



EngenderHealth
for a better life

QUARTERLY REPORT

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List of Abbreviations

AJA	Adolescent Job Aids
ANC	Antenatal Care
AOP	Annual Operations Planning
A&YP / A and YP	Adolescents and Young People
ASRH	Adolescent Sexual & Reproductive Health
AYRH	Adolescent and Youth Reproductive Health
BCC	Behavior Change Communication
BEmONC	Basic and Emergency Obstetrics and Neonatal Care
BHS	Barangay Health Station
BHW	Barangay Health Worker
BTL	Bilateral Tubal Ligation
CBT	Competency-Based Training
CDI	Cities Development Initiative
CH	Child Health
CHD	Center for Health Development
CHO	City Health Office
CHT	Community Health Team
CPO	Cebu Provincial Office
CPR	Contraceptive Prevalence Rate
CSWDO	City Social Welfare and Development Office
CV	Central Visayas
DHS	Demographic Health Survey
DOH	Department of Health
DSWD	Department of Social Welfare and Development
EBF	Exclusive Breastfeeding
EINC	Essential Intrapartum and Newborn Care
ENC	Essential Newborn Care
EPI	Expanded Program of Immunization
EV	Eastern Visayas
EVRMC	Eastern Visayas Regional Medical Center
FBD	Facility-based Delivery
FBP	Facility-based Providers
FDS	Family Development Session
FHS	Field Health Survey
FHSIS	Field Health Services Information System
FP	Family Planning
FPOP	Family Planning Organization of the Philippines
GCGMH	Governor Celestino Gallares Memorial Hospital
HFEP	Health Facility Enhancement Program
HPDP	Health Policy Development Program
HQ	Head Quarters
HSP	Health Service Provider
ICV	Informed Choice and Voluntarism
IEC	Information, Education, and Communication
IMAP	Integrated Midwives Association of the Philippines
IUD	Intra-uterine Device
KAP	Knowledge, Attitudes, and Practices
KP	KalusuganPangkalahatan
LA/PMs	Long-acting and permanent methods of contraception
LGU	Local Government Unit

LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MAP	Men as Partners
MCH	Maternal and Child Health
MCP	Maternity-Care Package
MCPR	Modern Contraceptive Prevalence Rate
MDG	Millennium Development Goal
ME&R	Monitoring, Evaluation, and Research
MH	Maternal Health
MLLA	Mini Laparotomy with Local Anesthesia
MNCHN	Maternal, Neonatal, Child Health and Nutrition
MOA	Memorandum of Agreement
MW	Midwife
MWRA	Married Women of Reproductive Age
NBS	Newborn Screening
NSV	No-Scalpel Vasectomy
OPB	Out-Patient Benefit package (PhilHealth)
OCV	Operations Cluster - Visayas
OSY	Out of School Youth
PeerEd	Peer Education
PHN	Public Health Nurse
PhilHealth	Philippine Health Insurance
POPCOM	Population Commission
PPFP	Post-Partum Family Planning
PPIUD	Post-Partum Intra-Uterine Device
PPM	Private Practicing Midwife
PRISM2	Private Sector Mobilization for Family Health, Phase 2
PRRM	Philippine Rural Reconstruction Movement
PYP	Program for Young Parents
RH	Reproductive Health
RHM	Rural Health Midwife
RHU	Rural health unit
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendant
SK	SangguniangKabataan (Youth Council)
SMS	Short Message Service
SRH	Sexual and Reproductive Health
STTA	Short Term Technical Assistant
TA	Technical Assistance
TBD	To be Determined
TCL	Total Client List
TOT	Training of Trainers
TT	Tetanus Toxoid
UP-PGH	University of the Philippines - Philippine General Hospital
USAID	United States Agency for International Development
USG	United States Government
VH	VisayasHealth
VSC	Voluntary Surgical Contraception
VSMMC	Vicente Sotto Memorial Medical Center
WV	Western Visayas
WVMC	Western Visayas Medical Center

I. Background

National Context. With a vibrant and growing economy, a political commitment at the highest level to meet its Millennium Development Goals (MDGs), a progressive Responsible Parenthood and Reproductive Health Law passed in 2012 by the Philippine Congress, a Department of Health (DOH) administrative order to reduce unmet need for Family Planning, and a social health insurance program that proactively supports access to public health services, the Philippines is poised to achieve important health and social gains. In addition, a large demographic cohort of young people and high access to technology—including almost universal cell phone usage—provide unprecedented opportunities to transform the social norms and health systems in support of improved Reproductive Health (RH) and Maternal and Child Health (MCH). On the other hand, the Philippines' highly decentralized health system poses various service delivery and management challenges, making it critical to focus on strengthening the capacity and engagement of provincial and municipal leaders and health offices. The project will capitalize on high-level support from no less than the President of the Philippines to make sure that interested men and women are able to access MNCHN/FP services.

Situation in Visayas Region. The Visayas island grouping is home to more than 18 million Filipinos and is divided into 3 administrative regions (VI, VII, and VIII). Poverty incidence varies widely among the provinces, from 22% of households in Negros Occidental to around 46% of households in North and West Samar, yet the absolute numbers of poor households are almost equal, with a projected 261,000 in Region VI and 288,000 in Region VIII. Likewise, Maternal, Neonatal, Child Health and Nutrition and Family Planning statistics are extremely variable between and within provinces in Visayas. Region VIII generally has the worst indicators for Facility-based Deliveries (FBDs) (46%), immunization (76%), and unmet need for FP (30%). With respect to Child Health (CH), nutrition rates are similar among all three regions, and Vitamin A coverage (83–86%) is higher than the national average. However, around 40% of children under age five are stunted. Immediate initiation of breastfeeding among newborns is highly variable—only 34% in Canlaon City in Region VII and 75% in Southern Leyte in Region VIII. ASRH is significantly overlooked. In Central Visayas, a growing number of 15 to 19-year-olds are giving birth having increased from 6.9% in 2006 to 10% in 2011.

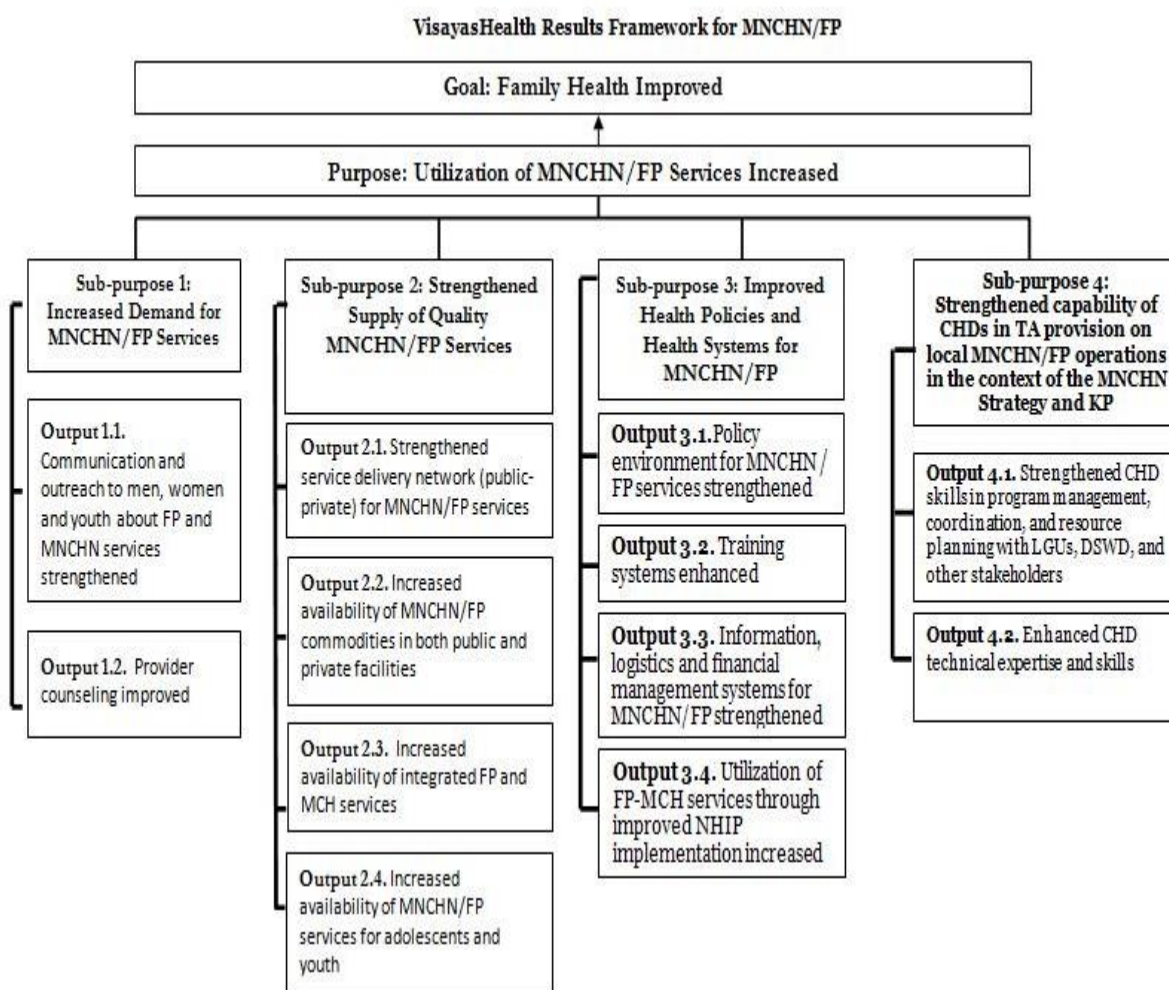
Health System Priorities. The Philippines has a relatively new vision of mobilizing Community Health Teams (CHTs), comprised of community health workers and parent leaders, and managed by a midwife to encourage health-seeking behavior and help clients particularly the poorest of the poor, navigate the health system. In the Visayas area, LGUs are at vastly different stages of activating CHTs. While some provinces, such as Southern Leyte, have completed CHT training (1,159 trained from all 18 municipalities), other provinces, such as Samar, have only just begun mobilizing CHTs (only four out of 24 municipalities). PhilHealth is on the move to achieve 100% enrollment, promote facility/provider accreditation (registration), and assist clients and the health system to maximize utilization of benefits.

Despite their extensive and dynamic workforce, PhilHealth is challenged to fulfill their mandate in Visayas at the very local level. For example, only 4 out of 27 RHUs are accredited with the maternity care package (MCP) in the province of Negros Oriental. Private-sector provision of health services plays a significant role in health service provision (51%): With the advent of PhilHealth, private birthing homes are burgeoning. The Integrated Midwives Association of the Philippines-owned private clinic network has 11 birthing homes in Bohol, and in Region VIII, 38 Mother Bless private lying-in facilities provide private-sector alternatives for FBD. In the public sector, the DOH is working to increase trained health providers in rural and remote areas with two-year postings through such programs as Doctors to the Barrios and RNHeals. With several island communities and geographically isolated and depressed areas (GIDAs), Visayas has benefited from these temporary infusions of health personnel, but in many cases, LGUs do not budget adequately to transition these staff into permanent placements.

II. The Project and Objectives

The VisayasHealth project will work towards achieving the following goals and objectives: reducing maternal and child mortality, reducing unmet need for family planning, increasing CPR, increasing skilled birth attendance, increasing newborns given neonatal care, reducing the number of teenage pregnancies, and increasing exclusive breastfeeding rates.

To achieve these goals and objectives, VisayasHealth will implement the following components: scaling-up of supply and demand for MNCHN-FP services, removing policy and systems barriers and developing capacity of CHDs to manage and coordinate MNCHN-FP program and activities. Below is the VisayasHealth results framework.



III. Accomplishments

- Supply (Ambulatory Services), Demand and Systems
- Disaster Response
- Gender Training
- Baseline Survey

Indicator	Baseline value (reference year)	End of Project Target	Target for the Year	FY 2014 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
Archive Indicators									
FP 2 Modern Contraceptive Prevalence Rate (MCPR)	32.8% (FHS 2011)	40.3%	35.8%						DHS
PPIUD clients served				368				1,038	
BTL-MLLA clients served				412				602	
FP 3 MCPR (15-19)	20.70% (FHS 2011) N:12,232 D:63,169	23.2% N:16,071 D:69,271	21.7% N:14,353 D:66,144						
FP 4 Percent of women (18-24 years of age) who had their first birth before 18	4.79% (FHS 2011)	4.01%	4.4%						
MCH 3 Percent of deliveries with skilled birth attendants in USG assisted programs	73.8% (FHS 2011)	90% N:301,350 D:334,784	80% N:255,984 D:319,529						DHS
MCH 4 Percent of facility-based deliveries in USG-assisted sites	53.7% (FHS 2011) N:147,622 D:273,481	74.65% N:249,749 D:334,784	65.6% N:209,610 D:319,529						DHS
MCH 5 Percent of infants exclusively breastfed in the first six months in USG-assisted sites	40.9% (FHS 2011) N:	43.9% N:158,883 D:330,318	42.4% N:141,479 D:317,930						DHS
FP 19 Number of pregnant women provided with FP information or counseling (cumulative)	106,691 (2012) baseline survey*	197,608	145,687	660				36,596	
FP 20 Number of post-partum women provided with FP counseling/services (cumulative)	75,110 (2012) baseline	160,799	101,271	440				32,710	

Indicator	Baseline value (reference year)	End of Project Target	Target for the Year	FY 2014 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
	survey)*								
Number of men provided with FP counseling / services (<i>new</i>) (cumulative)	56 (2013) Usapan session	4,897	4,230	1				81	
Number of women reached with education on Exclusive Breastfeeding (<i>new</i>) (cumulative)	52 (2013) Usapan session	29,381	25,380	4,314				4,314	
CC 2 Number of adolescents and youth of both sexes provided with youth-friendly MNCHN/FP counseling and referral services in USG-assisted service delivery points (cumulative)	7,213 (2012) baseline survey*	17,823	10,830					1,875	Organizational activities for Teen Mom (i. e coordinative meetings)
FP 10 Number of additional USG-assisted community health workers providing FP information and/or services (cumulative)	0	14,760	5,400						No activities related to indicator carried out for Oct-Dec 2013
FP 11 Percent of service delivery points providing FP counseling and services in USG sites (cumulative)	34% (2013) baseline survey* N:109 D:345	75% N:258 D:345	44% N: 146 D:345						
FP 12 Percent of service delivery sites providing post-partum IUD and BTL services (cumulative)	27% (2013)								
SDPs providing post-partum IUD	10% N:25 D: 146	60% N:149 D: 146	23% N:56 D:146						
SDPs providing BTL	53% N:47 D: 89	65% N:58 D:89	56% N:50 D:89						
FP13 Number of health providers trained on FP/RH with USG funds per type of training (cumulative)									
nurses trained on FPCBT-1	191 (2013)	289							
trained on PFPF-PPIUD	0		Providers 20;	31 providers 12 trainers				65	

Indicator	Baseline value (reference year)	End of Project Target	Target for the Year	FY 2014 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
			Trainers 10						
MCH 12 Number of health providers trained on MCH with USG funds									
hospital nurses (permanent items) trained in Lactational Management Training	268	591		145				145	Number includes other hospital staff like doctors and midwives
MCH 11 Percentage of trained health providers correctly practicing EINC protocol increased	5% (LuzonHealth study 2013)	45%	15%						Protocol for measurement being developed
FP 14 Number of USG-assisted service delivery facilities experiencing stock-outs	75% N: 260 D:345	35% N:121 D:345	65% N:224 D:345						
FP 15 Amount of LGU resources for FP commodity procurement	8.2M (2012) baseline survey*	9.0M	8.5M						
FP 23 Amount of in-country public and private financial resources for FP program (cumulative)	8.3M (2012) baseline survey)*	9.2M	8.7M	516,380.40				8,717,697	
CC 4 Number of USG-assisted facilities implementing integrated FP-MCH services	82 (2013)	203	112						
FP 22 Number of USG-assisted NGO facilities, midwife clinics, educational institutions providing FP/RH services for adolescents and/or youth of both sexes	0	99	16						Organizational activities for Teen Mom
MCH 14 Number of LGUs with at least CHT/community support group providing breastfeeding information, and referral to lactating mothers	108 (2013) Baseline survey*	173	122						
MCH 15 Percent of health facilities certified as Mother-Baby Friendly	53% 60/113 (2013) Baseline survey*	85.8% 97/113	67.2% 76/113						

Indicator	Baseline value (reference year)	End of Project Target	Target for the Year	FY 2014 Accomplishment				Cumulative Performance to Date	Remarks
				Q1	Q2	Q3	Q4		
MCH 17 Number of health facilities accredited for MCP/NCP in USG assisted sites	164	238	193						
MCH20 Number of MCP/NCP claims	34,066 (2012)	54,864	49,876	TBD					Data from PhilHealth through HPDP pending
MCH21 Amount of MCP/NCP reimbursement	117.1M (2012)	188.6M	141.7M	TBD					Data from PhilHealth through HPDP pending
FP17 Amount of PhilHealth FP Reimbursements	453,934 (2012)	731,065	549,260	TBD					Data from PhilHealth through HPDP pending
FP18 Number of PhilHealth FP Claims	118 (2012)	190	143	TBD					Data from PhilHealth through HPDP pending
CC5 No. of USG assisted CHDs with improved mgt capacity in providing TA to LGUs									
CHD staff trained in other critical TAs needed for FP-MCH implementation (Gender Matters)			Three staffs from CHD 7 and CHD 8						

*baseline results updated from Nutrition Council of the Philippines initial report January 2014

IV. Reasons for Variances in the Performance

1. *Non-availability of information for some indicators*

Data for the following indicators are not available because of delay in setting up the project's monitoring and tracking system:

- MCPR 15-19
- Percent of women (18-24 years old) who had their first birth before 18
- Percent of deliveries with skilled birth attendants in USG assisted programs
- Percent of facility-based deliveries in USG-assisted sites
- Percent of infants exclusively breastfed in the first six months in USG-assisted sites
- Number of adolescents and youth of both sexes provided with youth-friendly MNCHN/FP counseling and referral services in USG-assisted service delivery points
- Number of additional USG-assisted community health workers providing FP information and/or services
- Percent of service delivery points providing FP counseling and services in USG sites
- Percent of service delivery sites providing post-partum IUD and BTL services
- Number of health providers trained on FP/RH with USG funds per type of training
- Number of health providers trained on MCH with USG funds
- Percentage of health providers
- Correctly practicing EINC protocol increased
- Number of USG-assisted service delivery facilities experiencing stock-outs
- Amount of LGU resources for FP commodity procurement
- Number of USG-assisted facilities implementing integrated FP-MCH services
- Number of USG-assisted NGO facilities, midwife clinics, educational institutions providing FP/RH services for adolescents and/or youth of both sexes
- Number of LGUs with at least CHT/community support group providing breastfeeding information, and referral to lactating mothers
- Percent of health facilities certified as Mother-Baby Friendly
- Number of health facilities accredited for MCP/NCP in USG assisted sites

Extensive discussions with other projects and with USAID on the final project indicators including their definitions and data collection methods was the major reason for this delay. In addition, the project's M&E staff were heavily involved in the conduct of the baseline survey.

2. *Discrepancy between the results of the baseline survey and the FHS/DHS figures*

For some indicators such as CPR, FBD and SBA the results of the baseline survey were very much lower than the numbers reported in the DHS and FHS. The main reason for the discrepancy is the source of information. The baseline survey used data generated from the DOH FHSIS which is a facility-based information system. On the other hand, DHS and FHS are population-based surveys that collect information directly from clients in the community. As a facility-based information system, FHSIS does not capture clients who go to private sector providers and to hospitals in general as well as clients who do not go to the public health centers and health stations.

3. Low levels of accomplishments for some indicators

The accomplishments of the project as reflected in the demand generation indicators are low. A major factor to this underachievement is the diversion of project time and resources in response to the two disasters that hit the Visayas Region. In addition, the damage to health facilities in the disaster-hit areas constrained the provision of information and counseling services especially in family planning and maternal and child health. Many facilities especially birthing clinics in Leyte and in the provinces of Cebu, Bohol and Iloilo suffered significant damage and had to be closed. Finally, the inclusion of Cebu province and its highly urbanized cities required additional time for preparatory activities. Cebu needs to catch up with the other provinces that have already made progress in the provision of MNCHN/FP services.

V. Major Implementation Issues

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
1. Management Concerns	<ul style="list-style-type: none"> • Loss of project time and resources due to the two disasters (earthquake and typhoon) that hit the Visayas. • Based on a request from local and national partners with concurrence from OH USAID, the project had to procure and distribute disaster relief goods and commodities and mobilized project staff towards this purpose • Many health facilities were damaged by the disasters preventing the project from carrying out the planned technical assistance activities in the affected areas. • Finally, many of the victims of the typhoon relocated temporarily to other places making it difficult for health providers to track and follow-up existing and potential clients for 	<ol style="list-style-type: none"> 1. VisayasHealth provided assistance to health care providers in setting up temporary shelters for local health services. VH was able to secure tents that served as health centers in 3 municipalities. 2. VisayasHealth submitted a plan to reduce the downtime in affected areas and fast-track the provision of technical assistance to the province of Cebu. Cebu has a large population and pool of health facilities and providers that can make up for the loss of technical assistance opportunities in Leyte. In addition, the project will reach typhoon victims that relocated to Cebu. The plan, which was incorporated to the Year 2 workplan as an addendum, included the hiring of short-term staff to assist in the rehabilitation work in Leyte and in fast-tracking the engagement of Cebu province and its 3 highly urbanized cities. An adjusted budget that reflected VH disaster response expenses was included in the submission. 3. Coordinated with other partners and organizations for the repair and rehabilitation of damaged health facilities including the provision of 	VH will discuss with USAID other options if the planned response will not work. One such option is to readjust the project's goals and deliverables

Areas of Concern	Implementation Issues	Actions Taken	Planned Actions if Not Resolved
	MNCHN/FP services	equipment and needed commodities	
2. Security Concerns	Not Applicable	Not Applicable	Not Applicable
3. Others	<p>Inclusion of Cebu Province in the list of VH-assisted provinces. VH welcomed the inclusion of Cebu province. Cebu is the biggest province in terms of population size. Cebu also has very high levels of unmet need for MNCHN/FP and could potentially benefit from the project's technical assistance activities.</p> <p>However, the delayed entry of Cebu also brings many challenges considering the resources required to bring the province up to speed.</p> <p>The project will develop a rapid mobilization plan specifically for Cebu.</p>	<p>1. Conduct of preparatory activities such as meetings with provincial officials and the CHD. The meetings provided an opportunity for VH to present and explain its program of assistance. The provincial health officials welcomed the opportunity to partner with VH.</p> <p>2. Conduct of baseline survey that provided basis for prioritizing health facilities and municipalities for the provision of technical assistance</p> <p>3. Prepared and submitted of plan to fast-track the engagement of Cebu. (Annex G)</p>	VH does not anticipate any problem that will derail the project's rapid engagement of Cebu Province.

VI. Milestone, Key Tasks, and Activities

Highlights of the Activities in the Quarter

A. Response to the Earthquake and Typhoon Disasters

A.1 Bohol Earthquake

On October 15, 2013 a powerful earthquake registering 7.5 magnitude in the Richter scale hit the province of Bohol causing massive damage to at least 3 district hospitals, 5 main health centers and 30 Barangay Health Stations (BHS). Thousands of houses were damaged with tens of thousands of residents rendered homeless who had to be accommodated in evacuation centers. In response to a request from the Philippines Department of Social Welfare and Development (DSWD), VH procured hygiene kits for the affected families. The kits contained water pails, soap, shampoo, toothbrush, laundry soap, sanitary napkins and other items needed for the maintenance of proper personal hygiene. These items were turned over to the DSWD in Tagbilaran City by Ms. Gloria Steele, the Mission Director of USAID Philippines.

Quarterly Highlights, continued

In addition to the hygiene kits, the project also provided emergency lights and other emergency supplies to the affected health facilities particularly to the health centers in the municipalities of Carmen, Catigbian and Sagbayan. The assistance was much appreciated by the health center staff.

A.2 Typhoon Yolanda

On November 8, 2013, a super-typhoon with maximum winds of 200 km per hour ravaged the provinces of Samar, Leyte, Cebu and Iloilo. The typhoon caused significant damage to health facilities and other infrastructure and affected millions of people living in the affected areas. In response, VH carried out the following activities:

1. Provision of nutrition kits to families

VH procured food items and other essential commodities and distributed these to the affected families through the concerned local government units. The food items were based on the standard list provided by the DSWD. VH coordinated with the DSWD, the DOH, and appropriate local government agencies in the identification of priority areas and households. Under difficult conditions the team was able to procure the much-needed food items and delivered them to the beneficiaries in a very short period of time

2. Conduct of a rapid assessment of the damaged facilities in Leyte

VH organized three teams that visited all the municipalities in Leyte to assess damage to health facilities caused by Typhoon Yolanda. The results of the assessment (see Annex F) showed that 5 district hospitals and seven Rural Health Units (RHUs) suffered major damage. In these health facilities, the provision of health services were severely affected and transferred to another location. The assessment also identified drugs, commodities, instruments and minor equipment that were needed by the health staff. The results of the assessment were shared by the project to the DOH and other partners who needed the information.

3. Provision of tents to serve as temporary health centers

VH through the World Health Organization (WHO) Regional Office donated tents to the municipalities of Villaba and Tolosa in the province of Leyte and the municipality of Carles in Iloilo. The tents were used as temporary health centers by the health staff while awaiting for the repair of their damaged health facilities.

4. Providing logistical and technical support to the OCV during the immediate relief and emergency response period

In response to a request by Assistant Secretary Pauline Ubial of the DOH OCV, VH provided logistical and technical support to the DOH during the emergency response period in Tacloban City. VH facilitated the deployment of solar powered refrigerators for the CHD VIII to prevent damage to vaccines as a result of the absence of electricity.

Finally, VH has explored partnering with other donors and agencies in the repair and rehabilitation of affected health centers and village health stations.

The cost associated in the disaster response to Typhoon Yolanda is summarized in the table below.

Activity	2013		2014									Budgetary Requirements
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
1. Organization of Leyte Task Force												
2. Conduct of Rapid Assessment of Health Facilities and Evacuation Centers												165,000.00
3. Menu of Interventions:												
a. Provision of temporary shelters for the health centers												292,000.00
b. Provision of emergency lights and similar devices in areas with power outages especially for the delivery rooms												TBD
c. Facilitate dissemination of information on PHIC Memorandum allowing accredited health facilities that sustained damage to claim reimbursements for services rendered <i>(PHIC Circular Nos. 33, s-2013 and No. 34, s-2013)</i>												12,000.00

Activity	2013		2014									Budgetary Requirements
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
d. Provide assistance to the LGU with damaged health centers to inform the CHD about the extent of the damage so the local officials can avail of assistance from the DOH through the HFEP.												--

B. Gender Awareness Training for VisayasHealth Staff, DOH Staff and orientation of USAID Office of Health Staff

As spelled out in the VisayasHealth Year1 Workplan, all VisayasHealth staff will be trained on Gender and Development by EngenderHealth Headquarters. However, there were schedules at the LGUs that could not be postponed, hence, other VH field staff could not make it to the training on October 9-11, 2013 at the VisayasHealth Regional Office Conference Room. A total of 12 participants attended the training, 10 females and 2 males. There were 4 from CHDs: Regions 7 (3) and Region 8 (1). The training was designed to increase the participants' knowledge on gender sensitive and gender transformative programming; analyze how gender norms impact health risks and behavior and to program implementation; able to communicate positive and equitable relationships and roles of men and women avoiding negative gender norms. The participants appreciated and have better understood the definition of gender with the activity exercises conducted even if before these have been defined many times but now it has been made clear to them. The VH Gender Team was organized and it was agreed that each region will have a VH Regional Gender Focal Person who will move forward the VH Gender Action Plan (See Annex) which was finalized with the technical assistance of the HQ Gender Technical Advisor's visit.

HQ Gender Technical Advisor also gave an orientation/training for USAID Office of Health team in Manila. This training was requested by the OH team who expressed their gratitude for exposing them to Men As Partners (MAP) activities, which were shortened versions of the Learning About Gender and Act Like a Man/Woman activities.

C. Completion of the Baseline Survey of eight project sites namely Iloilo, Negros Occidental, Bohol, Negros Oriental, Leyte, South Leyte, Samar and North Samar. Initial conduct of the baseline survey for Cebu City, Mandaue City and Cebu Province

The baseline survey for VisayasHealth-assisted provinces (Bohol, Negros Oriental, Iloilo, Negros Occidental, Leyte, South Leyte, Samar and West Samar) was carried out in October 2013. The objective of the study was to provide detailed requirements for project interventions for it to achieve the desired outcomes for the three sub-purposes (demand generation, FP-MCH supply, systems and policy). The following categories of information as needed to a facility type were collected: [1]strategies for generating demand for MNCHN/FP services; [2] training profile of facility health service providers of MNCHN/FP services; [3] availability of MNCHN services and commodities; [4] availability of network of support services for MNCHN/FP including existing public-private arrangements, and; [5] availability of local policy systems to generate demand and ensure supply of MNCHN/FP services and secondary data on selected MNCHN/FP indicators. A total of 89 hospitals, 10 primary care facilities for hospitals (confidence interval of 95%, 10% margin of error) was proposed and agreed on. A census of all health centers in the 8 provinces was requested. All of those who responded positively were included in the survey (246 Rural Health Units).

Activities for generating demand in the facilities are low, with only 15.5% of pregnant women and 20% of postpartum women provided FP information/counseling. This is much lower among adolescents and youth where less than 1% (7,213 of 3M) are provided with youth friendly MNCHN/FP and referral services. Although there are many CHT members, they were not trained to provide FP information.

The baseline study also showed that only 32% of facilities are able to provide FP counseling and services (trained provider, two FP methods and referral for FP methods if not available); 50% of hospitals provide Bilateral Tubal Ligation (BTL) services and only 10% (of RHUs and hospitals) have postpartum IUDinsertion services. Most (75%) report stock-outs for pills, injectables and IUD. An inventory of relevant

FP and MCH training courses for public health nurses showed that 59% are trained in basic FP including counseling; only four out of 10 are trained in interval IUD insertion. Basic FP counseling for Rural Health Midwives, was lower at 45% and much so with interval IUD insertion training at 25%.

Four out 10 LGUs surveyed have at least one community support group providing breastfeeding information, and referral to lactating mothers. At least half of the hospitals (53.1%) report that they are certified as Mother-Baby Friendly hospitals. Accreditation of birthing homes for MCP and NCP is at 64%.

Per approval of USAID, Cebu province, Cebu City, Lapu-Lapu City and Mandaue City have been included as project sites in lieu of Negros Oriental. Thus after the disaster response to Yolanda in VisayasHealth-assisted provinces, the baseline for LGUs was started in facilities which provided consent to the survey and ran for a week.

D. Revision and translation of Usapan Action Card

VisayasHealth has been using the *Usapan* Series, an innovation of the PRISM2 project. *Usapan* features group counseling and the immediate provision of FP services as needed. *Usapan* has proven to be an effective demand generation tool, however, it was designed to be conducted in community settings to generate demand for the services of private midwives engaged by PRISM2. VisayasHealth is focusing its efforts in facility-based settings, making it imperative to shorten the time spent on *Usapan* from the usual two (2) hours or more to a maximum of 30 minutes. It has also been necessary to revise the Action Cards or discussion guides, based on the feedback of clients and health service providers. The revision of the Action Cards was a collegial effort, with technical and field staff providing inputs. VisayasHealth has developed two (2) action cards: one for men and one for women. These have been translated into Ilonggo for Region 6; Cebuano/Binisaya for Region 7; and two (2) versions of Waray (for Leyte and Samar, respectively) for Region 8. The new Action Cards zero in on health concerns and direct clients to consider contraceptive options best suited for them. The Capacity Building Specialist has drafted the session guide for the conduct of *Usapan* in facilities. (Please see attached Action Cards and Teaching-Learning Process Guide.)

E. Program for Young Parents

VisayasHealth is adapting the Teen Moms program of the University of the Philippines Philippine General Hospital (UP PGH) in its Program for Young Parents (PYP). This intervention will enable VisayasHealth to address concerns for the reduction of births to women below 18 years old, encourage facility-based deliveries attended by skilled birth attendants, promote essential infant and newborn care, reduce maternal and infant mortality rates; as well as promote exclusive breastfeeding for at least the first six (6) months. The project has engaged the services of Dr. Emma Llanto, one of the main proponents of the UP PGH Teen Moms Program, to provide technical assistance in setting up PYP in facilities with high volumes of deliveries: West Visayas Medical Center (WVMC) in Iloilo City for Region 6; Vicente Sotto Memorial Medical Center (VSMMC) in Cebu City for Region 7; and the East Visayas Regional Medical Center (EVRMC) in TaclobanCity for Region 8. These facilities will serve as pilot institutions for the PYP and will be the model for the expansion of the program in other facilities in the three (3) Visayas regions.

Implementation has been set back because of the 15 October earthquake and the super typhoon Haiyan/Yolanda. Nevertheless, VSMMC has constituted its PYP Team and will be holding its planning workshop in the first quarter of 2014. The VSMMC PYP Team and VisayasHealth are currently looking for a

***Program for Young Parents*, continued**

venue for the PYP, since the site originally identified is in a building that sustained significant damage due to strong aftershocks. As of this writing, VSMMC has designated Wednesdays as the day for PYP activities and is currently providing counseling and information services to young parents in the Out Patient Department (OPD). VisayasHealth and VSMMC hope to formally launch PYP by February 2014.

A. Planned Major Activities in the Next Quarter:

1. Program Management:

- Baseline survey for Lapulapu City
- Work with AmeriCares for the rehabilitation of 7 health facilities in Leyte
- Visit of Ms. Pam Barnes, President of EngenderHealth
- Attendance to Program Managers' Meeting in Bangladesh
- Hiring of Knowledge Management Officer and Human Resource Manager, STTAs for program implementation in Cebu and Leyte
- Clinical Foundational Training
- Expand Net Training for EngenderHealth Staff
- Clinical Case Conference on PPIUD

2. Demand Generation:

- Orientation of Pregnancy Tracking System to CHTs and BHWs
- Roll out of USAPAN sessions in Cebu and other project sites
- Capability building of Breastfeeding Counselors

3. Increasing Supply:

- TOT for trained health service providers on PPIUD
- Training of health service providers on PPIUD in newly identified training centers
- Road show on Contraceptive Technology Update
- Training on the use of Sub-dermal Implants
- Orientation on PYP (Program for Young Parents) to EVRMC and WVMC staff
- Provision of ambulatory surgical services (BTL) to selected sites

2. Policies and Systems:

- Facilitate PhilHealth accreditation of health facilities in Cebu
- Introduction of incentive scheme to enhance facility based deliveries

B. New Opportunities for Program Expansion

- Inclusion of Cebu as project site
- Partnership with government and non-government organizations
- Hiring of additional provincial coordinators for Cebu and Leyte
- Addition of one more ambulatory surgical team to provide LAPM services
- Installation of Pregnancy Tracking System

VII. Financial Reports

Itemized Project Expenditures (USD)

Cost Items	Total LOP This Quarter	Cumulative Expenses of Previous Quarters	Expenditure This Quarter			Cumulative Amount at End of This Quarter	% of Expenses Based on the LOP
			Month Oct 2013	Month Nov 2013	Month Dec 2013		
Labor + Fringe Benefits	222,184.00		69,695	69,695	81,745	221,135	99.50
Travel and Transportation	61,759.00		19,368	16,252	24,775	60,395	97.79
Project Activities	256,226.00		64,453	58,185	68,349	190,987	74.54
Sub-grantees/sub-contractors	55,000		17,059	17,945	18,832	53,836	97.88
Other Direct Costs	164,523		63,724	33,861	57,915	155,500	94.52
Indirect Costs	212,256		70,712	59,992	75,552	206,256	97.17
TOTAL	971,948		305,011	255,930	327,168	888,109	

Provincial/City Expenditures

Province/City	Costs of Activities Per Province				Total Expenditure
	TA	Training	Logistics (equipment, supplies, materials)	Others (please specify) Disaster Relief	
Ilo-ilo	9,703	6,547		35,366	51,616
Negros Occ	7,046	3,386			10,432
Negros Or	6,402				6,402
Bohol	7,779				7,779
Leyte	7,136			56,951	64,087
Southern Leyte	8,611				8,611
Northern Samar	6,919				6,919
Western Samar	6,799			35,122	41,921
TOTAL	60,395	9,933		127,439	197,767

VIII. Success Story

VisayasHealth fostered renewed interest of health service providers (HSPs) in post-partum family planning (PPFP). PPFP was introduced in the Visayas some time ago, however, the trained providers did not have ample opportunity to practice their skills. VisayasHealth facilitated the training of HSPs in PPIUD effectively giving clients access to a long-acting method immediately upon delivery; eliminating the need to return to the facility for FP services; and truncating the period when they are not protected from unwanted pregnancy.

Dr. Josephine Jabonillo.

Fifty-one year old Dr. Josephine Jabonillo is the Municipal Health Officer in the town of Carmen, Bohol. She has been a medical doctor for twenty-eight years, twenty-six of which have been spent in Carmen.

She was selected to be among the first batch of trainees for post-partum intrauterine device (PPIUD) insertion conducted by USAID's Visayas Health Project in June 2013, and the subsequent training of trainers on September to October 2013.

The MHO expressed enjoyment as well as excitement in the training even with as she says "old school, low-technology materials" as brown paper and marking pens. This she said, did not bother her as it would help her replicate the technology in areas with limited power supply. Indeed, upon her return from the training, she wasted no time and did a half-day orientation for midwives and other health office staff. As the midwives were stationed in facilities throughout Carmen, they became the conduit in disseminating clients at their respective communities of assignment about the new health service at pre-natal counseling sessions.



Dr. Josephine Jabonillo is Carmen, Bohol's Municipal Health Officer. She claims that it is largely the clients' expressive gratitude that motivates her. Photo by A. Sugcang/USAID/Visayas-Health

Dr. Jabonillo says that so far there are only two of them who have been trained on PPIUD. She reveals that midwives in the BHS' trained on interval IUD have been instructed to attend the first follow up check of PPIUD patients. Otherwise, patients would have to go travel to the Municipal Health Office (MHO) for their first check up post PPIUD. Jabonillo points out that some patients had to shell out Php 200.00 to get to the facility due to the distance and limited transportation. For the families in these communities, the amount is already steep. Further, some of them have to tow along their newborn and or toddlers as nobody could look after these. The empowerment of the midwives would make it more convenient for these mothers.

Carmen municipality offers both interval IUD and post-partum IUD insertions. In recent months, Jabonillo said most women in the municipality prefer IUD insertion right after delivery. "It seems they want to do it all at once", says Jabonilla. She added that this however was not without challenges recalling failure in the operation due to varying reasons as "nerves" or contracted uterus.

The municipal officer reveals patients from other towns have expressed preference to give birth and avail of other health services in the town's health facility because of its 24/7 operation. "I do not easily refer patients to the provincial hospital fifty-nine kilometers away from our town. In birthing centers of other municipalities, it is only midwives who are present. Here, I can be called on any time of the day when there is a delivery." She adds that more women in the municipality and nearby towns have been inquiring about PPIUD. "Post-partum IUD insertion is easier to do than interval IUD. As I am the current association president, I have spoken about PPIUD with the Association of Municipal Health Officers of Bohol province." She plans to conduct atraining on post-partum IUD insertion for Municipal Health Officers of the nine other local government units in Carmen health district in the near future.

Asked on what motivates her, she demures that it is when patients express gratitude citing one patient comment -- "I would have been pregnant again by now if not for the IUD". Another motivation is her simple love for her work. She said, her energy level is barely compromised even if she went on a 24-hour work occasionally. Likewise, she said her staff had verbalized that she likewise inspires them. In a nutshell, Dr. Jabonillo has infected her staff with her enthusiasm and passion for their work.

IX. Communication and Outreach

C4C Communications for Communicators Transformative Leaders in Health Communication 01 to 06 October 2013

VisayasHealth is supporting the participation of its Behavior Change Communication Specialist, Advocacy Officer, and the Regional Technical Adviser for Region 6 in the Communications for Communicators *Transformative Leaders in Health Communication* or C4C. In addition, VisayasHealth helped identify prospective scholars to the program among its constituents in the regional offices of the Department of Health (DOH) as well as local government units in Regions 6, 7, and 8. C4C aims to strengthen the communication competency of health communicators through a six-day intensive learning course followed by a six-month blended learning program. C4C is a cooperative effort of Campaigns & Grey, Johns Hopkins University, ACCESS International, and the Ateneo De Manila University with the support of the USAID. Scholars will propose and implement a communication project that will embody the principles they have learned from the C4C in their respective areas as part of their re-entry plan.

List of Products Developed in Q4, 2013

No entry for this quarter

ICV Compliance Report (Semi-annual: Q2/Q4)

Instructions: This should record ALL activities related to compliance to FP and Abortion-Related Policies, such as, but not limited to, orientation sessions on Informed Choice, Voluntarism, compliance monitoring tools, systems or activities.

Part A: Technical Assistance, Inputs and Other Activities

Date	Location	Specific Activity/ Topic or Content	Conducted By Whom	Number of Participants		Specific Audience	Remarks/Results/ Outputs
				M	F		
Sept 21- 23, 2013	Harolds Hotel Cebu City	TOT on PPIUD • Counseling, method specific counseling • Informed consent and voluntarism	EngenderHealth and MCH EngenderHealth and MCHIP IP	3	11	Candidate Trainers Master Trainer	• Informed consent and voluntarism included as one of the topics
Oct 2-5, 2013	GCGMH, Tagbilaran City, Bohol	TOT and Training of Service Providers on PPIUD • Counseling, method specific counseling Informed consent and voluntarism	EngenderHealth and MCHIP	1	3 1 10	Candidate Trainers Master Trainer Service Providers	• Informed consent and voluntarism included as one of the topics
Oct 2-5, 2013	IPH, Pototan, Iloilo	TOT and Training of Service Providers on PPIUD • Counseling, method specific counseling • Informed consent and voluntarism	EngenderHealth and MCHIP	1 1	3 1 9	Candidate Trainers Master Trainer Service Providers	• Informed consent and voluntarism included as one of the topics
Oct 9- 12, 2013	EVRMC, Tacloban City	TOT and Training of Service Providers on PPIUD • Counseling, • Informed consent and voluntarism	EngenderHealth and MCHIP	1	3 1 11	Candidate Trainers Master Trainer Service Providers	• Informed consent and voluntarism included as one of the topics

Total Number of Orientation/Training Activities conducted: 3

Total Number of Participants Trained or Oriented: 45 (MT=2; CT=12; SP=31)

Males: 4 (CT=3; SP=1)

Females: 41 (MT=2; CT=9; SP=30)

MT- Master Trainer

CT- Candidate trainers

SP- Service Providers

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

NOTE: The specific ICV Monitoring activities conducted during this period includes the conduct of the PPIUD Training of Trainers and Service Providers; the ambulatory services for BTL; and the baseline survey

Baseline Survey:

A total of 243 facilities were also visited and assessed during the Baseline Surveys of facilities in areas covered by the Visayas Health in Regions 6, 7 and 8. Below is the result of the baseline survey.

Total number of Facilities Monitored:	243
Number of facilities noted to be compliant to policies:	220
Total number of Service Providers Monitored:	0
Number of facilities with possible vulnerabilities:	0
Total number of FP clients interviewed:	0
Number of facilities with possible violations:	0

Monitoring visits during BTL ambulatory Training and services were conducted in 8 district hospitals throughout the Visayas region; Silay District Hospital in Region 6, Bayawan, Mabinay and Camotes Hospitals in region 7 and Catubig District hospital in N. Samar and Calbayog District Hospitals in Reg.8. Comprehensive counseling were strictly observed in the said facilities before any method is provided. For clients who decided to undergo permanent method, a thorough discussion on the 6 elements were given to the clients and couples.

ICV wall chart were provided in all these facilities and FP in charge were reminded to use the chart as their material in the discussion of the FP methods.

A total of 6 Ambulatory BTL visits were done during this period.

Date Monitored	Name of Facilities	Location of Facilities	Name/Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/Findings (please be as detailed as possible)	Steps Taken/ Recommendations (please provide as much detail as possible)
Oct 17,2013	Silay Dist. Hosp	Silay City, Neg Or		46	LMTapere	Have FP designate to provide FP information and counseling ; with designated FP room with privacy	To add 1 staff to augment the coordinator while on leave, shifted to other ward ;To include them in Usapan session for hosp staff
Oct. 22,2013	Calbayog City	Calbayog City, Samar	Ms. ElvieBalibaros, FP	29	LMTapere	With FP space for counseling sessions but need more IEC materials for information; limited FP forms (FP form 1 and informed Consent	To ask more IEC FP materials from the province for counseling use Improve record keeping of FP services
Oct. 24,2013	Catubig District	Catubig, N. Samar	Dr MelodiaNerida	32	Ms. EBaroza	With designated FP staff for FP with complete recording of clients served but lack regular supply of FP commodities; Counseling provided to all clients; lack of IEC materials	Provided ICV Wall Chart; To coordinate with PHO on the allocation of FP supplies/commodities to the hospital

Date Monitored	Name of Facilities	Location of Facilities	Name/Designation of Service Providers	No. of FP Clients Interviewed	Monitored by	Results/Findings (please be as detailed as possible)	Steps Taken/ Recommendations (please provide as much detail as possible)
Nov. 18,2013	Mabinay Dist. Hosp.	Mabinay, Neg Or.	Ms. CristyDagle	47	Dr. ERTeloron	Counseling is a must for all clients; referral to NOPH for VSC clients With ICV wallchart(old)	Provided with new wall chart
No. 22	Bayawan Dis. hosp	Bayawan City, Neg Or	Ms. Vivian Pasco - Hosp Admin Staff	41	Ms. EBaroza/ LRGambe	Counseling is a must for all clients ; referral to NOPH for VSC clients With ICV wallchart(old);	Continue counseling practices ;Provided ICV Wallchart
Dec 10, 2013	CamotesDistHosp	San Francisco,CAmotes,Cebu	Ms. Cynthia Ramirez; Provincial Fp designate	27	Ms. LMTapere/ Ms. anaMArieVillasin	With FP designate staff; no regular supply of FP commodities.Counseling observed in the facility ; Counseling space too close to the examining room of other clients	Provide a bigger space with more privacy and confidentiality of the clients. To equipped the FP room with some FP IEC materials for clients

C. General Recommendations and Next Steps

Good points determined during this monitoring:

- all the training sessions observed discussed counseling in general and method specific counseling for PPFPP/PPIUD including case studies, demonstration and return demonstration (approximately 2.5 hours)
- Informed and voluntary consent for PPIUD insertion were also taken before IUD insertion during the practicum sessions
- All FP service providers are very observant of the ICV provisions and conduct counselling to all potential clients

Points to improve on and recommendations/ next steps:

- Orientation of partners agencies on ICV policies
- To follow up some suggestions/recommendations during the first visit; set up for clients' privacy during counseling and to have regular wide range of commodities of FP

Prepared by: GERARDITO F. CRUZ, MD

Date: 1/15/14

Environmental Examination Compliance Report

A total of 46 service providers were trained on PPIUD by the 11 new trainers on which the Infection Prevention and Waste Management sessions were part of the training curriculum.

Table 1. Environmental Examination Compliance Report

Training Modules for Service Providers/TRAINERS	Participants	Duration of Training & Est Time for IP/ HWM	Agency/ Institution with whom IP/ HWM was vetted
1. Training of Trainers on PPIUD	<ul style="list-style-type: none"> • OB Consultants and Resident Physicians in hospitals; MHO, PHN, RHM in RHUs with Birthing facilities 	<ul style="list-style-type: none"> • Infection Prevention/HWM = 2 hours 	<ul style="list-style-type: none"> • Department of Health (Vicente Sotto Memorial Medical Center, Gov. Celestino Gallares Memorial Hospital, Iloilo Provincial Hospital, Eastern Visayas Regional Medical Center, Don Emilio Del Valle Memorial Hosp, Carmen RHU and Birthing Clinic)
2. Training of Service Providers on PPFPP/ PPIUD – 3 batches	<ul style="list-style-type: none"> • OB Consultants and Resident Physicians in hospitals; MHO, PHN, RHM in RHUs with Birthing facilities 	<ul style="list-style-type: none"> • Infection Prevention/HWM = 2 hours 	<ul style="list-style-type: none"> • Department of Health (Zamboanguita RHU, Neg Or. Bayawan District Hospital, Dumaguete City Health Office Neg Or Provincial Hospital; BOHOL: Tubigon RHU, Carmen RHU, Don Emilio del Valle Memorial Hospital, Biking BHS Birthing Clinic, Dauis, ILOILO: Mina RHU, Leganes RHU, Iloilo Provincial Hospital; NEG OCC: EB Magalona RHU, Talisay RHU; EVRMC, Basey RHU, Calbayog District Hospital, Salvacion Oppus Yniquez Prov Hosp, Sogod Dist Hosp, Manuel V. Beloso Memorial Dist Hosp, Northern Samar Provincial Hosp)

The trainers came from the 6 health facilities (5 hospitals and 1 RHU/Birthing Unit). Together with the master trainers, they trained the service providers from 20 health facilities (9 hospitals and 11 RHU/CHO/Birthing Units).

The standard protocol on Infection Prevention and Hospital/General Waste Management of the Department of Health are considered integral part of the Post Partum –IUD training curriculum in adherence to the national policy on environmental mitigation in order to reduce the risk of infection associated to PPIUD insertion. These include implementation of the guidelines on precautionary measures and waste disposal

procedures, and proper supplies/ materials/equipment on sterilization. Appropriate setting and timing are also specified as to postplacental, intracesarean, and early postpartum.

As to EMMP monitoring, the table below shows a total of 32 health facilities (RHU/CHO/Birthing Clinics and hospitals) of Cebu, Iloilo and Negros Occidental provinces were monitored utilizing the EMMP monitoring checklist.

Additional highlights included waste segregation which was not properly implemented to some RHU/CHO/Birthing Units; commonly, the wastes in Cebu were collected by the LGU and thrown into identified areas and processed.

Table 2. Results of EMMP Monitoring

AREA	Type of facility		FP/MCH Services offered	Infection Prevention Measures	Waste Disposal
	Hospital	RHU/ CHO Birthing Clinic			
ILOILO	2	1	FP Counseling, ANC, EPI, NBS, TT for Mothers, LSS Pills, Interval IUD, PPIUD	<ul style="list-style-type: none"> • hand washing • Gloving • Scrub suite • Decontamination • Cleaning • High level disinfection-for hospital 	<ul style="list-style-type: none"> • Septic tank for placenta, blood, Fallopian tubes • Septic tank for sharps • segregation in place
NEGROS OCCIDENTAL	1	1	FP Counseling, ANC, EPI, NBS, TT for Mothers, LSS Pills, Interval IUD, PPIUD	<ul style="list-style-type: none"> • hand washing • Gloving • Scrub suite • Decontamination • Cleaning • High level disinfection in the hospital 	<ul style="list-style-type: none"> • Septic tank for placenta, blood, Fallopian tubes • Needle and sharps in Bins/container • segregation in place
CEBU	7	20	FP Counseling, ANC, EPI, NBS, Normal deliveries, Interval IUD - all hospitals have no FP services -No PPIUD services yet	<ul style="list-style-type: none"> • hand washing • Gloving • Scrub suite • Decontamination • Cleaning • High level disinfection in the hospitals 	<ul style="list-style-type: none"> • Septic tank/placental pit for placenta, blood, Fallopian tubes in the hospitals but few among birthing clinics • Needle and sharps in Bins/container • segregation not in place to most RHUs
TOTAL	10	22			

Recommendation: There is a need to re-visit the environmental monitoring and mitigation plan in relation to the disasters occurred (earthquake and super typhoon) and amend some of the activities. An indicator (s) should also be added.

Public-Private Partners Report

Activity/ Component	Public/Private partner/s	Cost share	Leverage	
			Public	Private

No activity for this quarter

Cities Development Initiative
Iloilo City Action Plan, 2012 – 2016
(as of October 2012)

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
<i>Session 2: Strengthening Health Services for Human Capital Development</i>				
Financial Risk Protection: Inadequate budget for health programs and services	<ul style="list-style-type: none"> Access DOH MNCHN grants and use these for youth FP services, e.g., Procurement of commodities; production of FP IEC appropriate for youth audiences 	HPDP will assist DOH CO and CHDs in 2014 budget execution and in developing the 2015 budget proposal (Y2)	<ul style="list-style-type: none"> CHD - Fast track download of MNCHN grants; provision of commodities FPOP- actual services and commodities KABALAKA- Provide services for youth/teens 	<ul style="list-style-type: none"> Received DOH MNCHN Grant - 395,415.00 to be used for the purchase of FP commodities for distribution to indigent MWRAs; but still on bidding process; some amount will be utilized in the training of health personnel
	<ul style="list-style-type: none"> Fast track the formalization of a resolution and MOA to facilitate downloading of funds 	<ul style="list-style-type: none"> Health Policy Development Program (HPDP) Technical assistance for MOA 		
Health Facility Enhancement Program (HFEP): Upgrade facilities to improve access to quality services (only two health centers are MCP accredited)	<ul style="list-style-type: none"> Main city health center for accreditation for OPB (PhilHealth's out-patient benefit package) Youth-friendly quality health services; e.g., provision of privacy to youth during counseling 	<ul style="list-style-type: none"> TA on service provision (transformation of health center to a youth friendly health facility) TA on PhilHealth accreditation for birthing centerProvi 	<ul style="list-style-type: none"> The following PhilHealth accredited partners to provide needed services to City health centers to referrals: (a) Central Philippine University - birthing center, (b) FPOP- 24 hour Birthing clinic (in process PhilHealth Accreditation), (c) IMAP - Birthing Clinic 	<ul style="list-style-type: none"> 2 out of 6 newly established birthing homes supported by PRISM2 were MCP accredited, 4 were inspected by PHIC and are complying accreditation requirements; PRISM2 supported trainings to 2 other birthing homes. 7 PPMs participated in the Usapan Facilitator's training in May 2013. As of October 2013, they have reached a total of 221 pregnant women and with unmet needs on FP. All 114 pregnant women were provided with prenatal service; for family

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
		<p>sion Materials/V isual Aids during trainings and implementa tion</p>		<p>planning out of 107 who have attended 38 chose FP methods, others were referred for BTL/NSV and for follow up.</p> <ul style="list-style-type: none"> The trained Usapan Facilitators from the City Health Office also conducted Usapan sessions as of Sept. 2013 out of 755 participated 153 have already availed of FP Services others for follow-up. FP/MCH flipcharts, FP deskflip charts, FP flyers and ICV wall charts were provided to the PPMs during trainings.
<p>HFEP: Inadequate equipment, instruments, and supplies needed for performing prenatal, natal and family planning services</p>			<ul style="list-style-type: none"> CHD – as covered in HFEP (provision of BEMONC equipment) NGOs - Partner with corporations with CSR (corporate social responsibility program, e.g., Rotary Club International) 	<ul style="list-style-type: none"> CHD 6 has provided funds for the construction and repair of public facilities and provided equipments
<p>Attain MDGs: Lack of capability in implementing counseling services for adolescents and young people (A&Y)</p>	<ul style="list-style-type: none"> AJA training (CPO, CHO) FP-CBT training (use MNCHN grants) Inventory of trained Peer educators 	<ul style="list-style-type: none"> Resource persons PRISM2 to coordinate with POPCOM and DOH list of schools with or without trained peer educators for training purposes HPDP will assist 	<ul style="list-style-type: none"> CHD to provide funding; facilitate release of MNCHN grants; serve as/provide resource persons POPCOM - Resource person School coordinators/counselors - provide CHO-CPO updated list of peer educators from universities/schools 	<ul style="list-style-type: none"> Trained 21 public and private (c/o PRISM) and 30 (c/o CHD 6 region-wide) health providers on Adolescent-friendly Health Service Delivery through the Use of Adolescent Job Aid Manual, CHD 6 will schedule another batch of AJA training for Iloilo City and Province. 20 private service providers trained on FPCBT1 and FPCBT 2

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
		DOH in developing supplemental guidelines to AO 2013-0013 (Y2)		<ul style="list-style-type: none"> 7 universities in Iloilo City have organized peer educators, 3 more universities were identified for training of peer educators
	<ul style="list-style-type: none"> Training on Peer educators/Helpers for 4 universities (guidance counsellors/NSTP/CWTs) 	<ul style="list-style-type: none"> Provide resource persons through PRISM2 	<ul style="list-style-type: none"> CHD to provide funding and resource persons FPOP/DSWD/CSW DO/ CPO/POPCOM – provide resource persons 	<ul style="list-style-type: none"> PRISM2 trained a total of 46 composed of students, guidance counselors and service providers on Adolescent and Youth RH Peer Education; another training will be conducted c/o CHD 6 funds; Conducted re-orientation on “KwentuhangPangkabataan” with Peer Educators in 4 universities, a total of 156 students were reached during the actual conduct in 2 campuses Grantee PRRM, trained 21 Peer Educators from Out of School Youth (OSY) on KwentuhangPangkabataan Module. As of September 30, 2013, they have reached 645 out of school youth from 14 barangays, 19 were teen mothers and referred to health facilities for prenatal services
	<ul style="list-style-type: none"> Post-training support for Peer Ed, AJA, FP-CBT graduates Recognition of schools/clinics as Youth Friendly 	<ul style="list-style-type: none"> Monitoring Follow up clinics/schools as youth friendly facilities 	<ul style="list-style-type: none"> CHD - adopt and use Monitoring and Evaluation checklist (minimum requirements for a youth friendly facility) POPCOM6/DSWD – supervise the conduct 	<ul style="list-style-type: none"> NEW ACTIVITY: There is a need to orient the health providers on the criteria of adolescent and youth friendly clinics c/o Visayas Health and CHD 6

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
	(those that comply and met the minimum requirements)		of activities	<ul style="list-style-type: none"> A monitoring committee will be organized among members of the TWG; monitoring result will be basis in the recognition.
	<ul style="list-style-type: none"> Orientation on health risk assessment form Referral protocol and minimum standard in improving health facilities to provide youth-friendly service delivery Training of CPO/CHO staff per district on counselling A&Y 	<ul style="list-style-type: none"> Funding and resource Person for private schools and private clinics 	<ul style="list-style-type: none"> CHD – provide resource Persons Schools- conduct facility assessment regarding its capability in provision of youth friendly services 	<ul style="list-style-type: none"> c/o AJA training and referral guidelines/protocols CHD 6 conducted training on FPCBT level 1 for Nurses and Midwives of district health facilities
<p>Attain MDGs: Lack of capability in providing other youth friendly services in a youth-friendly setting</p>	<ul style="list-style-type: none"> Adoption and use of the AYHAF, referral protocol by facilities, compliance minimum criteria for providing standards Regular services, Friday clinic for A&Y 	<ul style="list-style-type: none"> PRISM2 assistance for the referral Protocol for YP service delivery 	<ul style="list-style-type: none"> CHD - issue regional memorandum/policy on implementation in establishing a youth friendly facility in schools/public and private clinics NGOs/private sector - FPOP, KABALAKA, IMAP - provision of FP commodities and services 	<ul style="list-style-type: none"> PRISM2 facilitated a workshop on the development of referral guidelines and protocols, drafted the youth and adolescent referral guidelines and came up with directory of youth friendly health facilities City Health Office issued an order to all Health Districts declaring every Friday as “Adolescent Day” – giving priority to the adolescents in the provision of health services by the health providers; need to assess readiness of health facilities in the provision of youth – friendly health services c/o Visayas Health
<p>Attain MDGs: Inadequate IEC/BCC/health advocacy resource e.g. manpower,</p>	<ul style="list-style-type: none"> CPO-Special Conduct of Pre Marriage Counselling Conduct of youth congress 	<ul style="list-style-type: none"> PRISM2 Training by using PopCom’s training module 	<ul style="list-style-type: none"> CHD – provide funding and TA for <ul style="list-style-type: none"> Development of IEC materials based on result of the City Population Office’s 	<ul style="list-style-type: none"> CPO staff have also participated during the training on SHAPE together with the peer educators CHO is planning to

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
finances		SHAPE	knowledge, attitudes and practices (KAP) survey ➤ Reproduction & distribution for IEC materials, IEC collaterals during youth day celebration (T-shirts) • SK (Youth Council) Road Show forum for youth • DSWD- reaching out of families through FDS with CPO • Schools- full participation thru NSTP/ CAT	conduct youth congress on December 16, 2013 • CHD 6 also facilitated a workshop on the development of IEC materials participated by the peer educators from partner colleges/universities. Another meeting is being scheduled to finalize the workshop outputs.
Lack of knowledge and skills in health development planning, M&E for A&YH programs (for program managers and supervisors)	<ul style="list-style-type: none"> Request technical assistance from partners 	<ul style="list-style-type: none"> Technical assistance in setting of Indicators for Monitoring and Evaluation for Youth related Activities 	<ul style="list-style-type: none"> Setting of Indicators for Monitoring and Evaluation for Youth related Activities 	<ul style="list-style-type: none"> A workshop will be scheduled for the development of the monitoring tool in February 2014 together with Visayas Health. This will also ensure tracking of adolescent/youth availing services at the health facilities.
Lack of coordination with private partners regarding FP-MCH reporting	<ul style="list-style-type: none"> Conduct FHSIS training (done) 	<ul style="list-style-type: none"> PRISM2 to follow up with private partners; provision of initial TCL (target client list forms) 	<ul style="list-style-type: none"> CHD – provide forms (to be verified) Private clinics/schools with BH – submit FHSIS monthly report to CHO 	<ul style="list-style-type: none"> 20 PPMs trained on FHSIS and 6 BH were provided with TCLs on FP, Prenatal and Postpartum Quarterly group data validation is being conducted participated by clinic representative and public health nurses; data were submitted to the respective barangay to be included in the monthly and quarterly reports.
Health personnel to population ratio low compared to DOH standards	<ul style="list-style-type: none"> Tap and establish network with the private sector or referral to KABALAKA, FPOP, CPU, IMAP 	<ul style="list-style-type: none"> Technical assistance to develop referral protocol and agreements 	<ul style="list-style-type: none"> NGOs KABALAKA, FPOP, CPU, IMAP - to collaborate with CHO in the provision of technical assistance 	<ul style="list-style-type: none"> City Mayor issued the Executive Order No. 55-C Series of 2012 – Creation of Iloilo City Youth and Adolescent Health Program Technical Working

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
		<p>between public and private health facilities</p> <ul style="list-style-type: none"> HPDP will assist DOH in conducting short trainings on contracting (Y2) 		<p>Group; conducted quarterly meeting to discuss updates on adolescent and youth activities, issues/challenges and plans for the next quarter; PRISM2 will support 2 more quarterly meetings (November and March 2014)</p> <ul style="list-style-type: none"> MOA among CHO, CPO and private birthing homes was drafted, reviewed and finalized for signature of the parties. MOA is now being reviewed by the Iloilo City legal department Review and updating of the referral protocols from public and private health facilities for adults is also needed to strengthen referrals on FP and avoid delays in service provision. This is scheduled on January or February 2014, this will be done together with Visayas Health. PRISM 2 will conduct sustainability planning with CHO/CPO and other stakeholders to ensure sustained program implementation.
8/9 District Health Centers in the city of Iloilo do not have BEMONC (Basic Emergency Maternal, Obstetrical and Neonatal Care)	<ul style="list-style-type: none"> CHO Iloilo City to provide list of priority District Health Centers who needs to send BEMONC teams for training 	<ul style="list-style-type: none"> VisayasHealth will coordinate with CHD WV for the inclusion of Iloilo City priority DHCs in the 	<ul style="list-style-type: none"> Western Visayas Medical Center as a training hospital will conduct the BEMONC Training with the support of CHD WV; CHD to provide for the board and lodging of the BEMONC 	<ul style="list-style-type: none"> VH to coordinate with CHO/CHD and facilitate training needs for BEMONC training of district health center birthing clinics

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
trained teams		BEMONC training; <ul style="list-style-type: none"> • VH to assist the CHO in priority setting based on DOH assessment criteria; • VH to support the registration of BEMONC teams to be trained when the LGU cannot provide due to unavailability of funds 	teams to be trained <ul style="list-style-type: none"> • LGU Iloilo City to pay for the registration of the participants 	
Service Providers in 9 DHCs have inadequate capacity in the provision of modern Family Planning services particularly on LAPM/PPFP/PPIUD	<ul style="list-style-type: none"> • CHO to update the inventory of trained HSPs and identify priority service providers from all DHCs to be trained based on selection criteria set 	<ul style="list-style-type: none"> • VH to assist the CHO in the inventory of HSPs trained and in identifying priority service providers to be trained • VH to upgrade the basic FP competencies of HSPs thru the Contraceptive technology Updates, FPCBT1 and 2 • VH to conduct/ 	<ul style="list-style-type: none"> • CHD to provide MNCHN/FP funds for the training of HSPs on FPCBT1 and 2 and other FP trainings • Iloilo Provincial Hospital as the PPIUD training institution for Western Visayas accommodate the training of Iloilo City HSPs • Iloilo City LGU to allocate counterpart funds 	<ul style="list-style-type: none"> • VH partner with CHD to assist CHO/CPO in the inventory and TDNA of service providers • VH to coordinate with CHD in the conduct of CTUs/FPCBT1 and 2 • VH to assist CHO/CHD prioritize participants from high volume delivery RHU birthing clinics for PPFP/PPIUD/LAPM training

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
		facilitate the training of service providers on LAPM/PP FP/PPIUD		
Health service provider RHMs in 9 DHCs have inadequate skills on demand generation for MNCHN/FP services	<ul style="list-style-type: none"> • CHO and CPO to identify RHMs and Population Officers for training on USAPAN conversation series • CHO/CPO to jointly spearhead the implementation of USAPAN sessions in all DHCs and birthing clinics among clients referred by the CHTs from the communities • CHO/CPO to identify service providers to be oriented on pregnancy tracking • CHO/CPO to initiate and sustain the pregnancy tracking as part of their service protocol 	<ul style="list-style-type: none"> • VH to assist CHO and CPO in identifying RHMs for USAPAN training • VH in coordination with CHD WV to conduct the USAPAN training for RHMs and • VH in partnership with CHW WV will orient CHO and CPO core staff/District Medical Officers/P HNs on the gender responsive USAPAN Pambabae and USAPAN panlalake demand generation approach • VH to train CHO HSPs on pregnancy tracking tool 	<ul style="list-style-type: none"> • CHO to provide counterpart support for the training and implementation on USAPAN • CHD to support the conduct and implementation of the USAPAN training and pregnancy tracking and provide MNCHN/funds 	<ul style="list-style-type: none"> • VH to facilitate the USAID follow-on activities specified for the demand generation initiatives through USAPAN/pregnancy tracking

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
<p>CHTs have inadequate skills to communicate MNCHN/FP key messages and to generate and navigate women with unmet needs to the health facilities in the SDNs</p>	<ul style="list-style-type: none"> • CHO and CPO to identify CHT partners for IPC training • CHO and CPO to conduct training of CHT partners on IPC for MNCHN/FP • CHO and CPO to identify CHT partners for pregnancy tracking orientation 	<ul style="list-style-type: none"> • VH to assist the CHO in the IPC training for CHTs • VH to assist the CHO/CPO in the conduct the orientation on pregnancy tracking 	<ul style="list-style-type: none"> • CHD and CHO to provide counterpart funds for IPC training of CHTs 	<ul style="list-style-type: none"> • VH help CHO prioritize and training CHTs on IPC in areas covered by district health centers/ birthing clinics with high volume deliveries and high unmet needs on MNCHN/FP
<p>DHCs not yet PhilHealth-accredited</p>	<ul style="list-style-type: none"> • CHO will follow up and pursue MCP PhilHealth accreditation assessment and accreditation for selected city district health centers 	<ul style="list-style-type: none"> • VH to assist the CHO in the MCP facility assessment and follow-up with PHIC for compliance of requirements and obtain MCP accreditation for selected/priority DHCs-birthing centers 	<ul style="list-style-type: none"> • CHD to assist CHO in the pursuit of human resource and facility requirements for MCP accreditation • CHD to provide MNCHN funds to support the requirements 	<ul style="list-style-type: none"> • VH to facilitate the follow-on USAID activities specified
<p>Health service facilities and HSPs have inadequate services for AYRH to address the Increasing cases of teenage pregnancy</p>	<ul style="list-style-type: none"> • CHO to identify participants to attend training on the AYRH and use of Adolescent Job-Aid Manual for the Service Providers • CHO to spearhead the implementation of the use of AJA and AYRH monitoring tools in all district health facilities 	<ul style="list-style-type: none"> • VH to assist in the training of HSPs on gender sensitive and responsive AYRH/AJA 	<ul style="list-style-type: none"> • CHD WV to coordinate with DOH on the provision of AJA manuals and AYRH modules • CHD to provide MNCHN funds for the trainings • CHD to assist CHO in the conduct of trainings 	<ul style="list-style-type: none"> • VH will assist CHD in the conduct of AYRH/AJA training for HSPs
	<ul style="list-style-type: none"> • Set up Youth-Friendly Health Facilities/Teen 	<ul style="list-style-type: none"> • Provide technical assistance in 	<ul style="list-style-type: none"> • CHD to support CHO in this initiative • CHD to provide the 	<ul style="list-style-type: none"> • VH to follow-up the operationalization of the friday clinic

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
	Moms' Clinics	the setting up <ul style="list-style-type: none"> Assist the CHO and DHCs in strengthening the service delivery network of services on AYRH for pregnant teen-agers 	technical direction and policy for the local establishment and implementation	services for adolescents/teen moms clinic in the 9 district health centers
	<ul style="list-style-type: none"> CHO to build on public private partnership for the AYRH/Teen Moms program Iloilo City to facilitate the improvement and operationalization of the local policy on AYRH friendly to include the Teen Moms program in the entire city 	<ul style="list-style-type: none"> VH to engage public private partners among birthing homes as providers for youth-friendly services including FP information and counseling VH to assist Iloilo City LGU in the improvement of the local policy supporting MNCHN/FP and AYRH to include the Teen Moms programs 	<ul style="list-style-type: none"> CHD to assist CHO in this initiative with a regional mandate supporting the teen moms clinic initiative 	<ul style="list-style-type: none"> Join forces with PRISM2 in pursuing the PPP for AYRH and youth friendly services at the health facilities through referrals from the schools and communities Follow-up on the initiatives by PRISM2 after their project exit
Inadequate LGU funding support for the CDI project activities	<ul style="list-style-type: none"> CHO to include all of the above activities in the AOP/WFP with allocation of counterpart 	<ul style="list-style-type: none"> VH to provide technical assistance to CHO in the plan formulation and finalization 	<ul style="list-style-type: none"> CHD to provide directions on the AOP preparation CHD to equate funding support for all MNCHN/FP activities 	<ul style="list-style-type: none"> VH to assist LGU in the PIPH/AOP plans preparation to include CDI initiatives utilizing the TA project portfolio for MNCHN FP demand generation,

Development Constraints	City Actions	Follow-On USAID Activities	Counterparts	STATUS/REMARKS / RECOMMENDATIONS
	funds			improvement of supply of services and policy enhancement

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**In-depth Assessment Results
Province of Leyte and Bohol**

In-depth Assessment – Province of Bohol

Health Facility	Partially Damaged	Totally Damaged
Hospital	(12)	(1) Loon
RHU	(18)	(5) Batuan, Carmen, Catigbian, Dimiao, San Isidro
BHS	(53)	(10) Albuquerque#1, Bilar#1, Buenavista#1, Carmen#1, Catigbian#1, Guindulman#1, Sagbayan#4
Birthing Clinic	(3)	(1) Sagbayan

In-depth Assessment – Province of Leyte

Health Facility	Extent of Damage		
	Not Damaged	Partially Damaged	Fully Damaged
RHU	7	24	(6) Mayorga, Jaro, Palo, Tanauan, Tolosa, Dagami, Tacloban City Health Office, Tigbao District Health Center, San Jose District Health Center, Anibong District Health Center, Suhi District Health Center and Sagkahan District Health Center
Hospital	3	10	(2) Tacloban City Hospital and Leyte Provincial Hospital

Options for the Provision of MNCHN/FP to the province of Leyte and Ramping Up VisayasHealth Project Implementation in the Province of Cebu

I. Introduction

Visayas has been hit by two disasters for the month of October and November; first is the 7.2 magnitude earthquake in the province of Bohol and parts of the province of Cebu last October 15, 2013 and Typhoon Yolanda in the province of Leyte, Northern Cebu and Northern Iloilo last November 8, 2013. Aside from the loss of properties, structures and lives, the two disasters have affected health facilities and provision of public health services in the said USG-assisted provinces.

The province of Leyte sustained the heaviest damage from Typhoon Yolanda. Initial reports showed that many hospitals and health centers were rendered nonoperational because of significant damage to the health facilities. This possible loss of public health services would have catastrophic effects on a population that is likely to face serious post-typhoon socio-economic challenges as well as adverse effects on the provision of public health services to the people of the province.

Conversely, USAID approved the inclusion of the province of Cebu as one of the USAID-assisted provinces of the VisayasHealth Project. This is based on the request of the DOH-OCV. Cebu and the cities of Cebu, Mandaue and Lapu-lapu are very strategic to the VH project because of their population size and the huge numbers of men and women with unmet need for MNCHN/FP services.

To make up for the loss of Leyte and parts of Bohol and Iloilo that suffered from the series of disasters that struck the Visayas and to mitigate the adverse effects on this loss, VH is proposing a set of interventions and activities, one of which is to intensify its efforts and maximize its engagement with the province of Cebu.

II. Objective

- **Province of Leyte:** By end of March, 2014 the affected health facilities in Leyte will have resumed some degree of normal MNCHN services.
- **Province of Cebu:** By the end of September, 2014 the project shall have:
 1. Conducted a baseline assessment of the province of Cebu
 2. Introduced all the project interventions (PPFP, Ambulatory Surgical Services, Teen Moms, Facility-Based Deliveries, Essential Newborn Care and Training of Breastfeeding Counselors) in the 3 independent cities, 6 component cities and 25 large municipalities of Cebu.

III. Activities

A. Province of Leyte

A.1. In-depth Damage Assessment

VH will organize 3 teams composed of VH staff to conduct an in-depth assessment of the extent of the damage to health facilities and the status of provision of MNCHN/FP services (refer to Table 1). The

A.1. In-depth Damage Assessment, continued

assessment will cover a physical assessment of the extent of the damage, the availability of staff and volunteers and the availability of supplies and equipment. The team will also look into the presence of and the status of provision of health services in evacuation centers and to the integrity of the referral systems. A copy of the assessment tool is attached.

A.2. Technical Assistance Options

Based on the results of the assessment VH will explore to undertake the following options:

A.2.1. For damaged health facilities

Given other international organizations and partners will be focusing on repairs to infrastructure, including health facilities, VH will target its support to facilitate the return to normalcy the provision of MNCHN/FP services by damaged hospitals and health centers.

a. Provision of temporary shelters for the hospitals and health centers

The team will procure tents and other suitable shelters which the local health providers can use for the regular provision of public health services

b. Provision of emergency lights and similar devices in areas with power outages especially for the delivery rooms

c. Dissemination of PHIC Memorandum allowing accredited health facilities that sustained damage to claim reimbursements for services rendered

VH will disseminate this information to the health staff of damaged facilities and assist the staff in producing the required documentation to comply with this memorandum

d. Provide assistance to the LGU with damaged health centers to inform the CHD about the extent of the damage so the local officials can avail of assistance from the DOH through the HFEP.

e. Coordinate with other agencies and organizations to address needs in terms of supplies, damaged equipment and structures

f. Coordinate with the DOH and other organizations for the deployment of volunteers where this is necessary

A.2.2. In areas where there are evacuees or evacuation centers

a. Provision of space for breastfeeding

VH will provide breastfeeding spaces in the form of tents for breastfeeding mothers

b. Train volunteers to provide MNCHN/FP information

c. Coordinate with appropriate agencies for the deployment of health workers to provide MNCHN/FP services in evacuation centers

B. Province of Cebu

B.1. Organization of Cebu Task Force

VH will deploy a team that will be responsible for ramping up the project activities in the province. The team will be composed of the provincial coordinators in region 6 and 7, some of the Cebu-based technical staff and three short-term consultants who are experts of SRH for 6 months).

B.2. Rapid Assessment and Baseline Data Collection

The team for Cebu will conduct a comprehensive assessment of the health facilities in the province. The results of the assessment will generate baseline data and information and will be used to provide more details to the provincial implementation plan.

B.3. Introduction and Scaling-UP of Project Interventions

VH will fast-track the introduction of the priority project interventions. These include: PFP, ambulatory VSS services, accreditation of birthing centers, Teen Moms program, training of breastfeeding counselors and demand generation activities through the Usapan series.

IV. Implementation Arrangements

A. Province of Leyte

OCV will coordinate this assistance with the DOH-OCV, CHD 8, the Province of Leyte and with the other USAID projects in the province.

B. Province of Cebu

VH will coordinate with the DOH-OCV and the CHD 7 for the implementation of this plan. The project will also work with the other USAID projects in Cebu especially with PRISM2 which has significant presence in the three Cebu independent cities.

V. Time Frame

A. Province of Leyte

VH anticipates that the bulk of project assistance will happen during the period November 1, 2013-March 31, 2014. However, VH also recognizes that repairing the damage to the health facilities may take a few more months or even years. However, once MNCHN services are functioning to some degree of normalcy VH will phase-out its support while other partners continue with ongoing repairs to damaged health facilities.

B. Province of Cebu

This plan will be carried out from November 2013-September 2014).

VI. Budget

The total estimated budget for the interventions in the two provinces is PhP10,437,544.00. Overall budget per province is shown in the table below. Detailed budgetary requirement per activity is shown in Table 1 and Table 2.

TOTAL Leyte	1,375,000.00
Add: Staff Time - 5 staff (3 mos)	296,590.00
STTA - Leyte	120,000.00
TOTAL Cebu	7,769,000.00
Add: Staff Time - 8 staff (9 mos)	756,954.00
STTA - Cebu	120,000.00
TOTAL Estimated Budget	10,437,544.00

Table 1-A. Disaster Response for the Damaged Facilities in the province of Leyte

Activity	2013		2014									Budgetary Requirements	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept		
1. Organization of Leyte Task Force													
2. Conduct of Rapid Assessment of Health Facilities and Evacuation Centers													165,000.00
3. Menu of Interventions:													
b. Provision of temporary shelters for the health centers													292,000.00
e. Provision of emergency lights and similar devices in areas with power outages especially for the delivery rooms													TBD
f. Facilitate dissemination of information on PHIC Memorandum allowing accredited health facilities that sustained damage to claim reimbursements for services rendered <i>(PHIC Circular Nos. 33, s-2013 and No. 34, s-2013)</i>													12,000.00
g. Provide assistance to the LGU with damaged health centers to inform the CHD about the extent of the damage so the local officials can avail of assistance from the DOH through the HFEP.													--

Activity	2013		2014									Budgetary Requirements	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept		
b. VH will coordinate with other agencies and organizations to address needs in terms of supplies, damaged equipment and structures													--
c. VH will coordinate with the DOH and other organizations for the deployment of volunteer health providers where necessary													--

Table 1-B. Disaster Response for areas where there are evacuees or evacuation centers

Activity	2013		2014									Budgetary Requirements	
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept		
Provision of Breast Feeding space/tent to evacuation centers													192,000.00
Conduct of breastfeeding counseling and organization or breastfeeding community support group													714,000.00
Train volunteers to provide MNCHN/FP information													--
Coordinate with appropriate agencies for the deployment of health workers to provide MNCHN/FP services in evacuation centers													--

Table 2. Priority Activities for the Province of Cebu

Activity	2013		2014									Budgetary Requirements
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	
Priority Activities for the Province of Cebu												
1. Organization of Cebu Task Force												-
2. Baseline Data Collection												576,500.00
3. Immediate Interventions:												
a. Ambulatory services VSS (monthly)												1,890,000.00
b. PFP: Eversley Childs Sanitarium and St. Anthony Hospital as training centers												420,000.00
c. Training of the RHUs and birthing centers on PFP												1,957,500.00
4. Training of trainers on Usapan Sessions												1,420,000.00
5. Conduct of Usapan Series in cities of Cebu, Mandaue and Lapu-Lapu												500,000.00
6. Facilitate Health Facility PHIC Accreditation												15,000.00
6. CHT: Training for pregnancy tracking												600,000.00
7. Setting up of Teen Mom Centers in Vicente Sotto Medical Center, St. Anthony Hospital, Sacred Heart Hospital and Eversley Childs Sanitarium			VSMC			St. Anthony Hospital			a) Sacred Heart Hospital b) Eversley Childs Sanitarium			90,000.00
8. Organization of Community Support Groups and Training of Breastfeeding Counselors												300,000.00
9. Private sector coordination (PRISM2)												-