity-building interventions were implemented to fill demand and supply gaps, which supported local policies and systems and lead to an acceleration of the provision of quality FP/MNCH services, especially for the poor and families identified under the National Household Targeting System in high-burden project areas.

Intensifying Demand Generation Activities

The project provided technical assistance to its partners in conducting health events and other initiatives to provide the public with health information, including advocacy events that promoted safe motherhood. The promotion of EBF and its benefits was intensified through safe motherhood celebrations, milk-letting activities, breastfeeding summits, and *Usapan*[6] series. Similarly, LuzonHealth conducted FP health events at project sites, including responsible parenthood and FP Lectures, High Impact 5 Breakthrough Strategy (Hi-5) caravans of the DOH, an FP Fun Day, a men's summit, and *Usapan* sessions. LuzonHealth supplemented the health events and *Usapan* sessions by distributing IEC materials on FP/MNCH and PhilHealth benefits. The Communication for Health Advancement through Networking and Governance Enhancement Project (CHANGE Project) released new FP and MCH materials that were distributed at LuzonHealth sites.

To enhance the communication skills of health service providers (HSPs), LuzonHealth provided IPC/C training. Training sessions included values clarification, adolescent health, and gender and development to enable HSPs to communicate with different clients.

In support of the DOH's campaign to reduce teenage pregnancy, the project supported youth and adolescent information-giving and counseling services, including youth fora, adolescent forum, HIV and teenage awareness campaign, peer education via THKs and the Teen Chat Center, and counseling by AJA-trained HSPs.

Intensifying Provision of Quality FP/MCH Services

In year three, LuzonHealth enhanced and refined the training continuum for competency building to address the major training needs of HSPs. In close collaboration with the CHDs and LGU partners, the project continued to build the competencies of public and private HSPs, promoted the integrated and coordinated delivery of FP/MNCH services at SDPs and the corresponding referral network, ensured that FP commodities were available and delivered on time, and expanded the pool of trainers for FP/MNCH training courses. In addition, LuzonHealth assured that a broad range of FP

[6] Usapan Technical Brief available online, Usapan Technical Guide available online

services were available by establishing a referral network for long-acting reversible contraceptives (LARCs) and long-acting permanent methods (LAPMs). The project strengthened the MNCHN services at the birthing facilities through training support for physicians, nurses, and midwives on BEmONC and lactation management. LuzonHealth also assisted FP/MNCH SDPs or RHUs/HCs in mainstreaming adolescent/youth services by supporting AJA training for service providers.

In partnership with the CHDs, CHOs, PHOs, and private organizations/groups, the project increased the following service utilization indicators: FP current users, ANC, skilled birth attendance (SBA), facility-based delivery (FBD), and EBF.

The project assisted its partner CHDs and PHOs and CHOs in planning and conducting EBF-related activities, both on the supply and demand side of service delivery, to increase EBF practice among mothers. LuzonHealth supported the conduct of a three-day lactation management training course to increase the capability of nurses and midwives from hospitals and birthing clinics to provide EBF information and counseling to pregnant and postpartum women and assist them in initiating breastfeeding immediately after delivery. LuzonHealth also helped create a local pool of trainers in lactation management conducting a training of trainers course and developing the technical report, "*A Guide: Conduct of PTE on Lactation Management*,"[7] for trainers to use when following up with a post-training evaluation.

Bolstering Health Systems and Policies

During year three, LuzonHealth also embarked key technical assistance activities for policy and health systems aimed at reducing barriers to FP/MNCH service provision, which included:

- developing provider capacity through supportive policies and systems to ensure quality FP/MCHN training,
- expanding and strengthening service delivery systems to reach vulnerable populations with unmet FP need through capacity building for LGUs to improve community health team operations,
- improving the health information system through intensive facility-level DQC coaching and action planning,
- strengthening of FP/MCH logistics management through capacity building in supply management and recording system, and
- strengthening of local NHIP implementation by supporting LGUs in assessing capabilities to meet the requirements for the Maternity Care Package (MCP) and Newborn Care Package (NCP) accreditation.

As a way of reinforcing the Project's efforts towards strengthening local AYHPs, LuzonHealth initiated the development of e-tools, specifically a mobile and online-based application that catalogued health facilities and providers within a specific area that offer adolescent/youth services. This application called the Youth and Adolescent Key Areas and Geographic Information Network (YAKAGIN)[8], aimed to

[7] Technical guide available online
[8] YAKAGIN User's Manual available online

improve the youth's health-seeking behavior by using information and communication technology (ICT) to provide them with health information and access to AY-friendly services.

Specifically, YAKAGIN allowed end-users to: (a) search AY-friendly health facilities based on location, services and facility type (i.e. school, health center, hospital); (b) use digital maps to visualize the location of and information on the facilities; (c) electronically schedule appointments for visits to listed facilities; (d) record and report services rendered to clients; and (e) share health messages via social media.

Fourth Year of Project Implementation

In year four, LuzonHealth focused its technical assistance and closing the gap on interventions that addressed continuing low service utilization rates, particularly in low-performing project sites. Working in close partnership with CHDs and provinces/cities, the project closed the gaps in areas, such as demand generation, service provider capacity, and service delivery networks, while sustaining the gains already achieved in health systems and financing.

Closing the Gaps in Demand Generation

In line with its efforts to further increase demand for FP/MNCH services, LuzonHealth used a multi-pronged approach, which included conducting health events, holding individual and group counseling sessions with direct service provision, such as the *Usapan*, distributing IEC materials during various fora; and providing FP messages to mothers visiting the health facility for their child's immunizations.

Usapan sessions are facility-based or outreach group discussions that end with counseling and service provision. As a focused demand-generation strategy, *Usapan* not only facilitated uptake of FP/MNCH services but also ensured the availability of clients for outreach services and skills practice for clinical FP training courses. The *Usapan* series, as developed by the Private Sector Mobilization for Family Health Project – Phase 2 (PRISM2), is a major demand-generation activity for FP/MNCH. The DOH approved the *Usapan* series for implementation. LuzonHealth introduced an enhanced version of *Usapan* in July 2016, focusing on "motivational dialogue" rather than "information giving." This enhanced *Usapan* lasts for 30 minutes and is specifically directed towards helping participants choose a family planning method that fits their fertility intention. The enhanced *Usapan* is divided into five sessions for six distinct types of participants:

1. Limiters: those who wish to stop childbearing altogether
2. Spacers: those who wish to postpone the next birth
3. Male limiters: men who wish to stop childbearing altogether
4. Pregnant teens and teen parents: this was developed for areas with high incidence of teen pregnancy. The objective is to prevent closely spaced, repeat pregnancies among teens by encouraging the use of family planning methods.
5. Pregnant women:
    a. Women who are either on their first or second trimester and have never received any antenatal care (ANC). The outputs of the session are birth plans and ANC check-ups.
    b. Women who are on their third trimester who have expressed a need for limiting or spacing postpartum. The outputs of the session are decisions on postpartum family planning methods that suit their intention and referrals to facility for delivery.

Participants for sessions 1 to 4 are identified from lists of couples with unmet family planning need in existing tools, including (1) community health service records, (2) FP/ANC-Expanded Program on Immunization (EPI) integration, (3) *barangay* health worker (BHW) reporting forms, (4) BHW master lists, and (5) Commission on Population (POPCOM) database. Participants for Session 5 are identified from the BHW master lists and the ANC target client list.

Given the persistent low conversion rate for FP, LuzonHealth modified and enhanced the existing *Usapan* design to make it less "information-giving" and more "motivational," to enable participants to choose the best FP method in accordance with their fertility intentions. LuzonHealth also assisted project sites in improving the communication and counseling skills of HSPs and barangay health workers. In some regions (Cavite and Laguna, for example) IPC/C sessions were integrated in the CHSR training, where community health teams (CHTs) and barangay health workers learned the use of CHSR and techniques in delivering key FP/MNCH messages. The project also conducted IPC/C training sessions to improve barangay health workers' counseling skills and the quality of their home visits and messaging skills. In coordination with the CHANGE Project, LuzonHealth provided an IPC/C with emotional quotient (EQ) training for HSPs from Baguio City and Benguet municipalities. These efforts resulted in the project exceeding its target for the number of women, men, adolescents, and youth given information and educated on FP/MNCH.

Closing the Gaps in Adolescent Health and Development Program

The project continued to demonstrate the effectiveness of the Adolescent Health and Development Program models. In year four, Cavite was successful in its three-pronged approach that involved school THKs, RHUs, and a basic emergency obstetrics and newborn care (BEmONC) capable hospital (e.g., Teen Parents' Clinic [TPC]) referring students to either the RHU or TPC if they

required medical counseling. An important milestone achieved in the province was the Department of Education's (DepEd's) Region IV-A endorsement of the project-developed Peer Education Training Manual on Adolescent Sexuality and Reproductive Health (ASRH)[9] and Teen Pregnancy Prevention as supplementary reference materials for teachers. LuzonHealth completed OR to establish the effectiveness of the three-pronged Adolescent Health and Development Program (AHDP) approach in the province. The project expanded on the model used in Batangas for Cavite, which established THKs in seven public and private high schools and TPCs in three hospitals, designated three HCs as referral centers for adolescent-friendly services, and trained students and THK advisers in peer education.

In Mankayan, the AHDP TWG adopted the following measures to strengthen program implementation: (1) designated a focal person to harmonize and monitor activities of partner schools and ensure that reports are submitted, (2) restructured the TWG, (3) tapped the special fund for education for program activities, and (4) established regular reporting of program status to the Municipal Mayor. Partner schools also developed a catch-up plan to improve their engagement with students.

In Alaminos City, which demonstrates community-based engagement with adolescents, the project assisted in the development of an operational plan involving various stakeholders, skills-building workshops, and preparation of resource materials for the community-based sessions conducted in the six priority barangays. LuzonHealth continued to support AJA training of health service providers in various health facilities in the project sites.-

[9] Technical guide available online

Closing the Gaps in Exclusive Breastfeeding

The project continued to support regional and local partners in training of trainers and rolling out training for HSPs in lactation management. The project-developed Breastfeeding Support Group (BFSG) competency assessment tool for EBF information-giving and counseling and was administered by health providers to BFSG members. The assessment results were used to design quarterly BFSG learning sessions for BFSG members. In response to the request of the City Health Department of Legazpi, the project also reviewed and improved the EBF recording tool for BFSG members to include additional messages on EBF and provide information to monitor breastfeeding mothers who are also practicing the lactational amenorrhea method (LAM) as an FP method.

Closing the Gaps in Service Providers Capacity

As part of its sustainability initiative, LuzonHealth focused on creating a pool of trainers through the conduct of training of trainers courses and by developing selected DOH-retained hospitals as local technical assistance providers (LTAPs). The project also supported DOH-designated training institutions to conduct training in BEmONC for teams and midwives. Contracting these hospitals as LTAPs also built their staffs' competence and capacity to manage training, thereby increasing the number of training suppliers for clinical training courses.

In year four, the project prioritized post-training evaluation (PTE) to ensure that trained health staff, whether service providers or trainers, could demonstrate their learned skills in actual settings. Training in supportive supervision was also conducted for PHNs.

In the first three years, LuzonHealth focused on building the capacity of RHUs and HCs as service delivery points. In year four, the project aligned its efforts toward supporting the DOH initiative to strengthen FP services in public hospitals. LuzonHealth supported Family Planning Competency-Based Training Basic Courses (FPCBTs) Levels 1 and 2 for hospital staff, including birthing facility service providers, to conduct FP counseling and provide a broad range of FP methods. The project also organized a series of orientation and planning workshops for hospitals for the initiative's implementation.

Closing the Gaps in FP Hospital Program Recording and Reporting

The project, in close collaboration with the CHDs, DOH-Family Health Office and DOH-Epidemiology Bureau, developed the FP in Hospital Recording and Reporting System and conducted capacity building for Luzon hospitals to ensure the establishment of clear operational procedures and guidelines for recording, reporting and maintaining the records and track the range of FP services (including FP counselling, actual provision of services, and ensuring regular follow-up and sustained use of FP methods) provided to all clients seeking family planning services from all LGU hospitals (such as the provincial/city hospitals, district hospitals, community hospitals) and DOH Regional Hospitals and Medical Centers.

The implementation of this system allowed the hospitals to capture and accurately report information of FP performance and made them realize the scope of their role as providers of family planning. The implementation of the system also paved the way for hospital's realization of their foregone earnings for FP (those services that were not claimed/reimbursed under Philhealth).

Closing the Gaps in Service Delivery Networks

In line with ensuring the functionality of SDNs, the project assisted the CHDs to provide technical assistance to provinces and cities in mapping health service delivery capacities at different levels of care, categorizing referrals, formulating referral guidelines and service providers' agreements, using referral slips, and conducting M&E of the SDN referral mechanism implementation and addressing areas for improvement.

Closing the Gaps in Policy and Systems

In year four, LuzonHealth continued to pursue major activities that ensured sustained implementation of policy and health systems interventions to further reduce barriers to FP/MCH service delivery provision, such as

- ensuring the completion of the training continuum, through a diagnostic workshop
- building CHDs' capacity in outsourcing technical support services, including the development of tools, such as the guide in developing terms of reference
- expanding and strengthening service delivery systems to reach vulnerable populations with unmet needs through CHSR implementation
- improving the health information system, especially in hospitals providing FP services
- monitoring FP commodity stock-outs to track and assess FP commodity security at the RHU and HC levels
- strengthening local NHIP implementation by supporting LGUs in their assessing capabilities to meet the requirements for MCP and NCP accreditation

Other policy and health systems support provided by the project included LuzonHealth staff serving as resource persons, writers, and reviewers to the DOH in preparing the Governance and FP/MNCH Service Delivery sections of the "*2nd Annual Report on FP/Reproductive Health Implementation*."

LuzonHealth also conducted an evaluation study to determine the referral contribution of community health volunteers in increasing FP/MNCH service utilization through the use of the Community Health Service Record (CHSR).

The project also helped improve local health information systems through continuing technical assistance in data quality assurance. LuzonHealth's expanded use of electronic health records was supported through the e-health platform, WAH Initiative, and the Training Database Management Information System, which the project enhanced and re-introduced to CHD I and Pangasinan. The project continued its on-site mentoring and coaching on the implementation of the Supply Management and Recording System to monitor FP commodity stock-outs at the RHU and HC levels. LuzonHealth continued its technical assistance to LGUs in meeting the requirements for MCP and NCP accreditation.

LuzonHealth continued to pursue the development and enhancement of e-tools, such as YAKAGIN, an online and mobile-based locator for facilities providing adolescent and youth services, an e-learning platform for the FPCBT course for physicians, and digital mapping of service delivery points.

Fifth Year of Project Implementation

Year five was devoted to service utilization indicators. Priority was given to technical assistance interventions that were deemed to accelerate improvements in service utilization. In years one through four, the project pursued its three-pronged strategy of increasing demand, improving supply, and strengthening health systems to increase the utilization of FP/MNCH services. However, in year five, it focused on a package of high-impact interventions that included the adoption and implementation of the enhanced *Usapan*, strengthening the referral mechanism of existing SDNs, putting in place an FP program in public hospitals, and institutionalizing local health policies and systems.

The issuance of Executive Order No. 12 in January 2017 provided further impetus to project efforts and increased its role and relevance as a technical assistance provider in the realm of FP/MNCH.

Accelerating FP in Hospitals Initiative

Recognizing the need to sustain the FP in hospitals[10] initiative, the project veered away from establishing FP services and focused on installing an FP program to ensure regular and sufficient funding for FP-related activities in hospitals. The technical assistance package consisted of setting up FP services, establishing an FP recording and reporting system, and increasing demand generation.

This initiative helped increase the number of service delivery points for FP that could meet the increased demand for FP services generated through contexts, such as *Usapan*, health events, and in-reach, and integration of FP messages during child immunization visits.

In year 5, the DOH officially adopted the FP in Hospital Recording and Reporting as part of it FHSIS 2018 Manual Operating Procedures (MOP). The hospitals were considered as a reporting unit and were mandated to report FP performance quarterly and annually.

Complementing LuzonHealth's creation of the required FP services was the training of the hospitals' HSPs in basic and clinical FP skills. Priority was given to HSPs from hospitals with high volume of births and those that serve as referral hospitals in an SDN.

Accelerating Adolescent Health Development Program

LuzonHealth continued to monitor the implementation of AHDP to assess the relevance and effectiveness of the adopted interventions, including establishing school-/RHU-based THKs and TPCs and holding peer education sessions in schools and as community-based sessions. The project also developed a target client list for adolescent clients to track the services provided to this group and to determine the extent of teen pregnancy. The project introduced the TCL during a series of orientation and data generation workshops. Additionally, the *Usapang Batang Ina at Batang Ama* (*BIBA*; young mother and young father) was developed and introduced in Alaminos City to help prevent closely spaced, repeat pregnancies among young couples and young women who are pregnant or have recently given birth.

[10] Technical brief available online

Accelerating Use of ICT Applications

Other initiatives LuzonHealth undertook included developing and piloting the implementation of the Basic FP e-Course for Physicians; carrying out post-training evaluations and diagnostic workshops; institutionalizing YAKAGIN to support AHDP implementation; continuing to provide technical assistance to CHD I in using and managing the Enhanced Training Database Management Information System; monitoring the WAH Initiative in Tarlac, Pangasinan, and Baguio City; coaching and mentoring for DQC; commodity supply monitoring using the Supply Management and Recording System; and monitoring informed choice and voluntarism compliance.

Accelerating Functionality of Service Delivery Networks

In year five, the project continued to monitor the implementation of local policy and systems interventions in support of improving service delivery, which included institutionalizing the DQC, SMRS, and hospital FP recording and reporting; supporting PhilHealth accreditation of birthing facilities; developing providers' capacity through diagnostic workshops; and expanding the WAH Initiative. Responding to the need for a systematic referral mechanism, LuzonHealth partnered with the CHDs and LGUs to strengthen SDNs by installing a functional referral mechanism as an entry point.

Consistent with the Philippine Health Agenda, project interventions were implemented to establishing SDNs with a fully functional referral system[11]. LuzonHealth assisted the DOH to develop a technical guide for establishing an SDN with a systematic and operational referral mechanism. The guide recommends a three-phased approach in establishing or strengthening the referral mechanism of an SDN: (1) promoting advocacy and assessment, (2) establishing the operative mechanisms of the SDN referral system, and (3) sustaining the SDN operations. The guide highlights the major operative components of the SDN's referral mechanism, including (a) categorization of referrals to guide the referral decision makers, (b) service providers' agreement to formalize members' commitment, (c) referral guidelines to operationalize the system, and (d) an M&E procedure to sustain SDN operations.

Accelerating Demand Generation

As in previous years, FP and ANC referral messages were delivered to mothers bringing their children for immunization services in these health facilities. Non-pregnant women identified with FP unmet need were either immediately referred for more information and counseling to a provider trained in FPCBT 1 or scheduled for individual counseling or group discussion, such as the different *Usapan* sessions. Pregnant women were immediately referred for confirmation of pregnancy and for provision of ANC. The projected noted that this strategy was effective in identifying and separating clients based on their reproductive intention; thus, enabling service providers to direct them to the appropriate *Usapan* session, i.e., *Usapang Kuntento Na* to limit the number of pregnancies or *Usapang Pwede Pa* for spacing. The strategy showed high FP conversion when FP services were immediately available, referral for LARC/LAPM was in place, or the facility had scheduled *Usapan* sessions and invited clients with an unmet need for FP to attend.

[11] Technical brief on Service Delivery Network Referral available online

Accelerating DOH Licensing and PhilHealth Accreditation to Increase Financial Risk Protection

In Year 5, LuzonHealth, in partnership with the DOHRO-Regulation, Licensing and Enforcement Division and PhilHealth Regional Offices, continued to provide technical support to partner LGUs to sustain accreditation of public birthing facilities and maximizing the utilization of benefits availment and ensuring compliance to recent changes to DOH and PHIC guidelines.

Specifically, the project intensified efforts to support LGUs to comply with PHIC Circular 2018-0002, mandating the LTO among birthing facilities and maternity lying-in clinics, both for new applicants and for those renewing and applying for re-accreditation

Through continued coaching and technical guidance, the TA support provided to partner LGUs was able to: (a) increase the understanding of LGU officials and health facility managers and staff of the benefits of accreditation as a means to provide better financial risk protection to the poor; (b) increase the understanding of new applicants, including the hospitals, that were downgraded to infirmary, on the entire process of obtaining LTO certification and MCP/NCP accreditation; (c) assist LGUs formulate the action plans and complete the needed documentary requirements for MCP Accreditation and LTO Certification; and (d) help increase MCP-accredited and LTO-certified facilities; and (d) mitigate the potential significant decrease in the number of MCP/NCP accredited facilities due to their inability to comply with the mandatory PhilHealth Circular 2018-0002 requiring LTO certification among all birthing facilities.

Accelerating Evidence

The project undertook three OR studies as part of its learning agenda: (1) a prospective study to track the shift from LAM use to other modern FP methods, and (2) an evaluation study to determine the referral contribution of community health volunteers toward increasing FP/MNCH service utilization through the use of the Community Health Service Record in Tarlac City.

Accelerating Technical Assistance Institutionalization

In anticipation of project closeout, LuzonHealth completed a series of sustainability planning workshops at all project sites to assist local partners in identifying the project interventions they deemed relevant and responsive to their needs and priorities and, therefore, were worth sustaining. The most popular choices were *Usapan*, FP in hospitals, capacity building in FP, and DQCs.

LuzonHealth regularly updated provincial profiles; success stories from the field; and communications briefs about increasing demand, improving supply, and strengthening health systems. The project also produced YAKAGIN IEC materials (e.g., trifold brochures, posters, and bookmarks) for distribution to schools and communities.

Sixth Year of Project Implementation

Extension year six actively supported the implementation of Executive Order No. 12, Attaining and Sustaining Zero Unmet Need for Modern Family Planning Services through the full Implementation of the Responsible Parenthood and Reproductive Health Act. Likewise, the project supported the iimplementation of DOH Administrative Order No. 2017-0005, which provides the guidelines for accelerating and sustaining reduction of unmet need for modern FP methods, intensifies and

accelerates the implementation of critical actions necessary to address and sustain zero unmet need for modern FP for all poor households by 2018 and all Filipinos.

LuzonHealth prioritized 12 project sites with the greatest need and the best potential for FP acceleration to maximize project efforts and optimize technical assistance for the final year of implementation. In close coordination with regional and local partners, the project worked toward strengthening healthy behaviors, improving the quality of service delivery, and institutionalizing key health systems at project sites.

To help promote and sustain healthy behaviors, LuzonHealth continued to ensure the regular demand-generation activities in communities and hospitals to increase FP uptake. During the final year of the project, 5,733 *Usapan* sessions were conducted in the 12 priority sites reaching a total of 51,242 women and men, 69% of whom participated in the FP variants. These FP variants yielded a total of 31,343 new FP acceptors. Meanwhile, 168,481 women and men were provided with FP information through various activities from the 63 project-assisted hospitals; 70% of these participants received FP counseling and 49% of those counseled opted to use an FP method.

To assess the implementation status of the elements of setting up an FP program in hospitals, the project continued monitoring priority public hospitals to assess the implementation status of all three initiative elements and set-up FP services, in-reach demand generation, and FP performance recording and reporting. In year six, two new SDNs for FP/MNCH services were established—one in Laguna and one in Rizal—bringing the total number of project-assisted SDNs to 15, and the total number of project sites with SDNs to 12.

In year six, the SDNs in the provinces of Cavite, Laguna, Batangas, Rizal, Quezon, Albay, Bulacan, Isabela, and Cagayan and the cities of Caloocan, Malabon, and Quezon continued to use the operative documents developed by the project:

- referral guidelines to operate the system
- categorize referrals to guide referral decision makers
- a Service Providers' Agreement (SPA) to remind SDN members of their accountability
- M&E procedure to sustain SDN operations

The quarterly M&E workshops of the SDNs resulted in specific actions to enhance their respective operations:

- scheduling a maternal and neonatal death review to explore ways on how the SDN can help improve the transport system
- strengthening the engagement of the community and *barangay* officials
- integrating the budget for SDN meetings and M&E workshops in the PHO Annual Work Plan and Provincial DOH Office (PDO) plans
- exploring/discussing cross-referrals
- expanding SDN membership to include private service providers

With assistance from LuzonHealth, CHD IV-A, and the PHOs, Laguna and Rizal installed and launched their respective SDNs in the fourth quarter of year six. Both SDNs developed the categorization of referrals, referral guidelines, and the SPA to operationalize the referral mechanism within the SDN. Likewise, both SDNs conducted at least one M&E workshop to identify and address operational issues and gaps. With the SDN M&E mechanism in place at all project-assisted SDNs, the respective management teams sustained the operations of their SDN and its referral mechanism, as well as enhanced the system based on client needs.

In addition, the project, along with partner CHDs and PHOs and CHOs, designed and conducted the SDN CLA Workshop to (1) facilitate discussion among SDN management team members about the lessons learned in implementing the SDN referral arrangement as entry point to operating SDN, (2) enable participants to adapt identified practices that contribute to improving SDN operations, and (3) enhance existing strategies toward strengthening SDN operations.

In line with LuzonHealth's efforts to institutionalize key health systems, it continued to conduct diagnostic workshops as an alternative approach for assessing the competencies of trained HSPs to fast-track the certification process. The project also provided technical assistance to local partners in meeting PhilHealth accreditation requirements, which resulted in 82% of public and private birthing facilities (302 of 369) receiving accreditation.

A favorable implementation climate allowed the project, in collaboration with its regional and provincial/city partners, to advance its technical assistance packages for the reduction of FP unmet need. These technical assistance packages include profiling and regular updating of the FP unmet need list, enhanced *Usapan* sessions, monitoring and sustaining the functionality of FP SDPs, institutionalizing an FP program and expansion of FP services in hospitals, and establishing and strengthening FP SDNs.

In year six, the project expanded its support to 11 additional hospitals from the extension sites. It also continued to support the original 52 hospitals to sustain their initial gains achieved and strengthen the initiative's implementation. LuzonHealth carried out an assessment of the major elements of the FP program in hospitals and tracked the improvements in FP service capacities of the hospitals. The results showed that the variance in terms of institutionalizing the processes and operations across the 63 hospitals has narrowed.

Progress monitoring also showed that the proportion of hospitals with an organized FP core team increased from 90% in the third quarter of year six to 95% in the fourth quarter. All 63 project-assisted hospitals had an FP focal person trained in FPCBT Level 1. By the close of the project, 82% of the hospitals were providing a broad range of FP services and 78% were allocating a budget for FP commodities.

In year six, the project continued to focus on high-impact interventions that enabled it to achieve not only its annual targets, but more importantly, its end-of-project targets.

Throughout all six project years, LuzonHealth continued to engage and support partner CHDs, provinces, and cities to ensure continued partnership and collaboration toward reducing FP unmet need and, ultimately, improving the family health of priority population groups.

Major Deliverables and Accomplishments

The key interventions are as follows:

- Establishment of functional SDNs[12]
- Capacity building of health providers at the regional health offices, PHOs, CHOs, and health facilities
- Supported the establishment of FP in hospitals[13]
- Guided the design and establishment of TPCs
- DQC training across project sites
- Introduction of enhanced *Usapan*[14] modules and facilitators training
- Trainings on the conduct of diagnostic workshops[15] and supportive supervision

The key accomplishments are as follows:

In year six, indicators are often only representative of priority site and so do not necessarily provide a full picture of the project. Here we provide details from year five and where applicable, year six.

1. Number of current modern FP users at US Government (USG)-assisted sites.

   The project accomplished 68% of the end-of-project target for this indicator in year five. At the end of year five, 2,153,461 FP current users were reported. The project reached 99% of the year six target among priority sites, this value was 1,953,749. This success was due to the increase in the number of new acceptors and other acceptors of LARC and LAPM, as well as improved and proper recording and reporting of services provided by health providers in the facilities.

2. Percent of USG-assisted SDPs that experience a stock-out at any time during the defined reporting period of any contraceptive method that the SDP is expected to provide.

   a. Pills - Year 1: 19%; Year 5 3%; Year 6: 6%

   b. DMPA - Year 1: 39%; Year 5: 5%; Year 6: 4%

   c. IUD - Year 1: 44%; Year 5: 1%; Year 6: 2%

   d. Any of the three FP commodities - Year 1: 66%; Year 5: 6% (not available for year 6)

   e. PSI - Year 1: No data; Year 5: No data; Year 6: 7%

   f. Condoms - Year 1: No data Year; Year 5: 4%; Year 6: 7%

   g. SDM beads - Year 1: No data Year; Year 5: 33%; Year 6: 40%

[12] SDN Digital Mapping Guide available online
[13] FP in Hospital technical guide available online
[14] Enhanced Usapan technical guide available online
[15] Diagnostic workshop technical guide available online

3. Number of youth (aged 15–24) provided with FP information, counseling, or services in USG-supported sites

    a. Number provided with information: Year 1: No data; Year 5: 257,156

    b. Number provided with FP counseling: Year 1: No data; Year 5: 173,463

    c. Number provided with counseling/information: Year 1: 21,210; Year 5: 45,921

4. Number of men provided with FP information/counseling or services in USG-supported sites

    a. Number provided with information: Year 1: No data; Year 5: 75,378

    b. Number provided with FP counseling: Year 1: No data; Year 5: 18,083

    c. Number provided with counseling/information: Year 1: No data; Year 5: 4,647

5. Number of women of reproductive age (15–49 years) who were or whose partner was counseled by or had a discussion with a health provider on FP in the last 12 months.

    The data for this accomplishment was based on the FP counseling records of facilities and FHSIS FP new acceptors data. In year five, 606,493 individuals were reached, which was 358% of the target. Among priority sites in year six, 581,609 individuals were reached (72% of the target).

6. RHUs/HCs: Percent of service delivery points providing FP counseling and service to couples, men, women, youth, and adolescents of both sexes in USG sites. (These are RHUs and HCs with at least one health staff trained on FPCBT Level 1, at least two FP methods available in the facility, and implementing FP referral system for methods not available, such as LARC and LAPM. The year 6 percent accomplishment against the end-of-project target was 99%.

7. DOH-retained hospitals: Percent of service delivery points providing FP counseling and service to couples, men, women, youth, and adolescents of both sexes at USG sites. The year six percent accomplishment against the end-of-project target was 100%.

8. LGU hospitals: Percent of service delivery points providing FP counseling and service to couples, men, women, youth, and adolescents of both sexes at USG sites. The year six percent accomplishment against the end-of-project target was 100%.

9. Private facilities: Percent of service delivery points providing FP counseling and service to couples, men, women, youth, and adolescents of both sexes in USG sites. The year six percent accomplishment against the end-of-project target was 100%.

10. Total: Percent of service delivery points providing FP counseling and service to couples, men, women, youth, and adolescents of both sexes at USG sites. The accomplishment at the end of year one was 81% compared to 99% at the end of year 6. The year six percent accomplishment against the end-of-project target was 107%.

11. Percent of health facilities accredited for MCP and NCP at USG-assisted sites.

    a. Among birthing RHUs and HCs: End of year five was 82% and year six was 76%.

    b. Among 25 lying-in clinics in the NCR: End of year five was 69% and year six was 89%.

    c. Among private lying-in clinics: End of year six was 97%.

12. Percent of LGUs conducting DQCs annually. This indicator was included in year three. All of the 384 LGUs/cities covered by the project had conducted DQCs on selected FP/MCH indicators to ensure quality data and reports. Project performance against the end-of-project value is 196%. Based on the end-of-project target, 50% of the total LGUs were expected to sustain DQC implementation after project close, but more LGUs continued it through their own initiatives.

13. Number of health providers trained on FP and RH with USG funds per type of training. This is a cumulative indicator that includes accomplishments from the time the project started to the final reporting period (see Table 2).

Table 2. FP/RH trainings

Number of health providers trained on FP/RH with USG funds per type of training	Baseline Value	End of Year 1 Accomplishment	End of Year 5 Accomplishment	% Accomplishment Against YEAR FIVE/End-of-Project Target
PSI skills training				
Physicians in RHUs and HCs	0	0	169	41%
Private	-	0	3	-
All others	-	0	193	-
Total trained	0	0	365	89%
BTL-MLLA				
Trainers	0	0	24	100%
Physicians (in LGU hospitals)	0	0	45	115%
Physicians (in DOH-retained hospitals)	0	0	17	65%
Private	-	0	0	-
All others	-	2	17	-
Total trained	0	2	79	122%
PPIUD				
Trainers	0	0	49	204%
Nurses in RHUs and HCs (birthing)	0	0	25	21%
Midwives in RHUs and HCs (birthing)	0	0	112	16%
Private	-	0	18	-
All others	-	0	360	-
Total Trained	**0**	**0**	**515**	63%

Number of health providers trained on FP/RH with USG funds per type of training	Baseline Value	End of Year 1 Accomplishment	End of Year 5 Accomplishment	% Accomplishment Against YEAR FIVE/End-of-Project Target
FPCBT Level 1				
Trainers	0	0	36	90%
Nurses (in RHUs)	683	703	1,185	126%
Midwives (in RHUs)	2,430	2,512	3,689	95%
Private	-	3	94	-
All others	405	424	1,356	-
Total trained	3,518	3,642	6,324	-
FPCBT Level 2 (Interval IUD)				
Trainers	-	-	4	-
Physicians (in HCs in NCR)	293	0	0	0%
Nurses (in RHUs)	385	1	28	9%
Midwives (in RHUs)	1,207	24	158	50%
Private	-	0	23	-
All others	-	5	33	-
Total Trained	**1,592**	**30**	**242**	38%

Summary of Activities and Accomplishments

A MERLA Approach

Over the life of the project, continuous CLA and data-driven decision-making was implemented through a MERLA approach. This approach integrated M&E and OR with USAID's CLA best practices to create rapid feedback loops for learning and evidence-based decision-making. CLA developed capacities for coordination, reflection, research, analysis, dialogue, and adaptation to ensure that the project was constantly learning from what programmatically worked and what did not, as well as identify why and modify activities accordingly.

The mechanism for creating rapid feedback learning loops and operationalizing MERLA was a continuous pause and reflect approach. The DOH regional offices participated in this approach, which served as a mechanism for enhancing local self-reliance and capacity. Additionally, LuzonHealth completed a series of Sustainability Planning Workshops at all project sites to assist local partners in identifying relevant and responsive interventions that should be prioritized and sustained.

To further enhance MERLA, LuzonHealth built a District Health Information System 2 (DHIS2) database to store, manage, analyze, and visualize project data. DHIS2 facilitated swift access to data and systematic visualization of demand indicator summaries through dashboards to monitor and inform project learning.

When LuzonHealth identified knowledge gaps, it implemented OR activities designed to fill those gaps. The results of these studies were translated into learnings to inform project adaptation.

Increase Demand for FP/MNCH Services

To increase demand for FP/MNCH services, LuzonHealth focused on enhanced *Usapan*, strengthening communications and outreach, developing and managing in-reach activities, and integrating FP messages.

Enhanced Usapan

At the project's inception, LuzonHealth noted operational enhancements to be tested in *Usapan* implementation, including selection of participants, motivating factor for FP practice, sequence of topics, facilitation skills, treatment of gender issues, and immediate service provision.

During the project's final year, 5,733 *Usapan* sessions were conducted in the 12 priority sites (Figure 3), reaching 51,242 individuals, 69% of whom participated in the FP variants. These FP variants yielded 31,343 new FP acceptors. While, 168,481 participants were provided FP information through the 63 project-assisted hospitals' various in-reach activities.

FP counseling was received by 70% of the participants and 49% of those counseled opted to use a FP method (Figure 4). The Project ended with strong evidence that the enhanced *Usapan* series worked well and that in the long-term, it can be sustained by partner LGUs.

Figure 3. Number of *Usapan* sessions held by year

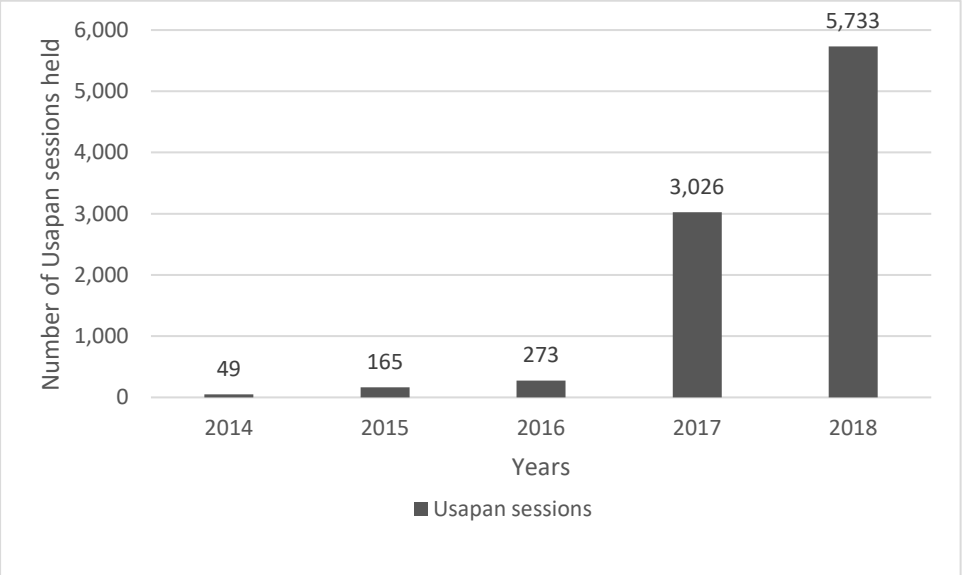
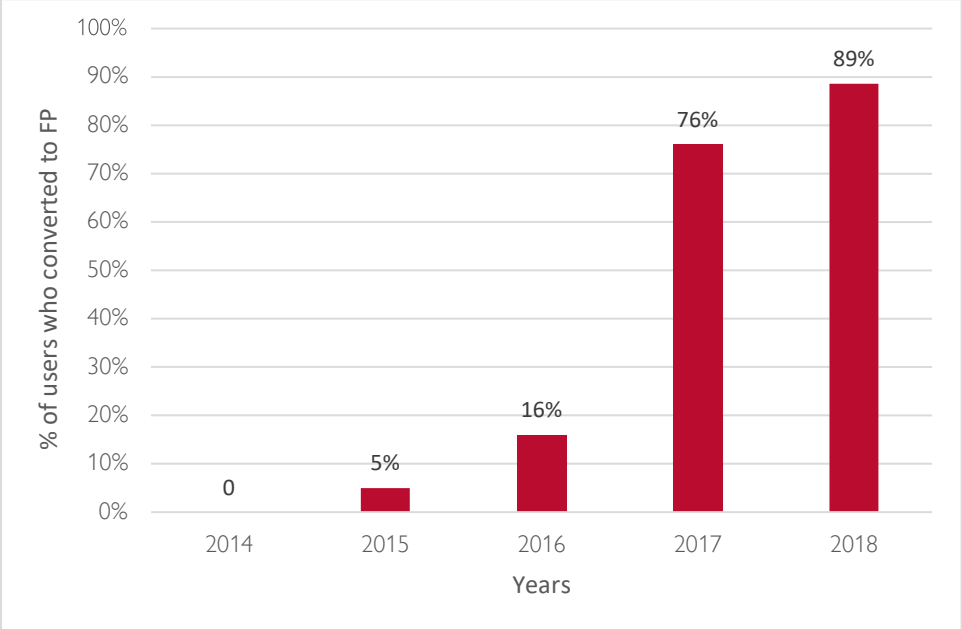


Figure 4. FP uptake after *Usapan* sessions



Strengthened communications and outreach

The project reproduced and distributed IEC kits containing FP/MNCH messages to over 3,000 clients during health events, while over 2,500 kits were distributed to health providers for future use. These materials helped educate the target audience on the availability of a broad range of FP services. Health events became a major venue to communicate key messages to pregnant women and adolescents and youth. As early as year two, the project had conducted a total of 90 events, which reached 14,068 pregnant women, men, and adolescent boys and girls.

In year five, 13 project sites held a total of 72 health events, reaching 13,224 people. The majority (66%) of the attendees were women. Organized in communities and hospitals, *Buntis*[16] congresses helped increase FBD and SBA. Pregnant women and their partners were also educated on healthy pregnancy practices, danger signs and what to do when problems arise, EBF, postpartum FP, and PhilHealth (MCP and NCP packages) benefits. Toward the end of the gathering, women were usually given dental and prenatal services, as well as blood typing, laboratory testing, and ultrasonography services.

Breastfeeding congresses brought together breastfeeding mothers who were encouraged to follow optimal EBF practices and observe healthy timing and spacing of pregnancy (HTSP). For in-school and out-of-school adolescents, youth fora served as venues for encouraging responsible sexual behaviors and promoting adolescent-friendly health services in facilities with providers trained in the AJA. Information on adolescent growth and development; teen pregnancy prevention; gender and sexuality; prevention of sexually transmitted infections (STIs), HIV, and AIDS; and substance abuse were also highlighted in these fora.

By year six, seven extension sites had held a total of 16 health events, reaching 1,575 people. The majority (87%) of the attendees were women. The LGU organizers reached out to both men and women, but because many of the events were held on weekdays, most men were at work and could not attend. Nevertheless, LGU partners sought to engage men as clients and as change agents. For instance, couples attending *Buntis* congresses were asked to make birth plans together and men were encouraged to support their partners through ANC, FBD, EBF ,and FP. Teen fathers and their partners were also counseled in healthy timing and spacing of pregnancy to prevent closely spaced, repeat pregnancies.

Intensified in-reach demand generation in hospitals

To further promote and sustain healthy behaviors, LuzonHealth ensured the regular conduct of demand-generation activities in hospitals to increase FP uptake, including through project-assisted hospital's in-reach activities. Learning workshops on demand generation, with focus on in-reach as a strategy, were conducted for identified priority hospitals.

A significant lesson learned by LuzonHealth from in-reach is that information-giving, counseling, and service utilization are not discrete activities but a continuum that can be measured. By year six, the project pursued the improvement of demand generation in hospitals as part of its technical assistance in establishing/strengthening FP services in selected public hospitals. Learning workshops on demand generation, with a focus on in-reach as a strategy, were conducted at identified priority

[16] Mass gatherings of pregnant women and their partners are called *Buntis* congresses or *Buntis* parties.

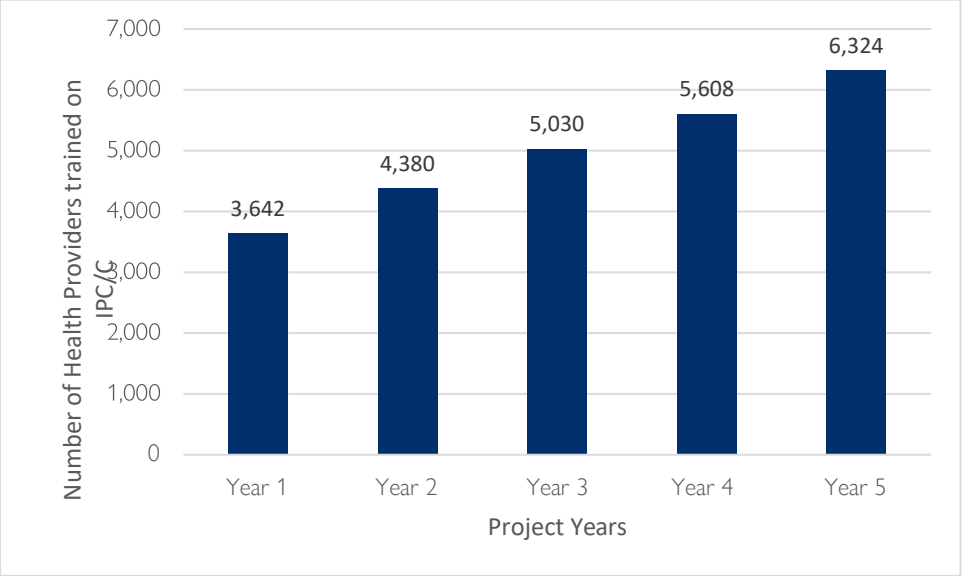
hospitals. By project end, the majority of the 52 assisted hospitals were observing inter-departmental referral of women of reproductive age to the hospital's FP clinic and conducting daily FP classes at the outpatient department (OPD).

18-month FP Performance of 63 Hospitals, October 2016 - March 2018								
Provided FP Information			Provided FP Counseling			New Acceptors	Other Acceptors	Total Acceptors
Male	Female	Total	Male	Female	Total			
550	50,160	50,710	106	55,428	55,534	22,185	54,183	76,368

IPC/C

LuzonHealth assisted in enhancing the skills of health providers in IPC/C to enable them to respond to specific FP and RH needs of clients (Figure 5). Enhancing the service providers' skills in IPC/C contributed to improving demand for FP/MNCH services and increasing service utilization, which led to improved family health. Health service providers were capacitated on IPC/C using two modes: stand-alone IPC/C and integration of IPC/C in the FPCBT Level 1 course.

Figure 5. Cumulative number of trained health providers on IPC/C



Supported FP and MCH service integration and scale-up

By year four, LuzonHealth had scaled up the implementation of the FP/ANC-EPI integration strategy[17] at 63 health facilities located in 37 municipalities/cities across 13 project sites (Figure 6). In this same year, the project found that among the 4,647 women clients seen and given FP referral messages during their child's immunization series, 452 became FP acceptors (181 new acceptors and 271 other acceptors, i.e., shifters and restarters). The implementing HSPs in some LGUs shared that the integration strategy had facilitated the conversion of clients given a referral message to become an FP acceptor, especially when coupled with either direct FP service provision or referral

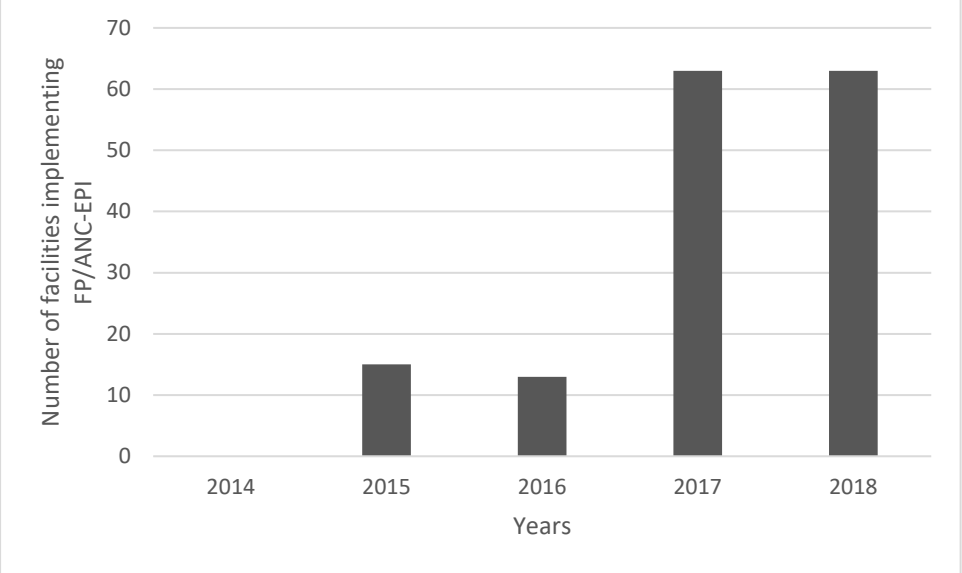
[17] Technical guide available online

to attend a scheduled *Usapan* session with service provision. The implementation of FP/ANC-EPI integration is easy and doable, as noted by the trained BHWs. Nevertheless, monitoring of implementation and coaching had to be continuously done by the LGU program supervisors to sustain its implementation.

Throughout years five and six, the project supported various activities that helped create a robust demand for FP/MNCH services. These activities formed part of a process that responded to the message needs of clients in various stages of behavior change—from awareness (through health events in communities and in-reach in hospitals) to motivation (enhanced *Usapan* and reproductive life planning) and action (individual counseling and service provision). LuzonHealth continued to monitor the implementation of FP/ANC-EPI integration strategy at 87 health facilities in 38 LGUs across 13 project sites.

Health facilities in project sites continuously integrated the provision of information and counseling on FP and MCH during routine consultations (FP-MCH integration at point of care). Health staff used the FP-MCH logbook to systematically record and reported the names of clients who had an FP/MCH unmet need and were given information and counseling. By year five, all project sites, except Cavite, Albay, Pasig City, and Quezon City, were habitually using the FP-MCH logbook to systematically record this information. The four project sites listed above already had existing tools for recording and reporting performance at the FP/MCH integration at point of care.

Figure 6. Number of USG-assisted facilities implementing FP/ANC-EPI



Improve the Supply of Services

Throughout its implementation, LuzonHealth expanded the supply of quality FP services in hospitals and BEmONC-accredited birthing facilities by implementing a training continuum that involved the assessment of HSPs, conducted appropriate training courses that enabled service providers to deliver quality FP/MNCH services, carried out PTEs, and performed supportive supervision. To ensure sustainability of the training continuum, LuzonHealth strengthened the capacity of the CHDs and the DOH-retained hospitals by engaging the latter as LTAPs for clinical skills training in

BEmONC, LARC, and LAPM. By year six, service quality was enhanced through the project's technical assistance in establishing and strengthening the FP program in 63 public hospitals, strengthening the referral mechanism of 15 service delivery networks, and conducting relevant training activities to upgrade the skills of health service providers. The diagnostic workshops as another option for assessing HSPs' competencies for certification purposes was among the project's priorities in line with institutionalizing key health systems.

Training continuum for FP/MNCH providers

To improve supply and quality of FP/MNCH services, LuzonHealth embarked on strengthening the training continuum that involved competency assessment of HSPs. This was done through technical assistance, including diagnostic workshops[18], training courses that enabled service providers to deliver quality MNCHN/FP services, PTME, and supportive supervision. Strengthening the training system involved the training of trainers and outsourcing of training to public and private providers to scale-up training. Table 3 provides the total number of trainers and health service providers trained by LuzonHealth.

Table 3. Training data for LuzonHealth supported areas, by type of course

Trainee	FPCBT Level I	Interval IUD	Postpartum IUD (PPIUD)	BTL by Minilaparotomy under Local Anesthesia (MLLA)	BEmONC	Lactation Management Training (LMT)
Trained trainers	36	4	57	27	—	54
HSPs	3,186	261	559	68	541	1,436

[18] Technical guide available online

Training system strengthened

Selection of Trainings supported by LuzonHealth

- Training of trainers for FPCBT
- BEmONC and LMT
- AJA training
- FPCBT Level 1
- FPCBT Level 2: Interval IUD, postpartum FP/PPIUD, BTL-MLLA, Subdermal implant insertion
- Basic FP e-course for physicians
- Supportive supervision training
- MBFHI assessment training
- SMRS training
- CHSR training
- IPC/C training
- FP/ANC-EPI training
- EBF peer counseling training
- DQC trainings
- AJA training
- Adolescent Health Education and Practical Training

LuzonHealth not only provided direct technical assistance to the CHDs and LGU partners to jump-start the training of a segment of the Luzon health system and demonstrated the implementation of the training continuum, it also worked toward building the capacities of DOH CHDs to manage and implement a strengthened training system.

The training system required a shift in the paradigm where the role of DOH would be in policy making, issuance of policy guidelines, and development and approval of training curricula. LuzonHealth supported the DOH in leading this reform at the national and regional levels, with the DOH building the capacities of the PHOs, CHOs, private or public higher education institutions, nongovernmental organizations, and other government agencies as trainers of service providers; certification/accreditation of public and private training providers/institutions; monitoring the quality of training courses conducted by these training providers/institutions; and embarking on a training outsourcing initiative to rapidly address the huge gap in trained service providers. The PHOs, CHOs, and other certified training providers/institutions were responsible for the training of service providers and the conduct of PTME and coaching and mentoring of trainees. Project technical assistance included training of trainers for FPCBT and technical assistance to the CHDs in the development and implementation of their respective outsourcing strategy.

Supportive supervision

The project assisted CHDs V and III in conducting supportive supervision training for PHNs from Oriental Mindoro, Bulacan, Nueva Ecija, and Albay. The trained supervisors realized their important role as supervisors in coaching and mentoring their supervisees to improve their performance, which increased job satisfaction among supervisees. This outcome was demonstrated in various instances, e.g., during the conduct of PTE and diagnostic workshops and during a FHSIS data quality check. The supervisory role of nurses and program managers is emphasized to ensure that HSPs receive timely feedback and guidance to effectively deliver quality FP/MNCH services. By the last two years of the project, supportive supervision was continuously strengthened and included on-the-job training/mentoring of providers, reduction of provider bias against FP, data quality checks, and FP-MCH integration.

Selection of Diagnostic Workshops supported by LuzonHealth

- Competency assessments of HSPs
- Technical assistance to local partners in meeting PhilHealth accreditation requirements
- Assistance to DOHRO III in institutionalizing the diagnostic workshop in the region with the training of 13 assessors and facilitators.
- FPCBT 1 and FPCBT 2: Interval IUD Diagnostic Workshop for HSPs from Camarines Norte, Camarines Sur, Naga City, and Albay (DOHRO V)
- Supported and participated in the conduct of diagnostic workshops in Pangasinan (DOHRO I)

By year six, the project aimed to institutionalize diagnostic workshop and supportive supervision. The diagnostic workshop was used to fast-track the certification of trained HSPs who had not undergone the required PTE. To maximize certification without sacrificing quality, a remedial exam was instituted. Those with a general average of 70% with no grade lower than 50% were made to re-take the stations where they failed. The remedial testing happened after coaching and refresher sessions. The project followed up with those who failed and provided supportive supervision. The diagnostic workshop was also linked to the conduct of supportive supervision in the provinces. The diagnostic workshop identifies gaps in performance among trained HSPs, while supportive supervision aims to narrow these gaps to improve performance through mentoring and coaching.

Reaching adolescents and youth

LuzonHealth expanded AJA training designed to equip HSPs with the basic knowledge and skills in responding to and managing the issues and concerns of adolescents and youth and to provide the approaches to deliver adolescent health services that are effective, sensitive, and appropriate to client needs in an environment that is friendly, non-judgmental, and empowering. In this context, the LuzonHealth Project aimed to enable the FP/MNCH SDPs, such as HCs, RHUs, and public hospitals, at its project sites to have at least one HSP equipped and capable of handling adolescent and youth clients and be compliant with the standards for adolescent-friendly services. The conduct of FPCBT Level 1 and AJA training among HSPs in RHUs, including some DOH-retained and LGU hospitals, enabled the project to achieve its objective of ensuring these SDPs provide adolescent and youth-friendly/sensitive FP/MNCH services.

The project-hosted youth fora for in- and out-of-school adolescents served as venues for encouraging responsible sexual behaviors and promoting adolescent-friendly health services in facilities with providers trained in AJA. The fora provided information on adolescent growth and development; teen pregnancy prevention; gender and sexuality; STIs, HIV, and AIDS prevention; and substance abuse.

The peer education program was conducted in public secondary schools with large student populations under the K–12 school education program. From October 2014–July 2017, 43,695 students in 11 schools in Cavite were reached by 130 trained peer educators through peer education sessions. From August 2016–March 2017, 1,231 students in seven partner schools in Batangas were reached by 70 trained peer educators through peer education sessions.

In 2017, LuzonHealth conducted an evaluation to assess the extent to which the peer education activities contributed to the desired intermediate results of increased health knowledge and awareness and improved behavior intentions, with a focus on pregnancy prevention. The evaluation was a mixed-methods approach. It first compared knowledge and awareness outputs on a pre- and post-test from a sample of schools who adhered to the standard curriculum for adolescent sexual and reproductive health with a sample of schools who implemented peer education in addition to the standard curriculum. LuzonHealth also conducted a total of 72 key informant interviews, 64 of which were stratified across intervention school population groups.

Selection Adolescent and Youth approaches supported by LuzonHealth

Established Teen Parents' Clinics (TPCs) in Selected Hospitals

Utilized a CLA-type approach in reviewing its adolescent health program where schools with THKs shared their good practices and challenges, giving them the opportunity to learn from each other.

Supported implementation of the Adolescent Health and Development Program, THKs, Gusaling Pangkalusugan, and the TPC, and on strengthening their interconnectedness (Batangas City)

Conducted Facilitators' Training in *Usapang Batang Ina at Batang Ama* (UBIBA) to generate demand for adolescent services among pregnant adolescents and their partners, (Legazpi City)

The evaluation found that students who received peer education increased their knowledge and awareness more than those who did not receive peer education. However, behavior change regarding sexual intentions did not appear to be impacted by peer education. The qualitative results highlighted that the peer discussion environment is one that puts students at ease, enabling free-flowing discussions. Suggested improvements from the project to the peer education program included incorporating additional content, recruiting peer educators with a variety of backgrounds, and providing formal retraining and additional education materials. The baseline and post-test results showed that there was a statistically significant change in knowledge, attitudes, and behavior intentions while the qualitative interviews provided a better understanding of the "why" and "how" behind that change. When evaluating a program or intervention, including both these aspects is important for a team to be able to make decisions about adaptations, scale-up, or discontinuation of an activity. Therefore, LuzonHealth used this evaluation to improve the peer education activity to better meet the needs of students and make it more sustainable.

Strengthened promotion of EBF

Within the context of a MERLA approach, an OR study was conducted in Legazpi City to inform the enhancement of guidelines aimed at increasing LAM compliance and encouraging a second form of contraceptive once LAM protection expires.

After examining M&E data from the data reflection sessions in the LuzonHealth project, it became clear that while a lot of mothers reported exclusively breastfeeding and assumed they were protected from undesired pregnancies through LAM, the reality was that there appeared to be more pregnancies than expected. To get more concrete evidence, the project designed a better recording tool in collaboration with LGU partners for tracking the shift in FP methods. The project then implemented an OR study to find out how many women actually shifted from LAM to another modern FP method. The results showed that by sixth months after delivering a child, 87% of women no longer met LAM criteria and, of these, only 31% had shifted to an alternative modern FP method. These findings were then analyzed through a collaborative engagement with USAID and the regional government to understand how the information could be used to influence programmatic and policy decisions to ensure a shift from LAM to other modern FP methods.

LuzonHealth assisted the Caloocan City Health Department (CCHD) in developing the BFSG competency assessment tools on EBF information-giving and counseling. The competency assessment tools were designed to identify gaps in BFSG members' performance. Ten CCHD technical staff were oriented as facilitators who then assessed 56 BFSG members in eight sessions. The majority of participants scored over 86% in the knowledge assessment and over 70% in the Objective Structured Clinical Examination. The CCHD used these results as inputs for the design of the quarterly BFSG learning sessions. LuzonHealth assisted the CCHD in presenting and sharing the BFSG competency assessment tools at the Regional BFSG convention for the four NCR districts. A total of 3,220 BFSG members attended the event. LuzonHealth developed a technical product to document this process and tools used, "*A Guide in Assessing the Competency of BFSGs in EBF Counseling*."

Supported the establishment of an FP program in hospitals

The project had an original target to support 53 hospitals in establishing a FP program. In years one through four, the project supported the 53 hospitals toward this goal; however, in year five, the Oliva Salamanca Hospital in Cavite closed down. This brought the total number of hospitals assisted by LuzonHealth from 53 to 52.

A total of 65 hospitals/infirmaries were oriented on the *Guidelines in Setting Up FP in Hospitals*; 8 were infirmaries, 34 were Level 1 hospitals, 9 were Level 2 hospitals, and 14 were Level 3 hospitals.

The project developed the *FP in the Hospital: Operational Guide for Recording and Reporting* to address the lack of standard tools and a system for monitoring hospitals' FP performance. Policies and systems supportive of the initiative were generally in place prior to LuzonHealth support. In year five, 51 hospitals used an updated FP registry, 51 created and used an FP Form 1, 49 used an updated FP client record, and 45 regularly produced reports using the M1.

LuzonHealth recognized the extreme importance of monitoring and tracking the hospitals' implementation status of their action plans. Hence, the project developed a tracking tool, which reviewed the major elements of the FP in hospitals initiative, as provided for in DM2014-0312. The tracking tool was used by project staff and regional and provincial partners to conduct monthly monitoring. This enabled the project to track improvements in the capacity of FP service in hospitals. At the end of year five, the project observed remarkable progress in tracking the status of FP

services in hospitals. All 52 project-assisted hospitals had issued an official order designating an FP focal person/staff and 49 had a designated FP clinic and dedicated operating room for BTL-MLLA.

In-reach demand generation also improved, with 38 (73%) hospitals implementing a policy on inter-departmental referral of women of reproductive age to the FP clinic for counseling and potential provision of a voluntarily chosen FP method. Hospitals conducting FP orientation sessions for ward and OPD nurses and daily FP classes at the OPD remained at 87% and 85%, respectively. On the supply side, 44 (85%) provided interval IUD services, 48 (92%) provided PPIUD services, and 45 (87%) provided BTL-MLLA.

Further, by project close, 55 (87%) of the assisted hospitals had trained providers in interval IUD insertion and removal but only 35 (55%) were DOH-certified and qualified for PhilHealth accreditation. Likewise, 59 (94%) of these hospitals had trained PPIUD providers, of whom only 75% were DOH-certified. Only 80% of the BTL providers in 49 (78%) of these hospitals were DOH- certified. The need for DOH certification cannot be overemphasized—it has a strong implication on PhilHealth accreditation and, subsequently, on PhilHealth reimbursements. On recording and reporting, all project-assisted hospitals had FP staff who were responsible for recording and reporting the provided FP services. All 63 hospitals cited to have an updated FP registry or list of potential FP clients and all were using an updated FP Form 1 and an updated hospital FP client record. Sixty-one hospitals (97%) regularly produce reports using the M1.

DOH Cordillera Administrative Regional Office rolled out the FP in hospitals initiative to non-project sites in the region using LuzonHealth's design. Fifty-seven nurses and midwives from six provinces participated.

DOH National Capital Regional Office, led by its Regional FP Coordinator and Head of Family Health Cluster, in partnership with LuzonHealth, conducted the establishment of FP in Hospitals Orientation/Workshop for non-project sites. Sixty participants from 15 hospitals and CHOs in Navotas, Manila, Makati, Mandaluyong, San Juan, Muntinlupa, Las Piñas, Pasay, Parañaque, and Marikina attended.

From April to June 2018, the project recorded 108,840 current FP users from 51 hospitals. In regard to new FP acceptors, as of September 2018, data from 48 hospitals showed 4,929 new FP users.

FP in hospital assessment

The *FP in Hospital Assessment Tool* generated information on the (a) enabling and hindering factors for establishing an FP program in hospitals, (b) performance indicators on FP services in hospitals, (c) the minimum criteria or set of indicators to determine the functionality of FP services in hospitals, and (d) recommendations for improving the implementation of the FP in hospitals initiative.

The assessment tool was enhanced and used in seven DOH-retained hospitals, as well as six provincial and three city hospitals, which were prioritized because of their size and high volume of births, which equates to a high number of potential FP clients.

A total of 15 hospitals were assessed, of which 6 had organized a management team, 8 had incorporated activities and budget in the hospital annual financial plans, 11 had obstetrics-gynecology (OB-GYN) specialists trained in PPIUD insertion in addition to nurses and midwives, and 9 had BTL-MLLA trained surgeons or OB-GYN specialists. Thirteen of these hospitals also had a separate well-ventilated and well-lit clinic with visual and auditory privacy. All assessed hospitals had designated a permanent staff member in- charge of supplies and FP commodity management, while 14 had designated a staff member to handle recording and reporting. However, only 10 had updated and properly filled out the FP recording and reporting forms.

The most common issues and gaps identified during the assessment were the need to (a) issue a hospital order defining the composition and roles of the FP management team, (b) train selected staff, (c) improve the reporting system (submission) to PHO and CHD with special attention to data analysis, (d) establish a system for determining client satisfaction with FP services provided in the hospital, (e) orient all hospital staff (including non-clinical staff) on the hospital's FP activities, and (f) strengthen inter-departmental referrals. These concerns were considered in the formulation of the respective hospital work and financial plans. Strengthening FP outreach services in selected hospitals

To provide FP services to potential clients in geographically isolated and depressed areas and in hospitals/areas without LARC or LAPM, seven hospitals[19] assisted in establishing and mobilizing itinerant FP services and continued to conduct outreach services. In the fourth quarter of year 5, these hospitals mobilized their respective FP itinerant teams to conduct a total of 16 FP outreach activities.

[19] The hospitals were Southern Isabela General Hospital, R1MC, Urdaneta District Hospital, Paulino J. Garcia Memorial Research and Medical Center, Bondoc Peninsula District Hospital, Doña Martha Memorial District Hospital, and Bicol Regional Teaching and Training Hospital.

Improved functionality of service delivery networks

LuzonHealth, in collaboration with CHDs and PHOs and CHOs, assisted a total of 12 sites in strengthening their SDN for FP/MNCH services. This work focused on developing the necessary institutional arrangements to make the referral system functional.

Prospectively, as an SDN matures, the RHUs and city health centers, as well as and public/private lying-in clinics will account for a higher proportion of referrals, while hospitals will have the lowest. Using the data sets of the respective SDNs, the SDN management team can identify which facilities require review and assistance vis-a-vis mandated capacity and functions.

The SDN is a dynamic process and instrument and, as such, will continue to improve as more is learned. Challenges that need to be addressed in the future include:

- financing the SDN referral mechanism
- strengthening support mechanisms
- developing evidence-based clinical protocols based on the categorization
- costing the conditions based on the protocols
- aligning the PhilHealth payment system with the categorization of conditions
- using this information to develop policies, plans, programs and resource allocation

Recommendations requiring action by DOH counterparts and supporting implementing partners include strengthening the second-tier facilities to enable them to accept more clients who have a greater level of care needed (i.e., health management needs of classification B referrals) and provision

of critical equipment and supplies for more serious health issues for the mother and child, i.e., incubators, to Level 2 and 3 hospitals.

Electronic mapping of SDPs in LuzonHealth partner sites across the SDN

The project assisted the DOH Cordillera Administrative Regional Office and the Benguet PHO to create digital maps of the SDN for use during the Hi-5 and SDN summit. To ensure knowledge transfer and promote using digital mapping across various health offices within the Bicol Region, CHD V requested that LuzonHealth conduct two batches of the SDN Digital Mapping Training for PHOs and PDOs. These training sessions were funded by CHD.

CHD V staff participated in the first training and PDO officials and Provincial SDN Coordinators participated in the second. Using actual data sets from the first quarter of year four (e.g., Hi-5 Health Data Indicators) from Bicol Region, training participants created maps of their respective localities and converted tabular information into a digital map. The digital maps showed the distribution of human resources for health, location and density of FP current users per municipality, location and proximity of HCs and hospitals, and a road network plot across the various health facilities in Bicol. The provincial maps were submitted to the designated information technology (IT) staff of CHD V for integration into the regional SDN digital map. In Albay, the Provincial SDN Coordinator and the trained IT staff updated the SDN provincial map to reflect the facilities that entered into a SPA for the SDN.

Strengthen Local Policy and Health Systems

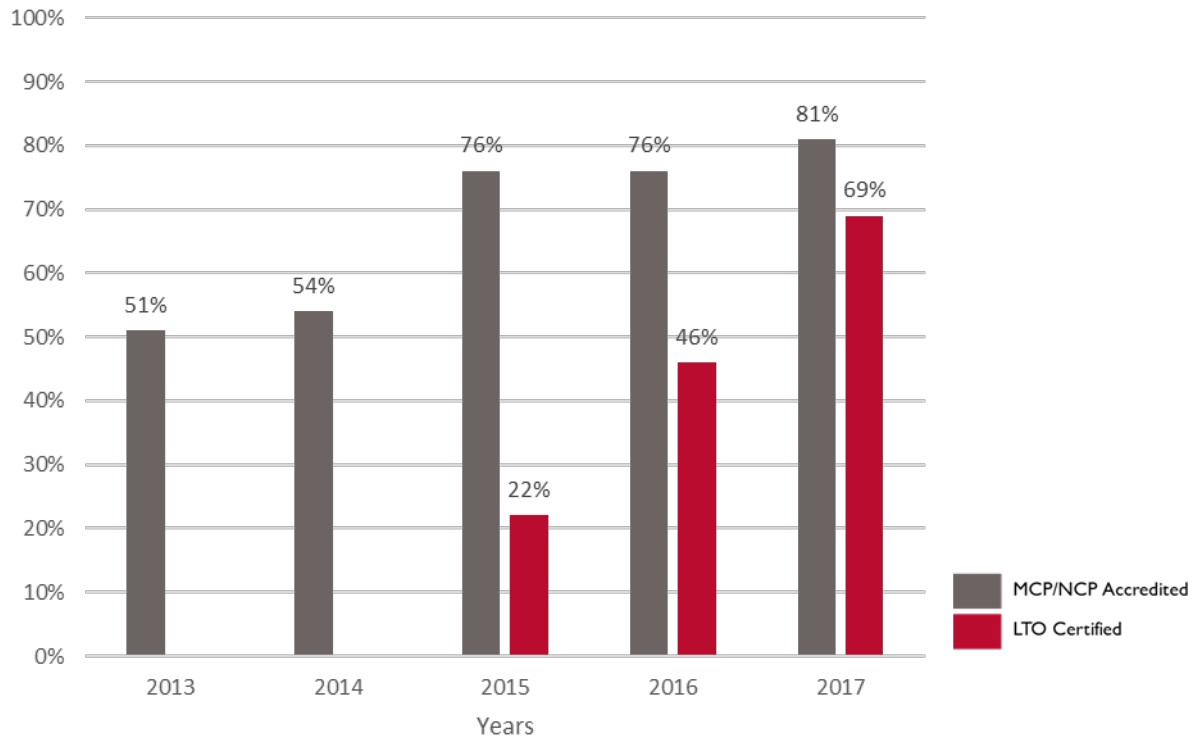
LuzonHealth focused on activities and interventions that removed policy and systems barriers to improve supply and demand for services. The project achieved this by harnessing the support of national, regional, and local groups of stakeholders in adopting and complying with national policies and guidelines on FP/MNCH and instituting support management systems (e.g., DQCs, referral protocols, and supportive supervision).

Sustaining PhilHealth accreditation for FP/MNCH service provision

Building on the gains of earlier health reform policies, in 2016 the Government of the Philippines (GOP) launched the 2016–2022 Philippine Health Agenda, known as "All for Health toward Health for All." This reform program identified health financing as a key enabling mechanism toward ensuring that essential health care services are provided to all Filipino families. PhilHealth provides that no other fees or expenses are charged or paid by indigent clients above and beyond the packaged rates during their treatment period.

In 2013 (year one), 51% (148 of 290) of birthing facilities were MCP and NCP accredited, while by 2017 (year five) the percentage of accreditation (even with the inclusion of additional facilities) increased to 81% (296 of 364). In 2015 (first year of data collection), only 22% out of 324 birthing facilities had an LTO, which increased to 69% out of 364 in 2017. See Figure 7.

Figure 7. Status of MCP and NCP accreditation and LTO certification among birthing facilities in LuzonHealth Areas 2013–2017



The technical support LuzonHealth provided allowed these LGUs to ensure financing for FP/MNCH services was sustained and that the poorest populations had access to these health services. The support provided by the project prepared these LGUs for the full implementation of the newly signed Universal Health Care (UHC) Act in the Philippines. Under this new law, the PhilHealth package for members will not be reduced. This means both the MCP and NCP and FP packages will continue to be provided.

Mainstreaming supply chain and logistics monitoring

LuzonHealth activities focused on supporting FP/MCH logistics management through capacity building in SMRS to increase the skills of local partners to track commodity availability and on sustaining SMRS implementation through RHU-level coaching and technical guidance. LuzonHealth staff conducted facility-level coaching to ensure that partner LGUs can fully implement the system, particularly with respect to the conduct of an initial inventory of FP/MCH commodities. Mentoring on SMRS implementation and commodity supply monitoring continued until end of year 6.

LuzonHealth also supported the monitoring of public and (selected) private health facilities to assess the status of SMRS implementation and FP commodity availability. Data as of the end of September 2018 showed that, of the 996 health facilities monitored for FP commodity availability (811 RHUs and HCs, 63 hospitals, and 114 private birthing facilities), 14.5% had stock-outs in any of the five commodities (e.g., pills, DMPA, IUD, progestin-only subdermal implant [PSI] and condoms), while 40.3% had Standard Days Method® (SDM) beads stock-outs.

A 2018 to 2017 comparison of stock-outs by FP commodity showed a significant decrease in stock-outs for pills (from 8.5% to 5.6%) and DMPA (from 10% to 4%), while increases in stock-out levels

were noted for IUD (from 0.6% to 1.9%) and condoms (from 5.5% to 6.8%). PSI stock-out levels significantly declined from 27% in March 2018 to 6.1% in September 2018.

The provinces with high levels of pill stock-outs were Benguet, Rizal, Cavite, and Nueva Ecija. Rizal and Benguet also had high DMPA stock-outs, as did Quezon and Laguna. Stock-outs in SDM beads were noted in almost all areas.

Data Quality Checks (DQC) in service delivery points

DQCs provide an efficient and systematic approach to establish data integrity and reliability in primary care and hospital facilities for effective FP/MNCH program planning, budgeting, implementing, M&E, and decision-making. LuzonHealth helped improve local health information systems by providing technical assistance for conducting DQCs, including expanding the application to cover all service levels within the project sites. This technical assistance included training for staff on how to conduct DQC. By year five, 99% of LGUs were conducting DQCs annually, while in year six, 796 out of 811 (98%) RHUs and HCs monitored were implementing DQC. The remaining 15 had a DQC scheduled by the end of the calendar year. All of the LGUs implementing DQCs, except one, utilized the quality checked data during program implementation reviews and LGU planning.

Data on Performance and Impact Indicators

The following page include the project's performance and impact indicator table for years 1-6.

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
Service Utilization Indicators																
Status	Number of Modern FP Current users in USG assisted sites	2,222,684	2,322,392	1,532,328	2,471,955	1,595,576	2,721,226	1,779,038	2,970,497	1,983,680	3,169,914	2,153,461	More than 2 Million FPCU were reported based on the FHSIS reports as of end June 2017. As agreed by the USAID inter-CA M&E TWG, regional projects may report one quarter lag or whichever is the more complete LGU reports. The accomplishment of 68% reflects mainly public sector data, but some FPCU accomplishments from the hospitals and target private clinics are also captured in the report. It is assumed that only 85% of the FHSIS data came from public facilities; but reporting coverage is 50%, thus the target for annual accomplishment is 50% of the 85% of expected current users to achieve the expected FP current users by province. Technically, the 68% accomplishment equivalent to 2,153,461 implies that it has already reached a level beyond its target for the quarter (1,347,213).	1974262	1,953,749	Covers 12 sites and 63 hospitals only
cumulative per year	Percent of deliveries with skilled birth attendants in USG assisted programs (SBA)	83.1%	83%	58%	84%	70%	86%	72%	89%	66%	90%	60%	This is a cumulative for the fiscal year indicator, thus SBA accomplishment covers the LGU FHSIS reports for three quarters only (October 2016-June 2017). Accomplishment is still low because most LGUs submit their reports every end of the calendar year in compliance with the DOH FHSIS reporting guidelines. Some have initiated to submit natality data quarterly, but most of them still follow the DOH reporting schedule and timeline. Benguet, Pangasinan, Tarlac, Oriental Mindoro, Marikina City and Valenzuela City reported annual data. Hence, their report cover only the October-December 2016 period.			
cumulative per year	Number of pregnant women having their first ANC visit during the first trimester	583,043	600,907	525,438	627,702	572,990	672,361	555,556	717,020	560,219	752,747	449,592	Proxy indicator used for this indicator is the" number of pregnant women who had 4 ante-natal care visits", which means that it has to comply with the 1-1-2 rule (at least 1 visit during the first trimester, at least 1 visit in second trimester and at least 2 visits during third trimester). Accomplishment is underreported due to incomplete reports from LGUs.			

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
cumulative per year	Percent of facility-based deliveries in USG-assisted sites (FBD)	62%	65%	50%	69%	67%	77%	69%	85%	65%	90%	58%	FBD is a cumulative for the fiscal year indicator and is reported annually or every end of DOH calendar year. Most LGUs submit their reports every end of the calendar year per DOH FHSIS reporting guidelines. A few of them have initiated to report natality data quarterly, but most of the LGUs still follow the DOH reporting schedule and timeline. Some LGUs have partial or incomplete data covering a few areas only for quarter 3. Benguet, Pangasinan, Tarlac, Oriental Mindoro, Marikina City and Valenzuela City reported annual data. Hence, their report cover October-December 2016 data period.			
cumulative per year	Percent of infants exclusively breastfed in the first six months in USG-assisted sites (EBF)	22%	24%	51%	26%	61%	29%	58%	32%	61%	35%	46%	This is also a cumulative for the fiscal year indicator. Accomplishment still partial due to the incomplete data coverage. Some LGUs have partial or incomplete data covering a few areas only for quarter 3. The over accomplishment for this indicator against EOP target is attributed to some issues in comparability between the targets, which is based on the FHS 2011 responses of mothers interviewed and actual EBF data collected from FHSIS that were recorded by HSPs. Using two different sources may lead to varying results.			
Intermediate Results																
cumulative per year	Couple Year Protection		0	134,236	695,400	586,769	878,400	752,997	613,372	597,791	674,746	868,280	The project used the FHSIS new and other acceptors data to determine CYP. As agreed in the inter-CA M&E TWG last November 17, 2015, regional projects had revised their respective CYP targets for BTL, NSV, and IUD. PSI has no target for Year 4 and Year 5 because of the TRO. On the other hand, SDM CYP will also be generated from the FHSIS report. Increase in the accomplishment is due to the increase in the number of New Acceptors and Other Acceptors of LARC and LAPM, as well as improved and proper recording and reporting of services provided by health providers in the facilities	701,836	949,705	Covers 20 sites and 63 hospitals
	Pills		0	5,377	186,980	29,972	242,002	22,658		22,318		20,530			17,494	
	Injectables (3 months)		0	12,216	39,257	22,663	56,135	46,016		46,227		44,480			43,869	
	BTL		0	81,030	262,206	412,940	353,719	477,590	489,420	459,540	538,390	663,670		563,960	646,570	
	NSV		0	1,140	675	78,970	721	6,100	10,240	4,270	11,264	3,560		1,810	2,880	
	IUD		0	29,251	20,024	14,835	25,100	115,938	113,712	113,404	125,092	156,023		113,119	184,087	
	Implants		0	3	176,607	20,163	185,308	64,975	0	20,578	0	45,028		22,948	116,168	
	SDM		0	3,812	9,598	6,521	15,376	12,705		10,637		12,626			8,693	
	Condom		0	1,407	53	707	39	7,015		7,208		6,934			5,499	

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
Status	**Percent of USG-assisted service delivery sites (SDPs) that experience a stock out at any time during the defined reporting period of any contraceptive method that the SDP is expected to provide**												About 6% (61 of the 996) service delivery points (RHUs/HCs, hospitals and private clinics), have experienced stock out in any of the 3 FP commodities. This is more than 1 percentage point higher than the FY 5 target of 5% . Stock out status of each FP commodity is higher than the target except for IUD, thus there are not enough supplies for clients who wish to avail of FP services: Pills: 3% (33 of 996) stock out; DMPA: 5% (50 of 996) stock out; and IUD: 1% (6 of 522) stock out; Condom: 4% (36 of 996) stock out in facilities that are expected to provide the service. Those facilities that had stock-out of pills may be different from those who run out of DMPA and IUD supplies. For IUD, denominator is the number of RHUs/HCs, private OPCs and Hospitals providing IUD services. The project has been providing TA support to PHOs in logistics management, particularly in monitoring commodity availability quarterly to ensure availability of medicines and supplies in the facilities at any point in time. While the DOH has committed to deliver commodities directly to LGU facilities, reports from Nueva Ecija, Cavite and Rizal PHOs indicate that stockouts for 26 of 171 facilities in these three provinces happened in FY 5 due to a delay in the delivery of commodities from the DOH Central Office.			Covers 20 sites and 63 hospitals
	Pills	19%	18%	19%	15%	8%	13%	3%	5%	1%	2%	3%		9%	6%	
	Pills (Average)											3%		9%	7%	
	DMPA	39%	36%	39%	29%	19%	21%	4%	5%	2%	2%	5%		7%	4%	
	DMPA (Average)											5%		7%	6%	
	IUD	44%	41%	44%	32%	6%	24%	1%	5%	1%	1%	1%		4%	2%	
	IUD (Average)											1%		4%	2%	
	Any of the 3 FP commodities	66%	62%	66%	53%	23%	44%	7%	5%	3%	5%	6%				
	Any of the 3 FP commodities (Average)											6%				
	Progestin-only Subdermal Implant													10%	7%	
	Progestin-only													10%	7%	

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	Subdermal Implant (Average)															
	CONDOM										5%	4%		8%	7%	
	CONDOM (Average)											4%		8%	9%	
	SDM Beads										85%	33%		41%	40%	
	SDM Beads (Average)											33%		41%	41%	
cumulative	Number of youth (15-24 years old) provided with FP information/ counseling and/or services in USG-supported sites												Originally, age group for this indicator is 15-29, but was changed to ages 15-24 in FY 2014 by the Inter-CA M&E TWG. Target was based on the needed increase in CPR among 15-19 WRA with the assumption that 20% will be provided the service and accept a method based on the overall results of the impact of USAPAN. Note that 15-19 represents only 52.3% of the population of 15-24, thus the number of women (15-24) who should be reached with FP/RH messages was derived. EOP target of 158, 684 is based on the total number of additional women (15-24) that needs to be provided with FP information and/or counseling services from all project sites. There were no accomplishments reported yet in FY 2013. FP information data are usually generated from health events, Buntis Congress, bench conferences, youth fora, Usapan sessions, etc. The FP counselling data came from the LGU facility records (RHU/MHC logbook), sign-up sheets, and Usapan Sessions.			Year 6 target is for 1 year in 12 priority sites only. (not cumulative with Years 1 - 5)
cumulative	Number of men provided with FP information/ counseling and/or services in USG-supported sites	0	0		11,441		12,595		13,748		14,671		This indicator was included by the inter-CA M&E TWG in 2014, thus no accomplishments yet in FY 2013. The EOP target of 14, 671 was set based on the assumption that decisions that are made by one third of the 3.3% women current users are significantly influenced by their husbands (NDHS 2013). As part of improving the male involvement in the FP program, men were purposively included in health events like Usapang Barkadahan, Usapang Maginoo, Youth Fora, etc. which resulted in the substantial rise in the numbers. Hence, the project was conscious in setting up the target because it was still negotiating with partner LGUs to establish a recording system since there was none at the			

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
													start of the project. with the implementation of FP-MCH logbook in selected sites, the provision of FP information and counselling services are now captured in the facility records.			

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
cumulative	Number of women reached with individual or small group level education on benefits of EBF	195,486	208,584	377,886	239,765	619,147	273,664	855,010	691,109	997,630	752,747	1,055,675	Among the TA support provided to LGUs are Buntis Congress, Safe Motherhood Week, mothers' classes, Usapang Buntis, FP-MCH logbook implementation. FBD data is also included in the accomplishments since women who gave birth at health facilities are provided with EBF messages through the implementation of DOH AO 2007-0026: Revitalization of MBFHI in Health Facilities with Maternity and NB Care Services. Although, there is a possibility of multiple counts of a woman due to various exposure of EBF information in different occasions, like health events, prenatal, postnatal, and child immunization services and various consultations. More exposure to EBF messages would more likely change the behavior, and eventually result in exclusive breastfeeding. This indicator has been dropped based on the last M and E TWG meeting last December 8, 2016	752,747	1,055,675	
cumulative per year	Number of women of reproductive age (15-49) who were or whose partner was counseled by or had a discussion with a health provider on FP in the last twelve months	42,376	84,752	361,215	127,128	623,878	211,880	579,104	211,880	602,448	169,504	606,493	Accomplishment was based on the FP counselling records of the facilities and FHSIS FP new acceptors data. Since the FHSIS does not capture counselling information, the project has provided TA support to selected LGUs and health facilities in Usapan , FP-MCH integration and Hospital FP Registry which is a recording tool to document FP counselling services. In addition, almost all Project sites have continued to use the FP- Maternal and Child Health (FP-MCH) logbook to systematically record and follow up potential clients with unmet need who received information and counseling that led to the substantial increased in the accomplishment .	806,937	581,609	Year 6 Target is for 1 year in 12 priority sites only .
Status	Percent of service delivery points providing FP counseling and service to couples, men, women, youth and adolescents of both sexes	81%	81%	81%	86%	97%	91%	91%	91%	98%	92%	99%	These are RHUs/HCs with at least one health staff trained on FPCBT Level 1, with at least 2 FP methods available in the facility; and implementing FP referral system for methods not available SUCH AS larc/pm. The project has provided TA support through trainings to build the capabilities of health service providers to deliver quality FP services	99%	99%	Covers 20 sites

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	in USG sites															
Status	Percent of service delivery points providing FP counseling and service to couples, men, women, youth and adolescents of both sexes in USG sites	85%	85%		100%	36%	100%	92%	100%	85%	100%	100%		100%	100%	Covers 63 hospitals
Status	Percent of service delivery points providing FP counseling and service to couples, men, women, youth and adolescents of both sexes in USG sites		0%		50%	40%	100%	67%	100%	97%	100%	100%		100%	100%	
Status	Percent of service delivery points providing FP counseling and service to couples, men, women, youth and adolescents of both sexes in USG sites								100%	100%	100%	100%		99%	99%	Covers 20 sites

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
Status	Percent of service delivery points providing FP counseling and service to couples, men, women, youth and adolescents of both sexes in USG sites	**81%**	**78%**	**81%**	**85%**	**90%**	**92%**	**90%**	**92%**	**98%**	**93%**	**99%**		99%	99%	Covers 20 sites and 63 hospitals

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
Status	Percent of service delivery points providing sub-dermal implants among RHU/HC facilities				25%	18%	50%	0%	75%	0%	100%		All public health facilities have temporarily stopped the provision of PSI services to comply with the TRO. But for those clients who insists to know more about PSI and have strong clamor about the service, were informed about the TRO, as well as those private clinics/NGOs that are exempted by the TRO to provide such information and services.		#DIV/0!	
Status	Percent of service delivery sites providing post-partum IUD services (among RHU/HC-birthing facilities)	0%	6%	0%	22%	10%	38%	10%	50%	20%	50%	30%	Of the 338 RHU/HC birthing facilities, 102 or 30.% are providing PPIUD services. A number of health providers from birthing facilities still need to be trained to enable them to provide the service. In Year 4, there were 35 additional birthing RHU/HC-birthing facilities and FYQ2 additional 4 birthing facilities with a total of 329. The Project still has some backlogs in clinical trainings because these activities continue to rely heavily on the limited number of training institutions. These training institutions conduct other training courses. Hence, PP IUD training competes with other training courses. PP IUD being a clinical skills course only have at least 10-12 participants per batch to ensure competency. Birthing facilities with high volume of deliveries are prioritized for training in PPIUD		40%	
Status	Percent of service delivery sites providing post-partum IUD services (among 25 birthing clinics in NCR)	0%	0%	4%	20%		40%	28%	90%	58%	90%	62%	Of the public birthing facilities in NCR, and 16 are providing post-partum IUD services during the reporting period.		89%	

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
Status	Percent of service delivery sites providing post-partum IUD services (among 7 DOH-retained Hospitals)		0%		0%	40%	57%	86%	100%	100%	100%	100%			100%	
Status	Percent of service delivery sites providing post-partum IUD services (among LGU Hospitals)		0%		0%	19%	56%	36%	94%	67%	100%	90%			90%	
Status	Percent of service delivery sites providing post-partum IUD services (among Private Facilities)														46%	
Status	Percent of service delivery sites providing post-partum IUD services (TOTAL)		**5%**		**19%**	**12%**	**40%**	**15%**	**58%**	**29%**	**59%**	**39%**	Due to low number of birthing facilities with trained health service providers in PPIUD	47%	50%	Target was for birthing RHUs/OPCs and private LICs and 63 hospitals
Status	Percent of service delivery sites providing BTL-MLLA services (among 7 DOH-retained Hospitals)		0%		0%	36%	57%	86%	100%	86%	100%	100%			90%	

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
Status	Percent of service delivery sites providing BTL-MLLA services (among LGU Hospitals)		0%		0%	19%	56%	49%	94%	69%	100%	79%	Of those 39 target LGU hospitals, 31 (79%) are providing BTL- MLLA services. The Project still has some backlogs in clinical trainings because these activities continue to rely heavily on the limited number of training institutions. These training institutions conduct other training courses. Thus, BTL-MLLA training competes with PPIUD,BEMONC Training. Five of the LGU hospitals were downgraded to infirmary thus the project cannot train BTL providers since they are no longer licensed to operate as a hospital.		100%	
Status	Percent of service delivery sites providing BTL-MLLA services (TOTAL)		0%		0%	22%	56%	54%	95%	72%	100%	83%		96%	98%	Target was all Levels 1-3 hospitals with physicians trained on BTL-MLLA

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	**Project component**	**Baseline value**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp**	**Remarks**	**Target**	**Accomp. end Sept 2018**	**FY6 Remarks**
Status	Number of USG-assisted public sector health facilities (RHUs/ HCs) providing FP/RH services for adolescents and youth of both sexes	0	0	0	214	90	428	278	642	736	856	787				
Status	**Percent of health facilities accredited for MCP/NCP in USG-assisted sites**												The Project's TA on MCP/NCP accreditation to LGUs has contributed to an increase in the number of accredited MCP birthing facilities. The increase in the number of birthing facilities who sought for MCP accreditation has contributed to the leap in project accomplishments. The project has targeted LGUs whose remaining requirements are documentary in nature, TA is focus in completing the documentary requirements. It has no direct influence on infrastructure completion. Nevertheless, LGUs we supported (the were not part of the initial target) also committed to the infrastructure investments and this explains the high performance.			Target for Year 12 priority sites
	Among Birthing RHUs/HCs	51%	50%		44%	54%	48%	76%	52%	77%	57%	82%		67%	76%	
	Among 25 Lying in Clinics in NCR	0%	0%		80%	100%	80%	72%	80%	65%	80%	69%		88%	89%	
	Among private lying-in clinics													96%	97%	
cumulative	Number of LGUs/Cities provided with TA on DQC by capacitated DOHRO or as a result of capacity building efforts of LuzonHealth															
cumulative	Number of LGUs/Cities provided with TA on SMRS by capacitated DOHRO or as a result of												This is a cumulative indicator, which includes those accomplishments since project start until the current reporting period.			

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	capacity building efforts of LuzonHealth															
cumulative	Number of LGUs/Cities provided with TA on FP-MCH Integration by capacitated DOHRO or as a result of capacity building efforts of LuzonHealth															
cumulative	Number of Provinces/ Chartered Cities provided with TA on FP/MCH Diagnostic Workshop by capacitated DOHRO or as a result of capacity building efforts of LuzonHealth	0	0	0	9	8	13	11	18	12	18	12	This is a cumulative indicator, which means that accomplishments from the time the project has started up to the reporting period is cumulated and reported. Low demand led to low accomplishment			
cumulative	Number of DOHROs trained on outsourcing and management (particularly TOR development)	0	0	0	0	2	4	3	8	4	8	4	This is a cumulative indicator, which means that accomplishments from the time the project has started up to the reporting period is cumulated and reported			
cumulative	Number of USG-assisted facilities implementing FP-EPI Integration	0	0	0	15	15	57	13	61	63	61	63	This quarter, FP EPI integration is continuously being implemented in the 63 facilities across LH sites.			

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	**Project component**	**Baseline value**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp**	**Remarks**	**Target**	**Accomp. end Sept 2018**	**FY6 Remarks**
cumulative	Percent of LGUs utilizing PhilHealth (FP/MCH) reimbursement per guidelines							45%	40%	59%	51%	64%	This indicator was included in FY 2015, thus no targets yet in FY 2013 and FY 2014. For this quarter, 89 % of LGUs with MCP accredited facilities have received a share from either FP or MCH reimbursement and more than 100% against end of project target. Increase in the accomplishment is due to an increase in the number of facilities that was supported for MCP accreditation that utilized FP/MCH reimbursements. The project will continue its efforts to collaborate with the concerned LGUs without LTO yet, to secure their license to operate to be able to renew their MCP accreditation in 2017.			
	MCH reimbursements only							78%		88%		89%		80%	88%	Covers 12 sites only
cumulative per year	Percent of LGUs conducting Data Quality Check (DQC) annually							84%	51%	99%	51%	100%	This indicator was included in FY 2015. For this quarter, 100 % of the 384 LGUs/cities covered by the project have conducted DQC on selected FP/MCH indicators to ensure quality data and reports. Project performance against EOP value is 196%. Based on EOP target, 50% of the total LGUs is expected to sustain DQC implementation, but more LGUs have actually continued it through their own initiatives.	100%	100%	Covers 12 sites only
cumulative per year	Percent of budget in DOH Regional Offices utilized for FP/MCH							0%		0%		0%	c/o HPDP. This indicator was included in FY 2015. No final agreements made yet by the inter-CA TWG on the indicator definition and method of collection, due to some concerns on data availability and willingness of partners to share such information.			
Outputs in Strengthening Demand																
cumulative	Total number of trained health providers on IPC/C (Physicians Nurses and Midwives in	3,518	3,974	3,642	4,404	4,380	4,619	5,030	4,834	5,608	4,834	6,324				

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	all RHUs/HCs/ Public Lying in Clinics															
cumulative	Number of health providers who are trained on IPC/C (STAND ALONE)	0	156	0	233	81	311	464	311	1,027	242	1,461				
cumulative	CHSR Training for CHT	0	0	123	870	5,788	1,090	6,795	1,090	8,324	1,090	8,836	Figures reported include the number of BHWs/CHTs trained on CHSR recording and reporting tool from Tarlac, which is an improved version of the tool tailored to their needs. CHSR is a demand-driven TA and target was based on those LGUs who			
	CHSR Training for Midwives	0	0	0	174	176	218	281	218	859	218	859				
cumulative	Number of youth trained as peer counselors for health	0	148	0	221	132	295	427	610	587	610	791	Cumulative indicator that includes accomplishments since the project started up to the reporting period. There is a need to train additional peer ed regularly since some of them may have graduated so they have to be replaced to ensure sustainability of the THKs.			
Outputs in Improving Supply																
	Number of health providers trained on FP/RH with USG funds per type of training												Cumulative indicator that includes accomplishments from the time the project has started up to the reporting period.			
	PSI Skills Training (Physicians in RHUs/HCs)	0	206	0	309	0	361	169	386	169	412	169	Cumulative indicator that includes accomplishments from the time the project has started up to the reporting period. Trainings has stopped due to the issuance of TRO.			
	Private			0		0		3		3		3				
	All Others			0		24		193		193		193				
	Total Trained	0	206	0	309	24	361	365	386	365	412	365				
	BTL MLLA												Cumulative indicator that includes accomplishments from the time the project has started up to the reporting period. As part of the TA on "FP in the Hospital', additional providers will be trained to provide LARC/PM services.			
	Trainers	0	12	0	18	2	21	2	23	20	24	24				
	Physicians (in LGU hospitals)	0	20	0	29	13	34	18	39	36	39	45				
	Physicians (in	0	13	0	20	0	23	11	26	15	26	17				

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	DOH-retained hospitals)															
	Private			0		0		0		0		0				

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	All Others			2		11		17		17		17				
	Total Trained	0	33	2	49	24	57	46	65	68	65	79				
	PPIUD												Cumulative indicator that includes accomplishments since the project has started until the reporting period. The project has over accomplishment against its EOP target of trainers. However, there is still a need to train more health service providers (midwives) in birthing facilities and hospitals to cover the 3 shifts			
	Trainers	0	12	0	18	0	21	22	23	36	24	49				
cumulative	Nurses in RHUs/HCs (birthing)	0	20	0	30	6	41	16	81	22	122	25				
	Midwives in RHUs/HCs (birthing)	0	117	0	175	28	233	56	467	83	700	112				
	Private			0		0		1		16		18				
	All Others			0		71		154		252		360				
	Total Trained	0	137	0	205	105	274	227	548	373	822	515				
	FPCBT 1: Total Health providers trained	3,518	3,974	3,642	4,404	4,380	4,619	5,030	4,834	5,608	4,834	6,324				
	FPCBT 2 (Interval IUD)												Cumulative indicator that includes accomplishments since the project has started until the reporting period. The low number of nurses trained is because only midwives are certified as IUD providers by PhilHealth thus the disinterest of nurses to be trained			
	Trainers											4				
	Physicians (in HCs in NCR)	293	18	0	26	0	31	0	35	0	35	0				
	Nurses (in RHUs)	385	159	1	238	10	278	22	318	28	318	28				
	Midwives (in RHUs)	1,207	159	24	238	58	278	148	318	158	318	158				
	Private			0		0		17		17		23				
	All Others			5		5		17		28		33				
	Total Trained	1,592	318	30	477	73	556	204	636	231	636	242				
	Number of health providers trained in MCH with USG funds												Cumulative indicator that includes accomplishments since the project has started until the reporting period. Marked increase in accomplishment due to requirements of DOH for LMT Training prior to LTO issuance.			
	LMT												Midwives prioritize for LMT because they are the front liners of the facilities and is in close contact with Post-partum women.			
	Trainers	0	No Targets	0	No Targets	0	No Targets	32	No Targets	54	No Targets	54				
	Nurses (in birthing RHUs/HCs)	0	145	0	218	6	254	74	272	136	290	138				
	Midwives (in birthing RHUs/HCs)	0	145	0	218	31	254	168	272	335	290	350				
	Nurses in Public Hospitals	0	86	0	129	77	151	101	161	154	174	154				
cumulative	Midwives in Public Hospitals	0	86	0	129	13	151	24	161	42	172	42				
	Private			0		3		179		234		236				
	All Others			0		72		297		439		516				

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	Total Trained	0	462	0	693	202	809	843	866	1,340	926	1,436				
	BEmONC for Midwives (in Birthing RHUs)	0	482	0	722	20	843	140	963	230	963	236	This is a cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period. The project started training in 2015 only because the project was waiting for final Training manual from DOH. DOH has not expanded yet the training institution for BEMONC. DOH designated training institutions cater to training demand by LGUs, private midwives, DOH ROs, and those supported by development partners. Delayed schedule of PTE			
	Private			0		0		51		73		73				
	BEmONC for Midwives (Total Trained)	0	482	0	722	39	843	247	0	377	963	397				
	BEmONC for Teams (in Birthing RHUs)												This is a cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period.			
	Physicians (in Birthing RHUs)	0	0	0	0	1	0	11	0	13	0	13				
	Nurses (in Birthing RHUs)	0	0	0	0	3	0	9	0	12	0	12				
	Midwives (in Birthing RHUs)	0	0	0	0	21	0	158	0	249	0	255				

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	Private			0		24		55		68		68				
	All Others			0		15		111		159		173				
	Total Trained	0	0	0	0	64	0	344	0	501	0	521				
cumulative	Number of BEmONC Team in Birthing RHUs/HCs	158	166	158	169	159	173	173	186	177	198	177	This is a cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period.			
	Number of BEmONC Team in Hospitals	0	0	0	0	6	0	7	0	9	0	9				
	Number of BEmONC Team in Private Lying in clinics	0	0	0	0	0	0	2	0	3	0	3				
	Total Number of BEmONC Teams Trained	158	166	158	169	166	173	188	186	198	198	198				
cumulative	**Number of USG-assisted DOHROs with improved management capacity in providing technical assistance to LGUs**												This is a cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period. For FP-MCH integration, this has been closely coordinated with the DOHROs in the early years of the project. However, in the process, TA implementation has become a demand-driven intervention and it was directly coordinated with the PHOs/CHOs/LGUs, instead of the DOH-ROs.			
	DQC	0	0	0	8	5	8	8	8	8	8	8				
	SMRS	0	1	1	4	5	8	6	8	7	8	7				
	FP-MCH Integration	0	0	0	1	0	8	0	8	0	8	0				
	FP/MCH Diagnostic Workshop	0	0	0	3	1	8	3	8	5	8	5				
	Outsourcing	0	0	0	0	0	4	3	8	4	8	4				
Cumulative	Number of facilities monitored for ICV compliance		171	105	342	507	514	925	685	1,177	856	1,294	Service delivery point covered by the project have been monitored for ICV compliance. Some facilities were even monitored more than once to ensure strict compliance with policies and ensure quality FP services provision.			
cumulative	**FP Diagnostic Workshop**												Cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period.			
	Trainers	0	28	25	42	55	56	74	140	109	140	120				

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	(assessors)															
	Health Providers Assessed	0	90	80	135	256	180	369	390	589	390	638				
	MNCHN Diagnostic Workshop															
cumulative	Trainers (assessors)	0	28	26	41	26	55	43	132	55	132	55				
	Health Providers Assessed	0	84	77	126	261	168	328	364	391	364	391				
	Number of Health Providers trained in AJA in RHUs	No baseline	538	0	697	223	777	603	816	1,032	856	1,132	Cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period.			
	Private Midwives			0		0		0		7		7				
cumulative	Private (Other types)			0		6		18		18		24				
	Total Private			0		6		18		25		31				
	All Others			0		65		197		305		534				
	AJA (all providers in all types of facilities)	0	538	0	697	294	777	818	816	1,362	856	1,697				
	Number of RHUs with trained staff on Adolescent Job Aid		538	0	697	109	777	316	816	762	856	791				

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
cumulative	POPDEVED public	0	0	0	0	19	80	113	284	113	284	113	Cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period. The decision of Management is to discontinue the conduct of this training because of the need to establish the functionality of the reproductive health services/teen pregnancy prevention for adolescents from the schools to the RHUs and to the Teen Parents' Clinic in hospital among pregnant adolescents. There are very few master trainers equipped in training teachers on the use of POPDEVED modules.			
cumulative	Number of teachers and parents in PTA trained on LPPED			0		0		34	190	36	190	36	LPPED training has been conducted in Benguet in coordination with POPCOM-CAR. Meetings have been made with POPCOM Region IV for them to include the province of Cavite and Batangas in their training plans for LPPED. Unfortunately, funds for this to happen were not available from POPCOM Region IV. The project focused its efforts in establishing the functionality of reproductive health services/teen pregnancy prevention from the schools to the RHUs and to the Teen Parents' Clinic in hospital. Moreover, POPCOM, the developer of LPPED will evaluate the effectiveness of the program.			
	WAH															
cumulative	Training for Trainers (Level 1)	0	0	0	0	36	0	36	0	45	0	45				
	Training for Trainers (Level 2)	0	0	0	0	21	0	21	0	53	0	53				
	Training for Providers (Level 1)	0	100	0	150	116	200	189	410	388	410	446				
	Training for Providers (Level 2)	0	0	0	0	0	0	8	0	28	0	136				
Outputs in Systems Strengthening																
cumulative	**Number of health providers trained on Health Systems**												Cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period. Several providers were trained in the RHUs because different staff are assigned to do monitoring of			
	NOSIRS/															

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	SMRS												commodities/supplies including the dispensing, issuing, and conducting inventories of commodities/supplies.			
	Trainers	0	0	39	0	58	0	88	0	88	0	88				
	RHU-level training/ Training of Users	0	428	63	642	1,017	749	1,829	856	1,917	856	1,952				
	All Others			12		157		277		295		361				
	Total Trained	0	428	75	642	1,174	749	2,106	856	2,212	856	2,313				
cumulative	**DQC**												Cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period. Increase in accomplishments were due to the continuing coaching and training of LuzonHealth even among new staff of the facilities, including among others, RHU/HC new staff, NDP nurses, public health associates (PHAs), newly hired development management officers (DMOs), and FP point persons from the hospitals.			
	Trainers	0	0	68	0	777	0	981	0	1,445	0	1,445				
	Nurses in RHUs	0	910	0	1,365	655	1,593	1,532	1,820	1,816	1,820	2,052				
	Midwives in RHUs	0	2,422	0	3,633	1,758	4,239	3,260	4,844	3,464	4,844	3,634				
	All Others			0		107		313		400		429				
	Total Trained	0	3,332	0	4,998	2,520	5,831	5,105	6,664	5,680	6,664	6,115				
cumulative	**Supportive Supervision**												Cumulative indicator, which includes the accomplishments from the time the project has started up to the reporting period. Some of the targeted health facilities had supervisors that had been trained on Supportive Supervision during HealthGov project. Roles of supervisors were strengthened also in other TA such as the diagnostic workshops, DQC, PTE done by LGU trainers.			
	RHU Personnel	418	605	9	730	213	793	313	825	361	856	370				
	Private			0		0		0		0		0				
	Total Trained	418	605	24	730	250	793	389	825	442	856	478				
	Number of RHUs with trained staff on Supportive Supervision	353	605	358	730	391	793	435	825	458	856	464				

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
Status	Number of Universal Health Coverage (UHC) areas supported by USG investment										3	3		3	3	
	Technical assistance (TA) provided in strengthening the essential package of health services (0=No, 1=Yes)										1	1	All of the provinces/cities were provided support in at least 1 of any of the following FP /MNCHN Training Courses (FP CBT 1, FP CBT 2, BEMONC, LMT) , establishment/strengthening of SDN for FP/MNCHN Services, AJA training, FP in the hospital, Usapan training and IPCC training towards increasing capacities and skills	1	1	
	TA provided for improving quality of health services (0=No, 1=Yes)										1	1	All of the provinces/cities were provided support in at least 1 from any of the following trainings (Supportive Supervision, Diagnostic Workshop, Post Training Evaluation, and MCP accreditation and LTO certification workshop, FP/MNCHN Training courses leading towards accreditation and certification FP CBT1FPCBT2 (Interval and Post-Partum IUD, BTL by MLLA), BEmONC, LMTf, EMMP, AJA training, ICV training and compliance monitoring and CHSR Training towards improving the quality of health services	1	1	
	TA provided to strengthen pharmaceutical system and making safe, quality and affordable medicines and vaccine available, reducing adverse reactions and antimicrobial resistance (0=No, 1=Yes)										0	0		0	0	

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
	TA provided in financial risk protection* (0=No, 1=Yes)										1	1	All of the provinces/cities were provided technical assistance in financial risk protection through completing PhilHealth MCP/NCP accreditation requirements and/or complying to DOH LTO requirements	1	1	
	Health accounts data collection in process or completed using SHA 2011 method (0=No, 1=Yes)										0	0		0	0	
Status	Presence of the Mission support to strengthen Human Resources for Health (HRH)										Yes		LH has provided support to strengthen Human Resources for Health through upgrading skills mix in alignment with health needs of the country and socio-economic development by providing capacity building from at least 1 from any of the following FP /MNCHN Training Courses and trainings to improve quality health services (FP CBT 1, FP CBT 2, BEMONC, LMT , Supportive Supervision, Diagnostic Workshop, Post Training Evaluation, MCP accreditation and LTO workshop. The project was also providing support in Integrating the community health cadre into the formal health system through training and mobilization of BHWs on utilization of Community health Service Record, FP/ANC-EPI integration, and IPC for BHWs	Yes	Yes	
Cumulative per year	Number of women giving birth who received uterotonic in the third stage of labor (OR immediately after birth) through USG-supported programs										2,350	29,765	This indicator will need to be further reviewed, given that a significant number of women were found to be receiving uterotonics, following the DOH guideline. Thus, the initial target setting with USAID need to be revisited. The number only includes data from facilities where a health provider was trained in BEmONC through LuzonHealth.	30,577	37,120	

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	Project component	Baseline value	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp.	Target	Accomp	Remarks	Target	Accomp. end Sept 2018	FY6 Remarks
Status	Number of USG- assisted community health workers (CHWs) providing family planning (FP) information, referrals, and/or services during the year										3,832	7,386	There were 7,386 (193%) CHWs providing FP information referrals, and or/ services through our Community Health Service Records and FP-EPI Integration Strategy. These are from Tarlac (2234) Cavite (1911), Nueva Ecija (948), Pangasinan (1,011), Batangas (533), Laguna (313), Bulacan (82), Quezon (82), Taguig City (71), Rizal (36), Isabela (33), Pasig City (16) and Caloocan City (13), Oriental Mindoro (103).	7,386	8,577	
Cumulative per year	Unmet Need for Family Planning													564,857	260,863	
	Percentage of health service providers certified by DOH as competent FP															
	FP CBT1													30%	29%	
	Interval IUD													37%	35%	
	PPIUD													75%	67%	
	BTL MLLA													76%	76%	
	PSI														30%	
	Percentage of hospitals conducting various in-reach activities													100%	100%	
	Number of outreach services conducted by selected hospitals													28	38	
	Number of adolescents served in 10 hospitals with established TPC															
	Provision of Prenatal Services														4579	
	Provision of Postpartum Services														3015	

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	**Project component**	**Baseline value**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp**	**Remarks**	**Target**	**Accomp. end Sept 2018**	**FY6 Remarks**
	Provision of FP Counseling														4470	
	Provision of FP Services														714	
	Number of SDN with functional referral system													13	13	
	Percentage of accredited facilities with PHIC certified providers for FP by type of facility															Covers 12 priority sites and 63 hospitals
	Total														30%	
	Birthing RHUs/HCs/ OPCs														27%	
	Hospitals														65%	
	Non-Birthing RHUs/HCs														29%	
	Private Facilities														21%	

LuzonHealth Project Performance Indicator Tracking Table, as of end September 2017																
			Fiscal Year 1		Fiscal Year 2		Fiscal Year 3		Fiscal Year 4		Fiscal Year 5			Fiscal Year 6 (Extension Year)		
Type of Indicator	**Project component**	**Baseline value**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp.**	**Target**	**Accomp**	**Remarks**	**Target**	**Accomp. end Sept 2018**	**FY6 Remarks**
	Number of provinces conducting diagnostic workshop as a tool for supportive supervision													12	12	Covers 12 priority sites
Cumulative per year	Number of newborns not breathing at birth who were resuscitated in USG-supported programs													70	1,766	
	Target audience who have heard and/or seen a specific USG-supported FP/RH/MCH message															Covers 20 sites and 63 hospitals
	Both Males and Females														**11064231**	
	RHUs														9566617	
	OPCs														135725	
	Hospitals														1263339	
	Private Facilities														98550	
	Females only														**9584993**	
	RHUs														8156078	
	OPCs														112085	
	Hospitals														1225951	
	Private Facilities														90879	
	Provinces conducting supportive supervision													12	12	Covers 12 priority sites

Key Impacts, Successes, and Challenges during the Project

Key Impacts

LuzonHealth supported efforts to improve the health of families by expanding their access to high-quality, integrated FP and MNCHN. LuzonHealth's partnership with 14 provinces and 7 metropolitan cities resulted in significant achievements throughout the life of the project.

Through project improved the competencies of **over 17,000** HSPs in various FP, maternal and child health, and health systems skills and ensured adequate supply of FP commodities in health facilities. Through its work, LuzonHealth built the capacity of **1,076 public HCs** and **private clinics** and **63 public hospitals** as FP service delivery points. About 300 of these facilities were assisted in obtaining PhilHealth accreditation to enable them to receive reimbursements for the maternity and newborn care services provided. This ensured that after the close of the project, health facilities participating in SDNs are well-equipped to provide the needed services.

With LuzonHealth assistance, **13 SDNs** are now fully functional, ensuring that clients receive appropriate care at the appropriate health facility as a result of a functional referral mechanism. LuzonHealth also helped strengthen the FP program in **63 public hospitals**, 10 of which also set-up a TPC to cater to the RH needs of young parents and pregnant teen mothers. Eight regional hospitals were also developed as FP training institutions.

With the health providers and facilities ready to serve clients, LuzonHealth helped generate demand for services by scaling up facility-based and outreach group discussions on FP and safe motherhood, which end with counseling and service provision. These discussions, known as enhanced *Usapan,* have reached around 67,000 mothers, providing them with FP information—over 80% of these mothers decided to use an FP method after the *Usapan*.

LuzonHealth developed the CHSR and the FP/ANC-EPI integration strategy, which is a tool used by community health teams and BHWs to identify priority households and members in the household with unmet need for FP and MNCHN services. Once identified, the health teams or Barangay workers refer the clients to appropriate health service providers or facilities for more information, counseling, and needed health services. By project end, a total of 8,836 BHWs from Pangasinan, Tarlac, Nueva Ecija, Bulacan, Albay, Cavite, Laguna, Batangas, Rizal, and Quezon provinces were trained in the use of the CHSR; the tool is widely utilized in selected municipalities in the abovementioned provinces. Furthermore, 63 facilities use the FP/ANC-EPI integration strategy to identify women of reproductive age with an unmet need for FP.

In line with USAID's Cities Development Initiative goal of achieving improved health and productivity by providing FP/MNCH services, LuzonHealth worked closely with the USAID-funded Strengthening Urban Resilience for Growth with Equity Project, CHD V, and Legazpi CHO in raising youth awareness of and increasing access to RH services.

LuzonHealth, in collaboration with the DOH and PHOs, supported the strengthening of the management and functionality of the FP SDNs in the provinces of Albay, Batangas, Bulacan, Cagayan, Cavite, Isabela, Laguna, Nueva Ecija, Pangasinan, Quezon, Rizal, and Tarlac, and the cities of Caloocan, Malabon, and Quezon.

All these accomplishments contributed to an increase in the number of current FP users: from 1.5 million in 2013 to 2.1 million in 2017. The number of new FP acceptors also increased from 2013 to 2017 from about 361,000 to 475,000.

Key Challenges

Key challenges throughout the life of the project centered around the availability of trainers and maintaining trainers' competencies, scheduling and availability of stakeholders and local partners, structural changes within the government, including policy and staffing changes, and availability and expenses of treatments and stock-outs.

Availability of Trainers and Maintaining Trainers' Competencies

Early in the project, LuzonHealth experienced constraints and challenges meeting the demand of the trainings required to scale-up various activities. Among these challenges were hinderance around the number and availability of trainers due to conflicting schedules and priorities and the number of qualified, competent trainers. For example, the rapid turnover of service providers led to the CHD, PHOs, and CHOs not having enough trainers to conduct the training courses, especially in FPCBT. For **PPIUD training**, the challenge was the lack of standardized tuition fees and the conflict of schedules among trainers. In the later project years, there were gaps in clinical training outputs compared to the original target. The project, in coordination with the CHDs, PHOs, and CHOs, prioritized training courses that contributed to building SDP capacities, particularly for hospitals, private clinics, and other RHUs and HCs with a large number of potential clients with unmet need for FP. The project also encountered delays in engaging the LTAPs, which resulted in backlogs of clinical training. Gaps in clinical training outputs continued to exist at project end because in its last year of implementation, the project prioritized scaling up the training of facilitators for the enhanced *Usapan* to increase demand for FP and improve service utilization. Other reasons for the gap in performance were the large number of HSPs needing training, the need for a cascade training in FPCBT where nurses and midwives needed the FPCBT Level 1 before they could be trained in FPCBT 2, the lack of trainers and preceptors, and competing priorities of LGUs and CHDs.

Likewise, the project prioritized training courses needed to build the capacity of hospitals and public and private birthing facilities to provide quality FP services. Moreover, clinical training courses rely heavily on a limited number of training institutions and participants per course are limited (10 to 12 people per course) to ensure their skills and knowledge competency. Thus, the project worked on increasing the number of training institutions by conducting training of trainers courses in PPIUD for Quezon City Health Department (QCHD) and in PPIUD and BTL-MLLA for the LGU hospitals of Laguna and Oriental Mindoro.

Challenges around sustained competencies were due to rigid internal hospital processes, which often interfered with the project's ability to provide training; availability of qualified trainers and the supply of trainers to meet demands; hesitance by DOH leadership allowing PHO staff to attend training; conflicting schedules, which led to unqualified people attending trainings; and unreceptive hospital leadership to training activities. By year six, the project experienced challenges resulting from not conducting PTE within the required six-month post-training period, which resulted in non-DOH certification, lack of PhilHealth accreditation, and inability to identify FP providers.

Scheduling and Availability of Stakeholders and Local Partners

Availability of stakeholders and local partners due to conflicting schedules and priorities was a continuous challenge. The DOH implements several public health programs through the LGUs. Oftentimes, a CHD/LGU program coordinator manages at least three programs, which have competing activities that all require the coordinator's attention. This situation usually leads to either postponement or cancellation of planned activities. Ultimately, the project had to postpone activities due to schedule conflicts between the CHDs, PHOs, CHOs, hospitals, and municipal/city participants. Because of some delays in the confirmation of schedules, other LuzonHealth rescheduled other workshops. There were overlaps in some activities because of the simultaneous program activities being conducted at the regional, provincial, municipal/city, and *barangay* levels.

Delays in the confirmation of schedules resulted in the project having very limited time to communicate with participants and prepare for the activity. However, a number of activities were still conducted as planned. The project credits this to early preparations and close coordination with the concerned partners at the CHDs, PHOs, CHOs, hospitals, and LGUs.

Structural and Policy Changes within the Government

Structural changes and staffing challenges in government organizations, as well as changing policy and government guidelines affected project implementation. Specifically, the reorganization of PHO and local city officials and changes in DOH leadership at the central and regional levels caused delays in project implementation. For example, in year three, the implementation of DOH's Rationalization Plan led to the early retirement of experienced program managers and trainers. In their place, the government hired inexperienced and, often, untrained CHD staff. Additionally, in year five, LuzonHealth witnessed the transition to the incumbent national and local government officials and the attendant changes in the DOH leadership. The apprehension and uncertainties brought about by changes in the political environment, especially relative to FP program directions and implementation, were, initially, very palpable but later realized to be unfounded.

Despite these challenges, the project identified champions at the national and regional levels to avoid disruptions in the conduct of project activities and carried out project orientation for new program managers. The project continuously coordinated with CHDs and PHOs for training of trainers and engaged short-term technical assistance or LTAPs to support partner CHDs and PHOs in the conducting training courses, especially on LMT and FPCBT Level 1. Additionally, LuzonHealth, together with Health Policy Development Program (HPDP), assisted POPCOM to hold a consultative workshop to review the guidelines and ensure that they were clear and could easily be understood by field staff.

The issuance of Executive Order No. 12 in January 2017 provided further impetus to project efforts and simultaneously increased the project's role and relevance as a technical assistance provider in the realm of FP/MNCH.

Supply Chain and Treatments: Availability and Expenses

Persistent challenges for the project centered around the allowability of drug procurement, limited suppliers and strict guidelines, treatment expense, delays in the distribution of FP commodities resulting in stock-outs at the facility level, and refusal of some LGUs to perform treatments, such as

PSI insertion despite the lift of the temporary restraining order, which limited the range of FP methods available to clients.

In some cases, hospitals were not given FP commodities, particularly IUDs, and some hospitals experienced an inadequate supply of narcotic drugs needed to perform BTL. Despite these challenges, the project worked to identify hospitals in need of logistics to training and link them with CHD for assistance. Additionally, itinerant teams from the DOH-retained hospitals provided narcotic drugs for BTL during outreach services at district hospitals and made clear to referring units the total number of clients that can be provided BTL services in any one day. The CHDs also allotted funds for narcotics and other drugs for permanent FP methods.

Human Resources for Health (HRH)–retention: LuzonHealth built the capacities of SDPs (e.g., RHUs, HCs, DOH-retained and LGU hospitals, and private clinics) to provide quality FP services—the project exceeded its end-of-project target by 7%. However, HRH continued to be an issue because of trained personnel that retired, transferred, or resigned, as well as stock-outs of commodities that frequently affect the number of SDPs.

The three major challenges in **year six** included (1) delays in the distribution of FP commodities resulting in stock-outs at the facility level; (2) refusal of some LGUs to PSI insertion even after the TRO was lifted; and (3) non-conduct of PTE within the required six-month period post-training.

Major Lessons Learned

The lessons learned revolve around three priority areas, which include

1. Greater focus on increasing demand for FP/MNCH services.
2. Ensuring that the efforts to improve access to services encompasses the broader theory of change efforts toward the functionality of the SDN and that the health system that has the foundation to support the SDN.
3. The importance to place on three core overlapping threads: gender, CLA, and leadership and management of national to decentralized decision-making.

Increasing Demand for FP/MNCH Services

LuzonHealth had great success implementing an enhanced *Usapan*. Through linking the communication activities with services, *Usapan* participants were more successful in achieving their FP goals. One success lesson was the connection of FP counseling to the availability of FP methods of the client's choice. As demand-side activities continue, projects need to assure that counseling is linked to immediate FP supply side activities.

Challenges in this area centered around inadequate acceleration plans, uncoordinated efforts to map unmet FP need, and the low-scale of demand-generation activities. Future efforts should focus on streamline mapping through BHWs and Nurse Deployment Program (NDP) nurses, increased *Usapan* sessions, and house-to-house FP provision. Overall, there needs to be a greater emphasis on demand.

Improve the Supply of Services through a Functional SDN

Aligning maternal and newborn care with relevant government strategies and policies creates a sustainable service. FP in hospitals demonstrates the importance of establishing and institutionalizing FP programs rather than simply installing FP services. To ensure sustainability of these programs, management support and buy-in from all hospitals are essential and should be prioritized and established prior to implementing an FP initiative.

LuzonHealth made strides with FP in hospitals, yet there are remaining opportunities, such as (1) low postpartum FP uptake versus deliveries, (2) missed potential earnings, and (3) lost revenues. Future efforts should continue to focus on intensifying in-reach activities and strengthening provider coverage and skills in PPIUD, as well as expediting PhilHealth accreditation with stakeholders (e.g., Hospital FP core team, PHO FP staff, and CHD FP staff) who are involved in every step.

SDN functionality was a priority for the LuzonHealth Project. The project learned that SDN functionality depends on the steering role of the tertiary (apex) hospital. Continued efforts should focus on strengthening the CHD and PHO management team, SDN management team, PHOs, and CHDs. District-level hospitals continue to have weak links (e.g., lack specialists, facilities, and equipment) within SDNs, resulting in unnecessary upward referral to tertiary apex hospitals.

Therefore, it is key to include a proper budget for primary hospitals in the Provincial Health Plan. Provincial local government unit (PLGUs), provincial, and district hospitals that allows for adequate finances to cover FP implementation.

Efforts to strengthen local policies and health systems for a functional SDN should focus on interventions that remove policy and system barriers toward a more sustainable supply and demand for service. Despite the abovementioned challenges in health policy and governance, a fundamental lesson learned LuzonHealth was to ensure that local partners led programming. LuzonHealth learned to avoid disruptions in the conduct of project activities by identifying champions at the national, regional, and provincial levels. The project coordinated with CHDs and PHOs to provide support in capacity building, coordinated across HPDP, and assisted POPCOM to ensure harmonized implementation project activities.

LuzonHealth's technical support allowed LGUs to ensure financing for FP/MNCH services is sustained and the poorest populations have access after the project ends. The project learned that strong collaboration with PhilHealth, emphasizing data quality and provider and facility accreditation, enables greater access to care. These efforts paved the way for LGUs to support the DOH's full implementation of the UHC Act. Notably, under this new law, the PhilHealth package for members will not be reduced, which allows for MCP, NCP, and FP packages to continue being provided under the DOH.

Gender

Across the project's scope there were several initiatives that looked at ways to integrate gender, such as audience segmented enhanced *Usapan*, respectful parenting, and teen peer education support.

However, data from years two and six showed that attending one training had little effect on participants' gender beliefs. Out of 2,629 individual PTEs, 972 people (37%) increased their

agreement that women should be equal to men, 841 (32%) had no change in opinion, and 789 (30%) had decreased agreement. It is worth noting that of those who presented no change, the majority of respondents (2,498; 95%) had a high positive score, meaning that they already held positive beliefs on women's equality.

The project's learnings from tracking this data are as follows:

- There is need for a more nuanced way of monitoring changes in gender beliefs, which are unlikely to change in just one training session.
- Indicators must account for and more accurately represent those who already have a positive attitude toward gender.
- Gender disaggregation of responses proved difficult as some participants neither listed their names nor indicated their gender.
- Pre- and post-tests are highly susceptible to social desirability bias (i.e., respondents give what they believe are the appropriate responses).

Although the project made advances in gender, more robust gender transformative approaches are needed to eliminate gender disparities in access to and the provision of FP/maternal and neonatal health (MNH) information and services. Furthermore, gender belief transformation should go beyond project activities or trainings. It should also focus on the gains/outcomes related to an individual's well-being, an HCs ability to provide service to all, and the inclusion of government entities.

CLA

LuzonHealth's CLA and data-driven decision-making approaches helped ground project implementation using its MERLA approach. Further investments should integrate the culture of learning and adaptive management and include OR to validate evidenced-based implementation. Moreover, LuzonHealth's best practices, such as pause and reflect sessions, should be incorporated as purposeful opportunities to learn and adapt for needed course corrections over the life of a project.

Leadership and management of national to decentralized decision-making

Building the leadership and management skills of the project's local counterparts was a core principal to LuzonHealth's implementation. The project's successful results could not have been achieved without strong and consistent collaboration with local partners. During the planning stages, the project worked with GOP national stakeholders, the DOH Family Health Office, operational clusters, the National Implementation Team, national-level TWGs, PhilHealth, and POPCOM. The project also worked with CHD Offices, PHOs, CHOs, MHOs, and LGUs to introduce and implement project activities. Future programming should engage national and LGU collaboration for high-impact, quality client-centered care for FP/MNCH services and strengthened systems.

LuzonHealth Collection of Success Stories

Project Briefs

1. USAID Philippines, Health: Integrated maternal, neonatal, child health, and nutrition/family planning regional project in Luzon (LuzonHealth) Overview
2. LuzonHealth: Increasing Demand to Improve Family Health in the Philippines
3. Improving Family Planning in Hospitals: Experiences and Results from USAID's LuzonHealth Project
4. Strengthening training and capacity building: Experiences from USAID's LuzonHealth Project
5. Strengthening the Referral Mechanism in a Service Delivery Network: Experiences from USAID's LuzonHealth Project
6. Strengthening Financial Risk Projection: How USAID's LuzonHealth Project enabled increased access to PhilHealth-accredited facilities
7. Promoting Family Planning Uptake through Enhanced USAPAN: Results from USAID's LuzonHealth Project
8. LuzonHealth: Strengthening Policies and Systems to Improve Family Health in the Philippines
9. LuzonHealth: Increasing Supply to Improve Family Health in the Philippines

Stories from the Field Series

1. Stories from the field: Family planning for all, expanding family planning services in Luzon, Philippines
2. No teen left behind: Strengthening system to improve the sexual and reproductive health of Filipino teens
3. LuzonHealth, Stories from the Field Volume 2, October 2018
    a. Helping women realize their reproductive intentions
    b. Filling two needs with one deed: Integrating family planning/antenatal care with immunization services
    c. USAID sparks change in a district hospital
    d. Establishing a service delivery network: Public-private partnership at work
    e. Teen Parents' Clinic boosts health services for expectant teenage girls
    f. The Ugoy, Haplos at Aruga Program: A Local initiative to improve maternal and child health
    g. Making postpartum family planning services available and accessible at all times
    h. Optimizing the human resources for health program to reduce unmet need for family planning

i. Breastfeeding support groups help sustain exclusive breastfeeding practice in Albay

j. Delivering faster, more efficient maternal health care to more pregnant mothers through systematic patient record tracking and sharing

k. Supportive supervision boosts competence of health workers

l. Enhanced community health service record helps volunteer health workers track the health status of community members

m. Taking data quality check to another level

n. From byte to insight: Improving local health decision-making through electronic health records

o. A rural health clinic gains accreditation and reimbursements from the National Health Insurance Program

p. Better financing mechanism improves the quality of family planning services

The project's success stories and publications emphasize the distinct high-impact practices that it employed throughout implementation. This includes improving HSP competencies in FP, MCH, and health system skills; ensuring adequate supplies of FP commodities in health facilities; establishing 13 functional SDNs; strengthening FP programs in public hospitals, including some TPCs; generating demand for services by scaling up facility-based and outreach group discussions on FP and safe motherhood that end with counseling and service provision; developing the CHSR and FP/ANC-EPI integration strategy; and raising youth awareness of and increased access to RH services.

The project summarized the selected the success stories to provide definitive examples of how the high-impact practices of LuzonHealth were translated into action and outcomes.

Year 2: Adolescents in Mankayan

Recognizing the need to address the increasing incidence of teenage pregnancy in Mankayan, the Mankayan MHO sought assistance from the PHO and LuzonHealth in improving its adolescent health and youth program. In response, LuzonHealth and the Benguet PHO, in collaboration with the DOH Cordillera Administration Regional Office and the Mankayan MHO, conducted focus group discussions among the different stakeholders to identify risky behaviors and factors leading to early pregnancy and marriage among adolescents. To improve the Mankayan MHO adolescent and youth health program, the Local Chief Executive organized the AYHP TWG to plan and develop strategies in addressing the adolescent-related health problems based on the results of the focus group discussion. An Executive Order supported the AYHP plan and, in January 2013, the plan was presented where AYHP TWG members pledged their commitment and announced their planned activities.

In support of the Mankayan AYHP plan, LuzonHealth helped conduct training of public high school teachers and guidance counselors on population and development education, IPC/C, and peer education training for selected public high school students. In collaboration with the Benguet PHO and the DOH Cordillera Administrative Regional Office, LuzonHealth assisted Mankayan in conducting the Adolescent Health Fair. Mankayan adolescents and different stakeholders

attended/participated in the health fair, which provided a venue for health education classes, basic health services, and counseling to adolescents, as well as pregnant women and couples.

LuzonHealth, together with the MHO, went on to profile all the public high schools of Mankayan by collecting information on the characteristics and behavior of students and the interventions of schools for adolescent problems. Along with the other developments and activities, the project used these inputs to recalibrate Mankayan's AYHP Plan.

Year 3: Data Quality Collection

Malabon City was one of the project sites in the NCR. It had 21 health centers, 17 physicians, 17 nurses, and 25 midwives. The city implemented about 20 health programs, each with an assigned Program Manager (doctor) and Program Coordinator (either a nurse or midwife). In the past, the FP and MCH Program Managers gathered the midwives, who are also the point persons for the FHSIS to ensure the submission of the monthly FHSIS report by each health center. In July 2014, LuzonHealth organized a training of trainers on DQCs for HSPs: four nurses, one midwife, and two doctors from the Malabon CHO were among the participants. The trainees from Malabon subsequently rolled out the training to 21 nurses, 16 physicians and 23 midwives. Subsequently, the monthly gathering became a venue to conduct DQC or validation of FP/MNCH data from the FHSIS report using the prescribed guidelines discussed in the DQC training. Starting January 2015, the monthly meeting was further redesigned to include DQC and collective assessment of program accomplishments based on the quality checked or validated data.

Year 4: SMRS in Nueva Ecija

An important focus for Luzon Health was ensuring high-quality FP commodities reached their target users—especially the poor. To do this, LGUs needed to have an efficient and effective logistics management system to properly select and forecast the commodities for distribution, identify funding sources, procure products, and deliver them to health facilities and clients in a timely and reliable way. To enable LGUs to effectively implement this cycle, LuzonHealth trained LGU staff in the implementation of the SMRS. Nueva Ecija was one of the provinces that implemented the SMRS. In 2014, all of its 64 RHUs or HCs and 10 public hospitals were trained in SMRS. By project end, about 91% of its RHUs or HCs were implementing SMRS.

[redacted] the Province's FP Coordinator, shared, "Conducting family planning services in the province is quite difficult. Many of the RHU or HC staff have to handle many clients a day, in addition to their other administrative tasks. The SMRS helps them because it reduces the time needed to track commodity flow within their facilities." PHNs are usually the RHU or hospital's SMRS focal persons. All the RHUs implement SMRS, but not all use its five recording forms: daily stock record, daily dispensing record, daily stock issue record, baseline physical inventory and drug expiration record, and monthly physical inventory and drug expiration record. The RHUs sometimes run out of forms, so some improvise forms that roughly follow the SMRS ones. [redacted] shared that [redacted] coaches and mentors RHUs and CHOs in SMRS during their regular monthly meeting, which happens every second Tuesday of the month. "I usually coach one or two PHNs during these meetings in using the SMRS forms."

[redacted] the SMRS Focal Person of the RHU in Licab Municipality noted how an RHU normally runs the SMRS. When new FP commodity stocks are delivered to the facility by the DOH Central Office, the PHN uses the daily stock record to record the delivery. He or she writes down the quantities and types of commodities received by the RHU in this form. When the PHN needs to provide FP commodities to midwives or to *barangay* HCs, he or she uses the daily stock issue record, which specifies the name of the midwife or *barangay* HC that was issued the FP commodities. It also includes the name and quantity of the commodity issued. When the RHU or CHO provides a commodity to an FP client or user, the PHN uses the daily dispensing record to document the quantities dispensed to each client. The PHN uses the monthly inventory and drug expiration record the final count at the end of the month, when she or he counts the actual stocks left. This is compared with the daily stock record to check for discrepancies. [redacted] noted, "However, we now send quarterly consumption reports to the Central office, instead of monthly reports."

Year 5: THK–Creating Greater Access to Information

In February 2016, the QCHD established another THK in the National Government Complex HC in Barangay Commonwealth. This is in the city's second district where the highest incidence of teenage pregnancy was recorded in 2015. The THK functioned as a one-stop community-based facility that provides a comprehensive and holistic approach to youth development and sexual and reproductive health. Aside from its main purpose of educating youth on teenage pregnancy prevention, it also aims to help pregnant teens receive proper medical attention as they are vulnerable to various complications. Under the supervision of the QCHD, Venice, a nurse at the Teen HealthQuarter in Quezon City and her team manage and operate the Commonwealth THK, which conducts medical services, provides information, leads education and values formation programs, offers psychosocial counseling, and gives medical referrals. THK works closely with the Barangay HC, whose doctor and dentist are assigned to accept consultation and provide service to the THK's adolescent clients every Wednesday. The Barangay nutritionist is assigned to the THK every second and last Thursday. Through this partnership, the THK provides a wide range of medical services, such as general health check-ups, dental care, skin care, and weight management. To reach more teens with adolescent and RH information, the THK also partnered with nearby schools and community groups to conduct information campaigns and outreach activities on topics, such as teenage pregnancy prevention, the dangers of drug and substance abuse, and the importance of a healthy lifestyle. During these activities, the THK invites and encourages more youth to visit the Barangay HC and use its services.

Year 6: Taguig City: FP and Immunization–Making it Convenient

[redacted], a 31-year-old mother of five children, brought her 3-month-old child, [redacted] for his scheduled immunization at the Barangay Wawa Health Center in Taguig City. While queuing for her youngest son's immunization, a city health worker interviewed her about her FP practice.

[redacted] noted (as translated from Filipino)," The city health worker asked me whether I was practicing FP. I told her that I have always wanted to, but I always deferred it. But now, I already have five children, and I think they are enough. She then talked to me about the different FP methods that I could use, and I chose the injectable."

After being counseled, [redacted] was immediately given a shot of DMPA, an injectable contraceptive that effectively and safely prevents pregnancy for up to three months.

[redacted] was one of the more than 20,000 mothers in the city who received FP information when they brought their children to health centers to be immunized between October 2016 and June 2018. With assistance from LuzonHealth, since 2013 the city has integrated FP and ANC messages/services during child immunization days. This approach has contributed to remarkable improvements in the city's FP and MCH indicators, particularly in the contraceptive prevalence rate, which tripled from 9% in 2013 to 40% in 2018.

Recommendations for the Future

Forward looking programming for FP/MNCH should ensure core elements, as noted below.

Increase demand for FP/MNCH services

Increase efforts in demand-focus and social behavioral change to ensure health choices are provided to women, men, and youth. Future efforts can focus on streamline mapping through BHWs and NDP nurses, increased *Usapan* sessions and house-to-house FP provision, and an overall greater emphasis on demand. Additionally, adolescents should be more and better involved in the design of services for their benefit.

Improve the supply of services through a functional SDN

Aligning maternal and newborn care with relevant government strategies and policies creates a sustainable service. This includes the establishment of functional and standardization of SDNs, as well as building the capacities of the DOH, POPCOM, and local society that can increase the skills of health providers at the regional, PHO, CHO, and health facilities levels.

Expansion must continue for all methods of FP, support of broader FP establishment in the hospitals, LARC and LAPM efforts, and scale-up of adolescent teen clinics.

Efforts need to persist to strengthen the health systems at large and ensure health systems domains, such as HRH, health management information system, DQC, supply and logistics management, health governance, and health financing, are interconnected. To ensure sustainability of these programs, leadership and management support of facilities along the SDN and buy-in are essential and should be prioritized and established prior to implementing an initiative.

Cross-Cutting

Gender

More robust gender transformative approaches are needed to eliminate gender disparities in access to and provision of FP/MNH information and services. Furthermore, gender belief transformation should go beyond project activities or trainings. It should also focus on the gains/outcomes related to an individual's well-being, an HCs ability to provide service to all, and the inclusion of government entities

CLA

Further investments should integrate the culture of learning and adaptive management and include OR to validate evidenced-based implementation. Moreover, LuzonHealth's best practices, such as pause and reflect sessions, should be incorporated as purposeful opportunities to learn and adapt for needed course corrections over the life of a project.

Leadership and management of national to decentralized decision-making

Leadership and management of local counterparts cannot be overemphasized. The involvement of local stakeholders should occur at all levels and throughout the life of the project. During the planning stages, we worked with the GOP, national stakeholders, the DOH Family Health Office, operational clusters, the National Implementation Team, national-level TWGs, PhilHealth, and POPCOM. We also worked with CHD Offices, PHOs, CHOs, MHOs, and LGUs to introduce and implement project activities.

[redacted]

[redacted]

[redacted]

[redacted]