ReachHealth

Improved Health for Underserved Filipinos: Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms (FP/MNH ICP)

December 1, 2018 – March 31, 2019 Quarterly Report

Cooperative Agreement No. 72049218CA00009

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Implemented by: RTI International

Partners: Johns Hopkins-Center for Communications Programs

Duke Global Health Innovation Center

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List of Acronyms

AF	adolescent-friendly
AFH	adolescent-friendly hospitals
AIP	Annual Implementation Plan
AIS	advance implementation site(s)
AMELP	Activity, Monitoring, Evaluation and Learning Plan
BLHAD	Bureau of Local Health Assistance and Development
BTL	bilateral tubal ligation
C	cancelled
CCR	cross-cutting result
CHANGE	Communication for Health Advancement through Networking
CHD	Center for Health Development
CHO	city health office
CHW	community health worker
CLA	collaborating, learning, and adapting
CLAimHealth	Collaborating, Learning, and Adapting Activity
CPD	continuous professional development
CQI	continuous quality improvement
CSO	civil society organization
CYP	couple years of protection
D	deferred
DHIS2	District Health Information System 2
DMPA	Depo Provera
DOH	Department of Health
DOLE	Department of Labor and Employment
DRRMP	Disaster Risk Reduction Management Plan
Duke GHIC	Duke Global Health Innovation Center
ECoP	Employers Confederation of Philippines
FC	fully completed
FGD	focus group discussion
FHSIS	Field Health Service Information System
FP	family planning
FPCBT	family planning competency-based training
FY	fiscal year

GPPI	good practices or promising interventions
HC	health center
HEMB	Health Emergency Management Bureau
HPCS	Health Promotion and Communication Service
HR	human resources
HRH	human resources for health
HRH2030	Human Resources for Health 2030 (project)
ICV	informed choice and voluntarism
IP	implementing partner
IR	intermediate result
IST	in-service training
IUD	intrauterine device
CCP	Johns Hopkins-Center for Communications Programs
LAM	lactational amenorrhea method
LGU	local government unit
LMIS	logistics management information system
LTO	license to operate
M&E	monitoring and evaluation
MCP	maternal care package
mCPR	modern contraceptive prevalence rate
MEL	monitoring, evaluation, and learning
MERLA	monitoring, evaluation, research, learning, and adapting
MISP	Minimum Initial Service Package
MNH	maternal and neonatal health
MTaPS	Medicines, Technologies, and Pharmaceutical Services (project)
NCP	neonatal care package
NCR	National Capital Region
NDHS	National Demographic Health Survey
NFP-BBT	natural family planning – basal body temperature (method)
NFP-CM	natural family planning – cervical mucus (method)
NFP-LAM	natural family planning – lactation amenorrhea (method)
NFP-SDM	natural family planning – standard days method
NFP-STM	natural family planning – sympto-thermal (method)
NGO	nongovernmental organization

NIT	National Implementation Team
NOH	National Objectives for Health
NPFP	National Program for Family Planning
NSV	no scalpel vasectomy
PC	partially completed
PHIC	Philippine Health Insurance Corporation
PhilHealth	Philippine Health Insurance Corporation
PHO	provincial health office
POPCOM	Commission on Population and Development
PSI	progestin-only subdermal implant
ReachHealth	Improved Health for Underserved Filipinos: Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms
RH	reproductive health
RHU	Rural Health Unit
RPRH	Responsible Parenthood and Reproductive Health
SBC	social behavior change
SCM	supply chain management
SDM	Standard Days Method
SDN	service delivery network
SDP	service delivery point
SRH	sexual and reproductive health
TA	technical assistance
TBD	to be determined
TV	television
TWG	technical working group
UHC	Universal Health Care
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USG	US Government
WMHDD	Women and Men's Health Development Division
ZFF-IHLGP	Zuellig Family Foundation – Institutionalization of the Health Leadership and Governance Program

1   Activity Overview

1.1 Activity Information

Activity Name	Improved Health for Underserved Filipinos : Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms (ReachHealth)
Activity Start Date and End Date	December 2018–November 2023
Implementing Partner (IP)	RTI International
Contract/Agreement Number	Cooperative Agreement # 72049218CA00009
Name of Subcontractors/Sub-awardees	Johns Hopkins-Center for Communication Programs (CCP) and Duke University Global Health Innovation Center (Duke GHIC)
Geographic Coverage	**Luzon – 4 regions, 12 sites** Central Luzon : Nueva Ecija, Pampanga, and Angeles Calabarzon: Cavite, Laguna, Batangas, and Rizal NCR: Caloocan and Manila Bicol: Albay, Camarines Sur, and Naga City **Visayas – 2 regions, 9 sites** Western Visayas: loilo, Iloilo City, Negros Occidental, and Bacolod City Central Visayas: Cebu, Cebu City, Lapu-lapu City, Mandaue City, and Bohol **Mindanao – 5 regions, 11 sites** Caraga: Agusan del Norte and Butuan City Northern Mindanao: Bukidnon, Misamis Oriental, and Cagayan de Oro Zamboanga Peninsula: Zamboanga del Norte and Zamboanga del Sur, including Zamboanga City Soccsksargen: South Cotabato and General Santos Davao: Davao City
Reporting Period	December 2018 – March 2019

1.2 Activity Description

Improved Health for Underserved Filipinos: Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms (ReachHealth), is a five-year United States Agency for International Development (USAID) project that aims to strengthen and improve access to critical health services for Filipino families. The project aids Philippine communities to reduce the unmet need for family planning (FP) services and decrease teen pregnancy and newborn morbidity and mortality.

To address these challenges, ReachHealth improves individual, household, and community knowledge and behaviors of FP and maternal and neonatal health (MNH); increases access to comprehensive quality care, including lifesaving maternal and newborn services, and increases the capacity of providers to deliver this care; and strengthens functionality of health systems across governance, finance, human resources (HR), commodity availability, and data. Additionally, ReachHealth aims to generate demand for FP/MNH services and help women, men, and adolescents overcome gender barriers. The project's cross-cutting approach during its implementation includes gender integration; sustainability and self - reliance; and monitoring, evaluation, research, learning, and adapting (MERLA).

Implemented by RTI International, in partnership with the Johns Hopkins-Center for Communications Programs (CCP) and Duke Global Health Innovation Center (Duke GHIC), ReachHealth supports its Philippine counterparts—primarily the Department of Health (DOH), Commission on Population and Development (POPCOM), and the Philippine Health Insurance Corporation (PhilHealth)—to identify and respond to local, root causes of poor FP/MNH outcomes. The project's approach maintains a concerted focus on disadvantaged women, adolescents, and the most underserved. ReachHealth also coordinates and collaborates with civil society and the private sector to identify and respond to FP/MNH problems.

As concurred by DOH and POPCOM, ReachHealth's priority sites include 32 provinces/chartered cities in 11 regions in the country. DOH and POPCOM agreed that these sites are specifically consistent with their priorities, noting the good mix of urban, peri-urban, rural, and geographically isolated and disadvantaged areas with high rates of poverty, unmet need for FP, and weak local government units' (LGUs') implementation of the Responsible Parenthood and Reproductive Health (RPRH) law.

1.3 Key Achievements for the Quarter

Between September 26 (project award date) and December 1st (project start date), ReachHealth staff developed and submitted the project rapid mobilization plan; conducted a co-planning workshop that included USAID, DOH and POPCOM national and regional counterparts, PhilHealth representatives, local government units, civil society organizations' representatives, and USAID Philippines implementing partners; and attended an Award orientation at USAID/Philippines.

Since ReachHealth officially started on December 1, 2018, it has focused on advancing the start-up activities outlined in its approved mobilization plan. All plans required in the Cooperative Agreement were submitted to and approved by USAID, including the Annual Implementation Plan (AIP), the Activity, Monitoring, Evaluation and Learning Plan (AMELP), Sustainability Plan and the Branding and Marking Plan.

ReachHealth's major start-up activity was conducting a series of introductory and engagement meetings with national, regional, and provincial stakeholders/partners. At the national level, introduction of the project was led by USAID through various meetings with the RPRH National Implementation Team (NIT); Field Implementation Cluster Team leaders for Luzon, Visayas, and Mindanao; DOH Office for Public Health Support Cluster, and with POPCOM. ReachHealth and USAID staff conducted joint engagement meetings with the DOH Centers for Health Development

(CHDs) and the POPCOM's Regional Offices in priority regions, as well as provincial health offices (PHOs)/city health offices (CHOs) in the priority sites. During these meetings, USAID representatives and project staff presented ReachHealth's key objectives and activities to the meeting participants, as well as site selection criteria, the theory of change framework, and innovative approaches to reach the underserved population groups. As a result of these meetings, ReachHealth was able to enlist strong support from the national and regional stakeholders, with concrete cooperation commitments for each project objectives. In addition, preliminary schedules were set for the data collection for the baseline activities and the joint microplanning meetings to harmonize ReachHealth's technical assistance (TA) interventions and local priorities that can be supported during fiscal year (FY) 2019.

The meetings also allowed the project to finalize the list of priority regions and sites with full endorsement from the DOH and regional and provincial partners, as well as obtain agreements to co-locate the project technical advisors, such as the Provincial Technical Officers/City Technical Officers and Monitoring and Evaluation (M&E) Technical Advisors in the DOH and LGU offices.

Several research protocols and operational studies were developed during the reporting period. These include data collection for a male engagement qualitative research in Albay, an operational review of implant utilization for calendar year 2018 and corresponding PhilHealth reimbursements at the national level, drafting of the protocol for quality of care study, and drafting of the protocol for formative research to understand motivations for FP use by women and men of reproductive age.

The project's key AMELP activity for the reporting period included finalizing the protocol and tools for the baseline data collection. Baseline data collection began on March 19 and field work is expected to finish in June. As of March 31, data were collected from the provinces of Batangas and Nueva Ecija and covered 65 RHUs and 35 government hospitals. Two Pause and Reflect sessions were conducted with 60 participants from the RHUs and 6 from the PHOs. Project indicators will be set in July, after the results of the baseline data collection are known. An innovative strategy used in the baseline data collection was the use of data utilization workshops to enable the health facility staff to collect, interpret, and analyze the baseline data they provide to the project, identify actions needed by their Rural Health Units (RHUs) to improve the status of their indicators, and identify TA needed from ReachHealth to address their needs.

The ReachHealth team established a positive collaborative relationships with USAID implementing partners (IPs), such as: HRH2030 (for implementation of online continuous professional education), MTaPS for development and implementation of priority supply chain interventions at the regional and provincial levels, ZFF-IHLGP (specifically understanding the scope of each other's TA and identifying common sites. Some of ZFF modules were shared with ReachHealth and ReachHealth attended its colloquium to understand the current health priorities of their graduates.) and with Collaborating, Learning, and Adapting Activity (CLAimHealth; for revision of key indicators definitions and target setting).

The ReachHealth project team anticipates having a total team of about 90–95 staff. The project was 50% staffed at the end of March and will be 75% staffed by the end of April. Regional offices for Visayas and Mindanao have been identified and ReachHealth is in the process of finalizing the necessary lease paperwork so that those offices are operational during the third quarter of the FY19. The project identified a temporary national office and is in the process of securing a permanent office space.

Additional milestones for this quarter include the support provided by ReachHealth to the DOH and POPCOM's compliance to Section 21 of RPRH Act of 2012 through technical assistance in the preparation of the 5th Annual Report on RPRH Law implementation which included the design and conduct of the writeshop and provision of technical inputs to the draft and final report

ReachHealth also supported the USAID Measles outbreak response. With an additional $40,000 funding received from USAID, ReachHealth facilitated the DOH's measles outbreak response in

National Capital Region (NCR) and Calabarzon by supporting outreach activities for population awareness and vaccinations of children aged 6–49 months. This support immunized a total of 14,959 children and reached 16,062 caretakers with information and education on the importance of vaccinations. ReachHealth will continue to support the Calabarzon Region in the next quarter through rapid coverage measles assessments, development of an electronic tracking system, mobilization of additional HR for other affected areas, and information, education, and health communication for public awareness.

2   Performance Status

2.1 Summary of Performance for the Quarter

A.   Performance of Key Indicators[1] by Objective[2]

The indicators under this section include only those that are to be reported on a quarterly basis, based on the approved AMELP. Since ReachHealth was still in the start-up phase during this reporting period, only indicators derived from the Field Health Service Information System (FHSIS) have values; for all other indicators, their values will be determined after the baseline data results are known. In the case of the FHSIS-derived indicators, the reported values refer to the period October–December 2018, given the one quarter lag in the availability of FHSIS data.

Targets for all indicators (except for the couple years protection [CYP]) will be determined after the baseline results are known. This section presents a listing of indicators to be reported on a quarterly basis and does not include an exhaustive analysis of accomplishments or of critical activities to be undertaken in the next quarter. Rather, this is a brief description of key accomplishments to date and key proposed actions for next quarter pertaining to each objective and cross-cutting results. The indicators are not numbered chronologically in the tables below because they have retained their order in line with the ReachHealth AMELP.

Indicators	Baseline	Target	Accomplishment for the Quarter January–March 2019			Cumulative Accomplishment to Date (as of end of March 2019)		
			Target	Actual	%	Target	Actual	%
Purpose (Outcome): Improved health for underserved Filipinos								
2. CYP in US Government (USG-) supported programs		3,000,000 (annual)		580, 059*		3,000,000	580,059*	
3. Unmet need for FP		To be determined (TBD)						

*The 580,059 actual CYPs refers to the CYPs calculated for the period October-December, 2018 for the project 32 priority sites. If extrapolated nationally, this corresponds to approximately 1.3 million CYPs nationwide, in the public sector. We recommend to conduct a review of CYP PIRS and the overall target after the baseline assessment is finalized and after the January to March CYP data are presented in the next quarterly report.

Based on the data coming from the ReachHealth 32 priority sites, more than half million CYPs were recorded as achieved through the FHSIS during the reporting period (FHSIS data pertaining to the

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[1] Include standard (OP/PPR) and high-level indicators for the health project.
[2] Activity objectives are supposed to be aligned with health project sub-purposes as follows: Sub-purpose 1: Healthy behaviors strengthened; Sub-purpose 2: Quality of service delivery fortified; and Sub-purpose 3: Key health systems bolstered and institutionalized.

period October-December, 2018). This is based on the data regarding new acceptors and current users of natural family planning methods and of modern contraceptive methods, including short-acting contraceptives (pills, condoms, injectable), long-acting reversible methods (IUD and implants), and permanent methods (tubal ligation and vasectomy). When extrapolating these data to public sector nationwide (using the proportion of population covered in the 32 priority sites vs. total population of Philippines), it results in a number of about 1.3 million CYPs nationwide for the reporting period

Indicators	Baseline	Target	Accomplishment for the Quarter January - March 2019			Cumulative Accomplishment to Date (as of end of March 2019)		
			Target	Actual	%	Target	Actual	%
Intermediate result (IR) 1: Healthy behaviors (reproductive health [RH]-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations								
5. Number of modern FP users in USG-assisted sites		TBD		2,772,543			2,772,543	
6. Number of new FP acceptors in USG-assisted sites		TBD		127,620			127,620	
Sub-IR 1.2: Improved individual, community, and local civil society ownership/participation in healthy behaviors								
9. Percent of individuals participating in mobilization activities who adopted FP		TBD		0			0	

More than 127k new acceptors were registered in the 32 project priority sites; out of the total 2.77 million current users. See Annex 8.3 for a detailed breakdown of data at the priority-site level, by method.

Analysis of Accomplishments (Objective 1)

Key accomplishments in the reporting quarter include engagement with DOH and POPCOM teams to review the DOH's RPRH new communication plan; DOH intends to hire a creative firm to develop a communication strategy and campaign to inform the public about their rights under the RPRH law. ReachHealth will continue to engage with the DOH to provide technical inputs to the development of the national communication plan. HPCS is eager to work with ReachHealth on the development of a platform for FP messaging or programming past the Inakup TVC and the planned RPRH campaign.

ReachHealth's work with POPCOM includes the review of its current materials and activities on adolescents and youth. The Project will closely collaborate with POPCOM both at the national and regional levels in the human-centered design (HCD) work with adolescents that is scheduled to begin by next quarter.

To inform our work and ensure we are taking advantage of the learnings and best practices from the Philippines and elsewhere, ReachHealth staff conducted a desk review of published and gray literature of FP programs similar to ReachHealth. Over 500 abstracts were reviewed; of these 23 were considered suitable for further analysis. The review also includes materials produced under the CHANGE project and by POPCOM. A final report will be delivered in the next quarter.

ReachHealth team drafted the protocol for the key formative research study to understand motivators and barriers to FP use. This study will be conducted in five sites around the country and will include a number of innovative tools intended to look at respondent's FP journeys and ability to change. Field work will begin in the next quarter.

Proposed Actions for the Next Quarter (Objective 1)

In the next quarter, the team will focus on selecting and training a firm to conduct the SBC formative research. The results of this study will facilitate development of critical messaging and activities to increase FP adoption. Once the results are available, we will bring together key stakeholders at the national and regional levels in a workshop to discuss the findings and prioritize messages. A creative firm hired by the project will develop prototype platforms; the key stakeholders will select the final platform. In the beginning of our work with adolescent and youth-related activities, we will be reaching out to local nongovernmental organizations (NGOs) such as Likhaan to learn about their activities and their creative/innovative approaches as we prepare to implement our human-centered design work with adolescents in the last quarter.

ReachHealth appreciates and acknowledges its need for the continued high-level support of USAID-Office of Health. At the same time, the project will continue to meet with other IPs and stakeholders as it develops the Objective 1 next steps and strategies.

Indicators	Baseline	Target	Accomplishment for the Quarter January - March 2019			Cumulative Accomplishment to Date (as of end of March 2019)		
			Target	Actual	%	Target	Actual	%
IR 2: Quality, client-centered, respectful FP care and services to men, women, and adolescents in underserved areas strengthened and expanded								
10. Percent of USG-assisted service delivery points providing FP counseling and/or services		1,800 SDPs						
Sub-IR 2.1: Increased access to quality health services in FP and adolescent sexual and reproductive health through patient-centered approaches								
11. Percent of women with unmet need for FP identified provided with modern FP		TBD*						

*These data/target will be provided/adjusted after the baseline study.

Analysis of Accomplishments (Objective 2)

To identify potential areas for collaboration for strengthening service delivery and quality improvement, ReachHealth initiated a number of partnership and coordination meetings with DOH, CHDs, partner LGUs, UNFPA, HRH2030, as well as other USAID implementing partners. Following these meetings, several partnership strategies emerged (presented below); these will be considered for the remaining period of the Year 1 of Reach Health.

UNFPA is working with the business sector to establish FP in the workplaces – so the project is exploring the possibility of learning from and working together to identify areas and workplaces that open to implement this initiative. Establishing FP in the workplaces will increase the number of FP service delivery points and increase access of working women and men to FP services. Likewise linking establishments with FP services to existing SDNs in ReachHealth project sites will ensure seamless navigation of clients within the network. UNFPA agreed to work closely with the project in Zamboanga Peninsula where they have several companies implementing the initiative.

HRH2030 is developing the FPCBT e-learning course for midwives and nurses and requested ReachHealth to review and comment on the developed storyboard. Comments and recommendations were submitted, together with request to enhance the course by incorporating gender perspectives and respectful quality FP care and services. The enhanced FPCBT e-learning course has been launched (went live) as planned last March 30, 2019, where ReachHealth was one of those invited to join. The FPCBT e-learning only completed Module I, Provision of Quality FP Services. The remaining modules are still to be developed. On the ReachHealth request to enhance the modules by incorporating gender perspective and respectful FP care and services, HRH2030 requested that we develop the module and submit this to HRH 2030 for further consideration.

Proposed Actions for the Next Quarter (Objective 2)

The project shall schedule another meeting with the UNFPA Project Officer in charge of the FP in the workplace initiative to establish the appropriate details of collaboration in Zamboanga. We will request clearance from UNFPA to join them in their monitoring visits in Zamboanga so we can learn and have a better understanding of their workplace initiative which we can adopt in other ReachHealth project sites.

To increase the number and capacities of adolescent friendly service providers and facilities such as primary care facilities and hospitals the Project aims to provide technical assistance to CHDs and PHOs in establishing adolescent friendly services within SDN networks in project sites.

As part of our innovations, the Project will organize a Grand Challenge competitive grants mechanism that will support new and bold ideas (in form or products, services, campaign, etc) to reduce teenage pregnancy. We will explore and generate new innovative approaches and interventions to reach adolescents, in and out-of-school youth, and disadvantaged groups living in remote areas.
In collaboration with HRH2030, ReachHealth team will begin the process of developing specific content for the gender and respectful FP care and services module. The aim is to add such a module to the e-learning platform established by HRH2030.

Using the result of the baseline data, the project will identify health service providers from the new project sites (e.g. Manila, Pampanga and Camarines sur) needing FPCBT level I training and coordinate with HRH2030 to prioritize these providers for the pilot FPCBT e-learning training.

Indicators	Baseline	Target	Accomplishment for the Quarter January–March 2019			Cumulative Accomplishment to Date (as of end of March 2019)		
			Target	Actual	%	Target	Actual	%
IR 3: National, regional, and local systems and capacities to manage, implement, and sustain FP programs and policies bolstered and institutionalized								
Sub-IR 3.2: FP health systems functions strengthened								
15. Presence of Mission support to strengthen human resources for health (HRH)	Yes	YES	Yes					
16. Percent of health workers who receive in-service training (IST) using non-traditional platforms for continuous professional development (CPD) in FP in USG-assisted sites	0	TBD*						
Sub-IR 3.3: FP supply and logistics strengthened in FP activity sites								
19. Average stock-out rate of contraceptive commodities at FP service delivery points (SDPs)		<10%						
Pills	TBD*							
Depo Provera (DMPA)	TBD*							
Intrauterine device (IUD)	TBD*							
Condoms	TBD*							
Progestin-only subdermal implant (PSI)	TBD*							
Standard Days Method (SDM) beads	TBD*							

* These data will be provided after the baseline study.

Analysis of Accomplishments (Objective 3)

ReachHealth is collaborating with HRH2030 to review the content of the online FP training and with MTaPS on the supply chain activities. The project has conducted a joint-assessment with MTaPS on the supply chain management in CHD5 and PHO Albay and Camarines Sur to identify current gaps and challenges in supply chain management. Operational gaps identified included inadequate capacities with respect to FP forecasting and allocation at the CHD and provincial levels, matching of demand generation efforts with commodity availability, lack of or inadequate funding for LGU-level transportation and distribution of FP commodities, end-to-end logistics management information system (LMIS), and lack of a mechanism for an immediate response system for stock-outs at the facility level. The project has coordinated with Likhaan, an NGO supporting RPRH implementation, to respond to the stock-outs in CHD 9, CHD 12, Cotabato City, and Maguindanao (a non-ReachHealth site) with respect to support in the identification of facilities needing implants. As agreed during the NIT meeting, the Project will assist in identifying provinces/CHD/hospitals needing implants and committing to move them before Sept 2019.

ReachHealth worked with DOH staff and technical experts, POPCOM, and development partners to assist with the development of the 2018 RPRH law implementation report. The report will be finalized during the next quarter.

Proposed Action for the Next Quarter (Objective 3)

In close coordination with other IPs, RH will support the UHC Advance Implementation Sites in understanding the IRR for RPRH implementation and identifying the requirements for complying with the IRR. RH will likewise support the region-wide FP in Hospital Recording and Reporting in new areas in Luzon and in areas in Mindanao that have not yet been trained on FP in hospital recording and reporting to ensure that the true FP performance in the hospitals are reflected in the FHSIS

report. In coordination with HEMB, RH will guide the CHDs and PHOs/CHOs in the conduct of policy writeshop on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) for disaster-prone provinces and cities to ensure sustained FP services and commodity security in times of disasters and crisis situations. In collaboration with IMAP, the project, as part of its effort to expand the supply of services for FP, will support the private birthing facilities for completing the requirements for FP-stand alone clinic. RH will also support the DOH and POPCOM on the harmonization of tools for tracking, consolidating and analyzing data on unmet needs and other related FP indicators. The project will define, and together with MTaPS, initiate the key SCM capacity building activities for CHD, PHTO and the provinces/cities, such as capacity assessment of the regional logistics hub. The project will likewise provide a special technical support to CHD 4A in developing its information tracking system.

Indicators	Baseline	Target	Accomplishment for the Quarter January–March 2019			Cumulative Accomplishment to Date (as of end of March 2019)		
			Target	Actual	%	Target	Actual	%
Cross-Cutting Result 1: Sustainability								
22. Number of government staff trained in data analysis and/or scientific stature with ReachHealth support		TBD		0				
Cross-Cutting Result 3: MERLA								
24. Number of pause and reflect sessions conducted		TBD		2				

Data collection for the baseline started on March 19 with the conduct of the data utilization workshop and health facilities visits in Batangas. As of March 31, the project had conducted two data utilization workshops: one in Batangas and one in Nueva Ecija. Among the activities conducted as part of these workshops were pause and reflect sessions where the staff of each RHU were asked to interpret the baseline levels of the indicators they had provided to the project, identify the actions needed by the RHU to either improve or maintain the levels of their FP indicators, and identify TA needed from ReachHealth for them to implement such actions. The two pause and reflect sessions conducted this quarter were attended by 66 participants, of which 60 were RHU staff and six were from the PHO.

For the next quarter, pause and reflect sessions will continue to be conducted during every data utilization workshop at all project sites as part of the baseline data collection. This will engage nearly all RHU staff in charge of FP data at all project sites.

B. Performance of Key Activities

The activities covered under this section include those that are supposed to be implemented from January–March 2019, based on the project's approved AIP. Also included are activities that are supposed to be implemented in the next quarter but which were started earlier than planned. The numbers used to identify each activity are those used in the approved AIP; hence, the activities are not chronologically numbered in the table below.

Per USAID guidance, under the "Remarks" column, the project indicated if the activity is fully completed (FC), partially completed (PC), deferred (D), or cancelled (C), with a brief explanation of the reason(s).

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
IR 1: *Introduce and scale-up state-of-the-art social behavior change (SBC) interventions and strengthen the SBC ecosystem at the national, provincial, municipal, and barangay levels, and with NGOs, civil society organizations (CSOs) and other partners*			
Sub-IR 1.1: *Improved individual, household, and community FP/MNH knowledge and decision-making in underserved populations*			
Activity 1.1.1. Support DOH in airing of television (TV) spots and continue implementation of successful initiatives	DOH will track down the media reach of the Communication for Health Advancement through Networking (CHANGE) Project's TV spot; a number of spots were observed airing during the reporting period The contract renewal for talent and the music provider for the Inakup TV commercial is in process	PC Based on reports from GMA, more than 21 million viewers have seen the TV spot aired by GMA at least once for the duration of the campaign (Nov. 4, 2018 – January 19, 2019) nationwide. DOH also plans to air this spot from April–June 2019	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message
Activity 1.1.2. Scale-up of high-impact SBC interventions from previous USAID regional projects (enhanced Usapan)	Ongoing inventory of other successful communication approaches to share at national forum	PC Inventory will be completed by end of Q3	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message Number of evidence-based innovations for FP adopted or scaled up
Activity 1.1.3. Review recent FP communication and gender efforts in the Philippines and internationally	A desk review of previously produced materials in the Philippines and abroad was conducted. This review covered the published literature, gray literature and materials produced by the CHANGE Project, DOH, and POPCOM. It will help inform the formative research and materials development moving forward.	PC Desk review will be completed by end of Q3 Tools for the review were developed resulting in more than 500 possible articles identified, which were eventually narrowed down to 23. A written report will be distributed to USAID, DOH, POPCOM, UNFPA, and other stakeholders for review and	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
		finalization during the next quarter.	
Activity 1.1.4. Conduct formative research to uncover motivators and barriers to FP use	Protocol for the research to identify FP motivations for Filipinos was developed. It will be conducted in June, after the elections.	PC Protocol submitted to local Ethics Review Board for ethical clearance. Actual conduct of research will be completed in Q4.	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message Number of evidence-based innovations for FP adopted or scaled up
Activity 1.1.5. Update the National FP/RH Communications and Advocacy Strategy	The national strategy will be updated after the formative research is completed and the project develops the new FP platform (activity 1.1.7). In the meantime, ReachHealth met with the RPRH Technical Working Group (TWG) about the RPRH Health Promotion Plan. The TWG brainstormed key messages for the RPRH Communications Plan. These will be refined and tested for the actual campaign. The DOH plans to procure a firm for this campaign. ReachHealth will assist with campaign development.	PC The DOH has put on hold the RPRH Law national campaign pending the development of a national strategic communications planned in Q4	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message
Activity 1.1.7. Assist in the development of FP communication platform and materials	The protocol for the formative research that will guide this activity and future activity development for men and women of reproductive age was drafted and sent for review. Comments were received and incorporated from DOH Health Promotion and Communication Service (HPCS) of the DOH, USAID, and ReachHealth technical leadership.	PC The research will be conducted in Q3. The FP communication platform will be developed in Q4 based on the results of the formative research.	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year
Activity 1.1.9.	Questions about interactions with providers are included in the formative research that will be implemented next quarter. The results will	D This will be conducted in Q1 of Year 2.	Percent of audience who recall hearing or seeing a

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Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
Complete assessment of service providers' interpersonal counseling and communication skills	inform the project's work with providers, which will likely shift to year 2.	This will also be informed by the Quality of Care study being conducted under Objective 2	specific USG-supported FP/RH message

Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year |
| **Sub-IR 2 : Improved individual, community, and local civil society ownership/participation in healthy behaviors** | | | |
| Activity 1.2.2. Complete capacity strengthening assessments at the national and regional levels | There was an initial meeting with the DOH to discuss this activity. | D Deferred because DOH HPCS was very busy with the measles outbreak. Under UHC, HPCS will be elevated to a bureau. This will change the scope of the capacity strengthening work.

The capacity assessment of the DOH will be conducted in Q4 and POPCOM in Q1 of Year 2. | Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message |
| **IR 2: Quality, client-centered, respectful FP/MNH care and services to men, women, and adolescents in underserved areas are strengthened and expanded** | | | |
| Activity 2.1.1. Conduct a pause and reflect session on service delivery networks (SDNs) and adolescent-friendly hospitals (AFHs), with DOH's Women and Men's Health Development Division (WMHDD), Bureau of Local Health Assistance and Development (BLHAD), POPCOM, and local partners for coordinated TA grounded in evidence | Ongoing discussions and finalization of the SDN functionality definition based on the experiences from LuzonHealth, MindanaoHealth, and UHC law. | D Deferred because baseline data collection is ongoing, field staff are facilitating the data utilization workshops, and data needed for the SDN/AFH pause and reflect workshop have still not been collected. Pause and reflect workshops will also be scheduled for primary health care facilities in | Number of functional/responsive SDNs for FP |

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
		Year 2 using the data from the baseline survey.	
Activity 2.1.2. Conduct and disseminate research on SDN/AF facilities functionality and advancement, in consultation with DOH WMHDD and BLHAD and the ProtectHealth Project	The project staff reviewed the elements of a functional SDN based on DOH administrative orders on SDN and categorized SDN elements into basic, intermediate, and advanced categories. The elements were further refined/enhanced based on the dimensions of integration under the UHC Act, such as the technical or service integration, managerial integration and financial integration.	PC For further coordination with ProtectHealth.	Number of functional/responsive SDNs for FP
Activity 2.1.3. Incorporate in the baseline survey the assessment of continuous quality improvements (CQIs) implemented at the three levels of health care services and the service capacities of CSOs operating at project sites	Questions related to the continuing improvement initiatives (CQI) were incorporated in the baseline survey 12 questions on CQI were included in the baseline survey questionnaire	FC The CQI information generated in the baseline survey and the results of the formative research input into the quality improvement initiative that will be established in health facilities within an SDN.	Percent of health facilities with established CQI initiatives
Activity 2.1.4. Conduct formative research on the concept of patient-centered, gender-sensitive, and respectful care and services among service providers and clients	Initial meetings in March 2019 were conducted with partners, especially DOH. Research protocol for the quality improvement baseline qualitative study for FP/MNH and adolescent service delivery staff and clients has been drafted. FGDs and key informant interviews will be conducted to determine the service providers' knowledge, attitudes, and behaviors regarding CQI and related topics, including what is quality of care, the factors affecting quality FP/MNH and adolescent care, how SDP's bias and stigma towards clients affect quality of care. Among	PC Finalization of the protocol is ongoing. Development of a scope of work for short-term technical assistance is ongoing.	Percent of health facilities with established CQI initiatives

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
	adult and adolescent clients and potential clients, qualitative data collection will include their perception of what is quality of care and how they would want to see FP/MNH/Adolescent services improved. Results of the formative research will inform the development of a quality improvement policy framework and implementing guidelines. They will also be used as inputs to the Family Health Service Packages being developed by the DOH.		
Activity 2.1.5. Assist CHDs and CHOs/PHOs in applying the assessment tools to at least 5 SDNs and 5 AFHs each in Luzon, Visayas, and Mindanao project sites	SDN assessment tool is being used in the baseline data collection, which covers 32 SDNs in the ReachHealth project sites	PC The SDN assessment tool used in the baseline data collection was completed in March 2019. The current version of the tool is not yet considered final. It will be revised based on the experience of the baseline survey and in partnership with ProtectHealth to consider the UHC priorities for SDN.	Percent of USG-assisted service delivery points providing FP counseling and/or services Number of functional/responsive SDN for FP
Activity 2.1.6. Conduct a workshop to co-develop an SDN/AFH/adolescent-friendly (AF) Primary Health Facilities plan	Question regarding AF primary facilities and hospitals are included in the baseline survey; baseline survey is ongoing. Questions were completed in January 2019.	PC Baseline data collection is ongoing and field staff are facilitating the data utilization workshops; data needed for the planning is dependent on the results of the baseline.	Percent of USG-assisted service delivery points providing FP counseling and/or services Number of functional/responsive SDN for FP
Activity 2.1.7.	Initial meeting with United Nations Population Fund (UNFPA) was conducted in February	PC	Percent of USG-assisted service delivery points

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
Spearhead coordination meetings with the national Department of Labor and Employment (DOLE), POPCOM, and Employers Confederation of the Philippines (ECoP) and corresponding subnational agencies/organizations to revitalize FP workplace clinics in the cities/provinces	2019 to discuss workplace initiative prior to meeting with DOH, DOLE and ECoP. UNFPA implemented the business sector action for FP starting in 2015 and continued up to the present. Interventions were set-up at the company-level starting with four companies. UNFPA provided support to company-policy formulation and capacity building. The initiative was expanded to 11 companies and has reached 1.2 million women with FP information but FP services are provided by the public sector.	Ongoing discussion with UNFPA to identify areas for cooperation. Plans for the engagement of the private sector are outlined in the Project's private sector strategy which has been drafted and for further refinement.	providing FP counseling and/or services
Activity 2.1.8. With DOH, WMHDD, BLHAD, and CHD IV-A, lead a consultation meeting series and planning workshops with Batangas SDN Management Team on the elements of a functional SDN/AFH and CQI mechanism	Roundtable discussion on SDN in Batangas with SDN management committee and DOH was conducted in February 2019. DOH ▓▓▓▓▓ lauded the functionality of the Batangas SDN and recommended a formal SDN assessment	PC Since Batangas Province is one of the advance implementation sites for the UHC, a formal assessment only for SDN will no longer be done exclusively, since as AIS an assessment is ongoing by the CHD using the criteria outlined in the UHC. Installation of CQI mechanisms in Batangas SDN will be initiated once the result of the formative research and formal assessments are available.	Percent of USG-assisted service delivery points providing FP counseling and/or services Number of functional/responsive SDN for FP Percent of health facilities with established CQI initiatives
Sub-IR 2.3: Tested and rolled out innovative approaches to improving quality care			
Activity 2.3.1. Conduct an FP pause and reflect workshop to provide project partners with a structured opportunity for	Baseline data needed for FP pause and reflect is ongoing	PC	Percent of USG-assisted service delivery points providing FP counseling and/or services

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
collaborating, learning, and adapting (CLA) and creating focused FP acceleration plans in collaboration with DOH WMHDD, POPCOM, CHDs, and CHOs/PHOs		This will be conducted after the baseline results and analysis have been completed.	
Activity 2.3.2. Coordinate meetings with DOH WMHDD, CHDs, and CHOs/PHOs representatives to develop, agree, and adopt an FP in hospital assessment tool	Baseline data collection from hospitals will generate the same information; thus, to avoid redundancy the developed FP in Hospital Implementation Status Assessment Tool will be filled up with the results of the baseline survey first and only those questions in the assessment tool will be asked during hospital visits/monitoring	D Coordination with DOH and other partners will be done upon completion of the baseline data generation and analysis.	Percent of USG-assisted service delivery points providing FP counseling and/or services
Activity 2.3.3. Conduct a planning workshop for hospitals with outreach services in collaboration with CHDs	The list of provinces/cities and hospitals with organized FP itinerant teams will be generated from the baseline survey which is currently on-going.	D City/Provincial planning for FP outreach services will be conducted upon completion of baseline data generation and analysis	Number of new acceptors for modern FP
IR 3: National, regional, and local systems and capacities to manage, implement, and sustain FP/MNH programs and policies are bolstered and institutionalized			
Sub-IR 3.1. Increased National DOH to LGU capacity to plan and budget for FP services through evidenced-based decision-making			
Activity 3.1.1. Improve health governance and capacity building	Conducted an assessment/review of 2018 LGU budget for FP to determine LGU commitment and priority areas for budget and policy advocacy. Results show that • 1.04% (404.6-million out of 38.9-billions) of the LGU budget is allocated for FP • 6 of ReachHealth's priority sites that allocate budget for FP are in the top 10 in terms of percentage allocation • The budget comprises FP training, FP commodities, and FP-related workshop	PC 2019 budget/LIPH review will also be completed by July 2019; results to be shared with BLHSD and CHDs to provide inputs to LIPH enhancement.	

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
	• Top 10 LGUs that allocated budget for FP are as follows: Puerto Princesa (for final validation), Maguindanao, Albay, Cebu, Negros Occidental, Pampanga, Caloocan, Misamis Oriental, Sorsogon, and Quezon City. ReachHealth also supported DOH and POPCOM's compliance to Section 21 of RPRH Act of 2012 thru the conduct of a writeshop and engagement of technical writers for the 5th Annual Report on RPRH.	Partially Completed; To be completed during the next quarter.	
Activity 3.1.2. Determine state of political support for FP and secure local chief executive commitment to provide leadership support for ReachHealth TA during the provincial/city orientation	Political mapping has been initiated but will be finalized after the mid-term elections.	PC To be finalized by end of June 2019.	
Sub-IR 3.2: FP health systems functions strengthened, including governance, finance, HRH, health care information technology, and data quality and use			
Activity 3.2.1. Strengthen health information and management system	ReachHealth conducted a technical collaboration meeting with the Epidemiology Bureau to discuss the FP indicators to be collected nationwide by the DOH and the corresponding instruments (e.g., forms and guides) to generate performance data for FP. Consistent with the agreements made during those meetings, the project, in collaboration with the PHO, conducted Phase 1 of its capacity building on the new FP recording and reporting forms for 60 health personnel (nurses and midwives) from 27 RHUs in 24 LGUs and key program staff of Batangas PHO. The training involved a discussion of the initial frame of analysis of FP performance by socioeconomic status and age-grouping	PC Partially Completed Support to RHU level FP recording and reporting: to be completed by FY 2020 This is an ongoing activity – for example, it is anticipated that the support to private birthing facilities FP recording and reporting to be continued until project Year 3.	Presence of Mission support to strengthen HRH Support to UHC indicator

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
	(particularly data on adolescents provided with FP)		
Activity 3.2.2. Support the WMHDD and CHDs to conduct a nationwide/regionwide FP in hospital recording and reporting training workshop	Initial collaboration with CHD 3 was conducted to secure regional support for FP recording and reporting training, particularly among the private sector. This training will guide hospitals in systematically capturing and tracking their FP performance consistent with the provisions of DOH Department Memo 2014-0312 and the guidelines of the FHSIS.	PC, ongoing activity Support to hospital FP recording and Reporting is ongoing as these are included in project TA and SDN developments. CHD 3 committed to fund this activity in May 2019 in partnership with ReachHealth, together with the public hospitals in Pampanga.	Presence of Mission support to strengthen HRH Support to UHC
Activity 3.2.3. Support the standardization and capacity for unmet FP need for recording and reporting	Initial technical consultations were conducted with both DOH and POPCOM and both are cognizant of the fact that there should be one leading institution gathering, consolidating, and analyzing data on unmet need. An integration of unmet needs data collection under FHSIS to ensure regular data submission is needed.	PC Continuous collaboration with DOH, LGUs, and partners. The project will continue to coordinate with DOH and POPCOM for a joint workshop to be conducted in the next quarter(s) to advance the standardization and coordination mechanisms.	
Activity 3.2.4. Increase financial risk protection	ReachHealth conducted a hands-on mentoring for two birthing facilities in Batangas City to further explain the guidelines and requirements for DOH and Philippine Health Insurance Corporation (PHIC) certification for FP stand-alone clinics.	PC, ongoing activity that will extend into Year2 and 3 of the project. Support to UHC AIS implementation to begin next quarter and continue into the year 2.	Presence of Mission support to strengthen HRH Support to UHC

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
Activity 3.2.5. Develop HRH solutions	To increase the number of accredited health providers for FP/MNH, ReachHealth oriented 21 nurses from Batangas Province on Philhealth Circular 2017-0023 defining the process and requirements for the accreditation of nurses for maternal care package (MCP), natural spontaneous delivery, and neonatal care package (NCP) in birthing homes, as well as the provision of interval/postpartum IUD and subdermal contraceptive implant.	D Not yet initiated for systems-related; Please See Objective 2 for accomplishments on HRH	Presence of Mission support to strengthen HRH Percent of facilities in project sites accredited as: MCP/NCP or FP
Activity 3.2.6. Institute effective partnership and coordination and USAID IPs	As part of the cooperation with MTaPS, the project conducted a joint supply chain management (SCM) Assessment in CHD 5 and the province of Albay and participated in the MTaPS co-planning workshop.	PC, ongoing Collaboration activities with difference projects is a continuous engagement during the project lifespan.	Coordination indicator
Sub-IR 3.3: FP supply and logistics strengthened in FP activity areas			
Activity 3.3.1. Support CHDs and CHOs/PHOs in testing the national guidelines/system for FP SCM	Technical consultation meetings with supply officers of CHD 5, Albay, and Camarines Sur were conducted to identify current gaps and challenges in the supply chain management. Operational gaps identified included inadequate capacities with respect to FP forecasting and allocation at the CHD and provincial levels, matching of demand generation efforts with commodity availability, lack of or inadequate funding for LGU-level transportation and distribution of FP commodities, end-to-end LMIS, and lack of mechanism for immediate response system for stock-outs at the facility level.	PC ReachHealth also identified local policy/guideline development support for strengthening the supply chain, specifically local budget allocation and distribution of FP commodities and guidance to CHD in developing terms of reference and outsourcing SCM-related activities.	Average stock-out rate of contraceptive commodities at FP SDPs Number of CHDs and PHOs trained on the national guidelines for FP (SCM)
Activity 3.3.2. Support a desktop assessment of PSI commodities	ReachHealth supported the conduct of a rapid assessment/study on implant utilization and PhilHealth reimbursements vis a vis actual	PC, ongoing during project year 1	

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
	services provided in January 2019. Summary of finding are as follows (more details available upon request): • PSI consumption is highest in Region 5, followed by Regions 9 and 12, reflecting about 23,000 PSI dispensed in the last 6 months. Top 3 facility providers are Camarines Sur Provincial Health Office (Region 5), Masbate Provincial Health Office (Region 5), and Kabankalan City Health Office (Neg Occ). These 3 health offices have the ability to move about 9,000 SI in 6 months. Only one regional hospital was included in the top 10 PSI providers: Davao Regional Hospital. • Primary driver for PSI claims in 2018 remains to be the private MCP-accredited birthing facilities reflecting 81.3% of total claims, followed by Level 3 private hospitals at 10.6%; 17,960 PhilHealth claims for PSI were recorded for 2018, amounting to 53.9 million. • Many public hospitals claimed PSI as a 2nd case rate, which ended up as denied claims Results of the implant study were incorporated as part of the DOH inputs to the 5th RPRH report.	Based on the results of the study, ReachHealth will: • Support public and private hospitals in understanding and increasing FP benefits availment for implant • Partner with Likhaan RH-supported private facilities to learn lessons from their experience in high utilization and reimbursements	
Cross-Cutting Result (CCR) 1: Sustainability through local partnership grants and the Grand Challenge			
Sub-CCR 1.1. The project will initiate a Philippine Grand Challenge opportunity to scout and source innovative solutions for unmet FP and reduction in teenage pregnancy	Development of the grants manual. RTI's home office is developing the administrative guide, while the partnerships team will provide the technical guide of the manual.	PC Ongoing; target completion is June 2019.	Number of evidence-based innovations for FP adopted or scaled up

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
Activity 1.1.1. Infuse innovation into overall project design and solution with a tailored FP and teenage pregnancy innovation platforms in the Philippines	Participated in a number of meetings facilitated by CLAimHealth to best identify the rollout mechanisms for the good practices or promising interventions (GPPIs).	D Rollout/scale-up of GPPIs: Enhanced Usapan; thematic pause and reflect sessions for SDN, FP in hospitals, and AY-friendly health services. Delayed due to measles outbreak and cancellations of regional/provincial vetting and microplanning. These can all start during next quarter.	Number of evidence-based innovations for FP adopted or scaled up
Activity 1.1.3. Understand the existing supply of FP and teenage pregnancy interventions and innovations across the world and in the Philippines	A scoping exercise is underway to determine the innovation landscape in the Philippines and the potential partnership opportunities for the project. Duke-GHIC is tapping into its network to identify innovation stakeholders (e.g., innovators, incubators, and investors) for possible collaboration with ReachHealth	PC An innovation landscape analysis and innovation framework are targeted to be completed in June.	Number of evidence-based innovations for FP adopted or scaled up
Activity 1.1.6. Design and launch the Grand Challenge Round 1 in Fall 2019	Design of the grand Challenge will be informed by the results of the scoping exercise.	PC Grand Challenge 1st Round is targeted to launch in September.	Number of evidence-based innovations for FP adopted or scaled up
Sub-CCR 1.2: Support the expansion of local FP/MNH partnerships			
Activity 1.2.1 Work with Government of the Philippines and local governments to identify local grantee candidates through DOH/partners	Recruitment of ReachHealth's National Partnerships Advisor and local partnerships coordinators for its regional offices.	PC	Number of evidence-based innovations for FP adopted or scaled up
Activity 1.2.3. Roll out the first cycle of partnership grants, pre-qualify possible grantees, support the development of conceptually sound proposals and ensure that potential grantees are positioned to achieve targeted results.		D Target completion by end of July 2019 and 10 initial grants to be awarded by the end of FY2019.	Number of evidence-based innovations for FP adopted or scaled up

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
CCR 2 : Transformative Gender Approach and Action Plan			
Sub-CCR 2.1: Women, men, and boys and girls overcome gender barriers and pursue better health for themselves and their families			
Activity 2.1.1. Scale-up good practices and promising innovations	Rollout/scale-up of enhanced Usapan, in-reach in hospitals, and the reproductive life plan were delayed due to measles outbreak.	D To commence during next quarter.	Number of evidence-based innovations for FP adopted or scaled up
Activity 2.1.3. Project partners and key stakeholders in a continuous CLA process for transformative gender programming	Development of gender indicators

Drafted the performance indicator reference for "male uptake and support for contraceptives." The project has initiated the development of an indicator for "gender-sensitive service delivery point," which can be used across several USAID activities. | PC

Baseline for "male uptake and support for contraceptives" will be gathered as part of the ongoing baseline research. The checklist for "gender-sensitive SDP" will be tested in selected RHUs in the last quarter of FY19. | |
| **CCR 3: MERLA** | | | |
| Activity 3.1. Establish baselines | AMELP and Performance Indicator Reference Sheets updated and approved by USAID in April 2019 .

Baseline Data Collection Protocol, including all data collection tools were completed and approved by USAID. Baseline data collection started.

Data collectors and encoders for Luzon and the Visayas were engaged and trained. | FC

These were completed during the month of March, 2019. | |
| Activity 3.2. District Health Information System 2 (DHIS2) | All ReachHealth indicators are included in the DHIS2 database, which is in the process of being developed for the project | PC; This is tentatively scheduled for June/July 2019.

DHIS2 will be installed in the system and MERLA staff will | |

Approved Key Activities for the Quarter	Outputs/Milestones Accomplished During the Quarter	Remarks	Indicator that Activity Contributes to (e.g., Indicator 1.1)
		be trained on its use during the next two quarters.	
Activity 3.3. Initiate the ReachHealth research agenda	Some research activities were started this reporting quarter, including the desk review of previously produced communication materials in the Philippines and abroad and the qualitative study on FP male involvement.	PC, ongoing during Year 1 The development of research protocols for other planned researches like those on qualitative improvement, health provider bias, and FP motivations will start next quarter.	
Activity 3.4. Routine monitoring and reporting analysis		D To be started in June/July 2019 after the baseline data collection.	
Activity 3.5. CLA activities	Two pause and reflect sessions were conducted as part of the data utilization workshops for data providers from the RHUs of Batangas on March 19–20 and for Nueva Ecija on March 25–26. This was part of the baseline data collection activity.	PC The two pause and reflect sessions conducted during the quarter were both done in March 2019. This activity will be on-going until the end of the baseline data collection.	Number of pause and reflect sessions conducted
Activity 3.6. Capacity building for MERLA	A lecture on the meaning and use of project indicators was incorporated during the training of MERLA staff on the baseline data collection	PC Training was completed for Luzon and Visayas staff in March. Training of Mindanao staff will be conducted during next quarter.	

3   Key Challenges and Proposed Solutions

Challenges	Outcome/Output/ Indicators Affected	Proposed Solution(s)	Priority Next Steps (Includes timeline and party/ies responsible)
The relaunch of the National Program for Family Planning (NPFP) and the signing of the joint circular for co-management by both DOH and POPCOM	The discussions between DOH and POPCOM are ongoing, but the lack of clarification on delineation of responsibilities makes the cooperation between DOH and POPCOM difficult, and with limited ownership, thus delaying a number of activities, especially at the national level..	There is a need to clarify and harmonize the functional roles, strategic approaches, implementation tools, and monitoring framework for the NPFP. We re-think our strategies of engagement and we are providing TA and support to both organizations; although at times is unclear who is the final owner and decision maker. This requires additional time and resources from staff to facilitate, catalyze and advocate for ongoing collaboration between those institutions.	ReachHealth can support, facilitate, and catalyze these discussions through coordinating/facilitating the formation of a small "harmonization working group" that will aim to assist DOH and POPCOM to finalize, adopt, and launch the joint implementation guidelines. This can be done through working group meetings and facilitation workshops with the heads of POPCOM and regional CHD directors.
The NPFP and the PDP have extremely ambitious targets of zero unmet need and 65% modern contraceptive prevalence rate (mCPR)	Unmet need for FP.	There are a lot of voices in the academic and public health community that raise the point of realistically attainable targeting with two key recommendations: 1. Need for disruptive innovation and not doing "business as usual" with an extremely important strategic approach to focus on revamping a national FP communication strategy, with a renewed commitment on reaching AYs that should be implemented uniformly under the capable leadership of DOH and POPCOM.	ReachHealth will work with CLAimHealth to determine the annual targets that will contribute to USAID's contribution to the national target..

Challenges	Outcome/Output/ Indicators Affected	Proposed Solution(s)	Priority Next Steps (Includes timeline and party/ies responsible)
The change in the policy and operational environment of health care financing and SDNs resulting from the implementation of the new UHC Law	Percent of USG-assisted LGUs utilizing PhilHealth funds for FP or MCP/NCP Number of functional/responsive SDN for FP	Provide TA to AIS sites in the areas of technical, managerial and financial integration and related health systems solution.	ReachHealth and HealthProtect will work very closely with the DOH Central Office to support the LGUs in fully understanding the implementing rules and regulations and operationalizing in the project areas that have been identified by the DOH as UHC advance implementation sites.
The results of the local elections in May can result in changes in the political leadership in some project areas, which can delay the implementation of some project activities in Year 1	Percent of USG-assisted service delivery points providing FP counseling and/or services Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message Number of USG-assisted CHWs providing FP information, referrals, and/or services during the year	ReachHealth will revisit the schedule of activities and map out areas where there are anticipated changes including LCE support to reproductive health based on results of the local elections.	Together with local partners, develop advocacy plans and identify realistic timelines for the implementation of priority activities, especially those related to the completion of the baseline survey, formative research, and scale-up of high-impact interventions.
The DOH has been focused on the control of the measles outbreak during the first quarter of the calendar year	This has affected the proposed ReachHealth schedule of activities, like the rollout of high-impact interventions, such as pause and reflect sessions on SDN, FP in hospitals, AY-friendly facilities, and Usapan, as well as the delay in the conduct of consultation meetings in both the DOH central and regional offices	Review of key activities that are late and develop punctual solutions for catching-up until the end of Year 1.	ReachHealth will conduct an internal pause and reflect in order to calibrate as necessary TA activities based on both internal and external factors like the recent developments (local elections, UHC, etc.), and identify synergies across all objectives and cross cutting priorities.

4 Cross-Cutting Issues

4.1 Update on Sustainability and Self-Reliance

ReachHealth took considerable time during this reporting period to engage with governmental stakeholders to create the basis for continuous ownership and integration with the ongoing DOH and National Economic and Development Authority plans for the RPRH law and NPFP implementation. Key examples include the project's engagement with DOH and POPCOM on the national health promotion plan/strategy; initial ReachHealth-USAID joint engagement meetings at the national, regional, and provincial/city levels; identification of TA areas for national DOH and Visayas-Mindanao implementation team; discussions with private sector partners; and agreements for co-location of ReachHealth provincial-/city-level staff with the PHOs/CHOs.

The project initiated harmonization planning with regional and provincial-/city-level partners (e.g., CHDs, POPCOM, and LGUs) to build co-ownership and ensure that the TA provided by ReachHealth genuinely responds to the TA needs of the partners is consistent; directly supports their respective plans and interventions; and is in accordance with the NOH goals, Fourmula 1+ and UHC Act. The joint planning sessions strengthened partners' collaboration through resource leveraging and committed investments. The identified priority TAs for Year 1 revolve around helping establish or strengthen the SDNs, establishing AY-friendly facilities, maximizing PHIC reimbursements from FP services rendered, supporting UHC-AIS implementation, and strengthening primary health care and community engagement. In Mindanao, for instance, one unique result of the harmonization planning was the emphasized importance of reporting back to CHD/POPCOM and LGU decision makers on a bi-monthly basis about the status of harmonized plan implementation to ensure that the jointly identified priority TAs are on track and that shared resources are optimized.

Further, the CHDs, POPCOM, and the LGUs identified either a team or senior staff as point persons in charge of coordinating with ReachHealth to support project implementation and M&E.

4.2 Update on Gender

ReachHealth drafted the gender performance indicator reference for "male uptake and support for contraceptives" and ongoing review of indicator on "gender-sensitive service delivery point."

The project continued its ongoing research on men's involvement in FP in Albay. This included fieldwork that was completed at the end of March. The first draft of the findings will be finalized by the end of next quarter.

ReachHealth held initial discussions to support the development of a gender framework for the DOH, update the policy on men's involvement in RH, and development of a program for men's involvement.

4.3 Update on Private Sector Engagement

The project developed a mapping tool for potential local CSO and private sector partners that can help expand access to FP for key populations. The mapping tool will be used throughout next quarter when interacting with stakeholders from the priority sites. ReachHealth is currently developing a partnership survey tool that aims to identify the opportunities and challenges of midwives to build partnerships, especially in their private practices. This survey will be distributed at the national convention of the Integrated Midwives Association of Philippines during next quarter.

With support from the RTI home office staff, ReachHealth drafted an administrative grants manual guide. The technical teams will provide the technical guide for the manual in the next quarter.

4.4 Update on FP Compliance

ReachHealth included one question to determine the level of informed choice and voluntarism (ICV) monitoring in the baseline data collection.

In order to define a more standardized ICV indicator to be standardized among the USAID IPs; the project researched and documented a number of questions that can be used to measure the extent and nature of ICV compliance among health facilities. A draft questionnaire was discussed during the CLA TWG meetings, and will be further refined in the next quarter.

4.5 Update on Environmental Compliance and Climate Risk Mitigation

The project included two questions related to climate risk mitigation in the baseline survey to determine if health facilities either have a Climate Risk Management Plan or if the LGUs' Disaster Risk Reduction Management Plans (DRRMPs) contain a provision for continuous use of FP during disaster/calamities.

To mitigate the risks of climate changes and disasters at the LGU level and ensure continuous provision of FP/RH services and commodities during calamities, the project began discussions with the DOH to identify the best ways to support the LGUs in developing addendums to the DRRMPs and in formulating policies to secure investments and LGU support in implementing the MISP for SRH. As an initial activity, the project discussed with the DOH the possibility to codevelop the LGU Guide in Formulating the Local Policy for the Implementation of the MISP for SRH that will provide the LGUs with a step-by-step guide in writing each section of the MISP for SRH policy.

5   CLA

5.1 Coordination and Collaboration

Internally, the ReachHealth MERLA unit coordinated with the various project technical leads in developing the tools for the baseline data collection, resulting in the inclusion of questions related to each of the three project objectives.

Externally, ReachHealth started coordination meetings with other USAID projects, such as HRH2030 and MTaPS, to identify common project areas and potential cross-project learning and synergies. ReachHealth also coordinated with CLAimHealth on the development of the AMELP and attended their first and second CLA/TWG meetings held in December, 2018 and February, 2019 respectively.

5.2 Learning

The main learning activity conducted during this quarter was the conduct of data utilization workshops for RHU staff in charge of FP data, which was done as part of the baseline data collection. The second day of the workshop involved a data validation session and a pause and reflect session, which are both learning activities for RHU staff. In the data validation session, the PHO and the RHU staff had a chance to convert the data that the RHU provided to the project on the first day of the workshop into useable information. Both the PHO and the RHU were asked to interact and have a discussion on the quality of the data they provided and the underlying reasons for any data quality problems which were identified. In the pause and reflect session, the staff of each RHU were asked to interpret the indicator levels that they provided to the project, identify the actions needed by the RHU to either improve or maintain the levels of their FP indicators, and identify TA needed from ReachHealth for them to implement such actions. The results of the two pause and reflect sessions conducted showed that the

most frequently identified areas where technical assistance are needed by the RHUs are in adolescent reproductive health and in getting PhilHealth accreditation of the health facility and the health workers.

Other learning activities conducted during this quarter included qualitative research in Albay on men's involvement in FP. The project also developed research protocols and plans for data collection for other planned learning activities, like the development of the Mandate Model and the formative research on CQI initiatives and FP motivations.

5.3 Adaptive Management

Plans for Adaptive Management		
Evidence Generated	**Planned Application**	**Stakeholders Involved**
Feedback provided by several data utilization Workshop participants on their appreciation of ReachHealth's efforts to explain to them, properly and in detail, what data to collect, why data are collected, and how such data can be used not just by the project but by the RHU itself. Keeping partners properly informed will increase their level of cooperation in project activities.	DOH staff, especially at the RHU level, are converted from acting merely data providers into data users. Their involvement in data utilization will, in the long-term, improve the quality of the data they are generating.	Data providers at the RHU and PHO/CHO levels, ReachHealth national and field staff

6   Management, Administrative, and Financial Issues

ReachHealth is temporarily operating out of an office in Ortigas Center, Pasig City. It continues efforts to find a permanent Manila office space in Pasig City. Similar efforts were undertaken to establish the regional offices in Visayas and Mindanao. A lease contract was formally signed during the reporting period with the office space provider for the regional office in Mindanao; to be located at Pryce Tower Condominium in Davao City. The Visayas Regional Office headquarters has been identified, at Avon Plaza in Cebu city, and the project is in the process of finalizing the lease with the selected office space provider in Cebu City.

7   High-Level Planned Activities for Next Quarter, Including Upcoming Events

ReachHealth staff considers the opportunity to organize a formal launch of the project in mid-July 2019 in Manila. ReachHealth will work closely with its partners, the DOH, POPCOM, and PHIC, to prepare the launch details by mid-May. ███████████████, ████████████, and Secretary ████████████, will be invited as keynote speakers for the launch.

Upcoming events include the continued data utilization workshops and pause and reflect sessions at ReachHealth sites, especially in Visayas and Mindanao. By April, ReachHealth in partnership with DOH-HEMB will start providing TA to the Zamboanga del Sur Province in integrating MISP-SRH to the LGU's DRRMP. This is in line with the LGU request for assistance in localizing DOH policies related to the provision of sustained FP/RH services during disasters. ReachHealth will co-developed

the guide in formulating the local policy for the implementation of the MISP for SRH, consistent with and in compliance with the DOH Administrative Order 2016-0005, Joint Memorandum Circular 2017-0001 of the DOH, Department of the Interior and Local Government, and Department of Social Welfare and Development, and the Philippine Risk Reduction Management Act of 2010 (RA 10121).

ReachHealth will also conduct trainings for private birthing facilities on license to operate (LTO) certification and PHIC circular for the accreditation of FP stand-alone clinics.

A team of RTI researchers will be in Manila in May to conduct a workshop for ReachHealth staff, and identify data and resources needed for the implementation of the FP Mandate Model for the Philippines. The Mandate Model aims to improve the strategic planning for FP programs by summarizing existing FP interventions and modeling the impact of changes in the FP program. This activity supports the DOH's need of modeling options for growing mCPR and support evidenced-based decision-making around prioritizing FP intervention.

ReachHealth will rollout activities related to FP recording and reporting in hospitals and selected primary care private providers and conduct the baseline qualitative study for CQI in FP services next quarter. Data collection for both activities will be from May–June 2019. ReachHealth's CQI programs will be designed and implemented to address the root causes and key factors to improve the quality of FP/MNH/adolescent and youth services and outcomes.

8 Annexes

8.1 Progress on Activity Monitoring, Evaluation, and Learning (MEL) Plan

As of March 31, 2019, the project had developed and submitted version 4 of the AMELP. The team awaits approval of the AMELP by USAID Agreement Officer's Representative.

8.2 Performance Indicator Tracking Table

Indicators	Baseline	Target	Accomplishment for the Quarter January–March 2019			Cumulative Accomplishment to Date (as of end of March 2019)		
			Target	Actual[3]	%	Target	Actual	%
Purpose (Outcome): Improved health for underserved Filipinos								
2. CYP in USG-supported programs		3,000,000		580,059	96		580,059	19
Bilateral tubal ligation (BTL)				82,050			82,050	
No scalpel vasectomy (NSV)				1,480			1,480	
Pills				218,584			218,584	
IUD				45,715			45,715	
Injectables				122,942			122,942	
NFP-CM (cervical mucus)				4,119			4,119	
NFP-BBT (basal body temperature)				279			279	
NFP-STM (sympto-thermal method)				473			473	
NFP-SDM (standard days method)				10,455			10,455	
Condoms				37,752			37,752	
PSI				56,210			56,210	
3. Unmet need for FP		TBD						
IR 1: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations								
5. Number of modern FP users in USG-assisted sites		TBD		2,772,543			2,772,543	
6. Number of new FP acceptors in USG-assisted sites		TBD		127,620			127,620	
7. Percent of audience who recall hearing or seeing a specific USG-supported FP/RH messages		7,500,000		21,336,948				
8. Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year		27,120						

[3] Data Coverage is from October–December 2018

Indicators	Baseline	Target	Accomplishment for the Quarter January–March 2019			Cumulative Accomplishment to Date (as of end of March 2019)		
			Target	Actual[3]	%	Target	Actual	%
9. Percent of individuals participating in mobilization activities who adopted FP		TBD						
IR 2: Quality, client-centered, respectful FP care and services to men, women, and adolescents in underserved areas strengthened and expanded								
10. Percent of USG-assisted service delivery points providing FP counseling and/or services		1,800 SDPs						
11. Percent of women with unmet FP identified provided with modern FP		TBD						
IR 3: National, regional, and local systems and capacities to manage, implement, and sustain FP programs and policies bolstered and institutionalized								
14. Number of Universal Health Coverage (UHC) areas supported by USG investment		4						
15. Presence of Mission support to strengthen HRH	Yes	Yes	Yes					
16. Percent of health workers who receive IST using non-traditional platforms for CPD in FP in USG-assisted sites	0	TBD	0	0			0	
19. Average stock-out rate of contraceptive commodities at FP SDPs		Less than 10% except SDM						
Pills		TBD						
Injectable		TBD						
Condom		TBD						
IUD		TBD						
PSI		TBD						
Cross Cutting Results								

Indicators	Baseline	Target	Accomplishment for the Quarter January–March 2019			Cumulative Accomplishment to Date (as of end of March 2019)		
			Target	Actual[3]	%	Target	Actual	%
22. Number of government staff trained in data analysis and/or scientific stature with ReachHealth support	0	TBD	0	0		0	0	
24. Number of pause and reflect sessions conducted		TBD	0	2		0	2	

8.3 Summary Table of Current/New/Other Users of Modern FP Method and CYP

CURRENT USERS – DECEMBER 2018												
	BTL	NSV	Pills	IUD	Injectable	NFP-CM	NFP-BBT	NFP-STM	NFP-SDM	NFP-LAM	Condom	PSI	Total
ReachHealth Sites	**319,686**	**6,723**	**1,092,922**	**251,205**	**491,767**	**16,474**	**1,115**	**1,893**	**41,820**	**251,084**	**151,009**	**146,845**	**2,772,543**
Caloocan City													
City of Manila	8,504	13	10,988	5,191	16,532	11	0	0	120	6,669	6,898	4,206	59,132
Nueva Ecija	206	1	2,385	84	4,463	64	0	0	27	4,463	396	627	12,716
Pampanga	29,430	13	75,159	4,363	34,710	65	8	0	35	8,143	3,378	2,731	158,035
Angeles City	34,468	20	42,213	976	26,166	339	0	76	681	8,606	7,244	2,494	123,283
Batangas	5,433	69	10,103	531	6,157	2	5	2	126	2,517	816	874	26,635
Cavite	26,183	53	66,123	7,558	23,080	4,375	1	9	2,775	9,494	9,499	556	149,706
Laguna	27,267	100	57,726	6,927	33,470	181	108	99	559	10,973	6,340	20,486	164,236
Rizal	20,943	53	78,084	11,155	29,288	591	39	31	2,462	14,820	16,870	0	174,336
Albay	13,264	73	42,838	4,778	39,489	139	28	21	310	12,144	5,928	7,927	126,939
Camarines Sur	12,394	134	42,578	1,955	19,007	1,876	74	73	2,197	8,023	7,148	2,517	97,976
Naga City	8,260	67	41,410	2,429	17,367	4,693	466	1,314	17,314	14,994	5,538	5,471	119,323
Iloilo	2,085	60	8,947	336	2,330	51	30	21	1,172	1,920	4,208	318	21,478
Iloilo City (Capital)	13,736	337	65,527	10,462	22,269	231	57	16	2,477	11,582	6,942	7,013	140,649
Negros Occidental	4,755	17	24,473	1,376	4,914	4	2	0	199	429	3,419	1,347	40,935
Bacolod City (Capital)	11,873	1,345	77,417	17,321	27,767	50	0	0	2,362	18,730	7,171	8,239	172,275
Bohol	1,630	107	6,324	4,522	4,070	29	0	0	38	4,663	1,304	1,489	24,176
Cebu	11,212	299	24,111	15,684	9,208	9	0	0	739	3,172	5,310	6,955	76,699
Cebu City (Capital)	11,336	598	45,470	30,344	22,633	79	0	24	194	5,702	8,479	12,808	137,667
Lapu-Lapu City (Opon)	2,525	1,280	6,999	5,478	4,904	6	2	5	10	5,436	1,202	5,244	33,091
Mandaue City	3,428	27	11,535	4,965	8,700	25	0	0	28	10,676	4,536	1,231	45,151
Zamboanga Del Norte	381	1	6,884	2,225	4,425	1	0	0	10	340	1,829	2,190	18,286
Zamboanga Del Sur	6,107	13	49,920	11,485	16,202	181	0	0	1,646	8,442	6,348	5,157	105,501
Zamboanga City	3,840	45	35,052	12,569	9,845	2	0	0	108	5,669	3,566	9,508	80,204
Bukidnon	3,873	0	26,724	4,911	14,595	11	0	0	0	10,503	716	2,751	64,084
Misamis Oriental	6,385	101	37,716	14,078	9,257	840	19	17	1,602	7,297	2,886	5,796	85,994
Cagayan De Oro City (Capital)	7,484	155	34,847	18,975	10,317	1,959	81	76	3,266	10,029	3,181	2,566	92,936
Davao City	4,050	10	17,932	11,308	8,436	10	12	13	269	8,316	3,759	3,318	57,433
South Cotabato	12,037	1,085	60,390	13,924	23,162	425	178	49	252	16,061	7,881	11,296	146,740
General Santos City (Dadiangas)	10,723	510	37,368	8,027	15,598	84	2	0	485	6,549	3,562	3,401	86,309
Agusan Del Norte	9,259	78	15,451	5,285	12,542	12	0	0	121	6,323	1,857	4,337	55,265
Butuan City (Capital)	3,410	43	15,084	6,875	4,497	104	0	47	236	3,054	1,440	2,155	36,945

	BTL	NSV	Pills	IUD	Injectables	NFP-CM	NFP-BBT	NFP-STM	NFP-SDM	NFP-LAM	Male Condom	PSI	Total
NEW ACCEPTORS OCTOBER–DECEMBER 2018													
ReachHealth Sites	**2,370**	**86**	**24,615**	**3,424**	**20,263**	**298**	**10**	**44**	**3,423**	**58,277**	**4,931**	**9,879**	**127,620**
Caloocan City													
City of Manila	57	0	467	129	1,109	0	0	0	0	2,146	163	343	4,414
Nueva Ecija	38	0	278	0	672	21	0	0	0	3,397	212	110	4,728
Pampanga	0	0	1,212	43	1,158	0	0	0	0	2,484	178	175	5,250
Angeles City	124	1	740	17	889	13	0	0	26	2,117	192	203	4,322
Batangas	42	5	186	18	277	0	2	0	4	566	51	123	1,274
Cavite	222	1	2,158	115	1,446	5	0	0	366	1,711	333	98	6,455
Laguna	226	2	1,472	132	1,853	2	0	0	20	3,769	207	1,475	9,158
Rizal	286	2	3,719	163	1,955	24	0	0	34	4,704	835	644	12,366
Albay	189	1	1,410	125	1,979	0	0	0	9	3,539	244	720	8,216
Camarines Sur	62	0	1,068	30	661	28	0	0	327	1,767	342	185	4,470
Naga City	284	5	1,508	81	654	47	3	39	2,208	3,326	376	402	8,933
Iloilo	3	0	44	2	17	0	0	0	10	86	46	3	211
Iloilo City (Capital)	99	5	1,061	224	777	4	0	0	41	3,166	256	495	6,128
Negros Occidental	0	0	0	99	12	88	0	0	0	15	0	75	289
Bacolod City (Capital)	114	4	2,650	341	1,352	0	0	0	167	4,616	165	877	10,286
Bohol	7	2	82	48	99	0	0	0	0	301	40	186	765
Cebu	5	0	308	188	226	1	0	0	98	674	74	299	1,873
Cebu City (Capital)	1	0	224	103	201	0	0	0	3	570	99	251	1,452
Lapu-Lapu City (Opon)	11	43	226	127	393	0	0	0	1	2,388	88	441	3,718
Mandaue City	12	0	98	23	140	0	0	0	0	1,299	34	87	1,693
Zamboanga Del Norte	46	0	122	27	137	0	0	0	0	26	29	132	519
Zamboanga Del Sur	8	0	191	29	88	47	0	0	0	1,051	32	139	1,585
Zamboanga City	10	2	115	144	117	0	0	0	0	702	114	311	1,515
Bukidnon	92	0	1,213	106	1,003	0	0	0	0	1,516	49	251	4,230
Misamis Oriental	31	2	391	88	250	5	4	0	18	1,640	84	452	2,965
Cagayan De Oro City (Capital)	32	1	304	153	195	8	0	5	69	1,481	118	143	2,509
Davao City	122	0	659	311	564	0	1	0	4	2,954	150	209	4,974
South Cotabato	198	7	1,521	194	843	5	0	0	2	2,380	265	593	6,008
General Santos City (Dadiangas)	17	3	281	48	298	0	0	0	4	877	72	82	1,682
Agusan Del Norte	14	0	512	199	675	0	0	0	0	1,614	42	199	3,255
Butuan City (Capital)	9	0	211	33	101	0	0	0	12	345	27	75	813

	BTL	NSV	Pills	IUD	Injectables	NFP-CM	NFP-BBT	NFP-STM	NFP-SDM	NFP-LAM	Male Condom	PSI	Total
OTHER ACCEPTORS OCTOBER–DECEMBER 2018													
ReachHealth Sites	**5,835**	**62**	**31,535**	**6,514**	**25,331**	**1,876**	**38**	**58**	**4,286**	**41,681**	**6,793**	**12,605**	**136,614**
Caloocan City													
City of Manila	186	0	857	201	1,410	0	0	0	2	1,351	407	321	4,735
Nueva Ecija	10	0	392	23	781	0	0	0	0	564	54	200	2,024
Pampanga	392	6	1,055	45	1,133	0	3	0	0	1,390	58	224	4,306
Angeles City	274	2	492	41	696	21	0	0	17	537	121	145	2,346
Batangas	50	3	105	8	77	0	0	0	4	108	2	75	432
Cavite	1,291	0	2,893	602	1,706	1,460	0	0	69	1,945	603	119	10,688
Laguna	317	0	1,710	242	2,007	0	0	0	26	1,572	181	913	6,968
Rizal	295	0	1,987	150	1,183	2	0	0	64	1,984	361	409	6,435
Albay	462	0	1,753	163	2,537	0	0	0	0	2,135	445	600	8,095
Camarines Sur	95	1	1,395	46	637	1	0	0	255	708	988	163	4,289
Naga City	354	2	1,915	85	1,327	278	33	50	2,853	3,461	510	1,025	11,893
Iloilo	19	0	120	0	59	1	0	0	26	78	98	13	414
Iloilo City (Capital)	185	3	769	186	481	2	0	0	89	1,077	398	491	3,681
Negros Occidental	31	0	178	42	83	0	0	0	3	75	27	53	492
Bacolod City (Capital)	208	10	1,912	392	1,472	7	0	0	346	4,022	335	674	9,378
Bohol	36	0	105	53	73	0	0	0	0	128	21	235	651
Cebu	147	1	575	556	531	0	0	0	33	961	190	734	3,728
Cebu City (Capital)	209	7	1,133	879	1,078	4	0	0	24	1,972	250	1,720	7,276
Lapu-Lapu City (Opon)	30	13	244	49	343	0	0	0	0	1,022	11	101	1,813
Mandaue City	23	0	196	54	202	0	0	0	0	617	146	63	1,301
Zamboanga Del Norte	27	0	93	50	132	0	0	0	0	17	26	31	376
Zamboanga Del Sur	125	0	1,869	216	1,205	18	0	0	90	2,110	316	774	6,723
Zamboanga City	64	4	1,129	375	899	0	0	0	0	1,638	193	717	5,019
Bukidnon	46	0	818	75	429	0	0	0	0	1,736	64	161	3,329
Misamis Oriental	186	0	1,851	430	1,120	58	0	8	222	2,315	276	774	7,240
Cagayan De Oro City (Capital)	75	1	741	249	477	22	1	0	102	1,736	124	80	3,608
Davao City	187	0	896	472	251	0	0	0	0	631	73	93	2,603
South Cotabato	166	5	1,294	331	839	0	1	0	16	758	212	432	4,054
General Santos City (Dadiangas)	119	3	1,264	252	821	1	0	0	0	1,955	128	468	5,011
Agusan Del Norte	79	0	1,018	123	926	1	0	0	0	1,146	91	344	3,728
Butuan City (Capital)	85	1	420	67	171	0	0	0	45	828	55	230	1,902

COUPLE YEARS OF PROTECTION OCTOBER–DECEMBER 2018												
	BTL	NSV	Pills	IUD	INJECTABLES	NFP-CM	NFP-BBT	NFP-STM	NFP-SDM	Male Condom	PSI	Total
ReachHealth Sites	**82,050**	**1,480**	**218,584**	**45,715**	**122,942**	**4,119**	**279**	**473**	**10,455**	**37,752**	**56,210**	**580,059**
Caloocan City	2,430	0	2,198	1,518	4,133	3	0	0	30	1,725	1,660	13,696
City of Manila	480	0	477	106	1,116	16	0	0	7	99	775	3,075
Nueva Ecija	3,920	60	15,032	405	8,678	16	2	0	9	845	998	29,963
Pampanga	3,980	30	8,443	267	6,542	85	0	19	170	1,811	870	22,216
Angeles City	920	80	2,021	120	1,539	1	1	1	32	204	495	5,412
Batangas	15,130	10	13,225	3,298	5,770	1,094	0	2	694	2,375	543	42,140
Cavite	5,430	20	11,545	1,720	8,368	45	27	25	140	1,585	5,970	34,875
Laguna	5,810	20	15,617	1,440	7,322	148	10	8	616	4,218	2,633	37,839
Rizal	6,510	10	8,568	1,325	9,872	35	7	5	78	1,482	3,300	31,191
Albay	1,570	10	8,516	350	4,752	469	19	18	549	1,787	870	18,909
Camarines Sur	6,380	70	8,282	764	4,342	1,173	117	329	4,329	1,385	3,568	30,736
Naga City	220	0	1,789	9	583	13	8	5	293	1,052	40	4,012
Iloilo	2,840	80	13,105	1,886	5,567	58	14	4	619	1,736	2,465	28,374
Iloilo City (Capital)	310	0	4,895	649	1,229	1	1	0	50	855	320	8,308
Negros Occidental	3,220	140	15,483	3,372	6,942	13	0	0	591	1,793	3,878	35,430
Bacolod City (Capital)	430	20	1,265	465	1,018	7	0	0	10	326	1,053	4,592
Bohol	1,520	10	4,822	3,422	2,302	2	0	0	185	1,328	2,583	16,174
Cebu	2,100	70	9,094	4,517	5,658	20	0	6	49	2,120	4,928	28,561
Cebu City (Capital)	410	560	1,400	810	1,226	2	1	1	3	301	1,355	6,067
Lapu-Lapu City (Opon)	350	0	2,307	354	2,175	6	0	0	7	1,134	375	6,708
Mandaue City	730	0	1,377	354	1,106	0	0	0	3	457	408	4,435
Zamboanga Del Norte	1,330	0	9,984	1,127	4,051	45	0	0	412	1,587	2,283	20,818
Zamboanga Del Sur	740	60	7,010	2,387	2,461	1	0	0	27	892	2,570	16,148
Zamboanga City	1,380	0	5,345	833	3,649	3	0	0	0	179	1,030	12,418
Bukidnon	2,170	20	7,543	2,383	2,314	210	5	4	401	722	3,065	18,836
Misamis Oriental	1,070	20	6,969	1,849	2,579	490	20	19	817	795	558	15,186
Cagayan De Oro City (Capital)	3,090	0	3,586	3,602	2,109	3	3	3	67	940	755	14,158
Davao City	3,640	120	12,078	2,415	5,791	106	45	12	63	1,970	2,563	28,802
South Cotabato	1,360	60	7,474	1,380	3,900	21	1	0	121	891	1,375	16,581
General Santos City (Dadiangas)	930	0	3,090	1,481	3,136	3	0	0	30	464	1,358	10,492
Agusan Del Norte	940	10	3,017	460	1,124	26	0	12	59	360	763	6,770
Butuan City (Capital)	710	0	3,029	649	1,592	6	1	0	0	340	810	7,136

8.4 Baseline Survey Protocol

<div align="center">

ReachHealth Project
Baseline Data Collection Protocol

</div>

1.   INTRODUCTION

The ReachHealth Project is a USAID-funded five-year (2019–2023) Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms (FP/MNH ICP). It aims to reduce unmet needs for modern family planning (FP) services among adolescents, youth, women, and men; reduce rates of teenage pregnancy; and reduce newborn morbidity and mortality. Specifically, the project has the following objectives:

a.   Strengthen healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) in underserved populations;
b.   Strengthen and expand quality, client-centered, respectful FP and maternal and newborn health (MNH) care and services to men, women, and adolescents in underserved areas; and
c.   Bolster and institutionalize national, regional, and local systems and capacities to manage, implement, and sustain FP/MNH programs and policies.

Indicators have been identified to measure the extent to which the above objectives will be met by the project. This document describes the data collection activities to be conducted to determine the baseline levels of the project indicators. Data derived from this activity will be used as basis for:

a.   project target setting; and
b.   comparison, for purposes of measuring changes in the levels of output and outcome indicators brought about by project inputs at different points in time.

2.   COVERAGE

Baseline data collection will cover all the 32 project sites which include 18 provinces and 14 independent cities located across 11 regions in the country. The list of project sites are shown in Table 1.

Table 8.4-1.   List of project sites covered by baseline data collection

REGION	PROVINCE OR CITY
NCR	Cities of Manila and Caloocan
Region 3	Pampanga; Angeles City; Nueva Ecija
Calabarzon	Cavite; Laguna; Batangas; Rizal
Region 5	Camarines Sur; Naga City; Albay
Region 6	Iloilo; Iloilo City; Negros Occidental; Bacolod City
Region 7	Cebu; Cebu City; Lapu-Lapu City; Mandaue City; Bohol
Region 9	Zamboanga del Norte; Zamboanga City; Zamboanga del Sur
Region 10	Bukidnon; Misamis Oriental; Cagayan de Oro City
Region 11	Davao City
Region 12	South Cotabato; General Santos City
Caraga	Agusan del Norte; Butuan City

Four different time periods will be covered by the baseline data collection, depending on the type of indicator as follows:

Time Period Covered by the Baseline Data Collection	Type of Indicator
2017	NDHS-based indicator (ex., TFR)
Calendar Year (January – December 2018)	Amount of FP expenditure by/budget of LGU
July 2017 – June 2018)	FHSIS-based indicators (Note: the 1-yr time lag is provided to ensure comparability between the period covered by the baseline data collection and the period covered after Year 1 of the

Time Period Covered by the Baseline Data Collection	Type of Indicator
	project, given the 1-quarter delay in the availability of FHSIS data)
Fiscal Year 2018	Number of UHC areas supported by USG investments; Presence of Mission support to strengthen HRH
As of time of baseline data collection (March-May 2019)	Indicators related to the status/attributes of facilities (ex. Average stock-out rate of contraceptive commodities at FP SDP; % of USG-assisted service delivery points providing FP counseling and/or services, etc.)

The complete list of indicators with the corresponding time period covered by the baseline data collection is shown in Table 2.

3.   INDICATORS

ReachHealth has a total of 28 indicators, of which only 18 will be included in the baseline data collection. The values of nine indicators will be assumed as zero at baseline because they are related to activities or interventions which will be provided or implemented for the first time by ReachHealth. These nine indicators are as follows:

1.   Percent of health facilities with established CQI initiatives
2.   Percent of health workers who receive in-service training (IST) using non-traditional platforms for continuous professional development (CPD) in FP in USG-Assisted sites
3.   Number of Centers for Health Development (CHDs) and Provincial Health Offices (PHOs) trained on the national guidelines for FP Supply Chain Management
4.   Number of evidence-based innovations for FP adopted or scaled up
5.   Number of government staff trained in data analysis and/or scientific stature with ReachHealth support
6.   Number of Pause and Reflect sessions conducted
7.   Number new interventions implemented in partnership with another project/external stake holder
8.   Number of joint missions conducted with another project/external stakeholders per year
9.   Number of synergized approaches for supply chain management, human resources for health, engagement with local government units and health financial risk protection

Baseline data for one indicator (% of men who support the use of modern contraception for themselves of for their partners at USG-assisted sites) will be collected separately since it is still in the pilot stage and the suggested mode of data collection is the conduct of a household survey.

The complete list of 18 indicators for which baseline data will be collected is presented in Table 2.

Table 8.4-2.   List of indicators whose baseline values will be collected and corresponding data sources, mode of data collection, level of disaggregation and time frame covered by the baseline

No	Indicator	Data Source	Mode of Data Collection	Level of Disaggregation	Time Period Covered by the Baseline
1	Total Fertility Rate	NDHS	Records review	Region Urban-rural	2017
2	Couple years protection (CYP) in US Government (USG-) supported programs [REQUIRED HL.7.7-1.1]	FHSIS Q1 report (public sector)	Records review; Data utilization workshop for RHUs; Facility visit for hospitals and private lying-in clinics	Region Province/City Urban-rural Type of method	July 2017 – June 2018
3	Unmet need for FP	NDHS KRA 2 (proxy)	Records review; Data utilization workshop for RHUs	Region Urban-rural Province/City	2017 For the proxy: July 2017 – June 2018
4	Adolescent pregnancy rate in USG-assisted sites (among women below 18 years and 18–24 years)	Prenatal TCL (RHUs/HC) OB and delivery book (hospitals)	Records review; Data utilization workshop for RHUs; Facility visit for hospitals and lying-in clinics	Region Province/City Age group	July 2017 – June 2018
5	Number of modern FP users in USG-assisted sites	FHSIS-Q1reports	Records review; Data utilization workshop for RHUs; Facility visit for hospitals and lying-in clinics	Region Province/City Urban-rural Type of method	July 2017 – June 2018

No	Indicator	Data Source	Mode of Data Collection	Level of Disaggregation	Time Period Covered by the Baseline
6	Number of new FP acceptors in USG-assisted sites	FHSIS – Q1 reports	Records Review; Data utilization workshop for RHUs; Facility visit for hospitals and lying-in clinics	Region Province/city Urban-rural Type of Method	July 2017 – June 2018
7	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message [REQUIRED HL.7.2-1]	TV impressions; Attendance sheets and other facility records on demand generation activities	Interview of TV station; Records review	Region Urban-rural	TBD for TV impressions; July 2017-June 2018 for other demand generation activities
8	Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year [REQUIRED HL.7.2]	List of CHWs maintained by midwives; activity logbooks of CHWs	Records review; Data utilization workshop for RHUs	Region Province/City Gender	March – May 2019
9	Percent of individuals participating in mobilization activities who adopted FP	Usapan attendance sheets	Records Review; Data utilization workshop for RHUs;	Region Province/City Gender Type of Usapan session	July 2017 – June 2018
10	Percent of USG-assisted service delivery points providing FP counseling and/or	Facility records on FP methods offered and staff trained	Records review; Data utilization workshop for RHUs; Facility visit for hospitals and private lying-in clinics	Region Province/City Type of facility	March-May 2019

No	Indicator	Data Source	Mode of Data Collection	Level of Disaggregation	Time Period Covered by the Baseline
	services [REQUIRED HL.7.1-2]				
11	Percent of women with unmet FP identified provided with modern family planning (mFP)	FHSIS (numerator) KRA 2 (denominator)	Records review; Data utilization workshop for RHUs	Region Province/City	July 2017 – June 2018
12	Number of functional/responsive SDN for FP	Facility records of activities undertaken; Minutes of meetings; List of referrals made (to be used as MOV)	Key informant interview (SDN Survey)	Region Province/City	March - May 2019
13	Number of Universal Health Coverage (UHC) areas supported by USG investments	Luzon, Visayas and Mindanao Health 2018 Annual Report	Records review; Data utilization workshop for RHUs	Type of TA	March - May 2019
14	Presence of mission support to strengthen HRH	Luzon, Visayas and Mindanao Health 2018 Annual Report	Records review; Data utilization workshop for RHUs	Type of TA	March - May 2019
15	Percent of USG-assisted LGUs utilizing PhilHealth funds for FP or maternal care package (MCP)/	RHU PHIC funds	Records review; Data utilization workshop for RHUs; facility visit for hospitals and private lying-in clinics	Province/ region/ PhilHealth Package	March - May 2019

No	Indicator	Data Source	Mode of Data Collection	Level of Disaggregation	Time Period Covered by the Baseline
	neonatal care package (NCP)				
16	Percent of facilities in project sites accredited as MCP/NCP or FP	Accreditation certificate	Records Review; Data utilization workshop for RHUs; Facility visit for hospitals and private lying-in clinics	Region Province/City PhilHealth Package	March - May 2019
17	Average stock-out rate of contraceptive commodities at FP SDPs [REQUIRED HL7.1-3]	Stock distribution record of health facilities or its equivalent (ex., DTUR of RHUs)	Data utilization workshop for RHUs; Facility visit for hospitals and private lying-in clinics	Region Province/City Urban-rural Type of facility Type of method	March - May 2019
18	Absolute peso amount of FP expenditures (e.g. commodities, etc) by LGU, not funded by DOH	LGU budget records	Key Informant Interview (PHO Office)	National Province/City	For expenditures: 2016 to 2018; For budget: 2017 to 2019

4.   UNITS OF MEASUREMENT AND ANALYSIS

The 18 indicators to be collected for the baseline are very varied in terms of units of observation/ measurement and analysis. The indicators can be categorized into four groups based on the unit of measurement and analysis it requires. These are:

    a.   Individuals (women; adolescents; health workers)
    b.   Person-time (expressed as couple years)
    c.   Service delivery points (RHUs; hospitals; clinics)
    d.   Service delivery networks
    e.   Local government units (Province/city)

A recognition of the unit of measurement and analysis required by each indicator is important because it has a bearing on the mode of data collection to be used and the corresponding tools to be developed. Table 3 presents a listing of each indicator and the corresponding unit of measurement and analysis.

Table 8.4-3.   List of indicators to be collected for the baseline and corresponding units of measurement and analysis

No.	Indicator	Unit of Measurement/ Analysis	No.	Indicator	Unit of Measurement/ Analysis
1	Total Fertility Rate	Individuals	10	Percent of USG-assisted service delivery points providing FP counseling and/or services [REQUIRED HL.7.1-2]	Facilities
2	Couple years protection (CYP) in US Government (USG-) supported programs	Person-time	11	Percent of women with unmet FP identified provided with modern family planning (mFP)	Individuals
3	Unmet need for FP	Individuals	12	Number of functional/ responsive SDN for FP	SDNs
4	Adolescent pregnancy rate in USG-assisted sites (among women below 18 years and 18–24 years)	Individuals	13	Number of UHC areas supported by USG investments	Local Government Units
5	Number of modern FP users in USG-assisted sites	Individuals	14	Presence of mission support to strengthen HRH	Local Government Units
6	Number of new FP acceptors in USG-assisted sites	Individuals	15	Percent of USG-assisted LGUs utilizing PhilHealth funds for FP or MCP/ NCP	LGU
7	Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message	Individuals	16	Percent of facilities in project sites accredited as MCP/NCP or FP	Facilities

No.	Indicator	Unit of Measurement/ Analysis	No.	Indicator	Unit of Measurement/ Analysis
8	Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year	Individuals	17	Average stock-out rate of contraceptive commodities at FP SDPs	Facilities
9	Percent of individuals participating in mobilization activities who adopted FP	Individuals	18	Absolute peso amount of FP expenditures (e.g. commodities) by LGU, not funded by Department of Health (DOH)	LGU

5. DATA SOURCES MODES OF DATA COLLECTION

Four major modes of data collection will be used for the baseline studies:
   a. Review of secondary data
   b. Conduct of data utilization workshops at each project site
   c. Key informant interviews
   d. Qualitative studies to measure baseline levels/status of the following:
      - Needs and capacity of health workers to analyze and use data
      - Quality of care
      - Provider stigma and discrimination

These will be described in the following sections.

5.1 Review of secondary data sources

The greatest bulk of the baseline data collection is extraction of baseline levels of the various indicators from secondary data sources. The main secondary data sources for the baseline data collection will be as follows:
   a. 2017 NDHS
   b. FHSIS
   c. Delivery logbooks of both public and private birthing facilities
   d. Client lists maintained by health facilities

e. Family Planning Logbooks of hospitals
f. List of trained health providers maintained by health facilities

For hospitals and private lying-in clinics, the review and collection of secondary data will be done by doing actual facility visits. In the case of RHUs, this activity will be done as part of the conduct of data utilization workshops. In places where there is a large number of private lying-in clinics, data from them may also be collected through the conduct of a workshop.

5.2 Conduct of data utilization workshops

Data utilization workshops were conducted in year six of the LuzonHealth project and was found to be an effective strategy for collecting data from RHUs and HCs. In these workshops, nurses in charge of data collection in each RHU/HC were asked to participate and bring with them data needed for the project indicators. Data validation was done as part of the workshop activity, after which pause and reflect sessions were conducted to enable the participants to analyze and interpret the data from their health facilities, identify issues and reflect on lessons learned for program implementation.

The collection of baseline data from the RHUs will be done through the conduct of a 2-day data utilization workshop in each of the project sites. Prior to the conduct of the workshop, the baseline data collection tools will be sent to the staff in charge of data collection in each RHU so that they will know what data to bring with them to the workshop. The actual accomplishment of the data collection tools will however be done during the workshop under the supervision of facilitators from the ReachHealth MERLA unit. Other activities to be conducted during the workshop are data validation, and a pause and reflect session.

5.3 Key informant interviews

Key informant interviews will be conducted to collect data for two indicators, namely:

a. Number of functional/responsive SDNs for FP
b. Absolute peso amount of FP expenditures not funded by DOH

For the SDN indicator, the key informant who will be interviewed will be the person who is most knowledgeable about the activities of the SDN like the Chairperson of the SDN Management Committee (if it exists) or his/her equivalent. For the indicator on FP expenditure, the key informant will be the Budget Officer and/or the Administrative Officer of the Provincial Health Office. The information provided by the key informants will be validated by requesting for relevant documents which serve as means of verification for the corresponding indicators.

5.4 Qualitative studies

A number of the indicators included in the baseline data collection are generated from routinely collected data and measure either project inputs or outputs. Most outcome indicators of project interventions are not captured through the routine data collection system because they are best generated through specialized data collection techniques like the conduct of sample surveys or qualitative studies among target beneficiaries.

To complement the baseline data collection for quantitative indicators, qualitative studies will be conducted either to provide a situational analysis or a needs assessment for future interventions or as a baseline for capacity building activities. While we do not anticipate to complete these qualitative studies in the same timeframe as the quantitative baseline data collection (given that qualitative studies are more time intensive), we will complete them during FY19. However, we plan to finalize the protocols of all qualitative studies by the end of April 2019. The following qualitative studies will be conducted during FY19 as part of the baseline studies:

a. Capacity building – We will first map out how we define capacity building, what dimensions we want to build capacity in, whose capacity we are building, the efficiency and effectiveness of capacity building and for what purpose. Key informant interviews and focus group discussions with stakeholders will be conducted to understand past barriers and failures in capacity building along with what have been successful or promising effort across various cadres of the health workforce (Barangay health workers to medical doctor as well as the private and DOH sector health managers from municipality to national). The capacity mapping will help us understand what the key capacity building outcomes will be for ReachHealth and enable us to identify how to measure these outcomes both quantitatively and qualitatively.

b. Stigma and discrimination – A study to identify barriers to FP access in the Philippines will be conducted, especially among vulnerable and marginalized populations, with the goal of identifying solutions to reduce the barriers that can be implemented by ReachHealth.

c. Quality improvement – A study will be conducted to identify meaningful quality of care indicators/metrics for ReachHealth.

6. DATA COLLECTION FROM HOSPITALS AND PRIVATE HEALTH FACILITIES

The 32 project sites altogether cover a total of 2461 health facilities, of which 915 are RHUs/health centers/other primary care centers; 248 are public hospitals; 474 are private hospitals; 822 are private lying-in clinics; and two are private clinics. These numbers are based on a list of facilities provided by CLAimHealth in November 2018, and is in the process of being updated by ReachHealth. As mentioned earlier, data collection from RHUs will be done through the conduct of data utilization workshops in each project site. In the case of hospitals and private facilities, data will be collected by reviewing records during actual facility visits. This is because of the very high degree of heterogeneity in the organizational structure and set-up, as well as in the information systems across different types and levels of hospitals and private health facilities.

All public and private hospitals in the project sites will be included in the baseline data collection. In the case of lying-in clinics, only those with a LTO will be included.

7. DATA COLLECTION TOOLS

The following data collection tools will be used by the project:

a. Form 1: ReachHealth data collection tool for RHUs
b. Form 2: ReachHealth data collection tool for hospitals
c. Form 3: ReachHealth data collection tool for private facilities (including lying-in clinics)
d. Form 4: ReachHealth data collection tool for the PHO
e. Form 5: ReachHealth data collection tool for SDNs
f. Worksheet 1: Basic Facility Profile for RHUs
g. Worksheet 2: Basic Facility Profile for Hospitals
h. Worksheet 3: Training Profile, Certification and Accreditation of Health Service Providers
i. Worksheet 4: Provision of FP Information and Counseling
j. Worksheet 5: Deliveries for Birthing RHUs/HCs/OPCs and Private LIC

For RHUs, these tools will be accomplished by the staff who will be attending the data utilization workshops using the data which they were asked to bring with them. For hospitals and private lying-in clinics, these forms will be accomplished by the PTOs, DMOs or the provincial M and E technical associates who will be doing the facility visits.

8. DATA PROCESSING AND ANALYSIS

Data from the baseline data collection will be processed and analyzed using Excel. EpiInfo may also be used to generate statistical outputs as needed. Since the data will be collected from the total population of health facilities which meet the inclusion criteria, estimation of parameters and their corresponding standard errors will not be necessary. The basic tools of descriptive statistics namely tabulation, graphical presentation and computation of measures of central tendency and dispersion will be applied in data analysis and presentation.

9. BASELINE DATA COLLECTION TIMETABLE

The baseline data collection activity will be conducted from mid-February to June 2019. The project timetable is presented in Figure 8.5-1.

Figure 1.   **Baseline data collection timetable**

Activity	February 2019 Week				March 2019 Week				April 2019 Week				May 2019 Week				June 2019 Week			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Coordinating with partners in project areas	█	█	█	█	█	█	█	█												
Hiring field staff (Regional Data Management Officers; Provincial Technical Officers; Provincial M&E Associates)			█	█	█	█														
Testing data collection tools						█														
Orienting and training of data collectors (to be done separately by region)						█	█	█												
Data collection							█	█	█	█	█	█	█	█						
Data processing and analysis									█	█	█	█	█	█	█	█				

Activity	February 2019				March 2019				April 2019				May 2019				June 2019			
	Week				Week				Week				Week				Week			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Report writing															■	■	■	■	■	■

Data collection will be started only in mid-March after the project has officially been introduced to the project sites, and in deference to the DOH moratorium on non-EPI activities among government health workers from the RHU/CHO to the regional levels, in order to address the measles outbreak currently happening in several areas in the country.

10. LIMITATIONS

The baseline data collected for some of the indicators are subject to the following limitations:

a. Data collected for the determination of couple years of protection will only be coming from the public sector (FHSIS report) and is therefore expected to be underestimated. The best way to collect data from the private sector, especially from the pharmacies is still being determined.

b. In view of the very rigid time constraints for the collection of baseline data, the percent stock-out rate of RHUs will be based on levels reported by each RHU representative during the data utilization workshop instead of observations made during actual RHU visits, as indicated in the PIRS for this indicator. The reports of the RHU nurses regarding stock-outs will be validated by interviewing the FP Coordinator at the Provincial Health Office.

c. The absolute amount of FP expenditures by LGUs in 2018 is expected to have a high degree of incompleteness given the usual 1-year lag in the availability of this data. Best efforts will be exerted by the data collection team in getting data for this indicator. This limitation is minimized by collecting expenditure data over a 3-year period (2016 – 2018). In addition, data on the LGU FP budget, which can be used as a proxy indicator for expenditure, will also be collected over a 3-year period (2017-2019).

8.5 Potential Success Stories

ReachHealth Collaborates With Batangas Provincial Health Office on Family Planning/Maternal, Neonatal, Child Health, and Nutrition Baseline Data Survey for Cities and Municipalities

Through the ReachHealth Project, the United States Agency for International Development, in partnership with the Batangas Provincial Health Office conducted its first data utilization workshop for cities and municipalities to collect baseline data. The data will serve as the basis to measure changes in the outputs and outcomes of ReachHealth's indicators, as well as help inform decisions about other technical assistance the project can provide.

A series of workshops and data utilization sessions will be conducted at all project sites to generate updated and validated data on important family planning (FP)/ maternal neonatal, child health, and nutrition indicators, which can be used for planning, targeting, and prioritizing other management functions. The baseline data set can also provide inputs to the incoming local chief executives when they conduct their local government unit's needs assessment, situational analysis, or as an advocacy tool in getting support for the FP program.

A short feature on this activity can be developed for possible submission to USAID facebook page. ReachHealth can get a short interview with the following individuals:

1. ██████████████, Nurse IV, Batangas Provincial Health Office
2. ████████████, Nurse II, Batangas City Health Office

ReachHealth's Provincial Technical Officer, ████████ (left), welcomes the health officers of various municipalities and cities of Batangas during the data utilization workshop held in March 2019. (Photo credit: ReachHealth)

With assistance from the ReachHealth Project staff, representatives from the Batangas Provincial Health Office answered the survey forms for the baseline survey during a workshop March 19–20, 2019 in Batangas City. (Photo credit; ReachHealth)

ReachHealth Mentors Private Lying-in Clinic Owners on DOH Accreditation and Licensing Certification

To expand family planning (FP) service delivery and increase FP benefits, the United States Agency for International Development (USAID) ReachHealth Project conducted an orientation workshop on the guidelines that help private midwives understand the Philippine Health Insurance Corporation (PhilHealth) Circular for the accreditation of PhilHealth stand-alone clinics and the Department of Health's requirements to obtain a license to operate. The guidelines define the process to secure accreditation, skills required for health personnel to be accredited, and the documentation and infrastructure requirements needed to secure PhilHealth accreditation.

A short feature on this activity can be developed for possible submission to USAID Facebook page. A short interview can be conducted:

Hands on training for JS Birthing Home and Lying-In Clinic in Batangas City to fully explain the Philhealth guidelines for FP stand-alone clinics. (Photocredit: ReachHealth)