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**USAID/PHILIPPINES  
BARMHEALTH CAPACITY BUILDING  
ACTIVITY**

**Agreement Number: 72049219CA00001**

**ANNUAL REPORT**

**October 01, 2019 - September 30, 2020**

**SUBMITTED BY  
UNIVERSITY RESEARCH CO., LLC  
TO  
USAID/PHILIPPINES  
October 30, 2020**

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## Table of Contents

Table of Contents .....	1
1. Executive Summary .....	6
1.1 Activity Information.....	6
1.2 Activity Description.....	6
1.3 Summary of Key Achievements .....	7
2. Annual Performance Progress.....	14
2.1 Summary of Annual Performance.....	14
(Proposed title: Number of functional Adolescent-Friendly Health Service Delivery Points).....	16
Analysis of Accomplishment.....	23
B. Performance of Key Activities .....	25
3. Key Challenges and Proposed Solutions.....	41
4. Cross-cutting issues.....	45
4.1 Yearly Update on Sustainability and Self-Reliance .....	45
4.2 Yearly Update on Gender .....	45
4.3 Yearly Update on Private Sector Engagement .....	46
4.4 Yearly Update on CSO Engagement.....	46
4.5 Yearly Update on Family Planning Compliance.....	47
4.5 Yearly Update on Environmental Compliance and Climate Risk Mitigation .....	47
5. Collaboration, Learning, and Adapting (2 pages) .....	48
5.1 Coordination and collaboration .....	48
5.2 Learning.....	49
5.3 Adaptive Management.....	55
6. Management, administrative, and financial issues.....	58
Administrative.....	58
Staffing .....	58
7. High-Level Planned Activities for the Next Quarter (October – December 2020) Including Upcoming Events .....	59
8. Annexes .....	59
8.1 Progress on Activity MEL Plan .....	59
8.2 Financial Information .....	59

## List of Abbreviations

<b>AMELP</b>	Activity Monitoring, Evaluation, and Learning Plan
<b>AOP</b>	Annual Operating Plan
<b>BARMM</b>	Bangsamoro Autonomous Region in Muslim Mindanao
<b>BARMMHealth</b>	Health Capacity Building in BARMM project of USAID
<b>BHS</b>	Barangay Health Station
<b>BHW</b>	Barangay Health Worker
<b>BHERT</b>	Barangay Health Emergency Response Team
<b>BIPH</b>	Bangsamoro Investment Plan for Health
<b>BNS</b>	Barangay Nutrition Scholars
<b>BRIT</b>	BARMM Regional Implementation Team
<b>BWC</b>	Bangsamoro Women Commission
<b>CAA</b>	Conflict-Affected Area
<b>CDCS</b>	Country Development Cooperative Strategy
<b>CGHEY</b>	Comprehensive Gender and Health Education for Youth
<b>CHO</b>	City Health Office
<b>CHSI</b>	Center for Health Solutions and Innovations Philippines
<b>CHW</b>	Community Health Worker
<b>CIP</b>	Costed Implementation Plan
<b>CQI</b>	Continuous Quality Improvement
<b>CRM</b>	Climate Risk Management
<b>CSE</b>	Comprehensive Sexuality Education
<b>CSO</b>	Civil Society Organization
<b>DHIS2</b>	District Health Information Software 2
<b>DOH</b>	Department of Health
<b>DQA</b>	Data Quality Assurance
<b>e-PSTT</b>	Electronic Profiling and Service Tracking
<b>FP</b>	Family Planning
<b>FP-MCH-ARH</b>	Family Planning-Maternal and Child Health-Adolescent Reproductive Health
<b>FY</b>	Fiscal Year
<b>GBV</b>	Gender-Based Violence

<b>GEWE</b>	Gender Equality and Women Empowerment
<b>GIDA</b>	Geographically Isolated and Disadvantaged Areas
<b>GPH</b>	Government of the Philippines
<b>GPPI</b>	Good Practices and Promising Intervention
<b>HCF</b>	Health Care Facility
<b>HCP</b>	Health Care Provider
<b>HCPN</b>	Health Care Provider Network
<b>HI</b>	High-Impact Intervention
<b>HR</b>	Human Resources
<b>HSP</b>	Health Service Provider
<b>ICV</b>	Informed Consent and Voluntarism
<b>IEC</b>	Information, Education and Communication
<b>IEE</b>	Initial Environmental Examination
<b>IP</b>	Implementing Partners
<b>IPC</b>	Infection Prevention and Control/ Interpersonal Communication
<b>IPHO</b>	Integrated Provincial Health Office
<b>IRR</b>	Implementing Rules and Regulations
<b>IUD</b>	Intrauterine Device
<b>LAM</b>	Lactational Amenorrhea Method
<b>LARC</b>	Long-Acting Reversible Contraceptives
<b>LGU</b>	Local Government Unit
<b>LHB</b>	Local Health Board
<b>LIPH</b>	Local Investment Plan for Health
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MBHTE</b>	Ministry of Basic Higher and Technical Education
<b>MCP</b>	Maternity Care Package
<b>MCPR</b>	Modern Contraceptive Prevalence Rate
<b>MOH-BARMM</b>	Ministry of Health-Bangsamoro Autonomous Region in Muslim Mindanao
<b>MOU</b>	Memorandum of Understanding
<b>MRL</b>	Muslim Religious Leader

<b>MSSD</b>	Ministry of Social Service and Development
<b>MTaPS</b>	USAID's Medicines, Technologies, and Pharmaceutical Services Project
<b>NOH</b>	National Objectives for Health
<b>NCP</b>	Newborn Care Package
<b>OOP</b>	Out-of-Pocket Cost
<b>PDP</b>	Philippine Development Plan
<b>PDSA</b>	Plan, Develop, Study, and Act
<b>PHIC</b>	Philippine Health Insurance Corporation
<b>PHO</b>	Provincial Health Office
<b>PIRS</b>	Performance Indicators Reference Sheet
<b>PIT</b>	Provincial Implementation Team
<b>PITT</b>	Performance Indicators and Tracking Tool
<b>PM</b>	Permanent Methods
<b>PopCom</b>	Commission on Population and Development
<b>PPFP</b>	Post-Partum Family Planning
<b>PQIC</b>	Provincial Quality Improvement Committee
<b>ProtectHealth</b>	USAID's Protect Health Project
<b>PSCM</b>	Procurement and Supply Change Management
<b>PSFI</b>	Pilipinas Shell Foundation, Inc.
<b>PSI</b>	Progestin-Only Sub-Dermal Implant
<b>QI</b>	Quality Improvement
<b>RCE</b>	Request for Categorical Exclusions
<b>RDI</b>	Regional Darul Ifta
<b>REBB</b>	Reaching Every BARMM Barangay
<b>RH</b>	Reproductive Health
<b>RHU</b>	Rural Health Unit
<b>RPRH</b>	Republic of the Philippine Reproductive Health Law
<b>RQIC</b>	Regional Quality Improvement Committee
<b>SBCC</b>	Social and Behavior Change Communication
<b>SDG</b>	Sustainable Development Goals
<b>SDP</b>	Service Delivery Point

<b>TB</b>	Tuberculosis
<b>TOC</b>	Theory of Change
<b>UHC</b>	Universal Health Care
<b>UIS</b>	Universal Health Care Integration Sites
<b>URC</b>	University Research Co., LLC.
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government
<b>WHO</b>	World Health Organization
<b>WRA</b>	Women of Reproductive Age
<b>ZFF</b>	Zuellig Family Foundation

## I. Executive Summary

### I.1 Activity Information

<b>Activity Name</b>	Health Capacity Building in BARMM
<b>Activity State Date and End Date</b>	February 6, 2019 to February 5, 2024
<b>Implementing Partner (IP)</b>	University Research Co., LLC
<b>Agreement Number</b>	72049219CA00001
<b>Name of Sub-awardees</b>	
<b>Geographic Coverage</b>	Bangsamoro Autonomous Region in Muslim Mindanao: Five (5) Provinces, namely: Basilan, Sulu, Tawi-Tawi, Maguindanao, and Lanao del Sur; and three cities: Lamitan City, Marawi City, and Cotabato City
<b>Reporting Period</b>	October 1, 2019 – September 30, 2020
<b>Implementation Cost</b>	Total Budget: \$ 14,940,214.00

### I.2 Activity Description

BARMM is still beset by (i) low demand for modern family planning (mFP) methods; (ii) inadequacy of the supply of commodities, low-skilled health care providers, and safe spaces to deliver services despite low demand; and (iii) limited institutional capacity to govern the health systems. Armed conflicts often make FP services limited in some areas, resulting in poor access to FP-MCH-ARH services in disadvantaged and conflict-affected areas.

BARMMHealth focuses on building commitment and capacity among partners in government, civil society, and communities to develop, implement, and finance solutions to improve health in BARMM and achieve a self-reliant health system. Through the project, USAID seeks to make high-quality FP-MCH-ARH services accessible by the population's underserved sector by strengthening the demand and supply of FP-MCH-ARH services. BARMMHealth will also help bolster the institutional and policy environment by which the former will operate within the broader health systems with the leadership of MOH-BARMM. Hence, within the parameters of the project development objective, the sub-task will seek to:

**Objective 1:** Improve social norms and strengthen healthy behaviors among underserved adolescents, youth, women, and men.

**Objective 2:** Fortify the quality of family planning and maternal and child health services.

**Objective 3:** Bolster key public health policies and systems needed to support MCH behaviors and services.



The objectives of BARMMHealth activity align with the USAID Philippine’s Health Project 2017-2022 Country Development Cooperative Strategy, which works to improve health for underserved Filipinos.

The project covers a significant part of BARMM, consisting of the five provinces and three cities: Cotabato, Lamitan, and Marawi. It focuses on the "underserved" population in BARMM, including women, adolescents, youth who are at risk of unplanned or early pregnancy or childbirth, their children, and men. The project has a special commitment to the poor, geographically isolated and disadvantaged areas (GIDA), internally displaced persons, and tribal communities.

### I.3 Summary of Key Achievements

BARMMHealth initially implemented eight High-Impact Interventions (HII) in FY 2020, as shown in Table I below. However, it should be noted that the project is still in the process of fully implementing and documenting these HII, which will continue in FY 2021.

**Table I: Summary of FY 2020 High-Impact Intervention (HII) Packages & Results**

<b>Activity Objective</b>	<b>HII Package/s</b>	<b>Direct Contribution to Desired Result/s (including FY 2020 performance against key targets)</b>	<b>Other Contributions</b>
<b>Objective 1</b>	1.1 Empowering and building the capacity of CHWs/community leaders and influence on IPC	Targeted 6,281 CHWs to be mentored on Interpersonal Communication (IPC) for FY 2020 and reached 3,586.  Targeted 921,869 individuals for USG-funded messages and reached 703,569 individuals	Distributed ICV wallcharts, DOH and USAID-approved FP announcement on-boards, and communication equipment, i.e. megaphones.  Rolled out USAID-approved broadcaster’s manual.
<b>Objective 2</b>	2.1 Establishing QI systems	Trained 339 health care providers (HCP) on Family Planning Competency-Based Training (FPCBT) Level 1 and 67 HCPs trained further on Level 2, including Progestin Subdermal Implant supportive supervision and post-training evaluation (PTE).	Enhanced FP training courses incorporate modules on Fatwa supporting modern FP and model family in medico-Islamic lens.  Provided Supportive Supervision and PTE tools and checklist.  Assisted MOH in developing a concept

		<p>As of September 2020, 339 HCPs trained on FPCBTI and PSI and 67 trained HCPs were provided with supportive supervision and PTE on PSI.</p> <p>Trained 130 HCPs on Continuous Quality Improvement (CQI).</p> <p>Assisted Provincial Health Offices (PHOs) in establishing 20 CQI sites and teams.</p>	<p>note on Client-Centered Care model.</p> <p>Developed and distributed QI guide workbooks and toolkits to MOH, 3 IPHO and 20 RHUs.</p> <p>Drafted and pre-tested the Client Exit Interview tool in 20 QI sites.</p> <p>Organized and capacitated QI Teams on technical and management in running improvement initiatives, adopting CQI methodology, and CQI tools.</p> <p>Developed learning questions to guide CLA meetings at facility-level (monthly) and regional-level (quarterly).</p>
	<p>2.2 Postpartum Family Planning (PPFP)</p>	<p>PPFP is a high-impact intervention proven to reduce FP unmet needs and increases uptake of modern FP contraception. While it is still necessary to document in FY2021, the GPPI intervention will increase NA and OA and maintain the CU among mFP users.</p>	<p>Oriented 46 of 120 RHU staff on PPFP, provided technical orientation on HIPs (PPFP, FP-Immunization service integration) and provided PPFP job aids and HIP fact sheets. In FY2021, BARMMHealth will support MOH in scaling up PPFP in 73 RHUs and 7 hospitals running quality improvement efforts by building their technical and management capacity in integrating FP during childbirth and along the continuum of care.</p>

	2.3 Mobile outreach service delivery	188 outreach services conducted in 244 barangays and 29 municipalities with a total of 6,280 men, women, children, and adolescents received FP-MCH and ARH services; 1,338 new acceptors of family planning while 2,125 are current users and other acceptors.	Provided technical guidance on microplanning and provision of DOH approved key messages on FP-MCH-ARH in the context of COVID-19 which include infection prevention and control, mental health, and continuity of services.
	2.4 FP-MCH-ASRH Integration in Hospital	<p>Seven public hospitals in BARMM: 5 in Maguindanao and these are Maguindanao Provincial Hospital, Datu Odin Sinsuat District Hospital, Datu Blah District Hospital, Buluan District Hospital, and South Upi Municipal Hospital; and 2 in Basilan (Lamitan District Hospital and Sumisip District Hospital) were assisted towards FP-MCH-ASRH Integration.</p> <p>BARMMHealth collected baseline data (FHSIS 2019 of IPHO Maguindanao and Basilan showing a total of 101,896 individuals received various health and medical services including but not limited to FP-MCH services at the OPD of seven assisted hospitals</p>	Developed operational guidelines; hospital job aid tools enhancement to mainstream FP-ASRH risks screening and services (such as individual treatment records; informed consent; parental consent; FP recording-reporting acc. to standards); Basilan: draft guidelines.
<b>Objective 3</b>	3.1 Supply Chain Management: Streamlining Family Planning Procurement and Supply Chain Management System in BARMM	<p>In partnership with MTaPS, BARMMHealth conducted a rapid commodity flow mapping of FP commodities for BARMM.</p> <p>BARMMHealth assisted MOH-BARMM in monitoring stockouts of</p>	Results of the rapid commodity flow assessment will help inform how the procurement and supply chain management will be translated into policies in the Implementing Rules and Regulations

		FP commodities at the facility level.	(IRR) of Universal Health Care (UHC) in BARMM.
	3.2 Private Sector Engagement: Harnessing the potentials of the private sector to deliver quality family planning services	Mapped 39 private companies, hospitals, and lying-in clinics in Basilan, Maguindanao, and Lanao del Sur. Sent 16 private sector representatives to orientations on FP. Facilitated forging of partnerships between PHOs Maguindanao and Lanao del Sur with 16 private companies, hospitals, and lying-in clinics.	Started capacity building of 4 private lying-in clinics on FPCBT Level I; provided them with FP clinical guidelines.
	3.3 Supporting the crafting of UHC IRR for BARMM and roll out of UHC integration in the province of Maguindanao and Basilan	491 health facilities linked to Health Care Provider Networks in Maguindanao and Basilan.  One consultant hired to help MOH-BARMM craft UHC Implementing Rules and Regulations.  Assisted MOH-BARMM in establishing UHC Technical Assistance Team, a regional body that oversees the implementation UHC in BARMM.  Assisted Maguindanao and Basilan establish their Health Care Provider Networks. In Maguindanao, BARMMHealth helped the province in developing its UHC strategic implementation plan.	The crafting of IRR will inform policies around health governance and systems at the regional and provincial level.





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## Cumulative Accomplishment

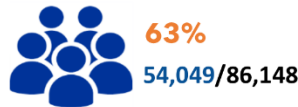
FY2019 - FY2020

### Component 1

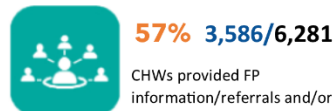
#### Social Behavior Change Communication



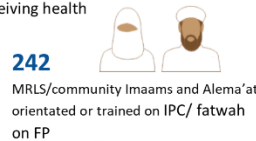
Community mobilization activities (Usapan, Outreach, health events, Bandilyo, FP on Wheels, and mobilization of BHERTs)



Individuals reached during Usapan and health events receiving health and social services

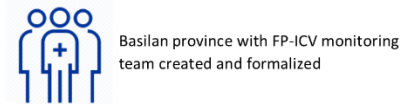
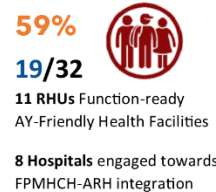
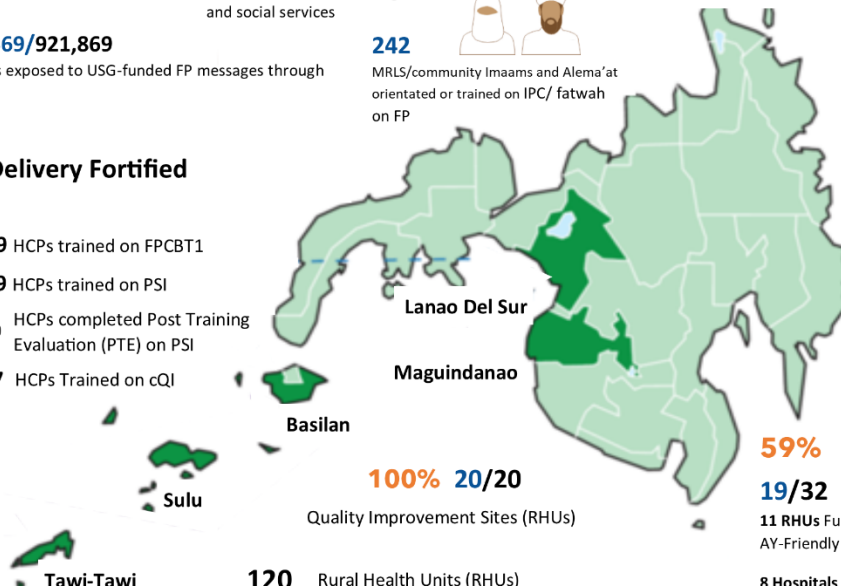
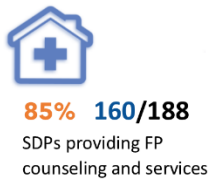
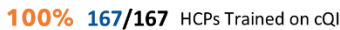
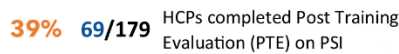
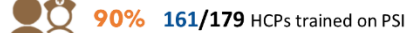
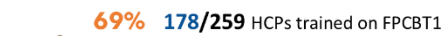


CHWs provided FP information/referrals and/or services (MRLs, Municipal Links, Counselor on Health, Parent Leaders, BHWs)



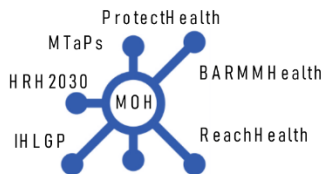
### Component 2

#### Quality of Service Delivery Fortified

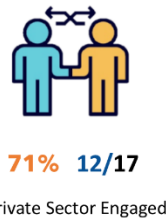
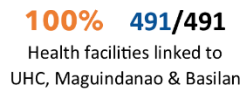


### Component 3

#### Bolstering Health Systems and Policies



Synergize approaches for PSCM, HRH, IHLGP in support to BARMH Health System Strengthening



BARMMHealth produced, utilized, pre-tested, rolled out, and shared the following key products in FY 2020:

1. Draft report of formative qualitative study on gender norms, reproductive health, and marriage among Bangsamoro men, women, and adolescents
2. DOH-approved and USAID-supported FP radio ads
3. Job aid for HCPs to improve counseling on shifting LAM mothers to mFP (pre-tested)
4. Informed Consent and Voluntarism (ICV) wallcharts
5. Fatwa on RH and FP
6. SBCC training module
7. Monograph on training needs assessment of BHWs
8. Community Health Worker Toolkit on FP
9. Facebook cards: key messages FP-MCH-ARH in time of COVID-19
10. Talking points on the fatwa on RH and FP for the radio guesting
11. Usapang Pangkabataan session guide
12. QI module and workbook
13. Enhanced FPCBTI modules with Fatwa on modern FP and Model Family in Islam
14. Client-Centered Care Model framework of MOH and provincial LGU of Basilan
15. QI Toolkits: Process Flow Charts of 20 RHUs (Maguindanao, Lanao del Sur and Basilan)
16. LAM study protocol
17. Client Exit Interview tool
18. Rapid assessments tool: (1) Delivery of FP services in time of COVID-19; (2) readiness of health facilities in time of COVID-19
19. Operational Guidelines for FP-MCH-ASRH Integration in Hospital with Job Aid Tools, i.e. individual treatment record with unmet need profiling/Home Education and Employment Eating and Exercise Activities and Peer Relationships Drug Use/Cigarettes/Alcohol Sexuality Suicide and Depression Safety (HEEADSSS) psychosocial screening, Adolescent recording-reporting, Parental Consent form, Informed consent form, FP Client Card and FP recording-reporting
20. Hospital Order Creating FP/Adolescent Core Team of FP and Adolescent Health providers
21. Provincial Order Constituting Provincial FP ICV Compliance Monitoring Team
22. HCPN implementing guidelines
23. UHC module
24. Global Climate Change assessment tool
25. Workforce Indicator of Staffing Needs assessment tool
26. Rapid assessment tool: availability of FP commodities in select pharmacies of BARMM
27. Final report on BARMMHealth baseline study
28. Project briefer (fact sheet)
29. Toward Resiliency and Self-Reliance, BARMM Responds to COVID-19 Pandemic (special report)
30. Infographic of BARMMHealth Achievements To-date
31. BARMMHealth Year 1 To-date Summary Report

## 2. Annual Performance Progress

### 2.1 Summary of Annual Performance

**Table 2 Performance of Key Indicators by Objective**

**Legends:**

Green (75%-100%) means almost to achieve the target or will achieve at least 100%

Yellow (50%-74%) means will achieve at least 50%, but will not achieve 100%

Red (<50%) means will achieve less 50%

Indicator [A]	Baseline [B]	Accomplishment					
		For the Year			Life-of-Activity		
		Target [F]	Actual (ref. period) [G]	% [H]	Target [I]	Actual (ref. period) [J]	% [K]
<b>Indicator 1:</b> Total Fertility Rate							
<b>Indicator 2: (All from Public data)</b> Couple years protection (CYP) in USG-supported sites	84,760	155,748	209,380	134%	214,502	209,380	98%
<b>Indicator 3:</b> Adolescent Birth Rate (15-19 years old)							
Number of teenage pregnancies (15-19 years old who have begun childbearing)							
Total no. of female among 15-19							
<b>Indicator 4:</b> Number of new FP acceptors in USG-assisted sites (Required customs) (PIRS FP 4)	63,340	70,112	57,182	82%	368,880	98,390	27%
<b>Indicator 5:</b> Number of USG-assisted CHWs providing FP information referrals, and/or service during the year in USG-assisted sites	2,864	6,281	3,586	57%	7,600	3,586	47%



Indicator [A]	Baseline [B]	Accomplishment					
		For the Year			Life-of-Activity		
		Target [F]	Actual (ref. period) [G]	% [H]	Target [I]	Actual (ref. period) [J]	% [K]
<b>Indicator 6:</b> Number of individuals in the target population reporting exposure to USG-funded FP messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print (by channel/# of channels)	836,162	921,869	703,569	76%	1,067,178	703,569	66%
<b>Indicator 7:</b> Number of women identified with FP unmet needs for Modern FP	106,140	95,791	61,606	64%	82,129	61,606	74%
<b>Indicator 8:</b> Number of postpartum women provided with FP messages who adopted FP methods prior to discharge from facility after childbirth.	57,980	63,778	32,382	51%	84,887	32,382	38%
<b>Indicator 9:</b> Number of modern FP users in USG-assisted site	214,402	237,323	239,241	101%	274,688	239,241	87%
<b>Indicator 10:</b> Percent of USG-assisted service delivery sites providing FP counseling and/or services							
Total no. of USG-assisted service delivery sites providing FP counseling and/or services	120	149	160	107%	784	160	20%
Total no. of USG-assisted service delivery sites							
<b>Indicator 11:</b> Average satisfaction score of clients who came for FP/RH services in USG-assisted sites	0						
<b>Indicator 12:</b> Number of AY-Friendly Health Service Delivery Points - to include all RHUs							

Indicator [A]	Baseline [B]	Accomplishment					
		For the Year			Life-of-Activity		
		Target [F]	Actual (ref. period) [G]	% [H]	Target [I]	Actual (ref. period) [J]	% [K]
<i>(Proposed title: Number of functional Adolescent-Friendly Health Service Delivery Points)</i>							
<b>Indicator 13:</b> Percent of women identified with FP unmet needs provided with modern family planning (mFP)							
Number of women identified with FP unmet needs provided with modern FP method (mFP)	45,640	41,190	24,886	60%	35,315	24,886	70%
Total number of women identified with FP unmet need							
<b>Indicator 14:</b> Number of health service providers trained on these areas:		175	100	57%	599	69	12%
FPCBT 1	1,272	80	75	94%	299	178	60%
FPCBT 2 - Int. IUD	193	20	0	0%	48	0	0%
PPIUD	123	20	0	0%	43	0	0%
PSI	295	50	25	50%	204	161	79%
BTL-MLLA	26	5 teams	0	0%	5 teams	0	0%
Supervision/ PTE	0	175	67	38%	599	69	12%
<b>Indicator 15:</b> Percent of health workers who received Quality Improvement Training using traditional and Non-traditional QI methodology in USG-Assisted sites A. Traditional B. Non-Traditional							
Total nos. of health workers who received Quality Improvement Training using traditional QI methodology in USG-Assisted sites	0	180	116	64%	1,903	357	19%
Total number of health workers in USG-Assisted Sites							

Indicator [A]	Baseline [B]	Accomplishment					
		For the Year			Life-of-Activity		
		Target [F]	Actual (ref. period) [G]	% [H]	Target [I]	Actual (ref. period) [J]	% [K]
Total no. of health workers who received Quality Improvement Training using non-traditional cQI methodology in USG-Assisted sites	0	329	0	0%	1,315	0	0%
Total number of health workers in USG-Assisted Sites							
<b>Indicator 16:</b> Percent of RHUs conducting Data Quality Check (DQC) at least once in a year							
No. of RHUs conducting Data Quality Check (DQC) at least once in a year	50	120	120	100%	120	120	100%
Total no. of RHUs	120	120	120		120	120	
<b>Indicator 17:</b> Number of innovations tested and rolled out	0	3	0	0%	7	0	0%
<b>Indicator 18:</b> Average stockout rate of contraceptive commodities at FP Service Delivery Points (REQUIRED HL7 1-3) (FP 9)							
RHU experienced stockout with the following commodities:							
SDM beads	33	<10%	0	0%	<10%	0	0%
PSI (Implants)	0	<10%	0	0%	<10%	0	0%
IUD	0	<10%	0	0%	<10%	0	0%
Condom	9	<10%	31	26%	<10%	31	26%
DMPA	9	<10%	0	0%	<10%	0	0%
Pills	5	<10%	17	14%	<10%	17	14%
Total no. of health facilities that provide:							
SDM beads	120	149	120	80%	188	120	64%
PSI (Implants)	92	130	128	92%	188	128	68%
IUD	39	39	39	100%	87	39	45%

Indicator [A]	Baseline [B]	Accomplishment					
		For the Year			Life-of-Activity		
		Target [F]	Actual (ref. period) [G]	% [H]	Target [I]	Actual (ref. period) [J]	% [K]
Condom	120	149	120	80%	188	120	64%
DPMA	120	149	120	80%	188	120	64%
Pills	120	149	120	80%	188	120	64%
<b>Indicator 19:</b> Number of universal health coverage areas supported by USG investment (Orientation that will lead to creation of SDN/HCPN)	6	119	12	10%	119	67	56%
<b>Indicator 20:</b> Number of health facilities linked to UHC network (Maguindanao-UHCIS)	21	491	491	100%	491	491	100%
<b>Indicator 21:</b> Percent of USG-assisted health facilities accredited for FP for maternal care package (MCP)/Neonatal Care Package (NCP)							
No. of health facilities accredited for FP or maternal care package (MCP)/Neonatal Care Package (NCP) (Birthing Facility only) over Total no. of health facilities (RHUs with Birthing Facility only)	91	99	91	92 %	111	91	82 %
Total number of facilities in USG-assisted area							
<b>Indicator 22:</b> Proportion of PHIC claims reimbursed to total claims filed at USG-assisted facilities   USG-supported sites.							
Number of LGUs utilizing PhilHealth funds for FP or Maternal care package (MCP)/Neonatal care package (NCP)							
Total number of facilities in USG-assisted area							
<b>Indicator 23:</b>	0	100	150	150%	500	150	30%

Indicator [A]	Baseline [B]	Accomplishment					
		For the Year			Life-of-Activity		
		Target [F]	Actual (ref. period) [G]	% [H]	Target [I]	Actual (ref. period) [J]	% [K]
Number of people reached by USG-funded interventions providing GBV services, e.g. health, legal, psychosocial counseling, shelter, hotlines, and others							
<b>Indicator 24:</b> Number of persons trained with USG-assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations	0	200	0	0%	1,000	0	0%
<b>Indicator 25:</b> Number of joint success stories produced	0	20	0	0%	120	0	0%
<b>Indicator 26:</b> Presence of Mission support to strengthen human resources for health	0	4	0	0%	16	0	0%
<b>Indicator 27:</b> Number of synergized approaches for supply chain management, human resources for health, engagement with LGUs and health financial risk protection	0	3	3	100%	TBD		
<b>Indicator 28:</b> Number of mobilization activities conducted in Conflict-Affected Areas (CAA)/Geographically Isolated and Disadvantaged Areas (GIDA)	567	685	261	38 %	912	342	38 %
<b>Indicator 29:</b> Number of individuals reached/received health services during mobilization activities, including individuals who received FP information and services	7,196	86,148	51,084	59 %	114,753	54,049	47 %
<b>Indicator 30:</b>	0	9	5	56 %	26	5	19 %

Indicator [A]	Baseline [B]	Accomplishment					
		For the Year			Life-of-Activity		
		Target [F]	Actual (ref. period) [G]	% [H]	Target [I]	Actual (ref. period) [J]	% [K]
Number of institutions with capacity to assess or address disaster and climate change risks improved with USG assistance							
<b>Indicator 31:</b> Financial risk protection - Percentage of people enrolled in USAID-supported financial protection schemes in USAID project catchment areas - ProtectHealth will provide data (PHIC coverage)							
Numerator – Number of people enrolled in USAID-funded financial protection schemes in USAID project catchment areas							
Total number of people in financial protection schemes catchment area from the HMIS/DHIS2 or most recent Census							
<b>Indicator 32:</b> Quality Improvement - Overall service utilization rate among USAID-supported facilities implementing quality improvement (QI) (Percentage)							
Total number of annual outpatient department visits* among USAID-supported facilities implementing QI.	35,315	47,896	30,308	63%	53,384	30,308	57%
Total number of people residing in the catchment areas for the USAID-supported facilities which are implementing QI.							
<b>Indicator 33:</b> Percentage and absolute peso amount of local investment for health to total health investment in USG-assisted sites							

Indicator [A]	Baseline [B]	Accomplishment					
		For the Year			Life-of-Activity		
		Target [F]	Actual (ref. period) [G]	% [H]	Target [I]	Actual (ref. period) [J]	% [K]
*ProtectHealth to collect data from DOF-BLGF for Health Project (from CLAIMHealth ppt pres. in OH Knowledge Library)							
<b>Indicator 34:</b> Percentage of USG-assisted LGUs within MOH-BARMM with functional ICV compliance committees/monitoring Team							
Number of LGUs with functional ICV committees	0	6	17 %	6	1	17 %	
Total number of LGUs in USG-assisted sites							
<b>Indicator 35:</b> Number of maternal and child health services clients who received counseling about LAM							
<b>Indicator 36:</b> Percentage of health service providers at Service Delivery Points who know the contraceptive options for postpartum women up to six months							
Number of Health Service Providers at the Service Delivery Points who know the contraceptive options for postpartum women (up to 6 months)							
Total Health Service Providers in Service Delivery Points providing FP services							
<b>Indicator 37:</b> Percent of Service Delivery Points that offer postpartum FP integrated with other services, by type of service							
Number of Service Delivery Points that offer postpartum FP integrated with other services, by type of service integrated with other services, by type of service							
Total number of Birthing Facilities in USG-assisted sites							

Indicator [A]	Baseline [B]	Accomplishment					
		For the Year			Life-of-Activity		
		Target [F]	Actual (ref. period) [G]	% [H]	Target [I]	Actual (ref. period) [J]	% [K]
<b>Indicator 38:</b> Percent of postpartum women with unmet need for contraception (to include the extended postpartum women of which the infant has not reached 1 year of age)							
Number of postpartum women with unmet need for contraception (to include the extended postpartum women of which the infant has not reached 1 year of age)							
Total number of postpartum women							
<b>Indicator 39:</b> Number of postpartum women provided with FP messages during routine immunization in the facility (to include the extended postpartum women of which the infant is below 1 year of age)							



## Analysis of Accomplishment

BARMMHealth only achieved eleven indicators with 75-100 percent accomplishment and nine indicators with 50-75 percent accomplishment. The rest of the 16 indicators are below 50 percent. These figures show that BARMMHealth did not fully achieve its targets for FY 2020. Despite this, and couple with the challenges brought about by the COVID-19 pandemic, the project made significant headways in improving social norms and strengthening healthy behaviors among underserved men, women, and adolescents in the region; fortifying the delivery of quality FP-MCH-ARH services; and laying the ground for key public health policies and systems that will bolster the delivery of FP-MCH-ARH services in the Bangsamoro region.

Among the notable accomplishments of the project are the Couple of Years Protection (CYP), the number of new FP acceptors, and mFP users in USG-assisted sites. BARMMHealth exceeded its 155,748 CYP target in FY 2020 by 134 percent or 209,380. For the number of new FP acceptors, BARMMHealth targeted 70,112 and achieved 82 percent accomplishment or 57,182. The project also targeted 237,323 mFP users for FY 2020 and exceeded its target by 101 percent or 239,241. There are 160 SDPs providing FP counseling and other FP services in FY 2020, which is 107 percent higher compared to the project's target of only 149. These accomplishments could be attributed to the increased number of HCPs providing FP services following the FPCBT Level I and FPCBT 2-PSI trainings and other capacity development interventions for CHWs implemented by the project from July 2019-September 2020. All these indicators are also higher compared with the project's achievements in FY 2019.

For the number of CHWs providing FP information and referrals, BARMMHealth targeted 6,281 but only achieved 57 percent accomplishment or 3,586. This could be attributed to the limited face-to-face engagements with partners and CHWs, including the cancellation of workshops on interpersonal communication, which requires face-to-face interaction. This also holds true for the number of individuals reached by the project through radio, television, electronic platforms, and community dialogues. BARMMHealth targeted 921,869 individuals reporting exposure to USG-funded FP messages but only achieved 52 percent or 481,009. While the project secured partnerships with nine radio stations, BARMMHealth had no choice but to cancel many of the planned Usapan sessions and community dialogues due to the threats of COVID-19. Radio is seen as the most pervasive channel for disseminating FP messages and reaching clients, especially in hard-to-reach areas in the region.

More than 400 HCPs in Basilan and Maguindanao are now linked to the provinces' HCPN, which is a prerequisite of the integration of UHC in UHC integration sites. At the regional level, BARMMHealth provided MOH-BARMM with technical assistance in crafting the region's UHC implementing rules and regulations (IRR), which is critical in sustaining not only the gains of USG-assisted projects in the Bangsamoro in the past, but also institutionalizing the FP-MCH-ARH reforms introduced by the project across health systems in BARMM.

BARMMHealth had to contend with the absorptive capacity of provincial, city, and municipal health offices to deliver FP-MCH-ARH services because of competing priorities at the program implementation level. Aside from COVID-19, they had to implement other critical programs, such as TB, polio and measles campaign. However, the project saw this as an opportunity to integrate FP services in the delivery of other health programs. In Basilan and Lanao del Sur, BARMMHealth successfully integrated FP services in the COVID-19 community surveillance of BHERTs. In Maguindanao, the project scaled up locally-led interventions such as FP and RH on wheels while in Sulu, BARMMHealth integrated the delivery of FP

services in the profiling and tracking of Women of Reproductive Age. Moving forward, BARMHealth will continue to work with MOH-BARM and provincial, city, and municipal health offices to integrate FP services in other key national health programs such as immunization drives.

BARMHealth's technical assistance on UHC is also hampered by the lack of UHC IRR for BARM. Therefore, the project will continue to work with ProtectHealth and MTaPS to provide MOH-BARM the needed expertise in crafting the IRR in FY 2021.

## B. Performance of Key Activities

**Table 3 BARMMHealth Year 2 Key Outputs**

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
<b>Objective I</b>	Support for the mobilization of BHERTs and CHWs to generate demand and provide family planning services during community health outreach and community-based COVID-19 surveillance activities	The community health outreach activities provided FP services to 1,338 new FP acceptors, 3,463 current FP users, and 2,817 men, women, and children who received MCH-ARH services.	MOH-BARMM, provincial, city, and municipal health offices
	Engagement of men/MRL in promoting FP	BARMMHealth has trained 91 MRLs to-date.	MOH-BARMM, PHOs, CHOs, RHUs, and local governments
	Maximizing radio use to promote FP amid the pandemic	BARMMHealth forged partnerships with seven local radio stations and reached 54,000 individuals in USG-assisted sites through radio.	Radio stations, PHOs, CHOs, RHUs, and local governments
	Completion of qualitative and formative study on Social and Gender Norms, Reproductive Health, Marriage, Pregnancy among Bangsamoro Men, Women and Adolescents	The study has been presented to USAID OH and implementing partners. BARMMHealth is set to present the study to MOH-BARMM, provincial, city, municipal health offices, relevant Bangsamoro ministries, and CSOs on October 23, 2020. Results of the study will inform programming of BARMMHealth in Year 3.	MOH-BARMM, ICI-Asia, PHOs, CHOs, RHUs, and MOSEP
	Started the test implementation of Usapang Pangkabataan/Usapang TeenMoms for mobilizing BHERTs, youth-focused CSOs, guidance	Usapang Pangkabataan/Usapang TeenMoms is an interactive life-skills approach for sexually active and not sexually active adolescents, and young mothers promoting responsible practice of sexually and planning the family.	IPHOs; MOH; MBHTE; schools; RHU midwives/BHWs who are BHERTs members; youth focused CSOs

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
	counselors/health nurses in schools/educational institutions	BARMMHealth is in the process of enhancing both Usapans' service cascade that covers profiling/risks assessment, SRH life skills info-education, counseling, and referral. In FY3 the project will roll out these two IPC resources among partner CSOs, nurses and midwives (BHERTs members) in assisted RHUs designated to become adolescent-friendly facilities, and partner schools.	
	Worked with PopCom, MBHTE and multisectoral technical committee in the finalization of Comprehensive Gender and Health Education for Youth for schools' comprehensive sexuality education	Comprehensive Gender and Health Education for Youth co-developed by PopCom, MBHTE, RDI and technical committee is in final stages of lay-out development. BARMMHealth will assist MOH-BARMM and PHOs in the roll-out of CSE in schools using Comprehensive Gender and Health Education for Youth resources modules.	MBHTE; schools; madrasah schools; POPCOM-BARMM; POPCOM-12; MOH
	Provided IPHO-Maguindanao technical assistance on developing SBCC interventions	IPHO-Maguindanao developed social and behavior change communication plans to reduce the incidence of teenage pregnancy, increase the number of new acceptors of family planning, strengthen antenatal care provision, and promote #BIDAsolusyon, the national campaign against the spread of COVID-19 supported by USAID.	MOH-BARMM, IPHO-Maguindanao, and select RHUs of Maguindanao
	Provided Bangsamoro IATF technical assistance on developing BARMM's COVID-19 risk communication plan	With inputs from BARMMHealth, the risk communication plan now includes messages on FP-MCH-ARH amid COVID-19, targeting pregnant and lactating women as well as current users of FP. MOH-BARMM rolled out the messages to PHOs.	MOH-BARMM, Bangsamoro IATF on COVID-19, and other development partners based in Cotabato City

<b>Objectives</b>	<b>Key Outputs (Products, Innovations, Milestones)</b>	<b>Status as of September 30, 2020</b> <i>[link to monitoring documentation &amp; results pathway]</i>	<b>Collaborating Partners</b>
	Support for the development of fatwa on Gender-based Violence	BARMHealth co-organized a series of roundtable discussions/stakeholders' consultations to lay the ground for the development of fatwa on GBV. With support from BARMHealth, the Regional Darul Ifta has identified the members of the technical working group that will oversee consultations, technical reviews, and development of the fatwa.	RDI, Bangsamoro Women Commission, Ministry of Basic, Higher and Technical Education, and MOH-BARM
	Support to Bangsamoro Women Commission for BARM-wide radio broadcast of Babae Usap Tayo	Babae Usap Tayo is a radio broadcast interactive platform that promotes gender equality and women girl-child empowerment & agency; promotes FP-MCH-ASRH; advocacy for policies addressing gender disparity and GBV; Contracting process with radio station is in progress. The project began coordination with seven radio stations based in Cotabato City, Tawi-Tawi, Basilan, and Maguindanao willing to broadcast recorded episode of Babae Usap Tayo.	BWC; Radio Stations IPHOs; Provincial Government; health sectors; schools; CSOs; MOH;
	Report on the communication training needs assessment of Barangay Health Workers	BARMHealth has completed the report, which is ready for sharing.	MOH-BARM, PHOs, CHOs, and RHUs
	Report on the common FP misconceptions in BARM, including how MRLs view FP prior to orientations on the fatwa on reproductive health and FP	The report is yet to be finalized.	MOH-BARM, PHOs, CHOs, and RHUs
<b>Objective 2</b>	Built capacity of health care providers and facilities to expand SDPs in the	Skills enhancement on FPCBT Level-I among 74 health care providers of Maguindanao, who are now providing FP counseling and services	MOH and IPHOs of Basilan, Lanao del Sur and Maguindanao

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
	provision of quality FP-MCH-ARH services	<p>in the RHUs and hospitals both public and private.</p> <p>183 health care providers (32 doctors, 77 nurses, 27 midwives) and other QI team members (18 municipal links of MSSD, 10 LGU SB member-chair on Health, 16 CHWs) trained on cQI methodology.</p> <p>183 QI team members were oriented on HIPs such as PFP, FP service integration during routine Immunization and Mobile Outreach Service Delivery.</p>	
	Improved performance and reach of trained HCPs to provide counseling and services	60 trained HCPs (25 in Basilan, 35 in Maguindanao) were provided post-training evaluation through supportive supervision and certified for training completion.	MOH and IPHOs
	Completion of BARMHealth baseline study and report	BARMHealth will share the full report with MOH-BARM following approval of USAID OH on October 15, 2020.	MOH-BARM, PHOs, CHOs, and RHUs
	<p>Reports on rapid assessments:</p> <ul style="list-style-type: none"> <li>• Essential Health Services Readiness of PHOs and Hospitals in BARM</li> <li>• Delivery of Family Planning and Maternal and Child Health Services</li> <li>• Adolescent and Youth Reproductive Health Services Readiness</li> </ul>	BARMHealth has completed the reports, which were supposed to be presented to USAID OH and MOH-BARM in June 2020. MOH-BARM postponed the presentation indefinitely following internal reorganization.	MOH-BARM, PHOs, CHOs, and RHUs
	COVID-19 interventions:	BARMHealth provided technical support to BARM IATF in drafting Health Cluster Plan	MOH-BARM, PHOs, CHOs, and RHUs

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
	<ul style="list-style-type: none"> <li>• Inclusion of continued delivery of essential health services, particularly FP-MCH-ARH, in the Bangsamoro IATF on COVID-19 Contingency Plan</li>   <li>• Capacity development of HSPs on COVID-19 Infection Prevention and Control (IPC)</li>   <li>• Creation of Facebook chat groups as means for communication, feedback, and information exchange during the pandemic</li> </ul>	<p>which was integrated into the regional COVID-19 contingency and response plan.</p> <p>BARMMHealth successfully lobbied for the inclusion of continued delivery of essential health services, particularly FP-MCH-ARH, in the Bangsamoro IATF on COVID-19's Contingency Plan. On April 13, 2020, MOH-BARMM released a memorandum, reiterating the Department of Health's Department Circular No. 2020 – 0167, which mandates the continuous provision of essential health services across the country in time of COVID-19. The memorandum instructed public health facilities in the region to remain open during the pandemic.</p> <p>35 health managers from HSPs across BARMM joined the COVID-19 IPC webinar in April 2020, providing them knowledge and capacity development on institutionalizing IPC interventions at the health facility setting.</p> <p>BARMMHealth created and managed six Facebook chat groups used by QI sites, private hospitals, lying-in clinics, and private companies for communication, feedback, and information exchange in time of the COVID-19 pandemic.</p>	

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
	<ul style="list-style-type: none"> <li>Support to community health outreach activities that deliver FP-MCH-ARH services in time of COVID-19</li> </ul>	<p>BARMMHealth scaled up community health outreach activities, such as FP on Wheels, bandilyo, mobilizing BHERTs, and WRA tracking and profiling, resulting in the provision of FP-MCH-ARH services to 6,280 men, women, children, and adolescents.</p>	
	<p>QI interventions:</p> <ul style="list-style-type: none"> <li>Technical assistance in building technical and management capacity of organized QI teams</li> <li>Establishment of QI teams at the provincial and RHU level</li> <li>Development and pre-testing of Client Exit Interview tool</li> </ul>	<p>BARMMHealth assisted 20 QI sites in developing their QI packages and implementing QI initiative starting in March 2020. The QI packages focused on: tracking women, men and adolescents of reproductive ages and reducing their FP unmet needs; increasing uptake of mFP; increase participation of men in FP; addressing teenage pregnancy and ARH; and improving client satisfaction.</p> <p>BARMMHealth helped PHOs and RHU-QI sites establish QI teams together with their local government officials. The QI teams will oversee the implementation of QI packages/interventions. The establishment of QI teams will ensure local government support for the QI packages/interventions.</p> <p>Together with MOH-BARMM, PHOs, CHOs, and RHUs, BARMMHealth developed and pre-tested a Client Exit Interview (CEI) Tool to assess client satisfaction and client's perspective on quality of service utilized in a given facility and that client's feedback shall be</p>	<p>MOH-BARMM, PHOs, CHOs, and RHUs, Municipal Link of MSSD, LGU/SB member-Chair of Committee on Health</p> <p>In FY 2021, BARMMHealth will engage potential CSOs to do CEI as one of their deliverables and these CSOs</p>



Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
		<p>integrated for continuous QI. The project staff conducted the CEI in 101 random clients in Basilan, Sulu, Tawi-Tawi, and Maguindanao in June 2020. The initial results of the CEI revealed an average satisfaction score of 4.4 over 5 total score \were happy with the services they received from their respective health care providers. The majority of them availed of FP services during their visits to the health facilities. The rest of the clients went to the facilities for pre-natal check-up, medical check-up, and to immunize their children. The majority of clients interviewed said that they received either excellent or good services in terms of ease of getting care, waiting time, personnel services (frontline and health care workers), cleanliness and orderliness of the facility, confidentiality and privacy, FP counseling, and FP ICV compliance. BARMMHealth will roll out the CEI tool to more HSPs in Year 3.</p>	<p>will be pro-actively involve on QI efforts.</p> <ul style="list-style-type: none"> <li>- BH plans to integrate CEI data collection, analysis of results, provide feedback on the results/analysis of CEIs to facilities during QI monthly meeting – as one of the proposed deliverables of CSOs who will be engaged through FP innovation (small) grants.</li> <li>- In FY2021, BARMMHealth will expand to 73 QI sites where about 80% of total WRA with high FP unmet needs are residing. The CEI will cover as well all 73 RHUs.</li> <li>- Also, in FY2021, BH through the CSOs plan to have 5 clients who received FP services per QI sites (x73 RHUs) per month (x12 months) = 4,380 clients participated during whole year period.</li> </ul>
	FP-MCH-ASRH integration in Hospital	Eight hospitals in Maguindanao ( <i>Maguindanao Provincial Hospital; Buluan District Hospital; Datu Odin District Hospital; Datu Blah T. Sinsuat District Hospital; South Upi Municipal Hospital</i> )	IPHOs; Hospitals; MOH-BARMM;

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
		and Basilan ( <i>Lamitan District Hospital, Sumisip District Hospital, and Basilan General Hospital</i> ) assisted towards FP-MCH-ASRH in hospitals' daily operations, with guidelines, job aids, FP recording-reporting; HSPs equipped in HEEADSS risks screening; trained on FPCBTI .	
	Transforming RHUs to be adolescent-friendly facilities providing FP	48 RHUs in 47 prioritized municipalities in BARMM provinces mapped with the following adolescent-friendly DOH categories based on baseline study: 14% Level 1 (n=7); 10% Level 2 (n=5); 36% (n=36) not meeting any adolescent-friendly category acc. to DOH standards. Important in assisting SDPs to achieve Level 2 with the following elements: <ul style="list-style-type: none"> <li>● Designated room for adolescent clients with policy on privacy and confidentiality</li> <li>● Welcome “Adolescent-Friendly” signage; schedule of clinic hours</li> <li>● BCC/IEC materials available</li> <li>● AJA/ADEPT-trained core team of providers</li> <li>● Protocol and guidelines for patient-provider interaction</li> <li>● Regular demand generation activities</li> <li>● Established information system on service utilization; referral system and follow-up</li> </ul>	IPHOs; RHUs; MOH-BARMM

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
	Inputs to DOH memorandum on ensuring continuity of adolescent services amid the COVID-19 pandemic	With contribution from BARMHealth on inclusion of the Rapid HEEADSS psychosocial risks assessment, DOH Secretary Francisco Duque III signed on July 7, 2020, the Department Memorandum 2020- 034, issuing the Interim Guidelines on Continuous Provision of Adolescent Health Services During Covid-19 Pandemic.	DOH, MOH, USAID implementing partners
	Inputs to the comparative content analyses of different DOH training resources, specifically: i) training program on Adolescent Job Aid; ii) BARM's draft modules on Comprehensive Gender and Health Education for Youth; iii) the e-Learning toolkit called the Adolescent Health Education and Practical Training; and iv) the Adolescent Health and Development Manual of Operations	The collective content analyses helped in identifying appropriate resource materials to be used in the course of building the capacities of health and education institutions towards providing adolescent-friendly service and comprehensive sexuality education.	DOH, MOH, USAID implementing partners
<b>Objective 3</b>	In collaboration with USAID's HRH2030 and DOH-HHRDB, BARMHealth supported MOH-BARM in the review of HRH requirements (assessment of distribution, workload and competency using the Workload Indicators for Staffing Needs (WISN) tool as basis for the development of a regional human resource plan and guidelines on	11 members of the Regional Task Force composed of the regional coordinators, provincial administrative/HR Officers, dentist, nutritionist, radiology technicians, PHO from Sulu, Lanao Sur, Basilan/Lamitan City, and Lanao Sur were trained to cascade the WISN methodology in BARM provinces, trained 13 data collectors who conducted the data collection in selected facilities (RHU main, RHU in GIDA, BHS and district hospital) in each province.	DOH, MOH-BARM, PHOs, CHOs, and RHUs and HRH2030

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
	standard staffing needs of MOH-BARMM (provinces and cities)		
	Technical assistance provided to MOH-BARMM during their Quarterly UHC Technical Assistance Team (TAT) Meetings, a venue to discuss and track updates on UHC implementation	<p>MOH-BARMM provided technical guidance to MOH-BARMM and members of the UHC TAT in their January and July 2020 meetings. BARMMHealth sits as secretariat and regular member during these meetings.</p> <p>The UHC TAT is composed of the Deputy Minister as chair and co-chaired by the Chief of technical Division, members are regional cluster heads: Family Health Cluster, Non-communicable, Local Health System, health Education and Promotion , Water and Environmental Sanitation, Health Emergency Response, Health Human Resource, PhilHealth, POPCOM-BARMM, Provincial/City Health Officers, BARMMHealth/URC and ZFF.</p>	MOH-BARMM, PHOs, CHOs, POPCOM-BARMM, PhilHealth
	Technical assistance to UHC integration sites, i.e. Type 2 provinces (Maguindanao and Basilan) in creating HCPN project management team/technical working group and in drafting their HCPN Guidelines	Through BARMMHealth's support, the IPHO-Maguindanao and the LGU of Basilan established the UHC Program Management Team/Technical Working Group and drafted the HCPN Implementing Guidelines, which outlined how the services of the different health facilities complement each other to ensure people-centered and continuum of care.	MOH-BARMM, PHOs, CHOs, private sector, LGUs
	Technical assistance to UHC-IS (Maguindanao) on UHC Strategic Planning Workshop	Supported Maguindanao's three-day strategic planning workshop on UHC Integration attended by six cluster heads and the private hospitals. The workshop was designed to	MOH-BARMM, IPHO-Maguindanao

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
		<p>develop a medium strategic plan (2020-2022) that will govern technical, managerial and financial integration. The Maguindanao Strategic Plan as well as the communication plan will be incorporated in the Maguindanao Investment Plan for health.</p>	
	<p>Support for PhilHealth accreditation and reimbursement monitoring and capacity development</p>	<p>BARMMHealth technically supported the MOH's Program Implementation Review on iClinicSys and Consultative Meeting on PhilHealth accreditation and reimbursements, which was participated by FHSIS coordinators, MHOs, PHO coordinators, IT and PhilHealth-BARMM. Resource persons from DOH National PhilHealth National addressed the concerns raised and provided technical guidance on how past claims can be reimbursed online.</p> <p>MOH has conducted the training for EMR encoders in Sulu, Basilan and Tawi-Tawi. Maguindanao and Lanao Sur was supposed to have the training in March and April, respectively but due to the COVID-19 crisis, the training was put on hold.</p> <p>MOH-BARMM monitored the PhilHealth accreditation and reimbursement of RHUs in Basilan, Sulu, Lanao del Sur, and Maguindanao. As of June 2020, there are 34 accredited RHUs and six Barangay Health Stations in Maguindanao (no reimbursements); 33 RHUs</p>	<p>MOH-BARMM, PHOs, CHOs, and RHUs, PhilHealth and DOH National, PhilHealth-BARMM</p>

<b>Objectives</b>	<b>Key Outputs (Products, Innovations, Milestones)</b>	<b>Status as of September 30, 2020</b> <i>[link to monitoring documentation &amp; results pathway]</i>	<b>Collaborating Partners</b>
		in Lanao del Sur (no reimbursements); five RHUs in Basilan (no reimbursements); and 19 RHUs in Sulu (no reimbursements). It should be noted, however, that these are not the official data, which should come from PhilHealth National Office. BARMMHealth also gathered issues and concerns experienced by the RHUs, including difficulty accessing the iClinicSys, variety of PhilHealth systems, accreditation, and reimbursement issues, which the project reported to MOH-BARMM for action. BARMMHealth tried gathering data from PhilHealth-BARMM in terms of reimbursements and claims but they referred coordination to PhilHealth national.	
	Technical assistance to MOH-BARMM on Procurement and Supply Chain Management (PSCM) in BARMM	BARMMHealth and MTaPs supported the MOH in establishing a functional PSCM mechanism by starting off with a Rapid Commodity Flow Mapping of FP Commodities in BARMM. A participatory approach was used during the assessment where participants, composed of the PHOs, CHOs and FP Coordinators, were divided into LGU-devolved and not devolved provinces/cities. The groups were asked to identify current practices and processes in the distribution of FP commodities and current practices of how facilities report logistics information. From the assessment, it was noted that there are several challenges within the supply chain system in	MOH-BARMM, IPHOs CHOs, MTaPS, POPCOM-BARMM

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
		<p>BARMM, namely: there are two different supply chains in BARMM, a non-devolved supply chain versus the devolved one.</p> <p>The rapid assessment provided recommendations to address these challenges, including the development of standard BARMM PSCM design. The design should cater to the requirements of BARMM and maximize efficiency of procurement, warehousing, and distribution services for all provinces of BARMM. It also recommended to build the capacity of the Regional PSCM Committee and FP Coordinators on logistics management such as forecasting, procurement, product selection, storage, distribution, ensure contraceptive product availability, recording, and reporting. The parties agreed to hold planning sessions to develop the BARMM PSCM Action Plan among the members of the Regional Supply Chain Management Committee.</p>	
	<p>Rapid Assessment Report: Availability of Family Planning Commodities in Select Pharmacies in the Bangsamoro in time of COVID-19</p>	<p>From May 11-13, 2020, BARMMHealth collected information from 62 pharmacies in Basilan, Sulu, Maguindanao, and Marawi City to assess how the COVID-19 pandemic has impacted the availability of FP commodities in the region. The assessment results provide data and information to better track information on the logistics management of FP commodities in BARMM.</p>	<p>IPHOs/CHOs</p>

<b>Objectives</b>	<b>Key Outputs (Products, Innovations, Milestones)</b>	<b>Status as of September 30, 2020</b> <i>[link to monitoring documentation &amp; results pathway]</i>	<b>Collaborating Partners</b>
	Webinar Series on ensuring Financial Risk Protection in time of COVID-19	BARMHealth facilitated the participation of 130 health service providers to a series of webinars on Ensuring Financial Risk Protection in time of COVID-19 Part I in partnership with PhilHealth, DOH, USAID OH, and ProtectHealth. It provided an avenue for the participants to discuss and understand PhilHealth's benefit packages for COVID-19 cases.	MOH-BARM, PHOs, CHOs, and RHUs
	Facilitated partnerships between PHOs and private companies for the establishment of FP in the Workplace Setting; partnerships with private hospitals and lying-in clinics for the establishment of FP in the Hospital Setting and lying-in clinics	BARMHealth successfully forged partnerships between Maguindanao and Lanao del Sur PHOs with 16 private companies, hospitals, and lying-in clinics that will implement FP in the workplace and hospital setting. These private companies, hospitals and lying-in clinic were oriented on FP program.	MOH-BARM, PHOs, CHOs, and RHUs
	Mapping of private sector and CSOs in BARM	BARMHealth completed mapping private sector partners and civil society organizations in the provinces of Basilan, Maguindanao, and Lanao del Sur in June 2020. The map includes 10 private companies with over 200 employees, 13 private hospitals, and 16 private lying-in clinics. It will serve as baseline information for ongoing and future engagements with the private sector.	MOH-BARM, PHOs, CHOs, and RHUs
	Profiling of 63 barangays in North Cotabato under the BARM structure	BARMHealth commissioned two partner CSOs, Mindanao Organization for Social and Economic Progress (MOSEP) and United Youth Philippines (UNYPHIL) Maguindanao, for the profiling of 63 BARM barangays in North Cotabato. BARMHealth trained them	MOH-BARM, RHUs, MOSEP and UNYPHIL



Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
		<p>on the tool and how to use the electronic platform developed by BARMHealth for the analysis. Aside from providing surge support to BARMHealth, the engagement of CSOs also aims to actively engage non-government organizations, such as the private sector and CSOs, in advocating for FP-MCH-AYRH services. BARMHealth envisions that through this engagement, local CSOs' will develop further their capacities in program management, stakeholder engagement, and advocacy. However, out of the 63 barangays, only 40 were completely profiled by MOSEP because UNYPHIL did not complete the task for the 23 barangays as agreed. BARMHealth will analyze the data and submit a report to USAID OH and MOH-BARMM in November 2020.</p>	
	<p>Support for Minimum Initial Package (MISP) for Sexual and Reproductive Health (SRH) in Emergencies and Disasters and its Integration into the National Disaster Risk Reduction and Management Plan and Local Disaster Risk Reduction and Management Plans</p>	<p>BARMHealth committed to support MOH-BARMM develop the capacities of the health managers, local DRRM team and health service providers on MISP. In collaboration with UNFPA, a pool of MISP trainers at the regional and provincial levels will be organized and trained to roll out the training at the provincial level. Specifically, BARMHealth, as lead trainer, will spearhead the training of trainers on MISP. This is to be co-facilitated by UNFPA. The TOT training was set in August 2020 and the roll-out in the provinces will be in Year 3, however it was not conducted</p>	<p>MOH-BARMM, PHOs, CHOs, and RHUs, UNFPA</p>

Objectives	Key Outputs (Products, Innovations, Milestones)	Status as of September 30, 2020 <i>[link to monitoring documentation &amp; results pathway]</i>	Collaborating Partners
		because the UNFPA trainers were not allowed to conduct activities due to COVID-19. The training is re-scheduled in Year 3.	
	<p>Monitoring on compliance to Reg 216 and CRM</p> <p>Supported the capacity assessment on Disaster and Climate Change As to Number of institutions with capacity to assess or address disaster and climate change risks improved with USG assistance.</p> <p>-</p>	<p>IPHO Disaster/CRM coordinators and BARMHealth jointly monitored compliance to Reg 216 and CRM activities on EMMP (Maguindanao, Basilan, Lanao Sur) - done through monitoring using the EMM tool in all provinces during field visits.</p> <p>BARMHealth provincial teams, together with the provincial HEMS coordinator, DRRMO, PESU, were oriented on Reg 216/DCRM and the Global Climate Change Institutional Assessment. In line with the CDCS indicator, the disaster and climate change institutional capacity assessment were conducted in 15 municipalities and 3 provinces (Maguindanao Lanao Sur, Basilan in 5 QI sites) by BARMHealth and provincial IPHO and LGU staff from August-September). BARMHealth is encoding and sending entries on the electronic platform developed by BARMHealth. Analysis and presentation of the findings will be done in year 3.</p>	IPHO, CHO, LGUs

### 3. Key Challenges and Proposed Solutions

**Table 4 Key Challenges and Proposed Solutions**

Key Challenges by Objective	Proposed Actions (Solution-Timeline-Responsibility)
<b>Objective 1: Improving Demand</b>	
<p>1. COVID-19 affected the conduct of Usapan sessions, which require face-to-face interaction with clients.</p>	<p><b>Solution:</b> BARMMHealth will explore the use of radio in educating clients on mFP. BARMMHealth will also take advantage of LGU-driven community health outreach activities like immunization and COVID-19 community surveillance activities.</p> <p><b>Timeline:</b> From November 2020 to September 2021</p> <p><b>Responsibility:</b> SBCC director, provincial officers, and SBCC coordinators</p>
<p>2. CHSI declined to provide technical assistance on SBCC because they don't have available consultant</p>	<p><b>Solution:</b> BARMMHealth developed a SBCC planning module, which was pilot-tested with IPHO-Maguindanao and MOH-BARMM. Moving forward, BARMMHealth will commission a consultant to help roll out the SBCC planning workshops in other provinces.</p> <p><b>Timeline:</b> From November 2020 to March 2021</p> <p><b>Responsibility:</b> SBCC director, provincial officers, and SBCC coordinators</p>
<b>Objective 2: Improving Supply</b>	
<p>1. BARMM is still challenged by too few health care providers to deliver the quality services coupled with too few staff to provide supportive supervision and mentorship.</p>	<p><b>Solution:</b> BARMMHealth will support MOH to expand access to 90% of all SDPs providing quality FP counseling and services including frontline Barangay Health Stations and capacitate the remaining 30% of SDPs on FPCBT Levels 1 and 2. BARMMHealth will discuss with the MOH and agree on adaptive management mechanism applying blended learning as an alternative training approach. For provinces with accessibility issue BH can organize a venue to accommodate small gathering of not more than 10 trainees or in a</p>

	<p>larger venue with 50% capacity based on local IATF guideline. The proposed alternative would be to have didactics for FPCBT I run for 2.5 days or 1.5 day for PSI training through online training, and the return demo/practicum through one-on-one direct observation during supportive supervision.</p> <p><b>Timeline:</b> November FY2020 to March 2021</p> <p><b>Responsibility:</b> DCOP/HSQI director, FP specialist, FPQI coordinator, technical team of MOH and IPHOs</p> <p><b>Solution:</b> BARMMHealth will continue its support for Quality Improvement (QI) from the initial 20 QI sites to 73 RHUs of the 5 provinces and build their technical and management capacities to develop and test changes or local solutions.</p> <p><b>Timeline:</b> January to September 2021</p> <p><b>Responsibility:</b> DCOP/HSQI Director, FP specialist, Regional QI committee of MOH and Provincial QI Collaborative Teams of 5 IPHOs</p>
<p>2. While BARMM made strides to improve service utilization for skilled birth attendance and facility-based delivery, antenatal care, and child immunization, the uptake for modern FP contraception remains low. There is a pressing need to address the many missed opportunities for FP along the continuum of care.</p>	<p><b>Solution:</b> The project will support MOH in scaling up PFP by integrating FP information and service provision along the continuum of points of every contact and ensure integration of PFP into various MNCH services (ANC, labor and delivery, PP visits, OPD, and routine EPI). The project will support activities that will increase the reach for information and services through Reaching Every BARMM Barangays. BARMMHealth will assist RHUs in enhancing locally designed FP Services on Wheels, RH Outreach, and other community led outreaches by mobilizing resources of LGUs, synergize efforts, and regularly assess cost-effectiveness and efficiency of FP outreach services.</p> <p><b>Timeline:</b> whole of FY 2021</p> <p><b>Responsibility:</b> DCOP/HSQI Director, FP specialist, Provincial teams and frontline SDPs/LGUs</p>
<p>3. The RHU and BHS are the major frontline facilities providing FP services in BARMM. There is a need to develop hospitals and birthing clinics' capacities,</p>	<p><b>Solution:</b> The project will sustain its engagement and support to 13 hospitals of BARMM to mainstream FP-MCH-ASRH services. The project will accelerate its technical assistance to 47 prioritized municipalities and build health service providers' capacities</p>

<p>both in the public and private sectors. In some hospitals, FP services have limited mFP options and only permanent methods are available.</p>	<p>on the DOH training program on ADEPT and develop their skills in performing psychosocial HEEADSSS risks screening.</p> <p><b>Timeline:</b> November 2020 to March 2021</p> <p><b>Responsibility:</b> GEWE/ARH Advisor, PO and FPQI coordinator</p>
<p>4. The pandemic and the upsurge of COVID-19 cases in BARMM impacted access to essential services, specifically the disruption in the delivery of FP-MCH-ARH services as the health system is overwhelmed by COVID-19 responses. The “new normal” situation warrants adaptive management mechanisms and innovations to ensure continuity of vital health services.</p>	<p><b>Solution:</b> In collaboration with MOH and five IPHOs, the project will advance the testing and adoption of technology innovations utilizing digital platforms that will serve as enhancement tools for HIs:</p> <p>The blended learning training approach will be adopted for online and offline access to e-learning and continuing professional development.</p> <ul style="list-style-type: none"> <li>• Sentinel Site Model using DHIS2 will be introduced to be tested in 73 QI sites as a unified online monitoring platform facilitating a real-time data availability and information generation as a system to collect, manage, and analyze transactional, case-based data records.</li> </ul> <p>An mHealth will leverage HCP-BHW-client interactions as a push system to disseminate targeted messages for various segments and serves as a symmetrical communication to follow up with at-risk groups.</p> <ul style="list-style-type: none"> <li>• Electronic Profiling and Service Tracking Tool (e-PSTT) will enhance the mapping of areas to locate couples and individuals with unmet need, to profile and link with service provision of mFP.</li> </ul> <p>Business Intelligence tools to help improve data-driven decision-making of managers and supervisors by utilizing Tableau to help them appreciate data visualization and enhance analysis of information.</p> <p>Small grants on FPI innovations shall be awarded for the private sector and CSO engagement to complement public sector efforts in expanding access to quality FP counseling and services.</p> <p><b>Timeline:</b> November 2019 to September 2021</p> <p><b>Responsibility:</b> DCOP/HSQI Director, DCOP OPS, Procurement Officer, and Pos</p>

<b>Objective 3: Improving Systems</b>	
<p>The lack of UHC IRR for BARMM hampers BARMMHealth’s support for the integration of UHC at the regional and provincial level. The IRR will institutionalize critical health systems enshrined in the UHC law.</p>	<p><b>Solution:</b> BARMMHealth will continue supporting MOH-BARMM in holding consultations and providing the needed expertise in crafting the IRR. BARMMHealth has hired a consultant who will help MOH-BARMM craft the draft IRR, which MOH-BARMM will submit to the Office of the Chief Minister in January 2021 for approval.</p> <p><b>Timeline:</b> From November 2020 to January 2021.</p> <p><b>Responsibility:</b> Health systems director and provincial officers (Maguindanao and Basilan)</p>

## 4. Cross-cutting issues

### 4.1 Yearly Update on Sustainability and Self-Reliance

In partnership with USAID's ProtectHealth and MTaPs, BARMMHealth helped DOH roll out the implementation of UHC in BARMM. At the regional level, the project helped MOH-BARMM establish its UHC Technical Assistance Team, which oversees the integration of UHC in the provinces of Maguindanao and Basilan. With technical assistance from BARMMHealth, the two provinces established their HCPN, a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrate and coordinated manner. They also developed their HCPN implementing guidelines with technical assistance from BARMMHealth. In March 2020, the project assisted PHO-Maguindanao in developing their medium-term strategic implementation plan that will integrate UHC in the province. UHC integration is crucial in sustaining the gains of the project. It will ensure client-centered care and the delivery of FP-MCH-ARH services across levels of health systems. However, the lack of UHC IRR for BARMM hampers the integration of UHC in the region. The IRR is crucial as it will institutionalize critical health systems enshrined in the UHC law. In response to MOH-BARMM's request for technical assistance in crafting the IRR, BARMMHealth hired a consultant who will oversee consultations and the drafting of the IRR. The consultations will commence immediately in Year 3. BARMMHealth will continue its technical support to the provinces of Maguindanao and Basilan in the technical and managerial integration of UHC in their provincial health systems.

With technical assistance from MTaPs, BARMMHealth co-facilitated a rapid assessment on the flow of FP commodities in BARMM. The assessment seeks to identify gaps and challenges and opportunities to streamline the procurement and supply chain management (PSCM) of FP commodities. Results and recommendations of the assessment will help inform PSCM provisions of BARMM's UHC IRR. The goal is to develop a PSCM model that will benefit both devolved and non-devolved local governments in the region, preventing stockouts of commodities and resulting in cost-efficient procurement and logistics and timely delivery of FP supplies.

Aside from policy advocacy, BARMMHealth also supports MOH-BARMM in developing the capacities of its HCPs on FBCBT Level 1 and 2. Since February 2019, the project has trained 178 HCPs on FPCBT Level 1, which is already 60 percent against the project's life-of-activity target of 299. In terms of FPCBT Level 2 with PSI supportive supervision, BARMMHealth has trained 161 HCPs, which is 79 percent of its life-of-activity target of 204. The training as well as other inputs provided by past USAID health projects in the Bangsamoro region contributed to the achievement of more than 239,000 mFP users in the whole of BARMM as of October 2020.

All these interventions aim to sustain the gains of the BARMMHealth Project and other health projects of USAID in BARMM throughout the years, leading to a self-reliant Bangsamoro health system.

### 4.2 Yearly Update on Gender

BARMMHealth worked closely with DOH, MOH-BARMM, and ReachHealth on examining and strengthening structures and mechanisms that will address GBV. BARMMHealth's technical assistance on gender and GBV are aligned with the national government's thrusts as follows:

- establishing/improving the functions of Women and Children Protection Units in hospitals as apex referral for victim-survivors of GBV/VAWC;
- strengthening multisectoral-multidisciplinary VAWC referral network at LGU-municipal level; and
- developing the capacities of primary level care providers/RHUs on 4Rs of GBV-recognition/detection, recording/documentation, reporting, and referral.

The project contextualized the 4Rs of GBV training module by integrating Islamic contexts, making the project's capacity development interventions on GBV for HSPs inclusive and sensitive to the contexts of BARMM.

The project gained significant headway in helping RDI lay the groundwork for developing the fatwa on GBV. BARMMHealth co-organized series of consultations with relevant BARMM ministries, including the Bangsamoro Women Commission (BWC), and local CSOs, to take stock of ongoing and completed women empowerment, gender, and GBV interventions in the region. Results of the consultations will serve as reference for the technical work necessary for the development of fatwa. As of October 2020, RDI is in the process of organizing the technical working group that will oversee the development of the fatwa.

Lastly, BARMMHealth partnered with BWC in promoting key messages on gender and development, family planning, reproductive health, and GBV by supporting Babae Usap Tayo, a radio program that promote women empowerment, educate listeners on GBV and how to address them. To expand the reach of the radio program, BARMMHealth helped BWC secure partnerships with six radio stations across BARMM.

### 4.3 Yearly Update on Private Sector Engagement

BARMMHealth successfully facilitated partnerships between Maguindanao and Lanao del Sur PHOs with four private companies, seven private hospitals, and five private lying-in clinics for the establishment of FP in the workplace and hospital setting and lying clinics. At least 5,000 men and women will benefit from the FP in the workplace initiative of the PHOs. The project is currently profiling the MCH services of the private hospitals and lying-in clinics to generate a forecast of the number of men and women who will benefit from the FP in the hospital initiative in the two provinces.

Moving forward, BARMMHealth will equip the FP coordinators of the private companies, hospitals, and lying-in clinics with FP campaign and education materials. The project will also send them to FBCBT Level I and interpersonal communication training, enabling them to provide quality FP services to their employees and clients.

BARMMHealth's work on private sector engagement aims to generate increased demand for FP services and address missed opportunities for the delivery of FP at the workplace and hospital setting.

### 4.4 Yearly Update on CSO Engagement

BARMMHealth partnered with the Mindanao Organization for Social and Economic Progress (MOSEP) for the profiling of 40 barangays<sup>1</sup> in North Cotabato. The profiling aims to generate data and information on

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<sup>1</sup> 40 of the 63 barangays who opted to join the BARMM Government.



the health status as well as needs of the communities of the 40 barangays, which will inform MOH-BARMM and BARMMHealth interventions in Year 3.

The project also partnered with MOSEP for the qualitative formative study on the Social and Gender Norms, Reproductive Health, Marriage, Pregnancy among Bangsamoro Men, Women, and Adolescents.

BARMMHealth will engage more CSOs in Year 3 through its innovation grant designed to generate demand, expand the reach of FP services especially in hard-to-reach areas, and advocate for FP policies at the local and regional level.

#### 4.5 Yearly Update on Family Planning Compliance

Steady strides sustained in supporting MOH-BARMM and IPHOs implement the following three types of measures to promote and ensure compliance to FP Informed Choice and Voluntarism: i) prevention measures; ii) compliance monitoring and reporting measures; and iii) implementing corrective measures, with the following milestones:

- All 30 project staff performed USAID Global Health's online course on FP compliance, legislative and policy requirements, and the importance of adhering to the requirements. During the 1st quarter of Year2, six (6) personnel trained as trainers on FP ICV Monitoring in accordance with the DOH A.O 2011-005 on the Guidelines of Ensuring Quality Standards in the Delivery of Family Planning Program and Services through Compliance to Informed Choice and Volunteerism.
- With technical assistance from BARMMHealth, IPHO-Basilan issued a provincial order formally constituting the Provincial FP ICV Monitoring Team. A total of 27 personnel composed of IPHO members of the FP ICV Monitoring Team, hospitals, RHUs and Lying-ins trained on FP ICV compliance monitoring using the DOH ICV training program and standard monitoring tools. Integrated in the FPCBTI and 2 training programs, the project worked with the health facilities it supports in Maguindanao, Basilan, Lanao del Sur and oriented a total of 176 (Females: 92; Males: 84) health service providers on FP ICV principles and requirements to ensure compliance and provision of quality Family Planning services.

Working closely with IPHOs of Basilan, Lanao del Sur, Maguindanao, a total of 61 health facilities were monitored on ICV compliance. Facility observation, records review, and separate interviews with 61 FP providing health service providers, and 58 FP client acceptors performed, with no vulnerability to ICV violation found, particularly: i) no quotas or targets for individual providers related to numbers of birth, numbers of acceptors of FP, or acceptors of particular methods of FP; ii) no incentives, bribes, gratuities, or financial rewards for clients in exchange for accepting FP, or for program staff for meeting targets or quotas related to numbers of birth, numbers of acceptors of FP, or acceptors of particular methods of FP; iii) no denial of rights or benefits for not accepting FP services.

#### 4.5 Yearly Update on Environmental Compliance and Climate Risk Mitigation

USAID OH rolled out the disaster and climate change institutional capacity assessment tool in April 2020. MOH-BARMM identified 17 LGUs and 15 RHUs for the assessment. On August 17, 2020, BARMMHealth trained 25 provincial health office staff members, health emergency management coordinators, provincial epidemiology and surveillance officers, chief of technical division, FHSIS coordinators, sanitary inspectors,

and Disaster Risk Reduction technical staff members from Basilan, Sulu, Maguindanao, and Lanao del Sur on USAID's Regulation 216 and Climate Risk Management and Disaster and Climate Change Management Institutional Capacity Assessment and the assessment tool. The provinces conducted the assessment following the training until September 2020. BARMMHealth will consolidate and analyze the results of the assessment in October 2020.

## **5. Collaboration, Learning, and Adapting (2 pages)**

### **5.1 Coordination and collaboration**

BARMMHealth maintained close coordination and collaboration with DOH, MOH-BARMM, PHOs, CHOs, and RHUs throughout the year. The project directors and specialists meet regularly with the MOH-BARMM leadership prior and during the pandemic. BARMMHealth ensures that MOH-BARMM is on-board in the project's programming of activities and critical decision points throughout the year, including the selection of priority sites for different BARMMHealth interventions. At the provincial level, BARMMHealth works closely with provincial health officers in integrating project interventions with provincial programs, activities, and plans.

At the national level, BARMMHealth worked closely with DOH in the content analysis of different training resources, including the Adolescent Job Aid Training Program, Adolescent Health Education and Practical Training (ADEPT), AHDP Manual of Operations, and CGHEY training module. The review resulted in the decision to adapt ADEPT as the foundational training for service providers across the country. CGHEY is being considered as training module for the Comprehensive Sexuality Education for BARMM.

Together with MOH-BARMM, BARMMHealth maintains strong collaboration with fellow USAID implementing partners, ReachHealth, MTaPS, and ProtectHealth. BARMMHealth helped ReachHealth setup its COVID-19 technical support in BARMM. BARMMHealth, ReachHealth, and HLGP provided DOH with technical inputs for the national administrative order that ensures continuity of adolescent health services amid COVID-19.

The project collaborated with MTaPS for USAID's technical assistance on supply chain management for MOH-BARMM, resulting in the assessment of family planning commodity flow for both devolved and non-devolved local health systems in BARMM. BARMMHealth and MTaPS will also collaborate on developing the capacity of MOH-BARMM's Regional Supply Chain Management Committee and FP coordinators down to the municipal level on procurement, supply chain and logistics management, and information management, i.e. forecasting, procurement, product selection, storage and distribution, ensure contraceptive product availability, reporting and monitoring.

The project partnered with USAID's ProtectHealth project for its technical assistance on UHC. At the regional level, BARMMHealth and ProtectHealth co-developed a scope of work for the consultant who will help MOH-BARMM craft the Implementing Rules and Regulations of UHC for BARMM. Both projects provided inputs to the processes of gathering data and information and consultations, which will serve as inputs for the crafting of the IRR.

Following the closure of HRH2030, BARMMHealth coordinated with DOH Health Human Resource Development Bureau for the WISN data collection, encoding, and analysis in collaboration MOH-BARMM. Together with MOH-BARMM and HHRDB, BARMMHealth developed the capacities of the WISN

provincial task forces that rolled out the WISN assessment in 12 sites across Maguindanao, Lanao del Sur, and Basilan.

BARMMHealth collaborated with the Basilan Ulama Supreme Council and the Provincial Government of Basilan in developing the design of the orientation on the fatawa on family planning and reproductive health as well as the model family in Islam. The orientation will be followed by series of trainings on interpersonal communication (IPC), developing the capacities of MRLs to effectively promote family planning.

In Maguindanao, BARMMHealth coordinated with the provincial government, concerned RHUs, and formerly trained MRLs for the series of orientations and IPC training.

At the regional level, BARMMHealth provided technical inputs to the development of fatwa on the management of the dead and burial rites of Muslims who succumbed to COVID-19. BARMMHealth also supported the RDI and the Bangsamoro IATF in disseminating the fatwa at the provincial and municipal level. The project collaborated with RDI and BWC for the series of consultations that will lay the ground for the development of fatwa on GBV in BARMM. The project also secured a partnership with BWC for its radio program called *Babae Usap Tayo*, which promotes gender and development, women empowerment, and discusses measures to address GBV.

Lastly in Basilan, the Isabela Foundation developed AY messages for their community-based ASRH initiative. The messages promote responsible practice of sexuality using interactive life skills approach amid COVID-19.

## 5.2 Learning

Table 5: FY 2020 Learning Agenda Accomplishment		
Learning Questions	CLA/MEL Activities Conducted	Link to documentation and results
<p>I. How BARMMHealth contributed to improved health outcomes among the underserved?</p> <ul style="list-style-type: none"> <li>● To what extent have BARMMHealth activities contributed to achieving the targets?</li> <li>● What are the critical enabling factors associated with the achievement of HP targets?</li> <li>● What are the challenges and barriers to achieving HP targets?</li> <li>● What innovations contributed to improving health outcomes?</li> </ul>	<p>In collaboration with MOH-BARMM, local governments, provincial, city, and municipal health offices, BARMMHealth scaled up locally driven health solutions, such as mobile health outreach activities, targeting hard-to-reach areas of BARMM.</p> <p>In collaboration with Integrative Competitive Intelligence-Asia, BARMMHealth tapped a local CSO, the MOSEP, in rolling out the qualitative formative study on gender norms, reproductive health, and marriage of Bangsamoro men, women, and adolescents.</p>	<p>Mobile Outreach activity documentation report</p>

**Table 5: FY 2020 Learning Agenda Accomplishment**

Learning Questions	CLA/MEL Activities Conducted	Link to documentation and results
<p>2. How has BARMMHealth contributed to improved health outcomes among the underserved?</p> <ul style="list-style-type: none"> <li>• What demand generation platform and messaging are most effective for: men, adolescent youth, urban poor, women with unmet need for FP, etc.?</li> <li>• What interventions have improved health-seeking behavior and treatment adherence?</li> </ul>	<p>BARMMHealth supported 685 health outreach activities, targeting 261 GIDA communities. These activities have reached 51,084 women, men, adolescents, and children for FP-MCH-ARH services.</p>	<p>Activity reports</p>
<p>3. How has BARMMHealth helped improve client satisfaction?</p> <ul style="list-style-type: none"> <li>• How do we operationalize people-centered care in the delivery of health services?</li> <li>• How do we measure client satisfaction?</li> </ul>	<p>Through its technical assistance on QI, BARMMHealth developed and pre-tested a Client Exit Interview (CEI) tool for 40 health facilities across BARMM. Initial results of the CEI showed that clients are satisfied with quality of the services they received from the health facilities.</p>	<p>Documentation is needed to show evidence of changes lead to improvement.</p> <p>Results on average satisfaction scoring improved and client satisfaction feedback integrated in cQI approach</p>
<p>4. How has BARMMHealth led to continuous quality improvement in care service delivery?</p> <ul style="list-style-type: none"> <li>• What and how do we accomplish improvements traditionally and non-traditionally?</li> <li>• What are the changes or change package needed for quality improvement?</li> <li>• How do we know that changes or local solutions lead to improvement?</li> <li>• How do we test these changes or change package?</li> </ul>	<p>For traditional QI, the project supports MOH in building the skills of HCPs to provide quality FP counseling and services based on standard FP Clinical Guidelines. Supportive supervisions are provided to improve the reach and performances of newly trained HCPs and certified for training completion.</p> <p>For non-traditional cQI, the project organized QI teams at all levels of care from facility, provincial and regional for better coordination and collaboration in running QI initiatives. Technical and</p>	<p>Testing of change/change package they developed will be implemented through PDSA cycle as Implementation research in FY2021.</p> <p>Development of process flow charts and utilization of time series chart to monitor changes.</p> <p>Documentation of CLA sessions and processes in spreading change</p>

**Table 5: FY 2020 Learning Agenda Accomplishment**

Learning Questions	CLA/MEL Activities Conducted	Link to documentation and results
	<p>management capacity building for QI teams using case studies. Sharing of analysis among QI teams that guides them in identifying gaps on processes and in developing change/local solutions and measures to track changes leading to improve outcomes. QI teams at the facility level meet every month to discuss progress and analyze changes whether to abandon, adapt or scale up. At the provincial level, the project facilitates inter-facility sharing of progress and lessons learned every two months, while at the regional level, RQITs will facilitate inter-provincial CLA sessions each quarter.</p> <p>Testing of change package will commence based on their readiness and absorptive capacity amidst the pandemic situation.</p>	
<p>5. How has BARMMHealth contributed to improving financial risk protection?</p> <ul style="list-style-type: none"> <li>● What interventions helped reduce out-of-pocket costs for FP/ARH?</li> <li>● What HP interventions improved clients' access to social and financial FP/ARH benefit packages?</li> </ul>	<ul style="list-style-type: none"> <li>● On November 4-5, 2020, BARMMHealth supported MOH-BARMM's program implementation review on the iClinicSys.</li> <li>● BARMMHealth helped MOH-BARMM monitor PhilHealth accreditation and reimbursement health facilities across the region.</li> <li>● In April and May 2020, BARMMHealth co-facilitated a webinar on financial risk protection in time of COVID-19, educating health service providers on PhilHealth's benefit packages for COVID-19 cases.</li> </ul>	<p>Reports</p>

**Table 5: FY 2020 Learning Agenda Accomplishment**

Learning Questions	CLA/MEL Activities Conducted	Link to documentation and results
<p>6. How has BARMMHealth influenced UHC and health systems strengthening (HSS) efforts in BARMM?</p> <ul style="list-style-type: none"> <li>● What are HSS reforms in place as a result of USAID interventions? And how are these reforms impacting on health outcomes?</li> <li>● What interventions have improved local health system capacity for policy formulation, budget planning and execution, program implementation, and M&amp;E?</li> <li>● What have HP interventions helped expand and build health provider capacity for quality health care delivery for FP/ARH Programs?</li> <li>● What HP interventions have helped FP/ARH health commodity security at the regional and local levels?</li> <li>● How will the UHC be implemented in the LGU-devolved and LGU non-devolved setup in BARMM? What are the implications of the devolved and non-devolved</li> </ul>	<ul style="list-style-type: none"> <li>● BARMMHealth provides technical assistance to the MOH-BARMM UHC Technical Assistance Team meetings. The team conducted two meetings—one in January and another in July 2020.</li> <li>● BARMMHealth commissioned a consultant to help MOH-BARMM craft the UHC IRR for BARMM. Part of the consultant’s deliverables is consolidating all related health systems issues in BARMM, which will serve as baseline information for the technical drafting of the IRR. BARMMHealth partners with USAID’s ProtectHealth in this piece of work.</li> <li>● BARMMHealth organized series of UHC orientations for the provinces of Basilan and Maguindanao.</li> <li>● BARMMHealth helped IPHO-Maguindanao develop a strategic plan for the integration of UHC in the province.</li> <li>● BARMMHealth provided technical assistance to PHOs Maguindanao and Basilan to help for the establishment of their respective Health Care Provider Network.</li> </ul>	<p>Scope of Work of the consultant</p> <p>Reports</p> <p>IPHO-Maguindanao HCPN implementing guidelines</p> <p>IPHO-Maguindanao UHC strategic plan</p> <p>IPHO-Maguindanao HCPN</p> <p>PHO-Basilan HCPN</p>

**Table 5: FY 2020 Learning Agenda Accomplishment**

Learning Questions	CLA/MEL Activities Conducted	Link to documentation and results
arrangement to the delivery of FP/ARH services?		
<p>7. How has BARMMHealth contributed to the greater involvement of the private sector in achieving better health outcomes?</p> <ul style="list-style-type: none"> <li>• What limits the private sector engagement in effectively contributing to better health outcomes?</li> <li>• What engagement models increased private sector engagement?</li> <li>• How has private sector engagement contributed to achieving better health outcomes?</li> </ul>	<ul style="list-style-type: none"> <li>• BARMMHealth organized a series of family planning orientations for 16 private companies, hospitals, and lying-in clinics of Maguindanao and Lanao del Sur/Marawi City.</li> <li>• BARMMHealth conducted a mapping of private companies, hospitals, lying-in clinics, and CSOs in the provinces of Maguindanao, Lanao del Sur, and Basilan.</li> <li>• BARMMHealth developed a profiling tool to generate baseline information of partner private hospitals and lying-in clinics. The project will roll out the profiling tool in Year 3.</li> <li>• BARMMHealth conducted a rapid assessment of mFP commodity availability among select private pharmacies of Basilan, Maguindanao, and Marawi City.</li> <li>• BARMMHealth created Facebook chat groups among private companies, hospitals, and lying-in clinics. The chat groups served as communication and feedback mechanisms during the COVID-19 pandemic.</li> </ul>	<p>Partnership agreements</p> <p>Final report on rapid assessment of availability of mFP in select private pharmacies in BARMM</p> <p>Private partners profiling tool</p>
<p>8. How has BARMMHealth contributed to the greater involvement of civil society in achieving better health outcomes?</p>	<p>BARMMHealth engaged CSOs in its work on GEWE and fatwa on GBV; qualitative formative study on gender norms, reproductive health, marriage and pregnancy among</p>	<p>Final report on the formative qualitative assessment</p> <p>Draft report on the profile of 40 barangays in North Cotabato</p>

**Table 5: FY 2020 Learning Agenda Accomplishment**

Learning Questions	CLA/MEL Activities Conducted	Link to documentation and results
<ul style="list-style-type: none"> <li>• What limits the civil society engagement in effectively contributing to better health outcomes?</li> <li>• What engagement models increased civic participation?</li> <li>• How has CSO engagement contributed to achieving better health outcomes?</li> </ul>	<p>Bangsamoro men, women, and adolescents; and for the profiling of 40 of the 63 BARMM barangays in North Cotabato.</p>	
<p>9. How has BARMMHealth improved male participation in accessing health services?</p> <ul style="list-style-type: none"> <li>• How do we increase access to males for FP services?</li> </ul>	<p>BARMMHealth conducted orientations on the fatwa on reproductive health and family planning for 242 MRLS in Basilan, Maguindanao, Sulu, and Lanao del Sur.</p>	<p>Presentation on the fatwa on RH and FP</p>
<p>10. How has BARMMHealth improved health service delivery points to mitigate environmental risks and withstand climate risks?</p> <ul style="list-style-type: none"> <li>• What interventions are effective in improving the resiliency of service delivery points?</li> </ul>	<p>Together with PHOs and RHUs, BARMMHealth conducted EMMP monitoring of 26 RHUs in Basilan, Lanao del Sur, Maguindanao and Sulu.</p> <p>BARMMHealth conducted orientations on Reg 216 and GCC for health service providers of Basilan, Sulu, Maguindanao, and Lanao del Sur.</p>	<p>EMMP consolidated report</p>
<p>11. How has BARMMHealth ensured that interventions for the underserved are sustainable beyond project life?</p> <ul style="list-style-type: none"> <li>• What interventions have contributed to the resilience of national and local health systems?</li> <li>• What processes have led to reforms or adoption of high-impact interventions by the GPH at the local levels?</li> </ul>	<p>Communities including local governments/PHOs provide inputs to BARMMHealth plans and activities, including monitoring.</p> <p>In Basilan, BARMMHealth’s investment in training BHWs, resulted in the provincial government providing incentives and scaling up of capacity development for BHWs.</p> <p>At the regional level, BARMMHealth’s technical assistance in integrating FP-MCH-ARH in the Bangsamoro IATF Contingency Plan on</p>	<p>Consequently, MOH-BARMM allocated funding not only for COVID-19 but also for essential health services in the</p>



**Table 5: FY 2020 Learning Agenda Accomplishment**

Learning Questions	CLA/MEL Activities Conducted	Link to documentation and results
	<p>COVID-19 resulted in the regional memorandum on ensuring continuity of essential health services, particularly FP-MCH-ARH, in time of COVID-19.</p>	<p>amount of P2 million per province and P20,000 per month per RHU.</p>
<p>12. To what extent are CLA practices integrated into the BARMHealth Project?</p> <ul style="list-style-type: none"> <li>• How have IP collaboration &amp; coordination improved project performance?</li> <li>• What learning platforms are most effective in supporting evidence generation and utilization?</li> <li>• What adaptive management platforms are most effective in supporting decision-making and adoption?</li> </ul>	<p>Coordination meeting is held on a monthly meeting with the Minister, Deputy Ministers and technical team of MOH to provide project implementation updates and come up with agreements.</p> <p>Each quarter, BARMHealth organizes PIR with MOH, MSSD, PopCom and other government agencies and CSOs to strengthen collaboration and partnership.</p> <p>Rapid assessment on health facility readiness and continuity of FP and other essential services jointly conducted by MOH with frontline facilities and staff's participating as key respondents.</p>	<p>Documentations in the weekly and quarterly/annual reports.</p> <p>Key findings and recommendations identified in the rapid assessment reports.</p>

### 5.3 Adaptive Management

**Table 6: FY 2020 Adaptive Management Actions**

Particulars	Evidence-based learning/ insights gained	Adaptive actions undertaken and key stakeholders involved
<p>Increasing demand for services</p>	<p>Audience segmentation is key to put across appropriate and effective messages. The primary audience is the people who are directly affected and who you want to practice the desired behavior. Meanwhile, influencing audiences are people who can create impact or guide behaviors of</p>	<p>Results of the Qualitative Formative Study on Social and Gender Norms, Reproductive Health, Marriage, Pregnancy among Bangsamoro Men, Women, and Adolescents will be maximally used to inform the strategies and messaging to primary and influencing audiences. In addition, BARMHealth will further</p>

**Table 6: FY 2020 Adaptive Management Actions**

Particulars	Evidence-based learning/ insights gained	Adaptive actions undertaken and key stakeholders involved
	<p>the primary audience. Cognizant of these type of audiences, BARMMHealth maintains profiling of primary and influencing audiences to ensure effectiveness of messaging, strategies and engagement</p>	<p>gather information to describe the mindset of particular groups of clients to address specific issues. For the mobilization of MRLs to disseminate the fatwah on responsible parenthood, in particular, MRLs will also be coached to advocate and pronounce a fatwah on gender-based violence and lead an interfaith dialogue supportive of family planning in the region.</p>
<p>Improving Quality of Supply</p>	<p>Enhancement of proper skills, knowledge and attitudes of FP providers are basic requirements given the quality issues in FP service delivery.</p> <p>The duration of training activities requires staff to leave their posts for long, keeping them away from their clients, and the limitation on face-to-face mass gathering amid the pandemic warrants an alternative mechanism to continuously provide capacity building activities. In addition, the effectiveness of trainings needs evaluation of the costs and learning retentions.</p>	<p>Provision of supportive supervision will ensure adherence to guidelines and protocols in the provision of quality FP services to be on par with the national standards of FP program.</p> <p>Integrating the content, processes and context of care is the overarching design of cQI methodology to improve the quality of care as to client centeredness, efficiency and effectiveness, accessibility, equity and safety.</p> <p>BARMMHealth is developing a blended learning training approach utilizing tablets for e-Learning platform for both online and offline applications.</p>
<p>Enhancing Health Systems</p>	<p>The existence of two health systems in BARMM makes the implementation of UHC in BARMM complicated. Unlike other regions in the country, BARMM is home to two provincial health systems – the devolved and non-devolved local governments. The two health systems affect how local governments manage and receive funding for essential health services, including procurement and supply chain management.</p>	<p>To better understand the two health systems, BARMMHealth, together with USAID’s MTaPS Project, conducted a rapid assessment of mFP commodity flow in BARMM to determine the bottlenecks of procurement and supply chain management in both health systems. The assessment recommended streamlining procurement and supply chain processes that will serve both health systems.</p>

**Table 6: FY 2020 Adaptive Management Actions**

Particulars	Evidence-based learning/ insights gained	Adaptive actions undertaken and key stakeholders involved
		Working with USAID’s ProtectHealth Project, BARMHealth commissioned a consultant to help MOH-BARMM draft the IRR for implementing UHC in the region. Part of the consultant’s deliverables is aligning the UHC with the contexts and realities in BARMM, considering the two health systems. The consultant will work closely with stakeholders and local governments.
Working with National Government	Technical directions of MOH-BARMM must be consistent with the national FP program. As the region is in transition, MOH needs to maintain its strong linkage and network with the national DOH.	BARMMHealth will ensure MOH participation during FP cluster and other meetings, webinars with national DOH, PopCom, PhilHealth, USAID OH and IPs.
Working with LCEs/LGUs	<p>The project influenced local governments to integrate the delivery of FP-MCH-ARH services in community COVID-19 surveillance activities (the case of Basilan).</p> <p>In Maguindanao, the project has started working on institutionalizing pre-marriage counseling with LGUs (DBS, Guindulungan, and Upi).</p> <p>LGUs embedded in Municipal QI Teams.</p>	
Working with CSOs	While BARMMHealth commissioned the qualitative formative study to ICI-Asia, a think tank based in Manila, a local NGO named Mindanao Organization for Social and Economic Progress or MOSEP was also commissioned to roll out the study across BARMM. This strategy aims to maximize the potentials and enhance the research capabilities of local NGOs in the region.	

**Table 6: FY 2020 Adaptive Management Actions**

Particulars	Evidence-based learning/ insights gained	Adaptive actions undertaken and key stakeholders involved
Sustaining essential health services and mitigating disruptions due to COVID-19	Instability of peace and order and the COVID-19 pandemic have had a profound effect on the weak health system. This has impacted access and availability of essential services, resources and commodities.	Though BARMHealth is an FP project of USAID, at the onset of COVID-19, the project worked closely with MOH as member of the Health Cluster of BARM IATF. The project provided technical support in developing Health cluster plan incorporated to the regional COVID-19 contingency and response plan. It has successfully lobbied to MOH on the issuance of regional guidelines to all health offices and facilities to ensure continuity of FP-MCH services amidst the crisis.

## 6. Management, administrative, and financial issues

### Administrative

The World Health Organization declared the COVID-19 outbreak a pandemic on March 11, 2020. BARMHealth has developed an interim guideline consistent with the Department Memorandum No. 2020\_0220 issued by the Department of Health (DOH), as adopted by the BARM Ministry of Health. This interim guideline is aimed to prevent, control, and diminish infection in the workplace. Guidelines in the conduct of field activities have been put in place, such as reducing the number of participants per workshop to address the need for physical distancing and holding virtual meetings.

These strict confinement measures slowed down field activities and everything was done virtually. Only 50% of workforce in Operations was required to physically report in the office three times a week. Each Operations staff was expected to handle finance and admin work and multi-tasking was handled well. Operations support was provided to all Project Offices who were also working on 50% capacity. Project activities in all sites went in full operation in June 2020.

### Staffing

As of September 2020, there are 31 staff already on-board out of the 42 staffing requirements as per revised organizational chart. Eleven positions are still vacant. The project uses social media, the URC website and other career website platforms to advertise vacant positions. Despite the wide reach, the project experienced difficulty in attracting candidates that fit that the requirements of the position. Options are limited since applicants see BARM as a hardship region, coupled with the COVID-19 pandemic where people would rather stay at home with family.

## 7. High-Level Planned Activities for the Next Quarter (October – December 2020) Including Upcoming Events

### 8. Annexes

#### 8.1 Progress on Activity MEL Plan

[REDACTED]

[REDACTED]

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

#### 8.3 Cost Share Updates

Radio has been proven effective in raising awareness on issues that affect people’s lives, particularly in remote areas where television and print media cannot reach. Through radio, Project offered listeners the opportunity to interact with experts, comment on issues, and raise concerns and solutions. The Project team appeared as guest hosts where MCH and FP messages were aired through local rural radio stations to reach more men, women, adolescents/youth to promote and share health-seeking behaviors aimed at increasing uptake of FP-MCH-AYRH services in their localities. Muslim Religious Leaders (MRLs) also discussed the Fatwa on Family Planning and Responsible Parenthood in the context of Islam.

Through this successful partnership, [REDACTED] are anticipating reporting more cost share in FY21 through this partnership as well as through other means.

### 8.3 Potential Success Stories

**Table 8 Potential Success Stories**

Story Ideas	Supporting Information	Person to Contact
<p>1. Maximizing COVID-19 community surveillance activities to include provision of FP services</p> <p>Continued delivery of essential health services, particularly FP-MCH-ARH, in time of COVID-19</p>	<p>BARMMHealth successfully integrated the provision of FP services in Basilan’s community COVID-19 surveillance activities, resulting in more 1,000 new acceptors of mFP and providing more than 3,000 current users with continued supplied of mFP commodities.</p> <p>BARMMHealth’s initiative is in response to the national government and BARMM’s call for continued delivery of essential health services, particularly FP-MCH-ARH services amid the pandemic. This story idea would also highlight the resilience of BARMM in time of COVID-19.</p>	<p>[REDACTED]</p>
<p>2. Updating the decades-old tribal law on natural family planning of T’duray to include mFP</p>	<p>BARMMHealth saw an opportunity to help the T’duray tribe of Upi and South Upi, Maguindanao to update their decades-old tribal law on natural family planning to include mFP. The story does not only highlight the project’s principle on inclusivity but also providing the needed FP-RH interventions for BARMM’s disadvantaged communities.</p>	<p>[REDACTED]</p>
<p>3. Role of private sector in generating demand and provision of quality FP-RH services</p>	<p>BARMMHealth successfully facilitated partnerships between Maguindanao and Lanao del Sur PHOs with 16 private companies, hospitals, and lying-in clinics. The story would highlight BARMMHealth interventions that going beyond the public sector.</p>	<p>[REDACTED]</p>
<p>4. CQI sites identify areas for quality improvement</p>	<p>MOH, with support from BARMMHealth, organized and capacitated 20 RHUs for cQI initiative to run a small-scale test that will impact big changes. This will generate evidences of change that local solutions works in cultivating quality, thereby improving health outcomes.</p>	<p>[REDACTED]</p>