ReachHealth

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

Annual Report, Year 1/Fiscal Year 2019 (Dec 2018–Sept 2019)

Cooperative Agreement No. 72049218CA00009

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Implemented by: RTI International

Partners: Johns Hopkins Center for Communications Programs and Duke Global Health Innovation Center

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List of Acronyms and Abbreviations

3PL	third party logistics
4R	guideline for violence in public spaces: realize, respond, report and reform
AOP	annual operation plan
ARH	adolescent reproductive health
AYRH	adolescent and youth reproductive health
BBT	basal body temperature
BLHSD	Bureau of Local Health Systems and Development
BTL	Bilateral tubal ligation
CDA	Cooperative Development Authority
CDO	Cagayan De Oro City
CHD	Centers for Health Development
CHO	City Health Office
CHW	community health worker
CICP	Center for Innovation, Change and Productivity
CLA	collaborating, learning, and adapting
CM	cervical mucus
CPD	continuous professional development
CQI	continuous quality improvement
CRM	climate risk management
CSE	comprehensive sexual education
CSO	civil society organizations
CTO	City Technical Officer
CYP	couple years protectin
DILG	Department of the Interior and Local Government
DKT	an NGO that promotes family planning and HIV prevention
DMPA	Depo-Medroxyprogesterone Acetate
DOH	Department of Health
DOLE	National Department of Labor and Employment
DPCB	Disease Prevention and Control Bureau
DRRMH	Disaster Risk Reduction & Management in Health
DRRMP	Disaster Risk Reduction Management Plan
DSWD	Department of Social Welfare and Development
Duke GHIC	Duke Global Health Innovation Center
ECOP	Employers Confederation of the Philippines
EO	excecutive order
FGD	focus group discussion
FHSIS	Field Health Service Information System
FICT	Field Implementation and Coordination Team
FP	family planning
FPCBT	Family Planning Competency-Based Training
FPOP	Family Planning Organization of the Philippines
GBV	gender-based violence
GIDA	geographically isolated and disadvantaged areas
HC	health center
HCD	human-centered design
HCPN	health care provider networks
HEMB	Health Emergency Management Bureau
HPCS	Health Promotion and Communication Services
HRH	Human Resources for Health
HSP	health service provider
ICV	informed choice and voluntary
IHLGP	Institutionalization of the Health Leadership and Governance Program

IMAP	Integrated Midwives Association of the Philippines
IP	implementing partner
IR	intermediate result
IRB	institutional review board
IRR	implementing rules and regulations
IST	in-service training
IUD	intrauterine device
CCP	Johns Hopkins Center for Communication Programs
KII	key informant interviews
KRA	key results area
LAM	lactational amenorrhea method
LARC	long acting reversible contraceptive (methods)
LCE	Local Chief Executive
LGU	local government unit
LHB	local health board
LIC	lying in clinic
LIHP	Low Income Health Program
LIPH	Local Investment Plan for Health
LMIS	logistics management information system
LTO	license to operate
M&E	monitoring and evaluation
MCH	maternal and child health
MCP	maternal care package
MERLA	monitoring, evaluation, research, learning, and adapting
META	monitoring and evaluation technical assistants
MIRRH	men's involvement and responsibility in RH
MISP	Minimum Initial Service Package
MNH	maternal and neonatal health
MRH	men's reproductive health
MTAPS	Medicines, Technologies, and Pharmaceutical Services
NCP	neonatal care package
NDHS	National Demographic and Health Survey
NFP	natural family planning
NGO	nongovernmental organization
NIT	National Implementation Team
NPPFP	National Program on Population and Family Planning
NSV	no scalpel vasectomy
OPC	other primary care (center/clinic/facilty)
PEZA	Philippines Economic Zone Authority
PHIC	Philippine Health Insurance Corporation
PHO	Provincial Health Office
PM	permanent methods
POPCOM	Commission on Population and Development
PPIUD	postpartum intrauterine device
PRISM	Private Sector Mobilization for Family Health Project
PSCMO	Provincial Supply Chain Management Office
PSE	private sector engagement
PSI	progestin-only subdermal implant
PTE	post-training evaluation
PTO	Provincial Technical Officer
RACE-FP	ReachHealth Assessing Cost-Effective Family Planning Measures
RH	reproductive health
RHU	rural health unit
RO	regional office
RPRH	Responsible Parenthood and Reproductive Health

SBC	social and behavior change
SCM	supply chain management
SDM	standard days method
SDN	service delivery network
SDP	service delivery point
SME	small and medium enterprises
SMRS	supply management and recording system
SP	Sanggunian Panglalawigan
SRH	sexual and reproductive health
STM	sympto-thermal method
TA	technical assistance
TB	tuberculosis
TOP	Terms of Partnership
TOT	training of trainers
TV	training of trainers
TVC	Television Commercial
TWG	technical working group
UHC	Universal Health Care
UIS	Universal Health Care Implementation Site
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USD	US dollars
USG	US Government
WHO	World Health Organization
WRA	women of reproductive age
ZFF-IHLGP	Zuellig Family Foundation – Institutionalization of the Health Leadership and Governance Program

1. Executive Summary

1.1. Activity Information

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

1.2. Activity Description

ReachHealth is a five-year United States Agency for International Development (USAID) funded project that aims to strengthen and improve access to critical health services for Filipino families. The project supports Philippine communities to reduce unmet need for family planning services, decrease teen pregnancy and decrease newborn morbidity and mortality.

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

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

ReachHealth developed and applied a two-stage process of site selection to ensure that it reaches the most underserved areas and populations. As concurred by DOH and POPCOM, ReachHealth Project priority sites include 32 provinces/chartered cities in 11 regions in the country. DOH and POPCOM agreed with these sites as they are specifically consistent with their priorities, noting the good mix of urban, peri-urban, rural, and geographically isolated and disadvantaged areas with high rates of poverty, unmet need for FP, and weak local government unit (LGU) implementation of the Responsible Parenthood and Reproductive (RPRH) law.

1.3. Summary of Key Achievements for the Year

While a substantial amount of time was devoted to project start-up activities, significant achievements in the project's key result areas for Year 1 were achieved. The following summarizes the key interventions, milestones and achievements of ReachHealth in Year 1 that have contributed to the performance of the indicators of ReachHealth's strategic framework.

A major start-up activity of the project was the holding of introductory consensus building meetings with national, regional, provincial and city partners to introduce the project and reach a common understanding of ReachHealth's theory of change, key objectives and activities, and innovative approaches to address unmet need for FP and to reduce teenage pregnancy. At the national level, these meetings were held with the field implementation and coordination team (FICT) of DOH, and management and key staff of POPCOM and PhilHealth. At the regional as well as provincial and city levels, the series of engagement meetings with DOH-Regional Offices (ROs), POPCOM regional offices and Provincial Health Office (PHOs)/City Health Offices (CHOs) resulted in the formulation of harmonized plans for the year and sharing of resources for their implementation with ReachHealth providing the technical resource. The meetings also allowed the project to finalize the list of priority regions and sites with full endorsement from the DOH and local stakeholders. The project obtained agreements to co-locate the field staff of the project particularly the Provincial Technical Officers/City Technical

Officers and Monitoring and Evaluation (M&E) Technical Associates in the Centers for Health Development (CHD) or LGU offices.

Another major activity of the project in year 1 was the conduct of baseline survey in the 32 project sites, from March to July 2019. It covered a total of 2,053 health facilities across all the 32 project sites, including 1,060 rural health unit (RHUs)/HCs/other primary care facilities; 252 public hospitals; 249 private hospitals; and 492 private lying-in clinics. Modes of data collection included a review of secondary data from health facilities, the conduct of Data Utilization Workshops for staff in charge of FP data in RHUs and health centers and key informant interviews. Important results of the baseline survey include:

- The largest proportion of FP current users take the pill while almost half of new acceptors are lactational amenorrhea method (LAM) users. The proportion of acceptors using permanent methods is very low (<5%).
- There is a big gap between the number of staff who have been trained to deliver specific FP commodities and those who are providing them. An even greater gap was reported between those who provide FP services and those who can be reimbursed for FP services provided, with the problem being much greater among health centers compared to hospitals. For example, of 717 rural health units with a staff member trained on interval intrauterine device (IUD), only 526 (73%) provide the service. Of these, only 20 (3.8%) can be reimbursed for services provided.
- In the area of adolescent youth friendly services/adolescent reproductive health, health centers seem to be better equipped than public hospitals to meet the requirements for an adolescent-friendly health facility. Both health centers and hospitals, however, have problems with their recording and reporting system for adolescents provided services.
- In terms of quality of care, the proportion of health centers with continuing quality improvement initiatives is much lower (<20%) compared to public and private hospitals (>75%). In addition, less than 20% of health centers have been monitored for informed choice and voluntary (ICV) compliance, and less than half have at least one staff person trained on gender sensitivity and/or gender-based violence (GBV).
- In the area of health systems, all types of health facilities, both public and private, have stock-out rates that exceed the target of less than 10% for all commodities. Only a small proportion (57%) of birthing health centers are maternal care package (MCP) accredited. Recording and reporting of data on very important indicators like the number of women of reproductive age with unmet needs and the number of pregnant adolescent women continues to be problematic; and adequate staff training on the use of 2018 Field Health Service Information System (FHSIS), which has recently been rolled out, is highly needed.

Under Objective 1, focused on demand generation and strengthening behaviors in underserved populations, ReachHealth supported the DOH to continue the airing of the “Inakup, Arekup” television commercial (TVC). Aired in major television (TV) stations, the TVC reached an audience of 37,120, 620 surpassing the target for the year. Promising community-based demand generation activities called *Usapan,* which originated under support of previous USAID regional projects, continued to be adopted in Luzon, Mindanao, and during FP days in Visayas region.

Technical assistance for SBC strategy design was provided to POPCOM resulting in a new campaign, *Usap tayo sa FP,* which will be launched nationwide as part of the National Program for Population and FP (NPPFP). The project fielded Phase I of the human-centered design activity and determined key insights on how to reduce teenage pregnancies in the Philippines. There were over 200 adolescents and their allies that included parents, teachers, service providers interviewed in this phase. The resulting insights (see annex) will guide the development of new, innovative programming for adolescent health and reduction of teenage pregnancy and will be infused into the future work of ReachHealth and its partners.

Objective 2, which aims to strengthen and expand quality, client-centered, respectful FP services, priority technical assistance (TA) activities, focused on the installation or

strengthening of FP program in hospitals, training and certification of health service providers (HSPs) in FP service provision, establishment of health care provider networks (HCPNs), and setting up of adolescent-friendly health facilities. These interventions are contributory to increasing the number of service delivery points (SDPs) providing quality FP counseling and services and adolescent-friendly services. The project supported regional DOH partners in facilitating Family Planning Competency-Based Training (FPCBT) Level 1 trainings for public and private hospitals, RHUs, and public and private lying-in clinics. A total of 264 HSPs were trained in the fiscal year with 232 trained in the last quarter. At the end of September 30, 2019, an estimated 1,116 SDPs from the project sector were providing FP counseling and services in the project sites. This number represents 97% of the target for public sector facilities for the current year.

One of the strategies to address unmet need for FP is to strengthen the HCPNs which were previously service delivery networks (SDN), a technical area of support for the project in line with the implementation of the Universal Health Care (UHC) Law. A functional HCPN providing FP counseling and services among others, will ensure access of clients to a broad range of FP services and methods, including long acting reversible contraceptive (LARC) and permanent methods (PM) through referral within the network. Another focus during the fiscal year 2019 was the assessment of the existence of the basic elements of a functional HCPN. The project's technical assistance will be to transition these LGUs to HCPN by closing the variance between the current status and the UHC HCPN requirements.

Year 1 accomplishments under Objective 3 focused on strengthening and institutionalizing national, regional and local capacities to manage, implement and sustain FP/MNH programs, systems, and policies. A major support of the project was provided to the DOH in responding to the problem of commodity stock-outs experienced by several facilities. ReachHealth supported the delivery of FP commodities to 11 regions. Alongside with the, technical assistance was provided to the regions in developing allocation plans and the provinces and cities in tracking commodity deliveries.

Other systems-related technical assistance included guiding key health staff 24 public health facilities and private midwives from 336 birthing facilities in 18 LGUs on meeting MCP/neonatal care package (NCP) accreditation, FP Stand-alone accreditation, and understanding the FP tagging process.

With the signing of the UHC Law and its implementing rules and regulations (IRR), the project proceeded with supporting the DOH-FICT and the UHC Implementation Sites (UIS) Technical Working Group (TWG) as well as the CHDs in all 7 UIS sites to support the conduct of the Terms of Partnership (TOP) survey, the local investment plan for health (LIPH) enhancement, and the UHC Strategic Planning in 6 UIS sites.

In Year 1, the project work on innovation and partnership building with private sector, supported by Duke GHIC, focused on key partner and stakeholder engagement, communicating with 65 partners or stakeholders and meeting in person with 25 of these. These meetings and engagements facilitated the development of working relationships with key private sector players, government bodies, and NGOs that will be leveraged in year 2 to ground the work towards the Grand Challenge launch. Engagement with stakeholders across fields provided a broader, more complete picture of the family planning landscape in the Philippines: innovators – 30 (in and out of Philippines), networks/strategic connectors/NGOs – 19, corporations/foundations – 10. The project held a business roundtable in Manila, convening 14 representatives spanning innovators (3); networks, strategic connectors, and NGOs (7); governmental bodies (1); and corporations or foundations (3). The team received guidance from the participants in this roundtable to inform the Grand Challenge design and optimize engagement with innovators based on expressed needs and gaps in the family planning landscape. The team drafted 30 profiles of innovators from the Philippines and other LMICs, with 5 identified as particularly promising for the Grand Challenge based on gaps and needs in the current family planning landscape.

In addition to the initially approved workplan activities, the project assisted DOH during the measles and dengue outbreak response, as follows:

- CALABARZON Region and the Cities of Manila and Caloocan were supported during the measles outbreak response (from March to May 2019), particularly in terms of human resource augmentation, reproduction of communication materials, and provision of cold chain supplies. The project assisted the CHDs in mobilizing 27 nurses in Manila and Caloocan and 158 nurses in CALABARZON to assist in the conduct of door-to-door and fixed-post vaccination, health classes, and recording and reporting. The project distributed information, education, and communication materials and provided CALABARZON Provinces with 49 sets of vaccine carriers and 52 thermometers. By the end of the outbreak response, 43,802 children were vaccinated, and 45,061 caretakers were provided with key messages on measles prevention and early detection.
- The project support on Dengue outbreak response was limited to assisting Batangas, Nueva Ecija, Rizal, Manila, and Davao in ensuring that key messages on dengue prevention are disseminated during health events and integrated in various health classes.

2. Annual Performance Progress

2.1. Summary of Annual Performance

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

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July–Sept 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
Goals (Impact): Improved health for underserved Filipinos							
1. Total fertility rate	2.7						
Purpose (Outcome): Reduced unmet need for FP and teenage pregnancy							
2. Couple years protection (CYP) in US Government (USG)-supported programs	580,898		447,357		3,000,000	1,511,190	
Bilateral tubal ligation (BTL)	79,750		42,930			190,450	
No scalpel vasectomy (NSV)	1,380		980			3,770	
Pills	223,152		195,299			612,018	
IUD	43,746		27,416			105,533	
Injectables	124,135		111,546			345,766	
Natural Family Planning (NFP)-cervical mucus (CM)	4,227		3,159			10,652	
NFP-basal body temperature (BBT)	269		176			1,116	
NFP-sympto-thermal method (STM)	461		185			909	
NFP-standard days method (SDM)	11,222		7,619			26,542	
Condoms	38,411		34,440			107,097	
Progestin-only subdermal implant (PSI)	54,145		23,608			107,338	
3. Unmet need for FP	70,413		68,410			68,410	

[1] Include standard (OP/PPR) and high level indicators for the USAID Office of Health project.
[2] Activity objectives are supposed to be aligned with the project's sub-purposes, as follows: Sub-purpose 1: Healthy behaviors strengthened; Sub-purpose 2: Quality of Service Delivery Fortified; and Sub-purpose 3: Key health systems bolstered and institutionalized.

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July–Sept 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
4. Adolescent pregnancy rate in USG-assisted sites (among women under 18 years and between 18–24 years)	RHU/HC/Other Primary Care (OPC) pregnancies: 57,581 Public hospital deliveries: 37,115		RHU/HC/OPC pregnancies: 13,984 Public hospital deliveries: 35,345			RHU/HC/OPC pregnancies: Q1: 57,581 Q2: 52,599 Q3: 21,872 Q4:13,984 Annual: 146,036 Public hospital deliveries: Q1: 37,115 Q2: 35,500 Q3: 35,315 Q4: 35,345 Annual: 143,275	

The main project impact indicator is the total fertility rate, which has a value of 2.7 based on the 2017 National Demographic and Health Survey (NDHS). Since the data source of this indicator, the NDHS, is conducted in the Philippines every five years, its value will remain the same until 2022.

For the 4th quarter, the computed CYP was 447,357, which is slightly higher than the 3rd quarter (423,631), but lower than the baseline level. As in the 3rd quarter report, this value, which is derived only from public health facilities in the 32 project sites, is underestimated as a result of the under-reporting of data on new acceptors due to the confusion of several health workers in accomplishing the 2018 FHSIS forms. It should be noted that while the 4th quarter figure is labelled as "accomplished" from July–September 2019, it actually refers to the period April–June 2019 because of the one-quarter lag in reporting FHSIS data. For the whole year, the total computed CYP is 1,511,190; 50.4% of the target. This lower figure is attributed to the following factors:

a. The CYP computed by the project covers only public health facilities in the 32 project sites while the target is for the whole country, for both the public and private sectors.
b. The CYP computed by the project only covers three quarters (Oct 2018–June 2019), while the target is for the whole year.

The total number of women with FP unmet needs in the 4th quarter was 68,410, which was slightly lower than the baseline level. This data is one of the most problematic among the project indicators because of unavailability of the data source: the DOH key results area (KRA) form. For example, in the 4th quarter, 11 out of the 32 project sites had this form available and of the 11 sites, only four had data referring to March and June 2019.

Because of the expected high degree of data incompleteness on adolescent pregnancies, the project collected data from two sources: (1) the target client list of the RHUs from which data on adolescent pregnant women receiving pre-natal care can be extracted and (2) data from the delivery logbooks of hospitals and birthing RHUs, from which the number of births given by adolescent women can be derived and used as proxy indicator for adolescent pregnancies.

Data on adolescent pregnancies were collected twice: first at baseline covering all types of health facilities (both public and private) and again in the 4th quarter, covering only a random sample of 472 RHUs, NCs, OPCs, and 192 public hospitals. Data for the 1st quarter and 2nd quarter were covered at baseline, while data from the 3rd quarter and 4th quarter were covered during the 4th quarter monitoring. Because of noncomparability in coverage from one quarter

to another, the data on adolescent pregnancies and births are reported by quarter instead totals for the whole year.

Objective 1: Healthy behaviors (reproductive health [RH]-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations

Objectives & Key Indicators	Baseline Value (Year)*	Accomplishment					
		Target	Accomplishment for the Quarter (July–Sept 2019)	%	Target	Actual Annual Accomplishment (as of 9/30/2019)	%
Intermediate result (IR) 1: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations							
5. Number of modern FP users in USG-assisted sites	2,831,046		2,464,804		2,831,046	2,464,804	
6. Number of new FP acceptors in USG-assisted sites	125,328		64,213		496,610	265,983 (cumulative for period Oct. 2018-June 2019)	
Sub-IR 1.1: Improved Individual, household, and community FP knowledge and decision-making in underserved populations							
7. Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message	37,120,620					37,120,620 (cumulative for period Nov. 2018-May 2019)	
8. Number of USG-assisted community health workers (CHWs) providing FP information, referrals and /or services during the year	49,281				49,281	49,281 (active CHWs during the period March-July 2019)	
Sub-IR 1.2: Improved individual, community and local civil society ownership/participation in healthy behaviors							
9. Percent of individuals participating in mobilization activities who adopted FP	93% (data available from only two provinces)		80%		93%	84% (cumulative for period Jan.-Sept. 2019)	

Data on the number of current modern FP users and new acceptors were derived from the FHSIS. In the 4th quarter, about one-third of the project sites had difficulties in providing FHSIS data at the time of data collection for the report because of confusion regarding the use of the 2012 version of the FHSIS versus the 2018 version, which had been recently rolled out by the DOH. Other problems related to the FHSIS data on current users and new acceptors were as follows:

- Not all provinces had recent data (i.e., as of September 2019) on current users. In these cases, the most recent data available was considered. For Pampanga and Iloilo provinces, their most recent data on current users was from December 2018, while for Angeles City and South Cotabato it was from March 2019.
- As observed and reported in the 3rd quarter, there is confusion among some of the provinces regarding the reporting of the number of new acceptors in the 2018 FHSIS quarterly of the program accomplishment report. The confusion arises from the label of the column for quarterly totals, “New Acceptor of the Last Month of the Present Quarter.” To calculate the figure for the quarter, this label must refer to the monthly cumulative total. However, a large number of health workers interpret it to mean the total of just the last month of the quarter instead of the total for three months. This misinterpretation results in a big decrease in the reported number of new acceptors.

Data on percent of individuals participating in mobilization activities who adopted FP were derived from the attendance sheets of Usapan sessions conducted. For the 4th quarter, we derived attendance sheets from 49 sessions from six project sites (Caloocan, Manila, Nueva

Ecija, Pampanga, Laguna, and Naga), with a total of 536 participants. Of these, 431 were provided services, resulting in a conversion rate of 80%. For the whole year, ReachHealth retrieved attendance sheets from 141 Usapan sessions from seven project sites, with a total of 1,450 participants. Of these, 1,220 participants were provided services, with a conversion rate of 84%. ReachHealth continually supports the DOH and POPCOM to conduct the training of trainers for enhanced Usapan so that more sessions can be done and more services can be provided nationwide.

Analysis of Accomplishments (Objective 1)

Objective 1 worked to establish a base for shifting the conversation from FP understanding and motivations and barriers to FP use with both teens and adults.

Desk Review: A comprehensive desk review of FP social and behavior change (SBC) programs in the Philippines and Southeast Asia was completed in June 2019. It includes a review of the international literature, Philippine-specific literature, recently used FP materials, and case studies of CCP projects that are similar in scope to ReachHealth.

Support to DOH TVC: In November and December 2018 and March and April 2019, the DOH re-aired the Inakup TVC that was produced by the CHANGE project. The ReachHealth team supported this in two ways: (1) supported the DOH by renewing the contracts of the acting talent and music licenses for the “Inakup, Arekup” TVC so it could re-air and (2) tracked the reach of the spot with the DOH, which found that more than 37,120,620 people were reached. Data came from reports submitted by TV stations (e.g., GMA 7, TV 5, CNN Philippines, and ABS-CBN) to the DOH-Health Promotion and Communication Services (HPCS). This TVC was used since ReachHealth did not create new TV materials during the reporting period.

Formative Research on Women of Reproductive Age and Men: CCP Senior Researcher, [REDACTED], will lead this study uncovering the motivations and barriers to FP use among Filipinos. More than 60 women and men in five sites around the country will participate in in-depth interviews and complete three innovative tools—the Courage to Change tool, the RH Lifeline plot, and the FP Empowerment Grid—to help determine how power, decision-making ability, and agency come into play when a person makes a decision about their FP use. In Year 1, the tools received institutional review board (IRB) approval was received from JHU, RTI, and from a local university, and the project team selected a data collection partner: the Institute for Philippine Culture at Ateneo de Manila University. Facilitator training will take place in October 2019 and data collection will begin soon after, continuing into November 2019. This study will provide the basic information needed to develop the National FP Communication Strategy and related campaigns and activities in Year Two and beyond.

Human-Centered Design (HCD) Activity to Reduce Teenage Pregnancy: An intensive human-centered design activity was conducted among youth and their allies to look at reasons for and suggest approaches to reducing teenage pregnancy. Phase I included a desk review, training of interviewers and focus group facilitators, and field work. More than 200 adolescents and their allies were interviewed in Manila, Cavite, Davao, and Iloilo. Each of these encounters was synthesized and shared, resulting in 12 insights. These insights paint a complete and stark picture of the RH needs of the country’s young people. One key insight is that it is nearly impossible for an adolescent to prevent a pregnancy because of cultural/social, informational and system issues. Phase II of the activity (prototyping and testing) will be implemented in October. The insights/learnings generated will inform future programming with adolescents.

Communication Strategy Development Workshop with POPCOM: POPCOM is moving ahead with a campaign based on messages and materials developed at a communication strategy workshop that ReachHealth provided technical assistance for in August 2019. This campaign, "*Usap Tayo sa Family Planning*" (Lets Talk about Family Planning), will be implemented nationwide as part of POPCOM's renewed commitment for the NPPFP. There is a Facebook page and materials are being distributed throughout the regions. The first effort will focus on men and their role in FP.

Support for Expanding and Implementing Enhanced Usapan: A total of 108 trainers and 274 facilitators from the DOH and POPCOM were trained in Luzon and Mindanao; sessions are ongoing in those two regions. Visayas will receive training in Year 2, if funding permits. The project team plans to review and revise the Usapan trainings and materials in Year Two and revise with learnings from the HCD activity and the formative research with adults.

The trained youth educators facilitated the Usapang Pangkabataan during the Safe Motherhood Caravan and FP Month Launching (Cebu 2019)

Given the project's first year, the level of performance is on track and aligned with the life-of-activity target. A few activities, such as updating the national communication strategy and creating a national platform and motivational messages, were delayed to Year 2, because of other competing priorities of DOH (such as measles, dengue, or polio outbreaks. This may have influenced the number of modern FP users and new FP acceptors.

Proposed Action (Objective 1)

Under Objective 1, ReachHealth will complete its formative research on motivations and barriers to FP use. This will be the basis for developing a National FP Communication Strategy and FP Platform for all collaborators. In addition, ReachHealth and its partners will launch a motivational campaign targeted at adults to increase FP adoption. Separate interventions with adolescents will be developed and tested during HCD Phase 2. All these are expected to encourage discussion around FP to increase demand. An anticipated outcome is that all stakeholders and IPs working in FP will embrace the platform and integrate the learnings from the HCD activity (for adolescents) and formative research (for adults) into their work.

Objective 2: Quality, client-centered respectful FP care and services to men, women, and adolescents in underserved areas strengthened and expanded

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July–Sep 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
IR 2: Quality, client-centered, respectful FP care and services to men, women, and adolescents in underserved areas strengthened and expanded							
10. Percent of USG-assisted service delivery points providing FP counseling and/or services	1,523/2,053 (74%)		613/717 (85%)		74%	613/717 (85%)	
Sub-IR 2.1: Increased access to quality health services in FP and adolescent sexual and reproductive health through patient-centered approaches							
11. Percent of women with unmet FP identified provided with modern family planning	96,211/ 70,413 = 137%					31,784/ 68,410 = 46%	
Sub-IR 2.3: Tested and rolled out innovative approaches to improving quality of care							
12. Percent of facilities with established continuous quality improvement (CQI) initiatives	RHU: 17% Public Hospital: 78% Private Hospital: 81% Overall: 37%				56%	Overall: 37%	
13. Number of functional/responsive SDN for FP	1				1	1	

Analysis of Accomplishments (Objective 2)

The ReachHealth baseline survey covered 2,053 health facilities, which includes 1,312 public and 741 private hospitals and health centers. Of these, 74% offered FP services and counseling using the three USAID criteria: they must have at least one FPCBT1-trained staff, they must offer at least three modern FP methods for primary care facilities and five modern FP methods for secondary and tertiary level facilities, and they must be providing FP referral services. During the 4th quarter, data collection covered a random sample of 596 RHUs and 121 public hospitals or a total of 717 sample public facilities. Of these, 85% were found to meet all three criteria for an FP SDP. Applying the principles of statistical inference, this means that of the total 1,312 public facilities included in the baseline, the estimated number of FP SDPs as of September 2019 is 1,116 (85% of 1,312). Although the accomplishment for this indicator is already high, it is important to constantly monitor the availability of trained providers in the facilities to ensure maintenance of their status as SDPs. The fast turnover of HSPs due to retirement, resignations, and movement to other programs and facilities are the most common reasons for the lack of trained providers. Therefore, it is imperative that CHDs and PHOs regularly conduct FPCBT training courses.

Data on continuing CQI initiatives was collected only at baseline and the same results were considered at the end of Year 1 because it is an annual indicator. The results had a very wide range across facilities, ranging from a low of 17% among RHUs to 81% among private hospitals. The wide variance in CQI initiatives among public facilities (RHUs and hospitals) needs to be addressed, especially in the light of implementation of the UHC Law. With the establishment of HCPNs across the project sites, it is important that all facilities within the network should provide quality health services and, therefore, should be supported in the establishment of a CQI initiative. The results of the CQI formative research will be used to

draft a CQI policy framework, which shall be pilot implemented in the province-wide HCPN in Batangas.

At the time of baseline data collection, the concept of HCPN was not yet developed; hence, the baseline questions revolved around the previous concept of SDNs. Of the 32 project sites, only 18 had at least one SDN; across these 18 project sites, there were 23 SDNs that were documented.

The baseline questions on SDN included 15 attributes covering elements of service delivery, management and financial integration. However, of the 23 SDNs, only one (South Bukidnon SDN District-Wide) can be considered as functional/responsive for FP since it is the only one that met all 15 criteria. Although only one SDN has met the 15 attributes of a functional SDN, ReachHealth has been assisting the SDNs established by the previous regional projects to ensure functionality and to facilitate their transition into a HCPN and enable contracting of the network with PhilHealth.

One of the many focus group discussions held with health workers in Manila, wherein they had the chance to explore how to improve the quality of FP service delivery (2019)

To increase the number of health service delivery points providing FP services and counseling and adolescent-friendly health services, the project supported regional DOH partners in facilitating FPCBT Level 1 trainings for public and private hospitals, RHUs, and public and private lying-in clinics. A total of 264 HSPs were trained in the fiscal year with 232 trained in the Q4. Two hundred twenty-four of these HSPs were from government facilities, while 40 were from private hospitals and lying-in clinics.

A total of 125 HSPs were trained in PSI insertion and removal from the provinces of Cebu, Bohol, Zamboanga del Norte, Zamboanga del Sur, Bukidnon, and Misamis Oriental and the cities of Cebu and Zamboanga. The project also supported the conduct of NPPFP/postpartum intrauterine device (PPIUD) training for 21 health service providers from Zamboanga City Medical Center and Zamboanga del Sur.

The project also supported the conduct of a post-training evaluation prior to issuing a certificate of competency for 21 PSI-trained HSPs of Batangas and 25 previously trained PSI HSPs from Zamboanga del Sur. All were found competent and were endorsed for certification to the concerned CHD.

Meanwhile, diagnostic workshops were conducted to certify HSPs previously trained in FPCBT Level 1 but who did not undergo post-training evaluation (PTE) within 3–6 months after the training. Twenty-nine FPCBT Level 1-trained HSPs in Manila and 33 in Caloocan City were assessed on their knowledge and skills in FP service provision. Twenty-two of the 29 HSPs in Manila who underwent the diagnostics, and all 33 in Caloocan City, passed and were endorsed to Metro Manila CHD for certification as FP service providers. The seven HSPs in Manila who did not pass underwent a series of supportive supervision from the City's FP program managers and were eventually endorsed for certification.

To increase the number of FP service delivery points and increase access of working women and men to FP services, the project engaged various large-scale companies in Laguna and Albay through the chamber of commerce as potential partners in extending FP services in the workplace. Likewise, with the regional DOH, POPCOM, and the National Department of Labor and Employment (DOLE), the project explored the possibility of strengthening the United

Nations Population Fund (UNFPA)-established and USAID-PRISM FP in the workplace initiative in Zamboanga City, Bukidnon, and Misamis Oriental. The project provided TA to link these companies to FP service providers, such as Integrated Midwives Association of the Philippines (IMAP), or public and private health facilities to ensure seamless navigation of clients to access mFP services. The Human Resources Managers expressed an intent to establish an FP program as an integral part of their family welfare program in the workplace. In Zamboanga City, five canning companies were setup a FP recording and reporting system in the workplace through ReachHealth's assistance since it was observed that no standardized system was in place, despite receiving FP commodities regularly from the DOH.

Consultative meetings were conducted with private service providers in Mindanao, such as DKT Philippines, Family Planning Organization of Philippines (FPOP), and IMAP-Northern Mindanao. FPOP, outfitted with four itinerant teams in South Cotabato, agreed to provide mFP services to large companies identified in General Santos City. In Zamboanga City, La Birhen del Pilar committed to provide FP services in the workplaces of Pepsi Cola and ZamboWood (Mega Plywood), while IQor Davao, a business process outsourcing company with 1,200 employees, will be matched with EUP WellCare Maternity Clinic. DKT Philippines and IMAP are both willing to partner with companies that ReachHealth will engage for technical assistance.

The project also supported 124 RHUs and HCs and 17 hospitals in developing action plans to establish adolescent-friendly health facilities following the standards set by the DOH. Six batches of Setting Up Adolescent-Friendly Health Facilities workshops were conducted with 197 HSPs participating. The action plans focused on addressing the gaps identified using the adolescent friendly health facilities assessment and on implementing activities directed at teenage pregnancy reduction. In Butuan City, the CHO staff were oriented on the adolescent-friendly health facility assessment tool, recording tools, and requirements for DOH certification as an adolescent-friendly health facility. They were guided in accomplishing the assessment tool and provided technical advice to enable their facilities to comply with the DOH certification requirements.

A key activity in the harmonized plans of ReachHealth, CHD, POPCOM, and the LGUs is the support to FP outreach activities prioritizing underserved communities, such as geographically isolated and disadvantaged areas (GIDAs), IP constituents, and those in urban slums. Outreach activities were conducted in Zamboanga City, Zamboanga del Norte, Zamboanga del Sur, Bukidnon, Davao City, South Cotabato, and General Santos City. They contributed to the reduction of FP unmet need among women of reproductive age in underserved communities. A total of 1,473 clients were provided information on FP-MNH, including FP counseling, and 1,134 clients (77%) were provided with various FP services for the fiscal year (PSI = 968, pills = 101, injectbale = 37, condoms = 13, IUD = 11, and LAM = 4).

A strategic intervention to address the identified FP unmet need is to strengthen the HCPNs, as mandated by the UHC Law and embodied in the IRR. A functional HCPN providing FP counseling and services, among others, will ensure access of clients to a broad range of FP services and methods, especially LARC/PM through referral within the network.

The UHC Law is providing an enabling environment for the creation and functionality of a province-wide and city-wide health care delivery system. The fiscal year's focus was the assessment of the existence of the basic elements of a functional HCPN. The assessment covered existing policies and operative documents, organizational structure, and the existence of HCPN technical working groups and management teams. Assessment results varied across project sites. Only the provinces of Batangas, Iloilo, and South Cotabato and the City of Caloocan have a functional referral mechanism system, which is an important core element of a functional HCPN. The project's technical assistance will be to transition these LGUs to HCPN by closing the variance between the current status and the UHC HCPN requirements.

Harmonization of ReachHealth's TA packages with that of partners' (e.g., DOH, CHDs, POPCOM, and LGUs) greatly contributed to the attainment of these accomplishments.

Likewise, the established strong partnership enabled the project to negotiate with CHDs and POPCOM to conduct and fund the training courses needed to ensure availability of trained providers in service delivery points, especially at public and private hospitals and lying-in clinics.

Proposed Action (Objective 2)

For Objective 2, the project will continue to provide TA to improve access and strengthen service delivery points through the installation of FP program in hospitals with a high volume of deliveries, and installation of FP services in workplaces. FP in the workplace will be established by identifying potential private service providers to be linked with workplaces. Focus sites will include highly industrialized areas that have companies who have expressed interest to co-implement FP interventions in their workplace. A service providers agreement or memorandum of agreement between workplaces and private service providers will be one of the initial expected outputs.

Additionally, the project will continue to collaborate with CHDs and POPCOM to conduct and fund FPCBT training courses to enhance the knowledge and skills of service providers in delivering quality FP counseling and services to ensure that FP service delivery points are able to provide a broad range of FP services.

ReachHealth will support the pilot implementation of the e-learning platform for a FPCBT Level 1 course developed by Human Resources for Health (HRH) 2030.

In setting up of primary care and hospital adolescent-friendly health facilities, the project will assist the DOH in reviewing and enhancing the DOH standards for certification and health facilities will be assisted in complying with at least the level 1 accreditation requirements of the DOH. Simultaneously, the project will pursue identification and documentation of the critical elements of a successful HCPN and adolescent-friendly facilities through pause-and-reflect sessions.

In project sites with non-functional SDN/HCPN (e.g. non-functional two-way referral mechanism and weak operative mechanisms, such as M&E and recording and reporting), the project will support the establishment of a functional referral system and the development of operative tools through follow-up workshops on HCPN establishment. SDNs with a functional two-way referral system shall be assisted in transitioning to an HCPN with technical integration. The project will likewise work with other IPs, such as Institutionalization of the Health Leadership and Governance Program (IHLGP); ProtectHealth; and Medicines, Technologies, and Pharmaceutical Services (MTAPS) to further move these HCPNs to managerial and financial integration.

Objective 3: National, regional, and local systems and capacities to manage, implement, and sustain FP programs and policies bolstered and institutionalized

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July–Sep 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
IR 3: National, regional, and local systems and capacities to manage, implement, and sustain FP programs and policies bolstered and institutionalized							
Sub-IR 3.1: Increased National DOH through LGU-level capacity to plan and budget for FP services through evidence-based decision-making							
Sub-IR 3.2: FP health systems functions strengthened							
14. Number of UHC areas supported by USG investment	4	—	—	—	4	4	
15. Presence of Mission support to strengthen HRH	Yes		Yes	—	Yes	Yes	—

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July–Sep 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
16. Number of health workers who receive in-service training (IST) using non-traditional platforms for continuous professional development (CPD) in FP in USG-assisted sites	0		0	—	0	0	—
17. Percent of USG-assisted LGUs utilizing PhilHealth funds for FP or MCP/neonatal care package (NCP)	427/513 = 83%	83%	—	—	83%	427/513 = 83%	—
18. Percent of birthing RHUs, HCs, or OPCs in project sites accredited as MCP/NCP or FP	Birthing RHU/HC/ OPC: 57%	—	—	—	57%	Birthing RHU/HC/OPC: 57%	—
Sub-IR 3.3: FP supply and logistics strengthened in FP activity sites							
19. Average stock-out rate of contraceptive commodities at FP SDPs							
Pills	23%	<10%	7%		<20%	7%	—
DMPA	18%	<10%	6%		<20%	6%	—
IUD	14%	<10%	3%		<20%	3%	—
Condoms	28%	<10%	16%		<20%	16%	—
PSI	24%	<10%	36%		<20%	36%	—
TOTAL	**22%**	—	**13%**		—	**13%**	—
20. Number of Centers for Health Development (CHDs) and Provincial Health Offices (PHOs) trained on national guidelines for FP (supply chain management [SCM])	0	—	—		0	0	—

To assess whether the country is moving towards UHC, USAID IPs need to address five technical areas: (1) essential package of health services based on country health needs; (2) assuring quality of health services; (3) access to safe, effective, quality, and affordable essential medicines and vaccines; (4) instituting financial risk protection interventions; and (5) tracking health expenditures, especially out-of-pocket expenditures, through the national health account. ReachHealth had a target to provide technical assistance in four of these areas in Year 1, which it reached. The only technical area not covered by ReachHealth was health accounts data collection.

In the area of providing health workers with IST using non-traditional platforms for CPD, ReachHealth worked closely with HRH2030 in the development of the e-learning modules for FPCBT1. Because the e-learning modules were still in the development phase in Year 1, actual trainings were not conducted; hence, the value of this indicator was zero for Year 1.

The unit of measure in determining the percentage of USG-assisted LGUs utilizing PhilHealth funds for FP or MCP/ NCP were the all municipalities and cities in the project sites. Of the 517 LGUs in the ReachHealth sites, 513 responded to the question, of which 83% indicated that they utilize PhilHealth funds for FP or an MCP/NCP package.

Only birthing RHUs, together with the public and private hospitals and private lying-in clinics were asked the question on whether or not they were MCP/NCP accredited, resulting in a total of 1556 respondents for this question. The results varied widely according to type of health facility, ranging from just a little over half of the birthing RHUs (57%) to a high of 96% for private lying-in clinics.

Data on stock-out of FP commodities were collected twice during Year1: at baseline and in the 4th quarter. For baseline, stock-out data was collected from all types of health facilities, based on responses provided by RHU and lying-in participants of the data utilization workshops and from representatives of hospitals (both public and private) who acted as respondents during the interviews. For the 4th quarter data collection, data on stock-outs were collected through visual inspection of FP commodities done by project field staff during actual facility visits made on a simple random sample of 596 RHUs and 112 public hospitals for a total of 717 public health facilities.

The last indicator on health systems strengthening is the number of CHDs and PHOs trained on national guidelines for FP (SCM). Since the guidelines were still being developed in Year 1, no training for CHDs and PHOs was conducted.

Analysis of Accomplishments (Objective 3)

Year 1 accomplishments under Objective 3 focused on strengthening and institutionalizing national, regional, and local capacities to manage, implement, and sustain FP/MNH programs, systems, and policies. During the year, the project supported the activities described below.

To prevent and reduce stock-outs, the project, during Year1, supported activities aimed at establishing the needed information from the field to support the development of the DOH strategy for supply chain management.

Helping DOH lessen stock-outs in clinics means easy access to FP commodities for those who need it (CDO 2019)

For Year 1, the project supported the assessment of current challenges and operational concerns related to procurement and supply chain management. Specifically, ReachHealth supported the conduct of SCM assessments in Albay and Cebu, in collaboration with the DOH and MTAPS. The assessment with supply officers of CHD 5, Albay, and Camarines Sur were conducted to identify current gaps and challenges in the supply chain management. Operational gaps identified included inadequate capacities with respect to FP forecasting and allocation at the CHD and provincial levels, matching of demand generation efforts with commodity availability, lack of or inadequate funding for LGU-level transportation and distribution of FP commodities, end-to-end logistics management information system (LMIS), and lack of mechanism for immediate response system for stock-outs at the facility level.

With the recent challenges faced by the DOH, i.e., an increasing number of facilities experiencing stock-outs and delayed and limited funds for third party logistic (3PL) services, ReachHealth supported the delivery of FP commodities in 11 regions. Seven of these regions completed their allocation plan and had prepared for distribution at the provinces and cities, while four were still identifying current commodity needs of the provinces to prepare their final allocation plans. ReachHealth will be supporting the provinces and cities in tracking commodity deliveries.

The goal of increasing financial risk protection and increasing LGU's utilization of PhilHealth benefits requires that the project make efforts to support MCP/NCP/FP accreditation and license to operate (LTO) certification of facilities. Baseline results shows that MCP/NCP accreditation and LTO certification significantly went down from (from 80% to 59% [nationwide] and 56% [in ReachHealth-supported areas]).

As part of the project's goal of increasing FP benefits utilization, the project guided 30 key health staff in 24 public health facilities and 388 private midwives representing 336 birthing facilities in 18 LGUs on meeting MCP/NCP accreditation, FP stand-alone accreditation, and understanding the FP tagging process. This resulted in additional MCP/NCP accreditation of 11 public birthing facilities and 12 lying-in clinics.

The project also generated specific data, through its baseline data gathering, information about the remaining 44% of the birthing facilities that are not yet accredited, and specific deficiencies, to serve as basis for the project's continuing TA to RHUs and health center (HC) birthing facilities for Year 2. Results shows that a significant number of facilities still struggle with the completion of infrastructure requirements and completion of documentary requirements for LTO certification, PhilHealth accreditation, and the FP tagging process. The project negotiated with PhilHealth Vice President, [REDACTED], to jointly provide TA to target birthing facilities and guide them to meet documentary requirements. The project will support PhilHealth in lobbying with CHD's to allow conditional licensing, with a 1-year grace period for meeting infrastructure and ambulance requirements so that they can secure PhilHealth accreditation.

To ensure accurate understanding of FP indicators and institute a systematic process of recording and reporting FP performance in accordance with the FHSIS, the project built the current capacities of 485 key health staff in 139 facilities (e.g., hospitals, RHUs, and health centers), public and private. It also supported the orientation of FP recording and reporting in five private companies:

- 221 health personnel in 31 RHUs/HCs from Cebu, Zamboanga City, Davao City, Agusan del Norte, and Butuan City were trained and are able to report FP performance in M1
- 230 key health personnel in 90 public hospitals in Luzon, Visayas, and Mindanao were guided in installing its FP in hospital recording and reporting system and now currently report FP performance using M1
- 24 key health personnel in 13 private hospitals were trained and guided in understanding the FHSIS and how to record and report their respective FP performance to the PHO and DOH regional offices
- 10 key health personnel in five private companies were capacitated for FP in the workplace in Zamboanga City

With the signing of the UHC Law and its IRR, the project proceeded with supporting the DOH-FICT and the UIS TWG, as well as the CHDs at all seven UIS sites, to support the conduct of the TOP survey, the LIPH enhancement, and the UHC Strategic Planning in six UIS sites.

It supported CHD IV-A in the development of Automated Encoding Tool for the initial Local Chief Executive (LCE) survey on the TOP. The tool served as a mechanism to quickly generate results from the survey conducted by the DOH-FICT to secure LGUs/LCEs' perspectives on the different points of commitment identified in the draft TOP that will be signed between the CHD and the UIS-LGU. The project also supported the conduct of training of trainers (TOT) for UHC Strategic Planning and LIPH enhancement in six UIS sites. The project, in collaboration with the World Health Organization (WHO), supported the development of the UHC Planning Toolkit and the conduct of TOTs nationwide, supporting all regions, as well as the UHC integration sites in enhancing their respective LIPH and incorporating UHC key interventions. Direct TA support for LIPH enhancement was provided to Iloilo, Cebu, Zamboanga del Norte, South Cotabato, Misamis Oriental, and Davao City. Lastly, the project supported the transition from SDN to HCPN through policy support and LGU orientation at UIS sites. To ensure a smoother transition from SDN to HCPN, the project initially supported Region IV-A, the provinces of Misamis Oriental and Agusan Norte, and City of Caloocan in the formulation of Local Ordinances for the operationalization of HCPN. LGU orientation with respect to the HCPN contracting criteria was also conducted in eight provinces: Iloilo, Negros Occidental, Cebu, Zambo Norte, Misamis Oriental, Davao City, Cagayan de Oro, and South Cotabato, and Caloocan City.

Proposed Actions (Objective 3)

For Objective 3, the project will continue its robust cooperation and collaborative engagement with partners, CHD, CPD, and LGUs, as it is key for TA to happen in the LGUs and make a difference. Documentation of the lessons learned, i.e., successes and thing that went wrong, must be started earlier. Correspondingly, the means of verification must be secured on a timely basis.

The project will provide TA support to UIS, in close collaboration with other USAID IPs. It will also strengthen the capacity for FP recording and reporting with the current health information system and build the capacity of the CHD, POPCOM-RO, and LGU capacity on FP data analysis and utilization, including use of FP data for planning and budgeting.

The project will conduct more policy writing workshops that support the localization of a Minimum Initial Service Package (MISP)-sexual and reproductive health (SRH) policies and its integration in the Disaster Risk Reduction Management Plan (DRRMP)/H for disaster prone provinces/cities, such as Zamboanga, Misamis Oriental, Cagayan de Oro, Agusan del Norte, and Butuan City, to ensure sustained FP services and commodity security in times of disaster and crisis situations. The project will also support the conduct of regional/LGU training on the Supply Chain Management Manual of Procedures, as approved by DOH.

Lastly, the project will pursue identification and documentation of the critical elements of a successful HCPN and adolescent-friendly facilities through pause-and-reflect sessions. HCPNs with a functional two-way referral system shall be assisted in transitioning to an HCPN with technical integration. The project will, therefore, require the support other IPs, such as IHLGP, ProtectHealth, and MTAPS, to further move these HCPNs to managerial and financial integration.

Cross-Cutting Result 1: Sustainability through local partnerships, grants, and the Grand Challenge

<table>
<tr><th rowspan="2">Objectives & Key Indicators</th><th rowspan="2">Baseline Value (2019)</th><th colspan="3">Accomplishment for the Quarter (July–Sep 2019)</th><th colspan="3">Actual Annual Accomplishment (as of 9/30/2019)</th></tr>
<tr><th>Target</th><th>Actual</th><th>%</th><th>Target</th><th>Actual</th><th>%</th></tr>
<tr><td>21. Number of evidence-based innovations for FP adopted or scaled up</td><td>0</td><td></td><td></td><td>—</td><td>0</td><td>0</td><td>—</td></tr>
<tr><td>22. Number of government staff trained in data analysis and/or scientific stature with ReachHealth</td><td>0</td><td></td><td>0</td><td>—</td><td>0</td><td>0</td><td>—</td></tr>
<tr><td>23. Absolute peso amount of FP expenditures (e.g., commodities) by LGU, not funded by DOH</td><td><table><tr><th>Year</th><th>Range of Values (in Php)</th></tr><tr><td>2016</td><td>40k–2.7M</td></tr><tr><td>2017</td><td>40k–351M</td></tr><tr><td>2018</td><td>40k–398M</td></tr></table></td><td>—</td><td>—</td><td>—</td><td>—</td><td><table><tr><th>Year</th><th>Range of Values (in Php)</th></tr><tr><td>2016</td><td>40k–2.7M</td></tr><tr><td>2017</td><td>40k–351M</td></tr><tr><td>2018</td><td>40k–398M</td></tr></table></td><td>—</td></tr>
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Analysis of Accomplishments (Cross-Cutting Result 1)

In the area of innovations, Year 1 of ReachHealth was spent on preliminary activities and completing the groundwork for the provision of technical and financial support for the testing of innovations in FP. Hence the number of evidence-based innovations for FP which were adopted or scaled up was zero.

ReachHealth devoted much of Year 1 to examining potential partners through desk reviews and individual or group meetings. The sectors engaged can be categorized as follows: (1) business associations (Chambers of Commerce and Industries, Employers' Confederation); (2) professional associations/societies (Occupational Health Nurses, Public Midwives,

Integrated Midwives); (3) foundations (members of League of Corporate Foundations, nongovernmental organizations [NGOs]); (4) cooperatives; (5) past grantees/partners of PRISM project; (6) pharmaceutical companies; (7) industries (small and medium enterprises [SMEs], staffing agencies, large corporations); (8) government institutions [DOLE, Philippine Economic Zone Authority (PEZA), Cooperative Development Authority (CDA)]; (9) academe (midwifery and nursing institutions); (10) service providers (hospitals/birthing clinics); and (11) innovators (international and local). Most of these groups helped the project crystallize its private sector engagement (PSE) strategy and identify potential collaboration through the grants and the grand challenge.

As part of its continuing effort to expand private sector provision of FP services, ReachHealth connected with 473 private hospitals and 859 lying-in clinics across 32 provinces and cities. Provided with orientation about the project and its FP technical assistance, the facilities were encouraged to participate in the baseline survey. The response is encouraging, as the final report indicated 52.6% data submission among the private facilities and 57.3% among lying-in clinics. Currently, 16 private hospitals and 23 birthing clinics have been assisted in setting up FP programs and provided with FPCBT1 training, in collaboration with CHDs.

In regard to health workers being trained on the analysis and utilization of FP data, Year 1 was spent developing the necessary knowledge base and materials, which will be used to conduct the trainings in Year 2. Thus, the value of the indicator, “number of government staff trained on data analysis and/or scientific stature with ReachHealth support” is also zero in Year 1.

Among the indicators on sustainability, the most problematic is the absolute peso amount of FP expenditures by LGUs not funded by DOH. Because it is anticipated that there will be so much difficulty in getting expenditure data from the LGUs, what was collected during the baseline was the amount of FP budget for the last three years (2016–2018), which was used as a proxy indicator. Although the project was able to collect data on this indicator at baseline, its quality and utility is highly questionable, given the following observations:

- Very few LGUs were able to provide data on the FP budget, with a response rate of only 40.6% (13/32) for 2016 data and 65.6% (21/32) for 2018 data.
- Several LGUs provided exactly the same amount for their FP budget each year, from 2016–2018.
- There was a very wide range of values reported by LGUs. For example, for 2018, the FP reported budget ranged from 40,000 Php to 398 million Php. In addition, it is not certain whether the figure they provided was just the FP budget or the total health budget.

Proposed Actions (Cross-Cutting Result 1)

The project identified three innovations that will be scaled up in the coming years: FP in hospitals, enhanced Usapan, and FP in the workplace.

Several pause-and-reflect sessions were completed in Year 1 to assess the variance in implementation of FP in hospitals in Luzon, Visayas, and Mindanao. A consolidated report of the assessments will be prepared to summarize existing gaps in specific hospitals; this will serve as the basis for formulating tailored TA and for monitoring implementation progress.

The project has completed the trainings of enhanced Usapan facilitators in new areas in Luzon and Mindanao. Trainings for the Visayas will commence in the 1st quarter of Year 2. These trainings were either co-funded or fully funded by CHDs and POPCOM. LGU-led sessions are happening but there is a need to strengthen their recording and reporting to continuously generate evidence for the effectiveness of the enhanced Usapan.

FP in the workplace is in its inception phase, with the project selecting sites for the new model of matching workplaces with private providers. It is expected that during the first half of Year 2, the project will have finalized its partner workplaces in Regions III, IV, VI, IX, and XII.

Other innovations, which may be internally developed (e.g., outputs of the HCD, the reproductive life plan, etc.) or externally sourced (e.g., private-led solutions, such as mClinica’s

pharmacy network, the DotApp, etc.) will be finalized and corresponding plans for adaption/scale-up will be subsequently developed.

Cross-Cutting Result 3: MERLA

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July–Sep 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
24. Number of pause-and-reflect sessions conducted	0		4	—	33	43	—
25. Percent of men who support the use of modern contraception for themselves or for their partners at USG-assisted sites	Not collected		Not collected	—	—	Not collected	—
26. Number of new interventions implemented in partnership with another project/external stakeholder	0			—	1	3	
27. Number of joint missions conducted with another project/external stakeholders per year	0			—	1	3	
28. Number of synergized approaches for supply chain management, human resources for health, engagement with LGUs and health financial risk protection	0			—	1	3	

Analysis of Accomplishments (Cross-Cutting Result 3)

ReachHealth conducted a total of 43 pause-and-reflect sessions during Year 1, of which 40 were part of the activities for the baseline data collection through the conduct of Data Utilization Workshops. These sessions provided the workshop participants the opportunity to convert the raw data they provided to the project into information, learning, and action by interpreting the meaning of their FP indicators within the context of the FP program of their health facility; identifying actions that need to be implemented to improve or sustain their levels; and identifying the TA that can be provided by ReachHealth to implement those actions. The three other pause-and-reflect sessions that were not part of the baseline were held as part of the collaborating, learning, and adapting (CLA) activities conducted in establishing and promoting FP in hospitals. The 43 pause-and-reflect sessions conducted in Year 1 there were a total of 1,430 participants, the majority of which (74.4%) were RHU staff, while the rest were from the PHO/CHO, hospitals, the DOH, POPCOM, and others.

Although the percent of men who support the use of modern contraception for themselves or for their partners at USG-assisted sites is one of the project indicators, data was not collected on this indicator during Year 1. The study design for the collection of data for this indicator and the corresponding baseline value will be determined during Year 2 of the project.

ReachHealth has three indicators in the area of coordination and collaboration. For all three indicators, the project has exceeded the target of one activity per year. The first indicator is the number of new interventions implemented in partnership with another project/external stakeholder. The project implemented three new interventions in Year 1 as described below.

- FP in the workplace, which was implemented with several partners, like the Industrial Group of Zamboanga Inc. and the Employer's Confederation of the Philippines (ECOP-ZAMBASULTA Chapter) for Zamboanga City, the Bohol and Cebu Chapters of IMAP; Minebea-Mitsumi in Danao City, Cebu Province, DOLE's Family Welfare Program, and the seven industrial zones in Laguna.
- Promotion of FP services at the Know Tell Lounge for Adolescents and Youth at Robinson's Mall in Iloilo City, which was implemented in collaboration with the management of Robinson's Malls.
- Conduct strategic planning workshops for UHC integration, which was done with WHO, center for Innovation, Change, and Productivity (CICP), and Zuellig Family Foundation–Institutionalization of the Health Leadership and Governance Program (ZFF-IHLGP) in several places like South Cotabato, Iloilo, Cebu, and supported the development of the UHC Planning Toolkit in collaboration with WHO.

The second indicator is the number of examples of joint missions conducted with another project/external stakeholder. Several joint missions were conducted by the ReachHealth with external stakeholders, and three of the major ones were as follows:

- Collaborated with the Department of the Interior and Local Government (DILG) to conduct the POPCOM-USAID ReachHealth Orientation on Philippine Population and FP Programs for newly-elected officials of the provinces of Bohol, Cebu province, and the tri-cities of Cebu, Mandaue, and Lapu-Lapu.
- Mobilized the Cebu Local Training Network as FP trainers during the POPCOM-USAID ReachHealth-supported training on FPCBT2 (PSI).
- Worked jointly with WHO, CICP, and ZFF-IHLGP to conduct the strategic planning workshops for UHC integration in several project sites.

The last indicator is the number of synergized approaches for supply chain management, HRH, engagement with LGUs, and health financial risk protection. ReachHealth implemented three synergized approaches for various health systems-related areas in Year 1, including development of

- the e-learning module on FP Competency Based Training 1 (FPCBT-1) with HRH2030,
- the integrated data capture form for use in the proposed POPCOM and CHD-Western Visayas FP information System in Western Visayas, in conjunction with the Information Technology Department of Iloilo College of Fisheries, and
- a system for the computation of CYP from both the public and private sectors, with MTAPS.

For each of the above activities, the field experience and presence, as well as the technical expertise, of ReachHealth staff combined with the resources and expertise of other implementing partners and external stakeholders facilitated the development of tools and other products, which would have otherwise taken more time and resources if developed by each entity individually.

Proposed Actions (Cross-Cutting Result 3)

The major bottleneck faced by the MERLA unit in Year 1 was the availability and quality of the data needed for the various project indicators at the RHU level, especially in relation to major variables like the number with unmet FP needs or the number of new acceptors. Major factors contributing to this problem were the non-accomplishment of important forms, like the KRA, which is the source of data on unmet needs; inadequate training of staff on the use of the 2018 FHSIS; and the limited appreciation and understanding of DOH FP staff at different administrative levels on the meaning, use, and utilization of FP data and indicators. To address

this bottleneck, the MERLA unit will work closely with Objective 3 to train DOH staff at different levels on the analysis and utilization of FP data. External pause-and-reflect sessions will also be regularly conducted by ReachHealth field staff with the RHU and PHO staff on the analysis and utilization of their FP indicators. This activity will be facilitated with the development of a dashboard on FP indicators for use at the RHU level, which will be designed in Year 2, once the District Health Information System 2 has been installed as the project information system.

B. Performance of Key Activities

Objectives	Key Outputs (Products, Innovations, & Milestones)	Status as of September 30, 2019	Collaborating Partners
Objective 1: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations			
Sub-IR1.1: Improved individual, household, and community FP/MNH knowledge and decision-making in underserved populations	Strategy design work with POPCOM for NPPFP	POPCOM is moving ahead with a campaign based on messages and materials developed at the workshop in August 2019.	POPCOM
	Formative research study on FP motivations and barriers	Data collection partner selected and local and JHU IRB completed. Facilitator training will take place in October 2019 and data collection will begin right after, continuing into November 2019.	Ateneo Institute of Philippine Culture; concept note reviewed by USAID and DOH
	HCD activity with youth to reduce teenage pregnancy	Phase I, including desk review and field work, completed and insights generated. Phase II (prototyping and testing) will be implemented in October. Insights/learnings will inform future programming with adolescents.	DOH, POPCOM, Curiosity, FPOP, Y-PEER
	Desk review of FP SBC programs in the Philippines and Southeast Asia	Completed and distributed with 3rd quarter report	—
Sub-IR 1.2: Improved individual, community, and local civil society ownership/participation in healthy behaviors	Support to National Summit on Teenage Pregnancy, adopt-A-Region Strategy to Strengthen Comprehensive Sexual Education (CSE) and Adolescent and Youth RH (AYRH)	The National Summit was held on August 29, 2019. [REDACTED] of ReachHealth was part of the national working group. ReachHealth staff will continue to be part of the working group to discuss results and actions moving forward. For Adopt-a-Region, ReachHealth prepared a concept note and is working with DepEd and other national agencies to strengthen CSE.	—
Objective 2: Quality, client-centered, respectful FP/MNH care and services to men, women, and adolescents in underserved areas strengthened and expanded			
Sub-IR 2.1. Increased access to quality, client-centered care of FP and adolescent reproductive health (ARH) in underserved areas	Referral Guidelines of Manila Health Care Provider Network	Draft reviewed by the TWG and the HCPN focal persons of member facilities for packaging and dissemination HSPs in the 1st quarter of Year 2.	Manila Health Department Manila HCPN

Objectives	Key Outputs (Products, Innovations, & Milestones)	Status as of September 30, 2019	Collaborating Partners
	HCPN Ordinance of Caloocan City	Draft ordinance reviewed and finalized by Caloocan City Health Office and endorsed to the committee on health.	Caloocan City Health Office Save the Children Foundation
	Partnership between Wireless Access for Health (WAH) and Manila Health Department for automation of referral system of HCPN, and creation of a local information exchange platform	Initial agreements for forging partnership made. Consultation meetings with various department of the City Government of Manila completed.	Manila Health Department Wireless Access for Health
	Roundtable discussion on HCPN in Batangas with HCPN Management Committee and DOH	Installation of CQI mechanisms in Batangas. CQI will be initiated once the result of the formative research and formal assessments are available.	DOH Central Office Batangas PHO Batangas Medical Center
	Developed the HCPN TA package with emphasis on the minimum requirements and the 10 key features	This is a continuing TA. Incorporate population matching mechanism for other HCPNs. Transition to HCPN contracting.	DOH-CHD, CHO, PHO, LGUs, public and private hospitals
	Revitalize FP workplace clinics in cities/provinces	Implementation stage through linkage of partner workplaces with public or private service providers/facilities.	DOH-CHD, POPCOM and DOLE of Regions 9 and 10, ECOP, FPOP, DKT Philippines, IMAP
	Mapping of school-based teen centers in the Iloilo provinces	Assessment and planning stage for potential rollout.	POPCOM VI Provincial Population Office Iloilo Province
Sub-IR 2.2. Improved number and capacity of providers delivering gender-, age-, and culturally-appropriate client-centered care	Strengthening of local FP training network (Visayas Training Network in Bohol, Cebu, Iloilo, and Negros Occidental)	At implementation stage, mobilize provincial FP training resources to address local training needs, specifically the POPCOM-funded training.	CHD Central Visayas, PHO, Cebu Province POPCOM VII
Sub-IR 2.3. Tested and rolled out innovative approaches to improving quality of care	Conduct a CQI formative qualitative study	Implementation stage specifically transcription and translation of data generated from focus group discussions (FGDs)	—

Objectives	Key Outputs (Products, Innovations, & Milestones)	Status as of September 30, 2019	Collaborating Partners
Objective 3: National, regional, and local systems and capacities to manage, implement, and sustain FP/MNH programs and policies are bolstered and institutionalized			
Sub-IR 3.1. Increased national DOH and LGU capacity to plan and budget for FP/MNH services through evidenced-based decision-making	Comprehensive review & analysis of provincial/city budget for FP advocacy and review of LGU budget for health via LGU expenditures for "Health, Nutrition & Population Control" line-item as specified by the Bureau of Local Government Finance (BLGF)	Result shows that there is meager increase in the FP allocation among LGUs: 1.8% in 2017, 1.6% in 2018, and 2.1% in 2019. Result shows that only 48.8% of the budgeted amount are truly an expended. The results of this budget review were shared with the DOH as inputs to the national costed implementation plan for FP, LIPH assessment /review, and advocacy for increased FP budget allocation.	BLHSD, DPCB, CHDs, Provincial and City LGUs
	Support to the DOH in the conduct of rapid assessment/study on implant utilization and reimbursements	The assessment was used to identify NGOs with slow-moving PSI for stock reallocation and for immediately responding to 20 public facilities in Luzon, Visayas, Mindanao (LVM) experiencing stock-outs of implants and incorporated as part of 5th RPRH annual report.	—
	Harmonization of FP unmet needs recording and reporting by the DOH and POPCOM initiated	The DOH and POPCOM agreed on a common definition of FP unmet need and an FHSIS official recording and reporting tool. Official FHSIS Reporting Forms for women of reproductive age (WRA) master lists and unmet need identification revised and incorporated into the final version of FHSIS Manual of Operations 2018 (Revised in August 2019)	—
	Development of the draft training package for LGU basic health data analysis and utilization for evidence-based decisions	Design completed but actual training moved to Year 2. The draft training package was initially reviewed and concurred by DOH and POPCOM.	DOH, POPCOM, DOH CHDs
	TA and guidance in organizing and analyzing RPRH performance and preparing the 5th RPRH report	TA provided to the DOH and POPCOM in organizing performance data, analyzing major accomplishments and challenges, and preparing the 5th Annual Report on the RPRH law, in compliance to Section 21 of the RPRH Act of 2012.	—

Objectives	Key Outputs (Products, Innovations, & Milestones)	Status as of September 30, 2019	Collaborating Partners
Sub-IR 3.2. Strengthened FP/MNH health systems functions: governance, finance, HRH, health information, and data quality and use	Support to MCP/NCP/FP Accreditation and LTO certification	Supported 30 key health staff in 24 public health facilities and 388 private midwives representing 336 birthing facilities in 18 LGUs on meeting MCP/NCP accreditation, FP stand-alone accreditation, and understanding the FP tagging process. This resulted to additional MCP/NCP accreditation of 11 public birthing facilities and 12 lying-in clinics.	DOH, PHO, IMAP and private providers
	Increased hospital and RHU/HC capacities to accurately record and report FP performance	485 key health staff in 139 facilities were capacitated on FP in hospital recording and reporting (90 hospitals [21 newly trained and 69 underwent refresher course]; 31 RHUs and health centers), 13 private facilities; and five private companies with 11 health staff*	DOH, CHDs, DOH retained hospitals, LGU hospitals, RHUs, health centers, private companies
	Support the transition from SDN to HCPN through policy support and LGU Orientation	Initially supported Region IV-A, the provinces of Misamis Oriental and Agusan Norte, and City of Caloocan in the formulation of local ordinances for the operationalization of HCPN. LGU orientation with respect to the HCPN contracting criteria was provided to eight provinces: Iloilo, Negros Occidental, Cebu, Zambo Norte, Misamis Oriental, Davao City, Cagayan de Oro and South Cotabato, and Caloocan City	DOH, PhilHealth, PHO, and LGUs
	Support the development of the sub-guide on the integration of UHC interventions into the LIPH for UHC Strategic Planning at 3 UIS sites	Supported the development of the sub-guide on integrating UHC interventions into the LIPH as part of the UHC Strategic Planning Toolkit and supported the conduct of a TOT nationwide, supporting all regions and the provinces in enhancing their respective LIPH and incorporating UHC key interventions. Direct TA support for LIPH enhancement was provided to Zambo Norte, South Cotabato, and Davao City	—

Objectives	Key Outputs (Products, Innovations, & Milestones)	Status as of September 30, 2019	Collaborating Partners
	Develop the LGU Guide for MISP Policy Formulation and test at 3 LGUs, at minimum	Supported the development of the LGU Guide for MISP Policy Formulation in close collaboration with Health Emergency Management Bureau (HEMB). As a result of this undertaking,three3 provincial LGUs and 52 municipalities and cities have signified stronger commitment to ensuring the MISP for sexual and RH by drafting the local policies for MISP implementation and by preparing the MISP addendum to the DRRMP/DRRMH.	DOH-HEMB, PHO, and LGUs
	Conducted learning session with Likhaan Center for Women's Health Inc. to ascertain the viability of FP stand-alone clinics	ReachHealth is documenting the operational and financial viability of Likhaan-managed FP clinics as an effective, scalable and sustainable model for expanding FP service provision through private sector engagement. Further follow-on research work will be conducted by ReachHealth to review other private birthing clinics to establish the proof-of-concept on the viability of FP stand-alone clinic operations.	—
Sub-IR 3.3. FP supply and logistics strengthened in FP/MNH activity sites	Support to CHDs and PHOs/CHOs in understanding and implementing the national guideline for Supply Chain Management (SCM)	Supported the conduct of SCM assessments in CHD 5 and CHD 7, in collaboration with the DOH -PSCMO. The assessment with supply officers of CHD 5, Albay, and Camarines Sur were conducted to identify current gaps and challenges in the supply chain management.	DOH-PSCMO, CHDs, PDOHO, and PHOs
	Immediate response to stock-outs through the delivery of FP Commodities to 11 regions	Stock-outs of FP immediately responded to and allocation plan of seven regions prepared and ready for FP commodity distribution while the four others are finalizing commodity needs by province/city as basis for the allocation. The rest of the other regions were supported by POPCOM and UNFPA.	—

Objectives	Key Outputs (Products, Innovations, & Milestones)	Status as of September 30, 2019	Collaborating Partners
Cross-Cutting Result 1: Sustainability through local partnerships grants and the Grand Challenge	**Grants to civil society organizations (CSOs).** The first cycle of the grants opened in July 2019 for which 70 CSOs responded to the call for concept notes. Twenty were shortlisted and asked to develop full proposals.	Total of 11 final submissions to be evaluated in Year 2.	About 70 CSOs nationwide were engaged. The project will involve the DOH, POPCOM, RPRH-National Implementation Team (NIT), and USAID in the final selection.
	Grand Challenge. An innovation landscape analysis and innovation framework were completed and presented to USAID.	Both will be updated and finalized in the first half of Year 2, along with the design for the Grand Challenge and its launch.	Duke GHIC provides technical support to the project, which is doing exploratory engagements with local innovators, corporate foundations, and private organizations.
Cross-Cutting Result 2: Transformative gender approach and action plan	**Gender-responsive service delivery**. Completed the development of a checklist for gender-responsive FP SDP.	The draft checklist was field tested in Butuan City among service providers. The next phase is an actual facility audit using the tool.	Relevant elements of HRH2030's gender competency framework were integrated in the tool. In collaboration with TB Innovations, a generic tool for FP and TB will be developed in fiscal year 2020
	Addressing GBV. Integrated GBV referral in the SDN guide for Butuan City and Agusan del Norte.	Completed the integration; will monitor the operationalization in Year 2.	CHD 13, CHO Butuan, and PHO Agusan del Norte are partners in ensuring the operationalization of the guide.
	Men's involvement. Research on barriers and facilitators conducted in Albay. TA to DOH to update the policy and strategic framework on men's involvement and responsibility in RH (MIRRH) and men's reproductive health (MRH) started; situation analysis underway.	Write-up is being finalized. Phase 2 (evaluation of Katropa) will begin in Year 2. DOH roadmap to MIRRH and MRH completed.	Duke University led this research. POPCOM is the main partner for Phase 2. DOH is leading the process of updating the national policy and framework.
Cross-Cutting Result 3: MERLA	Baseline data collection	Data collection, validation, and consolidation completed. Partial results were shared with some LGUs and other partners. Products (e.g., infographics) for dissemination of results are being developed	CHDs, PHOs, RHUs, LGUs, private hospitals and clinics, and IMAP

Objectives	Key Outputs (Products, Innovations, & Milestones)	Status as of September 30, 2019	Collaborating Partners
	Routine collection of data for levels of quarterly indicators	Data for the 2nd quarter and 3rd quarter were collected and reported. Tools for collection of 4th quarter indicators were developed. Staff training was conducted and data collection started in some areas.	CHDs, PHOs, RHUs, and LGUs
	Implementation of ReachHealth research agenda	ReachHealth learning questions were developed and approved by USAID. The project provided support to project technical leads in proposal and tool development, getting local IRB clearance and in data processing	—

3. Key Challenges and Proposed Solutions

Key Challenges by Objective	Proposed Actions (Solution-Timeline-Responsibility)
Objective 1: Improving Demand	
Finding the right contractual partners to assist with formative research and HCD	Difficulties finding a formative research partner delayed data collection that informs SBC design. Fortunately, we now have a better idea of partners who can conduct such research and we have developed a partner database for future use. The formative research with adults will take place in October and November 2019. Results will inform SBC strategy design with POPCOM and DOH in January and February 2020.
Limited DOH involvement in FP SBC activities	The DOH had many completing priorities, such as outbreaks of measles, dengue, and polio, which deprioritized FP within the HPCS agenda. For example, it was difficult to set meetings and understand priorities and TA needs. Moving forward in Year 2, we will work directly with the FP program director to define and implement FP-specific SBC activities.
Inadequate archiving and payment structures by previous projects resulted in unexpected time and resources spent from ReachHealth staff	The CHANGE project focused on SBC but did not archive research studies and reports. Therefore, ReachHealth did not have the opportunity to apply lessons learned. Also, TVC and print products did not purchase the right to access pictures or TVC in perpetuity. Therefore, when DOH aired the Inakup TVC they did so without any rights. Further, because photo access was not purchased, POPCOM was not able to produce all the print materials that was desired. ReachHealth spent considerable time finding the music and acting talent to pay royalties for the Inakup TVC. In the future, ReachHealth will purchase the rights for USAID and its future partners to permanently use materials, images, and music all forms and media that will allow for greater flexibility and product use.
Inadequate FP commodities hindered outreach services and on-site FP services at service delivery points	Regular coordination with provincial and regional FP coordinators on stock-out for restocking and redistribution of commodities and track/monitor commodity delivery/distribution of DOH national to SDPs.
Objective 2: Improving Supply	
Several FP-trained HSPs are not providing FP services	The baseline revealed that health workforce training did not equate to FP provision. ReachHealth will build the confidence of trained HSPs through IST in facilities providing high-volume FP services, such as PSI insertion, PPIUD insertion, and interval IUDs, and capacitate program managers and facility supervisors in coaching and mentoring on FP service provision as part of supportive supervision. We will conduct diagnostic workshops to assess the competency of FP-trained HSPs.
Low certification rates for FP	Select FP-trained HSPs have not undergone certification process. ReachHealth will ensure inclusion of PTE in the training plan of partners and conduct diagnostic workshops linked with supportive supervision as an alternative certification process.

Key Challenges by Objective	Proposed Actions (Solution-Timeline-Responsibility)
Objective 3: Improving Systems	
Poor regional-level FP supply chain and logistics	ReachHealth has found there to be poor DOH coordination for timely supply of FP commodities to their regional warehouses. In collaboration with MTAPS, ReachHealth will support the CHDs and PHOs in testing the guidelines and establishing the National Supply Chain Management System. ReachHealth will address the lack of facility-level recording and reporting. In partnership with POPCOM and DOH, we will build the capacity of facilities and build LGU ownership for the implementation of the abridged supply management and recording system (DOH-endorsed system for facility-level commodity recording) developed with support form the previous USAID projects.
Challenges in meeting MCP/NCP accreditation and LTO certification requirements	As mentioned above, baseline results show that MCP/NCP accreditation and LTO certification decreased (from 80% to 59% [nationwide] and 56% [in ReachHealth-supported areas]). ReachHealth will provide the support for meeting the requirements for MCP/NCP accreditation and LTO certification. We will work with DOH and PhilHealth to negotiate for a less stringent application of the certification and accreditation requirements, particularly on infrastructure and ambulance requirements, and advocate for conditional licensing with a 1-year grace period after submission.
Underutilization of PhilHealth FP-related benefit packages	Underutilization of PhilHealth FP-related benefit packages results in potential finance losses for accredited FP providers. ReachHealth will coordinate with ProtectHealth to provide technical support to PhilHealth for revising policies on FP-related benefit packages (i.e., subdermal implant package) to stop policy loopholes and improve implementation of FP services. ReachHealth will support PhilHealth in codifying FP policies to address issues of inconsistent application of the policies among regional offices.
Insufficient DOH staff and other technical resources to prepare RPRH reports	A lack of human resources at the national DOH challenges the ability for the DOH to take a leadership role in the RPRH report. ReachHealth will support the NIT, DOH program managers, and POPCOM in organizing quarterly RPRH performance data that will generate cumulative quarterly reports. We will also organize quarterly RPRH performance writing groups per KRA (from DOH and POPCOM) to conduct a RPRH performance writeshop, and support NIT to further refine roles that require members to participate in the editing process of the quarterly performance report. This step-wise process will prevent the March–April rush and annual reports and will facilitate action and response to gaps and operational concerns.
UIS sites hold high expectations of CHD and national DOH for UHC support	UIS sites have high expectations of the benefits they may receive from the UHC Law and, in addition, are expecting intensified support from the National DOH and the CHDs on UHC Law implementation. ReachHealth will support the CHDs' capacity to provide technical assistance to UIS, specifically in transitioning from SDN to HCPN and meeting the contracting requirements, setting up the Special Health Fun, enhancing and capacitating the expanded Local Health Boards, strategic planning, execution, and monitoring. Full documentation of the processes and approaches undertaken by the LGUs will be supported by ReachHealth.
FP procurement and delivery delays, which results to over- and understocking	Poor forecasting at the national DOH and CHD is an issue that results in over- and understocking of FP commodities. In collaboration with MTAPS, the project will build CHDs' capacity on quantification/forecasting to be consistent with the multi year obligation authority (MYOA) and framework contracting of the DOH. While waiting for the LMIS to be established nationwide, POPCOM recommends to build facility-level capacity for stock recording and reporting using the DOH' SMRS abridged version. POPCOM has agreed to fund and support this undertaking. We will also advocate for the DOH/POPCOM to assign a dedicated team to monitor distribution and allocation of FP commodities up to the facility level.

Key Challenges by Objective	Proposed Actions (Solution-Timeline-Responsibility)
CHDs limited capacity to provide technical assistance to the LGUs with the consideration of local contexts and different levels of understanding of the UHC Law, its IRR and its implication to the health systems.	CHDs have limited capacity to provide technical assistance to the LGUs considering diverse local contexts and diverse levels of understanding of the UHC Law, its IRR, and its implication to the health systems. For the 1st and 2nd quarters of Year 2, ReachHealth will: • Assist regions in creating a UHC technical assistance team that is capable of assisting the LGUs in implementing the UHC Law specifically ensuring province/city-wide integration of health systems • Support and build the capacity of the regional UHC technical assistance team to include the UHC/HCPN/ Local Health System (LHS) coordinators, DOH representatives, and Philippine Health Insurance Corporation (PHIC) representatives in assisting the LGUs with its models of province/city-wide health systems and HCPNs; conducting strategic planning workshops for an enhance LIPH/AOP, which is UHC ready; and documenting the processes and creating key messages, presentation materials, and tools to assist the LGUs • Facilitate regional strategic planning for UHC implementation and technical assistance provision to the LGUs
Lack of accredited facilities	There remains a high percentage of non-accredited facilities due to a lack of equipment and LTOs. ReachHealth will ensure inclusion of the procurement of equipment and supplies in the Annual Operational Plan during TA provision.
MERLA	
High volume of FHSIS data errors	FHSIS data quality and use leads to erroneous data. ReachHealth will collaborate with the Epidemiology Bureau and the DOH's FP program to build the capacity of RHU staff on the 2018 FHSIS. Project staff will conduct mentoring sessions with the RHU staff in the 2nd quarter of Y2 on the proper completion of the 2018 FHSIS forms
Reporting forms missing	The inconsistent availability of forms (e.g., KRA form for unmet needs and Usapan attendance sheets) leads to gross underreporting of select indicators. ReachHealth will discuss with DOH the nature of the problem and jointly identify adaptive solutions to further institutionalize forms. Provincial Technical Officers (PTOs) and METAs will strengthen monitoring of the completion, submission and reporting of the Usapan attendance sheet.

4. Cross-Cutting Results

4.1. Yearly Update on Sustainability and Self-Reliance

USAID ReachHealth took considerable time to engage with governmental stakeholders to create the basis for continuous ownership and integration. The project initiated harmonization planning with regional and provincial-/city-level partners (e.g., CHDs, POPCOM, and LGUs) to build co-ownership and ensure that the TA provided by ReachHealth genuinely responds to the TA needs of the partners is consistent; directly supports their respective plans and interventions; and is in accordance with the National Objectives for Health goals, Formula 1+ and UHC Act. The joint planning sessions strengthened partners' collaboration through resource leveraging and committed investments. The identified priority TAs for Year 1 revolved around helping establish or strengthen the SDNs, establishing ARH-friendly facilities, maximizing PHIC reimbursements from FP services rendered, supporting UHC implementation, and strengthening primary health care and community engagement. Further, the CHDs, POPCOM, and the LGUs identified either a team or senior staff as point persons in charge of coordinating with ReachHealth to support project implementation and M&E.

After the initial integration and harmonization activities, the project's approaches for sustainability were now anchored on four ownership dimensions of partners and stakeholders. These include: 1) local stakeholder leadership and involvement; 2) SDNs and health systems fit for purpose; 3) local government and organizations capacity building; and 4) regular participatory review of interventions and generating evidence to document and share learnings and best practices. The enactment and implementation of the UHC provide for avenues and opportunities to strengthen these approaches and integrate them sustainably within the UHC framework.

These four ownership dimensions were adopted in the technical assistance activities conducted by ReachHealth to ensure policy support at the national level and resources for priority interventions are also made available by local partners. The implementation of harmonized plans of CHDs, POPCOM, LGUs and ReachHealth enabled the project to leverage its resources and align government budgets toward supporting priority technical assistance activities. Regular consultations with CHDs and PHOs have provided the opportunity for project partners to understand their current capacities and levels of commitment to move the activities forward.

At the national level, in collaboration with the Women and Men's Health Development Division, ReachHealth provided technical support to the development of the integrated Family Health Service Package. This TA is strategically positioned to allow the crafting and issuance of policies, identification of capacity building needs of program managers and services providers and allocation of budgets to guarantee equitable access to quality FP/maternal, neonatal, and child health nutrition services across all levels of care.

Through the constant engagement with POPCOM, it is expected that ReachHealth SBC supported activities will be institutionalized through the programmatic activities funded with POPCOM and DOH national budgets. The FP platform and motivating messages should have a shelf life of at least five years—longer if POPCOM and DOH really use them extensively and they become part of the social fabric. If enough people start talking about FP, social norms will change. As more people adopt FP, stigma and embarrassment will decrease and FP will become just another health intervention. The ARH work is critical for the journey to self reliance (J2SR), as it is laying the platform for long-term changes in social norms around adolescent health and sexuality. Once established, these will likely not go back.

At the sub-national and local levels there were several initiatives that have integrated sustainability approaches. In Luzon, particularly Region V, the CHD has engaged six nursing/midwifery schools and 35 universities in Albay and Camarines Sur to include in their community nursing/midwifery curricula and outreach activities the implementation of Usapan sessions. This is to address the issue on unavailability of organic RHU staff to conduct the sessions. Once successful, a regional policy will be developed for this to ensure sustainability. Regions IV-A and the National Capital Region are also interested, as this initiative allows for the integration of local institutions like the academe into the LGU supply and demand strategies. Regions III, IV-A and V are continually conducting Usapan sessions as major strategy for demand generation. Funding for these sessions are included in their LIPH.

In Visayas, 85 midwives were oriented on the establishment of freestanding FP clinics. Freestanding FP clinics offer a sustainable way for expanding market reach especially in GIDAs previously served only through outreach activities. This business model for FP service delivery liberalizes entry of small players such as midwives unable to meet the cost of a building a birthing home into the FP service delivery industry. As needs for FP training among RHU and hospital providers have surfaced, ReachHealth has encouraged/reminded LGUs of the availability of local FP trainers/DOH-certified training institutions that may be tapped for this purpose other than the DOH-CHDs as the traditional source. Since LGUs have allocated budgets for FP training, ReachHealth is now linking them with these training facilities.

In Mindanao, the harmonized plans of ReachHealth with the CHDs, POPCOM and LGUs have resulted in the CHD funding support of activities related to development of SDN referral systems, FPCBT training of service providers and preliminary planning in UIS sites. Also, the result of the pause-and-reflect session on FP program in the hospitals involving eight public hospitals allowed them to own the challenges, committed to allocate funds for a broader FP service provision and tap DOH resources to address service capacity gaps. ReachHealth will continue to track the implementation of these sustainability approaches in an effort to determine what works best at the national, regional and local levels.

4.2. Year Update on Gender

To help improve the gender responsiveness of FP/maternal and child health (MCH) services, ReachHealth developed a checklist for gender-responsive FP SDP. The tool assesses specific items along policies and guidelines, physical and structural characteristics, human resource and capacity, service provision, and data collection and use. Initial field test among service providers in Butuan City generated feedback about applicability, usability, and relevance of the tool. Many useful suggestions (e.g., provision of sample posters and leaflets that speak to men and women, designation of facility-level gender focal person, etc.) will be integrated in subsequent versions that will be used in actual facility-based testing in Year 2.

Also, during the HCD activity spoke with boys and girls separately and together to better understand how to intervene to prevent teenage pregnancy. We also spoke to the mothers of teen parents—fathers were seemingly absent from the discussion. It is notable that the consequences of teen pregnancy fall mainly on girls and their families. The formative research on motivation has an innovative tool that will help measure women's empowerment around FP decisions. The FP Empowerment Grid looks at the four types of power—knowledge, resource, positional and personal—and will examine which of these come into play when making decisions. The Courage to Change and RH Lifeline tools will also look at empowerment, decision-making and agency/ability.

In line with strengthening men's participation in FP, the project completed the field research with Duke University-initiated study of barriers and facilitators. The first draft of the report is expected to be out by Q2 of Y2. Part 2 of the study is a national evaluation of Katropa with POPCOM. Draft design and protocols have been completed and fieldwork will begin in Q3 of Y2.

Still along men's participation, the project assisted the DOH in revising its policy and framework on MIRRH and MRH. A TA roadmap has been established that includes: (1) developing a situation analysis through desk review and FGDs; (2) drafting of the framework and of the updated policy; and (3) drafting and approval of the manual of operations. The situation analysis is expected to be completed by Q1 of Y2, while the rest of the tasks would last until Q4. ReachHealth also designed and facilitated two consultative workshops at the DOH Central office and CHD 3.

Other gender-focused initiatives are: the integration of GBV referral in the SDN guide for Agusan del Norte and Butuan City; continuing engagement with the Department of Social Welfare and Development (DSWD) and various inter-agency committees for GBV response coordination; and review of materials for the "Realize, Respond, Report and Reform" (4Rs) Training.

4.3. Year Update on Private Sector Engagement

ReachHealth devoted much of Y1 in scanning potential partners through desk review and individual meetings or group meetings. The sectors engaged can be categorized as follows: 1) business associations (Chambers of Commerce and Industries, Employers' Confederation); 2) professional associations/societies (Occupational Health Nurses, Public Midwives, Integrated Midwives); 3) foundations (members of League of Corporate Foundations, NGOs); 4) cooperatives; 5) past grantees/partners of PRISM project; 6) pharmaceutical companies; 7) industries (SMEs, staffing agencies, large corporations); 8) government institutions (DOLE, PEZA,CDA); 9) academe (midwifery and nursing institutions); 10) service providers (hospitals/birthing clinics); and 11) innovators (international and local). Most of these groups helped the project crystallize its PSE strategy and identify potential collaboration through the grants and the grand challenge.

As part of its continuing effort to expand private sector provision of FP services, ReachHealth connected with 473 private hospitals and 859 lying-in clinics across 32 provinces and cities.

Provided with orientation about the project and its FP technical assistance, the facilities were encouraged to participate in the baseline survey. The response is encouraging, as the final report indicated 52.6% data submission among the private facilities, and 57.3% among lying-in clinics. Currently, 16 private hospitals and 23 birthing clinics have been assisted in setting up FP programs and provided with FPCBT1 training, in collaboration with CHDs.

The project developed a model for FP in the workplace that matches industries with private providers, principally those affiliated with IMAP and Private Practicing Midwives Association of the Philippines (PPMAP). This is different from the usual approach of setting up FP services in workplace clinics, which in the long run is unsustainable due to staff turn-over. Working through DOLE's Family Welfare Program, ReachHealth started piloting its model in Laguna's seven industrial zones in Binan, Sta. Rosa, Cabuyao, and Calamba. Initial assessments are currently undertaken to determine specific workplaces in the said areas. ReachHealth likewise invited the representative of DKT Pharmaceutical to participate during the matching/partnership meetings to provide information on how to access FP commodities and their pool of speakers for information campaign in the companies.

Coordination meetings with the DOLE offices in Mindanao generated support and endorsement of ReachHealth's model to large companies in South Cotabato, Zamboanga City, Davao City and Northern Mindanao (Bukidnon and Misamis Oriental). Another consultation meeting was conducted with DKT Philippines, private service providers in Zamboanga City, FPOP General Santos City Chapter and IMAP-Northern Mindanao. FPOP committed its four itinerant teams to provide FP services for the companies that will be endorsed by ReachHealth in General Santos City and South Cotabato. In Zamboanga City, La Birhen del Pilar will introduce FP services in the workplaces of Pepsi Cola and ZamboWood (Mega Plywood). While IQor Davao, a Business Process Outsourcing company with 1,200 employees is being matched with EUP WellCare Maternity Clinic. DKT Philippines provided a list of their supported private midwives' clinics operating in the project sites which can provide FP services to the large companies.

IMAP-Northern Mindanao committed to endorse private practicing midwives with private clinics to partner with the companies that ReachHealth shall provide technical assistance. In order for the matching efforts to be efficient, an FP profiling tool for companies was being developed to determine the level of FP unmet need, hence, ensuring that technical assistance efforts are only focused to companies with high FP unmet need.

Currently, FP profiling with companies endorsed by DOLE is being conducted in Davao City and shall be started in the second quarter in South Cotabato, General Santos City, Zamboanga City, Cagayan de Oro City and Bukidnon and Misamis Oriental.

4.4. Year Update on CSO Engagement

ReachHealth's grants program is envisioned to promote sustainable, private-led solutions to FP challenges, and to improve public sector capacity to adapt innovations from the private and non-profit sectors. The first cycle opened in July and the call for concept notes yielded a total of 70 submissions. Twenty CSOs were shortlisted and asked to develop full proposals. Only 11 completed their proposals, which will be evaluated in Q1 of Year 2. The most outstanding proposals will be awarded in April and the project hopes to support the winning CSOs not only with the grant funds but with TA on planning for outcomes, generating evidence, and adaptive management. Similarly, the project hopes to support docking LGUs and CHDs with TA on partnering with CSOs and adapting CSO-solutions to FP challenges.

In Mindanao, a major partner CSO is FPOP, which is operating a PhilHealth accredited birthing home in General Santos City. Four of its itinerant teams providing services in Region 12 and are now using the *Enhanced Usapan* as demand generation strategy in outreach communities.

In Bicol, the USAID ReachHealth Project in partnership with the DOH-CHD Bicol and POPCOM, has initiated couple of meeting activities (August 19 and September 16, 2019) with

the public and private academic institutions and Training Institutions on the Recognition and Conduct of Learning and Development Interventions for Health Care Service Providers in Bicol Region. A total of six academic institutions (with midwifery and nursing courses) have expressed interest to be developed as training institutions and as partners in conducting demand generation activities as part of their community health education curriculum. In the province of Camarines, the nursing and midwifery schools are the University of Nueva Caceres and the Camarines Sur Polytechnic College while in Albay, are Bicol University, Ago Medical and Educational Center, Tanchuling College, and Bicol College. ReachHealth will be providing technical assistance to these academic institutions through the CHD by developing the roadmap and guidelines for partnership, preparing the memorandum of understanding, developing new modules on Usapan, conduct of trainer's training for Usapan, facilitating pause-and-reflect session and finalizing the integration of Usapan in their internship curriculum and community extension program. If found successful, this academe program can be adapted to other ReachHealth sites especially Manila and Laguna who have signified interest to do a similar program.

In Mindanao, CSOs are tapped for demand generation activities, services and advocacy. FPOP General Santos City, for instance, operating a PhilHealth accredited birthing home committed to partner with ReachHealth in FP demand generation activities as well as in the provision of FP services, both short acting and long acting methods. Its 4 FP itinerant teams are providing services in the entire Region 12 and is now adopting the Enhanced Usapan introduced by the project through training of trainers.

4.5. Year Update on FP Compliance

Central to the Family Planning Program is informed choice and voluntary decision-making to ensure provision of quality FP counseling and services. To ensure ICV compliance, a compliance monitoring plan for Year 2 was drafted and submitted to USAID for approval. Moreover, in compliance with USAID requirements 100% (84) USAID/ReachHealth staff (66 technical and 18 non-technical) took the e-learning modules on Protecting Life in Global Health Assistance and US Abortion and FP Requirements. Undertaking these e-learning modules is a requirement prior to participation in the classroom training on Protecting Life in Global Health Assistance and FP Policy Compliance Training scheduled in the first quarter of Year 2.

ICV monitoring visits were conducted in selected health facilities such as RHUs/HCs, lying-in clinics and hospitals across project sites nationwide. A total of 435 government health facilities (376 RHUs/health centers and 59 hospitals) were monitored. 467 HSPs and 102 clients were interviewed. All monitored facilities were found compliant to the principles of informed choice and voluntarism and no evidence of coercion was noted. However, the need for family planning wall charts and other communication materials, contraceptive technology updates, and reorientation on FP recording and reporting in most facilities were identified. The project coordinated with the CHD and P/CHOs to ensure that these facilities will be provided with FP communication materials.

There were 29 ICV orientations conducted across project sites nationwide as part of various activities such as FPCBT Level 1 courses, PSI Insertion and Removal Training Courses, Workshops on setting up FP program in hospitals and FP Stand-alone Clinics, and CLA Workshops. These were participated in by 35 male and 691 female health service providers.

4.6. Year Update on Environmental Compliance and Climate Risk Mitigation

To ensure sustained FP service delivery and commodity availability even during disaster, the project has supported the finalization of the LGU Guide to Policy Development for the Implementation of MISP for SRH and Enhancement of the DRRMP. The guide was endorsed by the DOH-HEMB for integration into the Training Module on MISP. This guide includes provisions for integrating, not just ensuring, FP commodity availability during disasters and

also ensuring that key health systems remain operational, such as the health information system, SCM, financing, and communications, to that the health systems run smoothly despite the challenges faced by the LGUs during disasters. To further enhance the DRRMP/DRRMH, ReachHealth likewise supported the formulation of the addendum for MISP for SRH.

As a result of this undertaking, 3 provincial LGUs and 52 municipalities and cities have signified stronger commitment to ensuring the MISP for sexual and reproductive health by drafting the local policies for MISP implementation and by preparing the MISP addendum to the DRRMP/DRRMH and drafting the MISP ordinance.

Also, the project developed the Climate Risk Management (CRM) Assessment Tool that will support selected project sites in monitoring compliance to their respective provincial/city/municipal DRRMPs in times of disaster, using as a guide their respective commitments with respect to disaster prevention and mitigation, disaster preparedness, and disaster response and recovery. The project will support selected provinces/cities that are frequently in the path of natural calamities/disasters.

The assessment tool was developed by the project in collaboration with the PHOs of project-supported provinces to determine adaptive capacity, opportunities and climate risk options of the disaster-affected LGUs is visited by the project, whether WRA and FP current users have been profiled, and whether FP services are available at the evacuation center. The assessment also includes questions on whether the health personnel assigned at the evacuation center is trained on FPCBT1 and questions in sustaining key enabling health systems. Data from the results of the CRM assessment shall be immediately shared to the Municipal Health Office /CHO, PHO and CHD to improve health service delivery in disaster-stricken areas and respond to any gaps that will be identified.

ReachHealth developed a tool for monitoring compliance of health facilities to the DOH regulation aimed at mitigating environmental impact of current MCH/FP service delivery activities at the facility level, based on USAID Regulation 216. This will be conducted quarterly in randomly selected facilities. The goal is to determine whether facilities are compliant with Reg 216, within the framework of the DOH licensing requirements, as follows: (a) documented policies and procedures for infection prevention control; and (b) written policy on waste management. The results of the Reg 216 assessment shall be used to immediately provide coaching/mentoring to the facility(ies) that is/are not able to comply with the infection, prevention, control (IPC) and waste management requirements of the LTO certification and hospital licensing.

5. Collaboration, Learning and Adapting

5.1. Coordination and Collaboration

The key coordination and collaboration examples are described in the section 2.1 A under indicators 26-28 (page 20). Other examples are presented below:

- Under the Objective 1, the project collaborated with DOH, POPCOM, Y-PEER and FPOP, as well as local government officials to complete the HCD activity. We spoke with over 200 adolescents and their allies (parents, teachers, health providers, local officials). The project also collaborated with POPCOM to develop Usap tayo sa FP, POPCOM's current campaign to get people in the country talking about FP.
- The project used the CLA prioritization process in the strategy on the engagement of academes in Bicol as partners in generating demand for FP used. This is to identify high burden LGUs on unmet need. The previous experience in Albay was used in CamSur as basis in prioritization. The result of the process was used by the CHD and the academes in identifying priority communities to partner with. The universities will forge memoranda of agreement with the LGUs to formalize the engagement.

- In Visayas, collaboration was done for coordinative mechanisms for TA planning and delivery among DOH-CHDs, POPCOM ROs, and ReachHealth established in Regions 6 and 7. A coordination effort to TA alignment among DOH-WVCHD partners, namely ReachHealth, ZFF-IHLGP, WHO, and ThinkWell.

5.2. Learning

In line with the research agenda of ReachHealth described in the Activity Monitoring, Evaluation, and Learning Plan, a number of research activities were implemented in Year 1. These are listed in the table below, together with a short description of its objectives, respondents, expected outputs and status as of Sept. 30, 2019.

Research Title/Topic	Research Objectives	Respondents/ Research Subjects	Expected Output	Status as of 30 Sept 2019
1. A Theory-Driven and Developmental Approach to Understanding Motivations for Use of FP Among Individuals of Reproductive Age in the Philippines"	To explore and document motivations influencing uptake of RH services from the perspective of community members in specific high-risk sites where the Initiative plans to implement programs	Men and Women of Reproductive Age	Data on motivators for FP use	Consultant identified for data collection, budget for consultant for approval by USAID
2. Using Human-Centered Design to Develop Prototype Solutions for Adolescent RH in the Philippines	a. To design, develop, and implement HCD-informed approaches with adolescents that aim to reduce teenage pregnancy in the Philippines: b. To obtain deep understanding of adolescents' experiences related to sexual and RH in the Philippines and apply them to program design; c. To achieve collective vision and action; and, d. To strengthen capacity of adolescents, ReachHealth staff, partners, and stakeholders to carry out HCD.	Adolescents (10-19 years old); Parents/ Guardians; Teachers; Health Providers; Local Government Officials; Religious Leaders and other stakeholders	1. Insights on adolescent reproductive health needs 2. Prototypes	Phase 1 completed. Identified 12 insights as basis for Phase 2
3. Baseline Qualitative Study for Continuous Quality Improvement (CQI) in FP Services	1. To determine the current CQI initiatives in the three levels of health care services, and 2. To identify concepts of patient-centered, gender-sensitive, and respectful care and services from the service provider's and client's perspectives.	Clients and Potential Clients of FP services (random, of reproductive age, adults, adolescents); Health Workers in FP Services	Data on current CQI trends for FP services; data on client feedback	Initial meetings with [REDACTED] conducted; visit to sites conducted; consultants for data collection identified; plans for data collection created; data collection activities conducted
4. Determination on the Extent of Availment to PhilHealth's FP Benefits Package by Public Health Facilities (Phase I)	The study aims to determine the foregone earnings of identified public health facilities from January to December 2018, measured through the commodity-based FP services provided compared to actual reimbursements from PhilHealth's FP benefits package.	Service Providers	Data on FP benefits availment, insights from service providers on FP reimbursement	Proposal conceptualized, drafted, and finalized; actual research implementation postponed to an indefinite date due to budgetary constraints

Research Title/Topic	Research Objectives	Respondents/ Research Subjects	Expected Output	Status as of 30 Sept 2019
5. Men's involvement in FP in the Philippines: perspectives from policy makers and practitioners	To understand the multidimensional influences (barriers and facilitators) for men's involvement in FP services and decision-making.	National, regional, provincial, Municipal health and FP officials (Albay); men and women (no specifics)	Data on barriers and facilitators for male involvement in FP services	Data collection already completed; currently drafting the first version of the paper; Phase 2 currently under talks with Duke University, with possibility of conducting related researches by Duke U. interns
6. IMAP Survey on Partnership	To identify the midwives' interest for partnerships; to identify possible entities aimed by midwives for partnership	IMAP Members (Midwives)	List of midwives interested to partner with other entities; list of potential partners for partnership	Forms collated; encoding tool created
7. An Evaluation of the Country's Self-Reliance	To evaluate and understand the country's commitment and capacity to plan, finance and manage its development journey toward self-reliance.	National, regional, provincial, municipal health and FP officials; secondary analysis of data from baseline survey to be done	Metrics in measuring the commitment and capacity of the country in a self-reliant FP program management	Research protocol and timeline drafted; preliminary analysis of related variables from the baseline survey currently being conducted
8. ReachHealth Assessing Cost-Effective Family Planning Measures (RACE-FP) (MANDATE) Model	To develop a mathematical model which will determine which combination of interventions and how much level of efforts will lead to desired/targeted levels of FP outcomes (ex., contraceptive prevalence rate, number with unmet needs)	None – model building will make use of secondary data	Prototype and Final RACE-FP Models	Initial consultation with local partners conducted; consultants conducted a workshop and introduced the concept to colleagues and other partners Initial set of data to parameterize the model provided to consultants

As part of the conduct of the above research activities, several tools were developed. A listing of such tools is presented below.

Research/Learning Activity	Products/Tools Developed	Purpose/Use of Product/Tool	To Whom Tool Was Applied
Baseline Survey	10 different data collection tools for different types of health facilities as well as for the conduct of key informant interviews with PHOs, LGUs and SDN managers	To collect baseline levels and related information on the ReachHealth indicators	RHUs/HCs Private lying-in clinics Public and private hospitals
Human-Centered Design Phase 1	Worksheets to develop an audience/character profile, 6-frame storyboard, key frame	Used during adolescent workshop as a projective technique to understand the realities of participants	• Young adolescents (10-14 years old) • Older adolescents (15-19 years old)

Research/Learning Activity	Products/Tools Developed	Purpose/Use of Product/Tool	To Whom Tool Was Applied
	Lines of Inquiry, Vignettes Note: These were loosely based on instruments used by the Global Early Adolescent Study project (https://www.geastudy.org/) and a similar ARH investigation in Indonesia in 2017, both of which are/were supported by funding from the Bill & Melinda Gates Foundation	Used during In-depth interviews as discussion guides to discover ARH beliefs, issues, communication, service delivery, community and cultural practices, etc.	• Young adolescents (10-14 years old) • Older adolescents (15-19 years old) • Caregivers: parents, relatives, guardians • Teachers • Health workers • Religious leaders • Government officials • Youth organization leaders
	Synthesis Sheet	Used post-interview to synthesize the discussion and to document "golden quotes" or key insights.	Interviewers and note-takers
CQI formative research	Guide for Field Staff in the selection of Participants and Actual Conduct of FGD for the ReachHealth Baseline Qualitative Study Protocol for CQI in FP Services For Midwives and Nurses in Manila, Batangas, Cebu, Iloilo, Misamis Oriental and Zamboanga del Norte	Guide for field staff in the selection of participants to FGDs (HSPs) and FGD implementation guide for consultants	ReachHealth field staff (P/CTOs of Batangas, Manila, Cebu, Iloilo, Misamis Oriental and Zamboanga del Norte) and Regional Service Delivery Advisors of Luzon, Visayas and Mindanao), partner CHDs and PHOs and consultants engaged to conduct the FGDs and key informant interviews (KIIs)
	Guide for Field Staff in the selection of Clients and Actual Conduct of Key Informant Interview FOR ADOLESCENT FEMALE CLIENTS WITH NO CHILDREN IN THE PROVINCE OF BATANGAS	Guide for field staff in the selection of participants to KIIs (adolescent clients and HSP) and KII implementation guide for consultants	ReachHealth Batangas PTO, Batangas PHO technical staff and consultants engaged to conduct the FGDs and KIIs
	FGD and KII Guide Questions with 12 Annexes for various types of FGD participants and KII respondents	Guide questions for FGDs and KIIs to collect data on the perceptions of clients and HSPs on quality health services	Health service providers (nurses, midwives, doctors), adolescent clients with no children, FP user and non-FP user, adolescent client with children FP user and non-FP user, adult female client with children using and not using FP method, adult female clients with no children, using and not using FP method, and BHWs,
Men's involvement in FP: barriers and motivations	KII guide FGD guide	Qualitative data gathering of barriers and motivations	KII was with key policy officials, program managers and service providers; FGD was with community men and women
Katropa Evaluation (for Year 2)	KII guide	Qualitative data gathering of Katropa implementation challenges and successes	KII will be with Katropa facilitators

Research/Learning Activity	Products/Tools Developed	Purpose/Use of Product/Tool	To Whom Tool Was Applied
Gender-responsive FP SDP	Gender-responsive FP SDP checklist that defines five core standards	Facility-level audit of gender responsiveness	To be administered in RHUs and HCs

In addition to various types of data collection tools for research, other types of products were also developed especially in relation to health systems strengthening. These are listed below.

PRODUCTS/TOOLS	DESCRIPTION
1. LGU Guide in Formulating the Local Policy for the Implementation of the MISP for Sexual and Reproductive Health (SRH)	The LGU Guide in ***Formulating the Local Policy for the Implementation of the MISP for SRH*** was developed in collaboration with HEMB. It provides the LGU with a step-by-step guide in writing each section of the MISP for SRH policy. It discusses the importance of all the sections and instructs LGUs on the key information that each should contain. This guide aims to provide the users with a concrete illustration of how each section of the local policy can be formulated but the writers or sponsors of the policy are free to integrate other relevant concerns and interventions that are critical to the implementation of the MISP for SRH. Policy writers also have the option to change the ordinance title as they find appropriate. This template should not limit the writers/sponsors of the policy in adding other important concerns or revising the policy as they see fit. The Guide also presents two examples of a local policy – an Executive Order and an Ordinance to illustrate how the whole policy can be formulated.
2. MISP Policy Formulation Training Design – Sub-Module to LGU MISP Training	ReachHealth developed the training workshop design for the MISP policy formulation module to be integrated in the MISP Training Module of the HEMB of the DOH. The same tool was used by the project in supporting the policy formulation process and guided the LGUs in developing local policies (executive order, SP Resolution or Ordinance) for the implementation of the MISP for SRH in Emergencies and Disasters and its integration to the Local Disaster Risk Reduction and Management Plans.
3. Guide for Incorporating UHC into the LIPH – a sub-guide to UHC Strategic Planning	In collaboration with the WHO, the project supported the development of the sub-guide on integrating UHC interventions into the LIPH as part of the UHC Strategic Planning Toolkit. The sub-guide was used in the conduct of the nationwide training of facilitators, supporting 16 regions and the 33 UHC integration sites in enhancing their respective LIPH and incorporate UHC integration strategies and interventions.
4. Establishment of the HCPN: an illustrative legislation template	This tool serves a guide template for revising the SDN ordinances initially prepared by the LGUs to transition as HCPN, It includes specific provisions on HCPN indicated under the UHC Act such as requirements for functionality, responsibilities of LGUs and providers within the network, creating the local health board (LHB) and financing for HCPN.
5. Revised FHSIS Form for Capturing Unmet Need	ReachHealth supported the revision of the official FHSIS Form for capturing WRAs' population and women with unmet need, in accordance with the Philippine Statistic Authority (PSA) definition. The form was now integrated as part of FHSIS 2018 (edited August 2019).

5.3. Adaptive Management

Particulars	Key Insights	Key Adaptive Actions Undertaken/Planned and key stakeholders involved
Generating Demand	• For adolescents, it is very challenging to get assistance to prevent a first pregnancy. Parents are ill-equipped to help them and look to schools for assistance; schools and community structures believe it is parents' responsibility. As a result, adolescents find themselves in an information void which they fill with (often poor quality) information from friends, social media and other online sources. Health providers have their own biases and there are structural barriers to access to FP products and services. • Usapan tracking and monitoring of sessions conducted, participants reached, and conversion with acceptors are not institutionalized. • There is a need to harmonize the design and implementation of DOH and POPCOM strategies to address unmet need for FP.	• Systematically we can work together to remove barriers to teenage pregnancy prevention. Working with partners, we will seek to implement the solutions developed by the youth themselves in Phase II of the HCD activity. We will also work to spread the 12 insights and assist partners and stakeholders to integrate them into their own work. • Elevate this issue to regional and national levels so that a regional/national policy will be created to address it. • DOH and POPCOM to mutually agree on workable solutions, develop and implement harmonized plans.
Improving Quality of Supply	• PTE and coaching and mentoring are vital to ensuring competency of FP-trained HSPs. However, both are usually neglected by program managers and coordinators. • Readiness of facilities to provide FP services should be a requirement for FP trainings. • Need to conduct supportive supervision and diagnostic workshops for previously trained HSPs who are no longer practicing and performing FP services.	• Ensure that PTE and coaching and mentoring are included in the training plans of partners. • Develop training requirement checklists that will assist partners in identifying who to send for FP trainings and which facilities to prioritize. • Tap and engage clinical practice sites and trainers to provide supportive supervision.
Working with LCEs/LGUs	• Ensure that LGUs partners are involved in the developing, documenting, and monitoring and evaluating of interventions and strategies, which are vital for successful implementation and sustainability. Greater involvement will also help LGUs better understand the intervention. • Gain consensus to generate support of LCEs/LGU to advocate for FP programming, especially those who are either anti-FP or silent about their position on FP. • TA activities and tools should be close at hand when engaging the partners as a leverage for resource sharing.	• Involve partners in the development of activity design and technical products. • Capacitate partners on how to document processes including implementation of interventions/strategies. • On HCPN, involve member facilities in crafting operative documents including the referral guidelines and referral tools. • Emphasize LCE's priority agenda on reducing teenage pregnancies as a way to advocate for FP/RH and adolescent health. • Dialogue with local partners to better understand TA needs. • Focus support on identified priority TAs of local partners.

Particulars	Key Insights	Key Adaptive Actions Undertaken/Planned and key stakeholders involved
Working with Private Sector	• A deliberate and focused strategy is necessary to direct efforts in PSE. PSE engagement is not linear and the project will continue being open to ongoing engagements and potential new opportunities during the following years.	• After exploratory meetings with more than 50 private organizations and networks, the project refined its PSE strategy to focus on: (1) FP in private hospitals and LICs; (2) matching model for FP in the workplace and in public spaces; and (3) support for introduction and scale-up of private-led new technologies. ReachHealth technical assistance will support private sector program management, cost-benefit analysis, and provider training. Private companies will finance meals, transportation, venue and supplies. • ReachHealth will track learnings of working with new partners and during internal and external pause and reflect sessions, will adapt PSE strategy accordingly.
Working with CSOs	• There is a robust community of CSOs implementing reputable FP programs throughout the Philippines. However, there is a lack of evidence-based learning from CSOs.	• ReachHealth emphasizes evidence, documentation, and learning dissemination in the CSO grants selection criteria.

6. Management, Administrative and Financial Issues

In year 1, USAID ReachHealth hired a total of 95 staff. 12 staff departed during the year, 4 of them to work for the Government counterparts (DOH), thus carrying ReachHealth Project experience and knowledge. More than 30 regional program staff (PTOs, CTOs) have been co-located with Government counterparts on their premises, which makes collaboration more effective.

At project start-up, ReachHealth was operating out of temporary offices in Manila, Cebu, and Mindanao. By the end of Year 1, project teams in all three regional offices moved to permanent office rental premises, equipped with furniture and internet connection.

Procurement actions have been undertaken in compliance with USAID and RTI policies and procedures. The project refined and customized RTI's standard procedures for reporting cost share from its counterparts and started making cost share records (US dollars [USD] [REDACTED] documented until September 2019). Cost sharing from LGUs and POPCOM becomes essential for implementing ReachHealth programmatic interventions, considering reduced US government funding for the project in comparison with the budget specified in the Cooperative Agreement.

7. High-Level Planned Activities for the Next Quarter (October – December 2019), Including Upcoming Events

- HCD Phase II: Prototyping and testing. In Manila, Batangas, and Davao (Oct. 7-18, 2019)
- SBC training in Caraga region. We will train 40 POPCOM staff in basic SBC skills in a three-day workshop (Nov. 13-15 in Butuan City)
- Test and finalize the LGU Guide for Formulating Local Policies (ordinance, EO or Addendum) for Integrating MISP for SRH – in collaboration with HEMB & explore the integration of the policy formulation sub-module into the HEMB MISP training module (Oct– Dec 2019)

- Launch the partnership between CHD Bicol, POPCOM Bicol and six nursing and midwifery schools in Albay and Camarines Sur for the engagement of the academes as partners in generating demand for FP (2nd week of December 2019)
- Second batch of Training of Trainers on Enhanced Usapan for CHDs, POPCOM and P/CHOs of Regions 11 and 12 in Davao City, Oct 1 to 2, 2019
- Rollout of Enhanced Usapan through Training of Facilitators in Zamboanga Peninsula (POPCOM 9 funded), Oct 8-10
- HCD Phase 2: Ideate, Design and Test activity, Oct 15 to 17
- Reproductive Health Educators for Davao Youth Workshop, Oct 13 to 16
- Rollout of Enhanced Usapan through ToF in Cagayan de Oro City (POPCOM 9 funded), Oct 22 to 23
- Training of Trainers on Enhanced Usapan for Davao City district health offices, Nov 19 to 20
- HCPN Referral Guideline and Protocol Finalization for Zamboanga del Norte (DOH funded), Oct 11 to 13
- Referral protocol workshop for apex hospitals (PHO AOP), Nov 12, Butuan City
- Workshop on HCPN Mapping and Matching with Referral System, Davao City, Nov 12 to 14
- Province-wide HCPN Referral Protocol validation and finalization workshop (PHO funded)- Nov 27 to 29
- UHC Orientation and Dialogue with LCEs of Zamboanga del Norte (DOH funded), Oct 15 to 16
- Strategic Planning and LIHP/AOP enhancement for Cagayan de Oro City, Oct 14 to 16 (DOH funded)
- AOP 2021 Workshop for Davao City, Oct 29 (DOH funded)
- Local Health Systems Forum for LCEs, PHWs and Stakeholders of Zamboanga City, Nov 7
- Launching of Zamboanga del Norte as UHC Integration Site (DOH Funded), Nov 19
- Strategic Planning and LIHP/AOP enhancement for Misamis Oriental (Phase 2), Nov 22 to 24

8. Annexes

8.1. Progress on Activity Monitoring, Evaluation, and Learning Plan: Performance Indicator Tracking Table

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July -September 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
Goals (Impact): Improved health for underserved Filipinos							
1. Total Fertility Rate	2.7						
Purpose (Outcome): Reduced unmet for FP and teenage pregnancy							
2. CYP in USG-supported programs	580,898		447,357		3,000,000	1,511,190	50.4%
BTL	79,750		42,930			190,450	
NSV	1,380		980			3,770	
Pills	223,152		195,299			612,018	
IUD	43,746		27,416			105,533	
Injectables	124,135		111,546			345,766	
NFP-CM	4,227		3,159			10,652	
NFP-BBT (basal body temperature)	269		176			1,116	
NFP-STM	461		185			909	
NFP-SDM (standard days method)	11,222		7,619			26,542	
Condoms	38,411		34,440			107,097	
PSI	54,145		23,608			107,338	
3. Unmet need for FP	70,413		68,410			68,410	
4. Adolescent pregnancy rate in USG-assisted sites (among women below 18 years and 18-24 years)	RHU/HC/OPC pregnancies – 57,581 Public Hospital deliveries – 37,115		RHU/HC/OPC pregnancies – 13,984 Public Hospital deliveries – 35,345			RHU/HC/OPC pregnancies – Q1- 57,581 Q2- 52,599 Q3-21,872 Q4-13,984 Annual: 146,036 Public Hospital deliveries – Q1-37,115 Q2-35,500 Q3-35,315 Q4-35,345 Annual: 143,275	

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July -September 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
Objective 1: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations							
5. Number of modern FP users in USG-assisted sites	2,831,046		2,464,804		2,831,046	2,464,804	87.0%
6. Number of new FP acceptors in USG-assisted sites	125,328		64,213		496,610	265,983	53.5%
7. Percent of audience who recall hearing or seeing a specific USG-supported FP/RH message	37,120,620					37,120,620	100%
8. Number of USG-assisted community health workers (CHWs) providing FP information, referrals and /or services during the year	49,281				49,281	49,281	100.0%
9. Percent of individuals participating in mobilization activities who adopted FP	93%[3]		80%		93%	84%	90.3%
Objective 2: Quality, client-centered, respectful FP care and services to men, women, and adolescents in underserved areas strengthened and expanded							
10. Percent of USG-assisted service delivery points providing FP counseling and/or services	1,523/2053 (74%)		613/717 (85%)		1,523	613/717 (85%)	
11. Percent of women with unmet FP identified provided with modern family planning	96,211/70,413 (137%)		31,784/68,410 (46%)			31,784/68,410 (46%)	
Quality Evaluation on capacity							
12. Percent of facilities with established CQI initiatives	RHU – 17% Public Hospital – 78% Private Hospital – 81% **Overall: 37%**				56%	**Overall: 37%**	66.1%
13. Number of functional/responsive SDN for FP	1				1	1	100%
IR 3: National, regional, and local systems and capacities to manage, implement, and sustain FP programs and policies bolstered and institutionalized							
14. Number of Universal Health Care (UHC) areas supported by USG investment	4				4	4	100%

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July -September 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
15. Presence of Mission support to strengthen HRH	Yes		Yes		Yes	Yes	100%
16. Percent of health workers who receive in-service training (IST) using non-traditional platforms for continuous professional development (CPD) in FP in USG-assisted sites	0		0		0	0	
17. Percent of USG-assisted LGUs utilizing PhilHealth funds for FP or maternal care package (MCP)/ neonatal care package (NCP)	427/513 (83%)				83%	427/513 (83%)	100%
18. Percent of birthing RHUs/HCs/OPCs in project sites accredited as: MCP/NCP or FP	Birthing RHU/HC/OPC – 57% Public Hospital – 94% Private Hospital – 83% Private LIC – 96% **Overall: 79%**				57%	Birthing RHU/HC/OPC – 57%	100%
Sub-IR 3.3: FP supply and logistics strengthened in FP activity sites							
19. Average stock-out rate of contraceptive commodities at FP SDPs							
Pills	23%	<10%	7%		<20%	7%	
DMPA	18%	<10%	6%		<20%	6%	
IUD	14%	<10%	3%		<20%	3%	
Condoms	28%	<10%	16%		<20%	16%	
PSI	24%	<10%	36%		<20%	36%	
Total	**22%**	**-**	**13%**		**-**	**13%**	
20. Number of Centers for Health Development (CHDs) and Provincial Health Offices (PHOs) trained on national guidelines for FP (SCM)	0				0	0	

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July -September 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
Cross-Cutting Result 1: Sustainability							
21. Number of evidence-based innovations for FP adopted or scaled up	0				0	0	
22. Number of government staff trained in data analysis and/or scientific stature with ReachHealth support	0		0		0	0	
23. Absolute peso amount of FP expenditures (e.g. commodities, etc.) by LGU, not funded by DOH	Year: 2016 — Range of Values (in Php): 40k – 2.7M Year: 2017 — Range of Values (in Php): 40k – 351M Year: 2018 — Range of Values (in Php): 40k – 398M					Year: 2016 — Range of Values (in Php): 40k – 2.7M Year: 2017 — Range of Values (in Php): 40k – 351M Year: 2018 — Range of Values (in Php): 40k – 398M	
Cross-Cutting Result 2: Gender							
Studies from the transformative gender framework							
Cross-Cutting Result 3: MERLA							
24. Number of pause-and-reflect sessions conducted	0		4		33	43	130.3%
25. Percent of men who support the use of modern contraception for themselves or for their partners at USG-assisted sites	Not Collected		Not Collected			Not Collected	
26. Number of new interventions implemented in partnership with another project/external stakeholder	0				1	3	300%
27. Number of joint missions conducted with another project/external stakeholders per year	0				1	3	300%

Objectives & Key Indicators	Baseline Value (2019)	Accomplishment for the Quarter (July -September 2019)			Actual Annual Accomplishment (as of 9/30/2019)		
		Target	Actual	%	Target	Actual	%
28. Number of synergized approaches for supply chain management, human resources for health, engagement with local government units and health financial risk protection	0				1	3	300%

8.3 Potential Success Stories

Story Idea	Supporting Information	Person to Contact
1. The story will highlight USAID ReachHealth's human-centered design activity, which is giving a voice to adolescents and the chance to identify their own reproductive health needs.	Working with youth-led organizations, USAID ReachHealth listened to over 200 stories of adolescents and their allies across the country to answer the question – "How can adolescents (and their allies) prevent unintended pregnancy?" Each of the stories about love, sex and relationships from Manila, Cavite, Davao and Iloilo was synthesized, resulting in 12 insights. These insights, while may not be surprising to some, paints a complete and stark picture of the RH needs of the country's young people, directly from the source. These comprehensive insights can be used by USAID ReachHealth and partners to inform future programming with adolescents.	[REDACTED]
2. During disasters, FP is usually an afterthought or in most cases not even considered in the disaster risk reduction and management plans. This story highlights how a few LGUs are starting to change that norm.	In order to ensure sustained family planning service provision and commodity security during disasters and calamities, USAID's ReachHealth Project supported the development of local government units (LGU) Guide in Formulating the Local Policy for the Implementation of the Minimum Initial Service Package (MISP) for SRH in partnership with the DOH-Health Emergency Management Bureau and Centers for Health Development of Regions 9 and 3.	
3. Story on how getting insights from health workers will improve how FP programs can be implemented with high quality service	CQI in FP services among health care providers and patients, were surveyed through FGDs and interviews, with the aim of gathering the thoughts, opinions, and experiences of health workers at various levels of healthcare in their delivery of FP services as well as clients and non-clients in availing services.	
4. Story on how data can help health care facilities improve their performance	Conducted pause-and-reflect sessions that give FP health service providers the chance to convert health data into information, learning, and action. FP data providers learning from their indicators; and health workers using lessons learned for adaptive management of their FP programs	

1. UNDERSTANDING TEEN PREGNANCY THROUGH THE EYES OF TEENS

Teenage pregnancy remains high in the Philippines, an average of 530 teenagers that get pregnant daily, and the figure has stayed above 500 since 2010 according to the Population Commission. Such alarming situation has prompted even the economic agency of the country, NEDA, to declare teenage pregnancy as a “national social crisis” that drags the country’s economic growth.

To address this almost decade long problem, USAID ReachHealth has taken on a new approach understanding the high rate of teen pregnancy, by working with and learning from teens and their allies. Understanding teens and their situations will later contribute to formulation of better suited solutions to this crisis.

Working with youth-led organizations, USAID ReachHealth listened to over 200 stories of adolescents and their allies across the country to answer the question – “How can adolescents (and their allies) prevent unintended pregnancy?” Each of the stories about love, sex and relationships from Manila, Cavite, Davao and Iloilo was synthesized, resulting in 12 insights. These insights focused on factors that affect unintended pregnancies among adolescents and include:

1. It is extremely challenging for adolescents to access contraceptives until after their first pregnancy.
2. Adolescents experience a high degree of emotional vulnerability, which can lead them to engage in unhealthy relationships and risky sexual behaviors.
3. Adolescents are present-focused and live in the moment, making it difficult for them to evaluate how day-to-day life decisions connect them to their future goals.
4. Adolescents trust their friends, especially those who are more experienced, as preferred sources of sexual and reproductive health information.
5. Social media serves as a gateway to a fast-paced, hypersexualized space where adolescents find ready access to information, role models, and ways to find relationships.
6. Adolescents are expected to learn about RH at home but the concept of hiya (shame) in Filipino culture affects how parents and adolescents talk about RH.
7. Teenage pregnancy is seen as a family matter, which affects the way communities prioritize, prevent, and respond to it.
8. Adolescents and their allies have different perspectives on when adolescents should receive AYRH information and services.
9. Health providers have their own biases and barriers that impact the RH services they provide adolescents, especially for unmarried and non-pregnant adolescents.
10. Teachers, parents, and community leaders are uninformed about the content of the Comprehensive Sexuality Education (CSE) curriculum and are ill-equipped to support its implementation.
11. There is poor coordination among stakeholder groups in their approaches to reducing teenage pregnancy that leads to siloed programming and disconnected interventions.
12. Religion is a consistent undertone in the way adolescents and their allies talk about sex, contraception, and pregnancy.

These insights, while may not be surprising to some, paints a complete and stark picture of the RH needs of the country’s young people, directly from the source. These comprehensive insights can be used by USAID ReachHealth and partners to inform future programming with adolescents.

USAID ReachHealth Project empathic staff does immersive interviews to better understand teens and the teenage pregnancy crisis. (Iloilo, 2019)

With such sensitive topic of reproductive health, HCD team made sure to interview teens about their thoughts on teenage pregnancy where they are most comfortable. (Iloilo, 2019)

2. GOVERNACNE EMERGECNY REPONSE PLANS INCLUDE FP PROVISIONS

In order to ensure sustained family planning service provision and commodity security during disasters and calamities, USAID's ReachHealth Project supported the development of local government units (LGU) Guide in Formulating the Local Policy for the Implementation of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) in partnership with the DOH-Health Emergency Management Bureau and Centers for Health Development of Regions 9 and 3. The said guide is consistent with the DOH Administrative Order on MISP for SRH During Emergencies (Administrative Order number 2016-0005), and the Joint Memorandum Circular 2017-0001 of the DOH, the Department of Interior and Local Government (DILG), the DSWD, and the Office of Civil Defense.

Two policy writeshops have been conducted to test and introduce a step-by-step guide in writing the local policy and/or addendum to the DRRMP, specifically focusing on the commitment for the MISP with respect to FP services and commodities, management, and funding. A total of 31 LGUs from the provinces of Zamboanga del Sur (April 2019) and Albay (August 2019) have been engaged. As an output of the workshops, the 31 LGUs were able to formulate their draft ordinance/executive order that are submitted to their local councils (Sangguniang Panlalawigan and Sangguniang Pambayan/Panlungsod) or Local Chief Executives (LCEs) for review and approval.

Should these policies be approved and effectively implemented, 791,472 women of reproductive age can benefit from secured commodity and sustained FP services even in times of disaster.

Participants to the Zamboanga del Sur Training on MISP for SRH implementation and policy development proudly shows their draft policies and addendum to the DRRMP April 26, 2019

ReachHealth sharing the Guide to Formulating the Local Policy for the Implementation of MISP for SRH to ensure sustained FP use and commodity security even during disaster (Zamboanga 2019)

3. IMPROVING FP SERVICES FROM THE GROUND UP

The understanding of the concept of CQI in FP services among health care providers and patients, for both adults and adolescents, were surveyed through FGDs and interviews, with the aim of gathering the thoughts, opinions, and experiences of health workers at various levels of healthcare in their delivery of FP services as well as clients and non-clients in availing services.

This was done through a qualitative formative research consisting of two methods: FGDs and KIIs. The study sites included: Manila, Batangas, Iloilo, Cebu, Misamis Oriental and Zamboanga del Norte to sample both urban and rural settings.

During the pre-testing, the structure of questions in the tools were re-examined, especially in relation to its comprehensibility with adolescents and patients. On September 11, 2019, training of FGD facilitators was conducted at the De La Salle University in Taft, Manila in preparation for the conduct of FGDs for midwives and nurses. The translated tools were presented to the facilitators and some revisions of the vernacular translation were made to make the flow of the tool more conversational.

The FGDs were designed to gather in one group those who have five years or more of experience in providing FP services and another group with less than 5 years of experience. Some of the participants have 20+ years of working as FP provider but were never consulted on how to improve their quality of service. They are used to being handed down FP programs without their insights on how it can better be done on the ground. A venue considered to be a neutral ground was selected to enable open discussion and participation without restriction or hesitation due to presence of health facility superiors or supervisors. The first formal FGDs for health workers was scheduled on September 19 at the Manila City Hall, which was attended by 24 nurses from the different districts of the City of Manila. On September 20, 24 health workers (23 midwives and one nurse; 12 from urban and 12 from rural) from Batangas joined the FGD at the A&M Restaurant in Batangas City. On September 23, there were 17 participants (15 midwives and two nurses) who joined the FGD in Ubra, SM City, Iloilo. On September 24, another 17 participants (13 midwives, four nurses) from Cebu joined the FGD held at the USAID/ReachHealth office in Cebu City.

In summary, for pre-testing of the CQI formative research tools, a total of three adolescents, 18 adults and six health workers participated either in the FGDs or KIIs. For the formal data

gathering, a total of 82 health workers (31 nurses, and 51 midwives) and 18 female adults (7 FP clients with children, 11 FP potential clients without children) participated in the FGDs.

Nurses from Manila Health Districts sharing their best practices and challenges in delivering good quality service to their clients (Manila, September 2019)

[REDACTED], a Health Worker at Manila Health District for 20+ years, appreciates that for the first time they are being consulted on how to improve their service and implementation of FP programs (Manila, September 2019)

4. DATA UTILIZATION USED TO IMPROVE FP SERVICES

ReachHealth, USAID's flagship reproductive health technical assistance program in the Philippines, conducted pause-and-reflect sessions that give FP health service providers the chance to convert health data into information, learning, and action. FP data providers learning from their indicators; and health workers using lessons learned for adaptive management of

their FP programs – this was the scenario during the pause-and-reflect sessions conducted during the ReachHealth Data Utilization Workshops.

During these sessions, the staff of each RHU were asked to identify and interpret the baseline levels of their three most important FP indicators, identify the actions needed from them to either improve or maintain their levels, and identify technical assistance needed from ReachHealth for them to implement such actions. Among the common actions identified were the need to get PhilHealth accreditation for both health workers and health facilities so that they can be reimbursed for FP services rendered, and to develop more effective programs for adolescents and youth to address the increasing adolescent pregnancy rates. From March to June 2019, ReachHealth conducted 40 pause-and-reflect sessions as part of the Data Utilization Workshops for rural health units (RHUs) involving 1293 participants. In these sessions, data providers are engaged as data users, supporting an overall learning and action type of engagement.

Mayor Oscar Moreno of Cagayan de Oro City giving an inspirational talk to the participants of the Data Utilization Workshop held on May 30, 2019, where he pointed out the importance of good quality data in decision-making

Participants of the Data Utilization Workshop in Cagayan de Oro City during the pause-and-reflect session, wherein they converted their raw data into information, learning and action. (2019)