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ReachHealth

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

April 1–June 30, 2020, Quarterly Report

Cooperative Agreement No. 72049218CA00009

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List of Acronyms

ADNPH	Agusan Del Norte Provincial Hospital
AFF	adolescent-friendly facility
AFH	adolescent-friendly hospital
AFHF	adolescent-friendly health facility
AHDP	Adolescent Health and Development Program
AJA	adolescent job aid
AO	administrative order
AOP	annual operational plan
ARH	adolescent reproductive health
ASRH	adolescent sexual and reproductive health
AY	adolescent and youth
BCD	Bureau of Curriculum and Development (Department of Education)
C	cancelled
CCP	Johns Hopkins Center for Communications Programs
CCR	cross-cutting result
CHD	Center for Health Development
CHO	city health office / city health officer
CHW	Community Health Workers
CLA	collaborating, learning, and adapting
CQI	Continuous Quality Improvement
COVID-19	Corona Virus Disease of 2019
CRM	Climate Risk Management
CSE	comprehensive sexual education
CSO	civil society organization
CTO	city technical officer
CYP	couple years of protection
D	deferred
DAU	Data Analysis and Utilization
DepEd	Department of Education
DHIS2	District Health Information System 2
DKT	DKT International (nonprofit NGO)
DMO	development management officer
DOH	Department of Health
DOLE	Department of Labor and Employment
DQA	data quality assessment
DQC	data quality checks
DRRMH	Disaster Risk Reduction & Management in Health
Duke GHIC	Duke Global Health Innovation Center
ECQ	enhanced community quarantine
FC	fully completed
FGD	focus group discussion
FHSIS	Field Health Service Information System
FP	family planning
FPCBT	family planning competency-based training
FY	fiscal year
GBV	gender-based violence
GIDA	geographically isolated and disadvantaged area
GPPI	good practice or promising interventions
HC	health center
HCD	human-centered design

HCPN	health care provider network(s)
HEPO	Health Education and Promotion Officer
HR	human resources
HRH	human resources for health
HSP	Health Service Provider
ICV	informed choice and voluntarism
IEC	information, education, communication
ILHZ	Inter-local Health Zone
IP	implementing partner
IR	intermediate result
IRM	interim reimbursement mechanism
IRR	implementing rules and regulations
IUD	intrauterine device
KII	key informant interview
KRA	key results area
LAM	lactational amenorrhea method
LARC/PM	long acting reversible contraception/ permanent method
LGU	local government unit
LHB	local health board
LIC	lying-in clinic
Likhaan	Likhaan Center for Women's Health Inc.
LIPH	Local Investment Plan for Health
LTO	license to operate
M1/FP MI	Family Planning Monthly Form
M&E	monitoring and evaluation
MCP	maternal care package
META	Monitoring and Evaluation Technical Associate
MERLA	monitoring, evaluation, research, learning, and adapting
MHO	Municipal Health Office/Officer
MIRH	men's reproductive health
MIRRH	men's involvement and responsibility in reproductive health
MISP	Minimum Initial Service Package
MNH	maternal and neonatal health
MOP	manual of operations
MoV	means of verification
MTaPS	Medicines, Technologies, and Pharmaceutical Services project
NA	not applicable
NCP	neonatal care package
NCR	National Capital Region
NIT	National Implementation Team
PACT	Partnership among Academes and Communities
PC	partially completed
PCPN	Primary Care Provider Network
PDOHO	Provincial Department of Health Office
PhilHealth	Philippine Health Insurance Corporation
PHO	provincial health office / provincial health officer
PIRS	Performance Indicator Reference Sheet
POPCOM	Commission on Population and Development
PPFP	Postpartum Family Planning
PPIUD	Postpartum Intra Uterine Device
PSI	progestin-only subdermal implant
PTO	Provincial Technical Officer

PYP	Program for Young Parents
USAID's ReachHealth	Improved Health for Underserved Filipinos: Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms
RH	reproductive health
RHEADY	Reproductive Health Education and Advocates for Davao Youth
RHU	Rural Health Unit
RPRH	Responsible Parenthood and Reproductive Health
SBC	social behavior change
SDM	Standard Days Method
SDN	service delivery network
SDP	service delivery point
SHE	Sexual Health Empowerment Project
SHF	Special Health Fund
SK	Sangguniang Kabataan
SMRS	Supply Management and Recording System
SPMC	Southern Philippines Medical Center
SRH	sexual and reproductive health
TA	technical assistance
TBD	to be determined
TOR	terms of reference
TWG	technical working group
UHC	Universal Health Care
PhilHealth	Universal Health Care Implementing Sites
UIS	UHC Implementation Sites
USAID	United States Agency for International Development
USG	United States Government
WCPU	Women and Children Protection Unit
WRA	Women of Reproductive Age
ZDN	Zamboanga del Norte

I. ACTIVITY OVERVIEW

I.1 ACTIVITY INFORMATION

Activity Name	Improved Health for Underserved Filipinos : Family Planning and Maternal and Neonatal Health Innovations and Capacity Building Platforms (ReachHealth)
Activity Start Date and End Date	December 2018 – November 2023
Implementing Partner (IP)	RTI International
Contract/Agreement Number	Cooperative Agreement # 72049218CA00009
Name of Subcontractors/Sub-awardees	Johns Hopkins Center for Communication Programs (CCP) and Duke University Global Health Innovation Center (Duke GHIC)
Geographic Coverage (Total of 32 sites, provinces and/or cities)	<p>Luzon – four regions, 12 sites Central Luzon : Nueva Ecija, Pampanga and Angeles Calabarzon: Cavite, Laguna, Batangas and Rizal NCR : Caloocan and Manila Bicol: Albay, Camarines Sur and Naga City</p> <p>Visayas – two 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</p> <p>Mindanao – five 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</p>
Reporting Period	April– June 2020

I.2 ACTIVITY DESCRIPTION

USAID's ReachHealth is a 5-year project (Dec. 2018 – Nov. 2023) that aims to strengthen and improve access to critical health services for Filipino families. The project aids Philippine communities to reduce unmet need for family planning (FP) services and decrease teen pregnancy and newborn morbidity and mortality.

To address these challenges, the project improves individual, household and community knowledge and behaviors of FP and maternal and neonatal health (FP/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, USAID's ReachHealth project aims to generate demand for FP/MNH services and help women, men and adolescents overcome gender barriers. Cross-cutting approach during project implementation includes gender integration, sustainability and self-reliance, private sector engagement (PSE), and monitoring, evaluation, research, learning and adapting (MERLA).

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

USAID ReachHealth's Year 2 implementation will continue to address gaps and challenges related to behavior change, availability of quality client-centered FP services in service delivery points, variance in the implementation of local policies and systems that support availability of FP commodities along the supply the chain, utilization of PhilHealth reimbursements, and evidence-based health planning and budgeting that have resulted in poor rates of FP and reproductive health (RH) service utilization. Evidence of these gaps are supported by the results of the baseline survey in Year 1; formative research; and results from consultations with national, regional, and local partners and stakeholders and other USAID IPs.

Technical assistance (TA) interventions and innovations in Year 2 will contribute to fulfilling USAID's health targets, particularly increasing use of modern contraceptives among the women of reproductive age (WRA)—from 24% in 2017 to 30% in 2022—and reducing teenage pregnancy from 8.6% in 2017 to 5.4% by 2022. They will also be supportive of the cross-cutting concerns of USAID on sustainability, PSE, community engagement, gender engagement and women's empowerment, coordination and collaboration with USAID IPs and project stakeholders, and Regulation 216 compliance and climate risk management plan implementation. The achievement of USAID ReachHealth's contribution to meeting these targets is expected to result from key TA interventions that will be scaled up or initiated this project year. They are embedded in the three objectives and cross-cutting interventions of the project, detailed under Section 2.

I.3 KEY ACHIEVEMENTS FOR THE QUARTER

With the advent and spread of COVID-19 and the eventual implementation of the varying degrees of community quarantine, many of the routine activities of the project with partners and health facilities have been disrupted. These disruptions were also prominently experienced by various technical assistance providers including the project, DOH and its Centers for Health Development (CHDs), and POPCOM, primarily due to movement restrictions and the prohibition of mass gatherings.

Though most of the activities were disrupted, USAID's ReachHealth project applied adaptive measures to continue its initiatives to improve family planning in the country amidst the pandemic. The project's business continuity plan was implemented by the end of the last quarter and was instrumental for the project's seamless transition to work from home setup. For this reporting quarter, the project was able to adapt quickly and transitioned most of its activities, including its TA activities, to online platforms. This transition may have posed some challenges, especially for partners in remote areas, but this did not hinder the project from delivering much needed assistance to our partners. Testament to this are the key achievements of the project this quarter.

For social behavior change, the FP methods booklet for young Filipinas was completed and has been distributed online by the DOH, POPCOM and DKT. The project created social media cards for DOH and POPCOM to encourage FP use during the quarantine for COVID-19. We used popular DOH COVID-19 platforms to get FP messages out to the public. Over 1.4 million people were reached with FP messages.

Other TA activities were converted to online modes. Those that pushed through include support to the establishment of adolescent-friendly health facilities; support to establishing FP program in hospitals; care coordination and referral system strengthening; continuous quality improvement (CQI) initiatives in Batangas; and pause and reflect session for the Teen Parents' Clinic in Luzon.

Activities were conducted to help partners understand how to ensure uninterrupted essential health services and FP service provision during the COVID-19 pandemic such as the rapid assessments of FP and adolescent health services and mobilization of health workers. In Zamboanga City alone, 163 health workers were oriented and mobilized on FP resupply of pills and condoms to FP current users. The project also assisted the DOH in revising and enhancing Department Memo 2020-0222, "Guidelines on the Continuous Provision of Family Planning Services during Enhanced Community Quarantine following the COVID-19 Pandemic" and supported its dissemination to partner CHDs and local government units (LGUs).

Support to Universal Health Care (UHC) implementation by giving technical assistance to CHDs and LGUs has also been ongoing through online orientation of the implementing rules and regulations (IRR) and assistance in policy development, and financial and operational plan development. The project has also supported LGUs in making sure that LGUs and facilities are able to access much needed financial resources not just to be able to care for COVID-19 cases but also for other essential health benefits like family planning. The project conducted a series of webinars to build capacity of partner LGUs, and DOH retained hospitals to process and implement policies and guidelines pertinent to improving financing of COVID-19 and other essential health services within the framework of Philippine government public health emergency response for COVID-19. USAID's ReachHealth project, in collaboration with PhilHealth, did a review and analysis of 5-year claims reimbursement data to see trends of FP utilization in the country, with some interesting insights.

To make sure monitoring of FP performance is continued amidst the pandemic, the project has been instrumental in the issuance of a provisional policy by the Epidemiology Bureau (EB) of the DOH, Department Memorandum 2020-0234, "Instruction and Guidance from Epidemiology Bureau on Sustaining FHSIS Recording and Reporting during COVID-19 Pandemic." The policy reinforces continued collection of data for FHSIS, which is an integral part of providing essential health services despite the COVID-19 pandemic. This was supplemented by an online session on Data Quality

Check for FP indicators conducted for the regional FHSIS Coordinators for proper data recording and reporting on FP.

The COVID-19 crisis brought with it an opportunity to highlight gender-based violence (GBV) as a problem made worse by lockdowns. To advocate for greater attention to this issue, the project organized a series of webinars that helped partners understand GBV and identify ways of addressing it under the pandemic.

In spite of COVID-induced restrictions in mobility during this quarter, the project was able to collect data from all public health facilities that agreed to be interviewed by telephone, as part of the project's routine quarterly monitoring for the levels of USAID-mandated project indicators. Data were collected from 1,250 public health facilities, which included 1,030 rural and urban health centers and 220 public hospitals. A rapid assessment on the status of adolescent reproductive health (ARH) services was also conducted among adolescent-friendly health facilities covering all the 32 project sites. The results of the survey were presented during the USAID FP cluster meeting on May 8, 2020, and were also disseminated to the other USAID IPs, POPCOM, the DOH, and the LGUs so they can be used as inputs in their initiatives to ensure the continuity of ARH services under this health crisis.

2. PERFORMANCE STATUS

2.1 SUMMARY OF PERFORMANCE FOR THE QUARTER

Indicator [A]	Baseline [B]	Accomplishment								
		For the Quarter April-June 2020			For the Year 2020			Life-of-Activity		
		Target [C]	Actual (Reference period) [D]	% of Target Achieved [E] = (D/C)	Target [F]	Actual (Reference period) [G]	% of Target Achieved [H] = (G/F)	Target [I]	Actual (Reference period) [J]	% of Target Achieved [K] = (J/I)
Purpose (Outcome): Improved health for underserved Filipinos										
Indicator 2: Couple years protection (CYP) in US Government (USG-) supported programs	580,898 (for 1 quarter only)	858,819	Total Estimated CYP: 1,217,159 Public (actual): 469,412 Private (estimated): 747,747 Urban: 691,491 Rural: 525,668	141.7%*	3,435,275	Total Estimated CYP: 3,942,109 Public (actual): 1,557,772 Private (estimated): 2,384,337 Urban: 2,318,267 Rural: 1,623,841	114.8%*	12,340,895	Total Estimated CYP: 8,083,158 Public (actual): 3,203,356 Private (estimated): 4,879,802 Urban: 4,735,471 Rural: 3,347,687	65.5%†
Indicator 3: Unmet need for modern FP	70,413	290,000	75,045	386.4%*	282,281	75,045	376.1%*	TBD	75,045	-

*Colors have been added to highlight the percentage of project indicators met: Green is $\geq 100\%$ of target have been met

† Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% of target have been met

The two main outcome indicators of the project are couple years of protection (CYP) and the number with unmet need for family planning. For CYP, the project is able to collect data only from the public sector since the main inputs for the computation of the indicator are derived from the FHSIS. However, since the target is for public and private sectors combined, an estimate of the private sector contribution is provided, based on the 2017 NDHS results on the % of FP acceptors getting their FP commodities from the private sector as well as the method mix.

As expected, data collection for this quarter was fraught with problems since most project sites were on ECQ status during a large part of the quarter thus preventing project field staff from personally interacting with the FP and FHSIS Coordinators to collect and review the data provided. Moreover, the priority of health workers during this period was on COVID, with a number of them being temporarily pulled out from their regular posts to do COVID-related tasks. These factors led to a high degree of incompleteness of FHSIS data collected. In particular the following problems were met in relation to the variables needed for the project's outcome indicators:

- a. While the data for this quarter covers all the 32 project sites, the data on current users (CU) from 9 project sites which were inputted for the computation of CYP were carried over from the previous quarter's report because they were problematic and could not be easily validated without personally talking to the data provider and examining the data sources.
- b. There are no data on new acceptors (NA) from 6 project sites namely Pampanga, Batangas, Albay, Iloilo, Negros Occidental, and Bohol. In Misamis Oriental, the NA data reported came from only 1 LGU.

- c. There is no data on other acceptors (OA) from 2 project sites namely, Pampanga and Bohol.

Hopefully, all the missing information during this quarter can be submitted by the FHSIS Coordinators of concerned project sites in the next months, thus enabling us to recompute and update the CYP values in the Annual Report.

For this quarter, the computed CYP for the public sector is 469,412 which is lower than the corresponding values for the baseline and for the last quarter. The estimated value for the private sector for this quarter is 747,747 which, when added to the actual public sector contribution, results in a total estimated CYP of 1,217,159. When compared to the targets, the accomplishment for this quarter is 1.4x higher than the corresponding target, while the cumulative CYP for the first 3 quarters of the year is 1.1x higher than the annual target.

Data on unmet need are equally problematic. While in the past quarters data for this indicator were derived from the KRA Forms accomplished by the health centers, for the first time, they are derived from the FHSIS form for this quarter since this indicator has already been incorporated in the 2018 FHSIS forms. Hence it also has a one-quarter lag and refers to the period January – March 2020.

Only 25 of the project's 32 project sites were able to provide data on unmet need for this quarter. Among the 25 sites which provided data, there is another problem because of differences in the method used for determining unmet need. Eleven (11) of the 25 sites provided data using the status method of determination while another 11 used the cumulative method. Three (3) project sites submitted 2 sets of data using both methods of determination. The numbers reported for this indicator in the above matrix are based on the status method which is the method used by the project since the baseline, and which is consistent with the method used by the DOH.

For this quarter, the number with unmet need for FP using the status method of determination is 75,045, which is slightly higher than that derived during the baseline. When comparing this figure with the corresponding target, the numerator and denominator need to be reversed since in the case of unmet need, the lower the number, the better is the situation. Hence the figure of 386.4% in the column on % of target achieved for this quarter means that the quarterly target of 290,000 set for this quarter is 3.86x higher compared to 75,045 which is the derived value for this indicator. While a low level of this indicator is the desired outcome, one also has to consider the high degree of under-reporting for this indicator which has contributed to its very low level.

A. Performance of Key Indicators by Objective

Intermediate Result I: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations

Indicator [A]	Baseline [B]	Accomplishment								
		For the Quarter April-June 2020			For the Year 2020			Life-of-Activity		
		Target [C]	Actual (Reference period) [D]	% of Target Achieved [E] = (D/C)	Target [F]	Actual (Reference period) [G]	% of Target Achieved [H] = (G/F)	Target [I]	Actual (Reference period) [J]	% of Target Achieved [K] = (J/I)
IR 1: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations										
Indicator 5: Number of modern FP users in USG-assisted sites	2,831,046	3,110,000	2,245,597	72.2%†	3,512,082	2,245,597	63.9%†	3,871,468	2,245,597	58.0%†
BTL			228,606			228,606			228,606	
NSV			4,665			4,665			4,665	
Pills			878,288			878,288			878,288	
IUD			194,564			194,564			194,564	
Injectables			420,540			420,540			420,540	
NFP-CM			9,699			9,699			9,699	
NFP-BBT			1,614			1,614			1,614	
NFP-STM			1,556			1,556			1,556	
NFP-SDM			40,066			40,066			40,066	
NFP-LAM			198,467			198,467			198,467	
Condoms			127,242			127,242			127,242	
PSI			140,650			140,650			140,650	
Indicator 6: Number of new FP acceptors in USG-assisted sites	125,328 for 1 quarter (125,328 x 4 = 501,312 estimated number for 1 year)	184,385	60,732	32.9%‡	737,537	260,346	35.3%‡	3,026,764	539,599	17.8%‡
BTL			604			4,420			9,123	
NSV			29			119			307	
Pills			14,338			57,216			110,391	
IUD			1,907			8,385			16,091	
Injectables			12,056			49,862			97,575	
NFP-CM			91			202			638	
NFP-BBT			35			75			140	
NFP-STM			47			363			463	
NFP-SDM			229			1,640			5,706	
NFP-LAM			25,454			112,789			244,564	
Condoms			4,063			13,550			24,651	
PSI			1,879			11,725			29,950	
Sub-IR 1.1: Improved Individual, household, and community FP knowledge and decision-making in underserved populations										
Indicator 7: Number of individuals in the target population reporting exposure to USG funded Family Planning (FP) messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print (by channel/# of channels)	NA	1,250,000	1,496,632	119.7%§	2,500,000	1,498,343	59.9%†	2,500,000	1,501,044	60.0%†
Radio			-			-			-	
Television			-			-			-	

Indicator [A]	Baseline [B]	Accomplishment								
		For the Quarter April-June 2020			For the Year 2020			Life-of-Activity		
		Target [C]	Actual (Reference period) [D]	% of Target Achieved [E] = (D/C)	Target [F]	Actual (Reference period) [G]	% of Target Achieved [H] = (G/F)	Target [I]	Actual (Reference period) [J]	% of Target Achieved [K] = (J/I)
Electronic Platforms			1,496,008			1,496,008			1,496,008	
Community Group Dialogue*			116			1,827			4,528	
Interpersonal** Communication & Counseling			60			60			60	
In print			-			-			-	
Others			448			448			448	
Indicator 8: Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year	49,281	14,374	6,597	45.9%‡	57,495	6,771	11.8%‡	82,135	6,771	8.2%‡
Male			61			65			65	
Female			5,607			5,777			5,777	
Sex not specified			929			929			929	
Sub-IR 1.2: Improved individual, community, and local civil society ownership/participation in healthy behaviors										
Indicator 9: Percent of individuals participating in mobilization activities who adopted FP	93% (based on only 2 provinces)	88%	83.6%	95.0%‡	85%	77.4%	91.1%‡	90%	84.1%	93.5%‡
No. of Sessions			12			172			419	
No. of Participants			116			1,827			4,528	
No. Provided FP Services			97			1,415			3,810	

* The values inputted in the community group dialogue is the total no. of participants in sessions.

**The values inputted in the Interpersonal Communication & Counseling is from the total no. of participants who provided information and counselling during the outreach in Bukidnon and General Santos City.

§Colors have been added to highlight the percentage of project indicators met: Green is ≥100% of target have been met

‡Colors have been added to highlight the percentage of project indicators met: Red is <50% of target have been met

†Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% of target have been met

Five quarterly indicators are used to assess the project's accomplishments in the area of social and behavioral change, namely the (1) number of modern FP users; (2) number of new FP acceptors; (3) number of individuals in the target population reporting exposure to USG-funded Family Planning (FP) messages through various channels; (4) number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year; and (5) percentage of individuals participating in mobilization activities who adopted FP.

The number of modern FP users across the 32 project sites during the period January – March 2020 was reported to be 2,245,597. This figure is slightly lower than the baseline value of 2,831,046 and accounts for only 72.2% of the target for the quarter. As in previous quarters, the most common method used is the pill, which is used by about 4 out of every 10 (39.7%) current users.

In terms of new acceptors, data were provided by only 26 out of 32 project sites, leading to a low reported number of 60,732, which is only one-third of the target for the quarter. Cumulatively, the total number of new acceptors reported in all project sites for the first 3 quarters of this fiscal year amounts to 260,346, which is also just a little over one-third (35.3%) of the target for this year. As in the baseline, lactational amenorrhea method (LAM) is the most common method used by new acceptors, accounting for 42% of the total number.

Almost 1.5 million individuals were reached by FP messages using various channels during the quarter. This figure exceeds the target number of 1.25 million individuals. Almost all of these individuals were reached through electronic platform.

Only 6,597 CHWs were identified to be providing FP information, referrals, and/or services during the year. This number is grossly under-reported because it is derived from reports coming from only 11 project sites. CHWs are generally women (85%) and provide both FP and referral services.

In spite of COVID, the project was able to conduct 12 USAPAN sessions with 116 participants. These were conducted in only two provinces, Batangas and Zamboanga del Sur. Of the 116 participants, 97 became new acceptors, resulting in a conversion factor of 83.6%.

Analysis of Accomplishments (Objective 1)

Activities and Interventions Implemented During the Quarter

Enhanced *Usapan*

Enhanced *Usapan* was continuously scaled up across 12 sites in Luzon despite the lockdown restrictions. For this quarter, 12 *Usapan* sessions were conducted with 116 participants, which generated a conversion rate of 83.6% of new acceptors. However, the planned activities of Partnership among Academes and Communities (PACT) for Improved FP in Bicol Region, such as demand generation activities and house-to-house tracking of unmet need, were put on hold due to COVID-19. To ensure continuity of FP services, the region with technical assistance from the project initiated the FP Ayuda Express, which has two variants, the FP Ayuda Express Chat (using the Facebook page) and FP Ayuda Call (using the POPCOM Bicol hotline). The Facebook page is managed by DOH V, POPCOM V, and seven partner academes in Albay and Camarines Sur. The project also provided technical assistance in creating a chat guide that students use as a reference to answer inquiries on the Facebook page. As part of the capacity building of the nursing and midwifery students who serve as moderators of the chat, a virtual orientation on FP 101, including informed choice and voluntarism (ICV), was conducted June 30, 2020. As of June 22, FP Ayuda Express had already reached 230,600 individuals and made 15,200 engagements.

The demand generation activities of POPCOM and LGUs in Visayas were put on hold in March in compliance with quarantine protocols. Strategies for the “new normal” in creating demand in family planning were discussed by the project with DOH-CHD VI and POPCOM VI, such as modifying the required number per class to 10 participants, resupplying pills and condom for continuing users, and utilizing online platforms and local radio stations for responsible parenthood and family planning promotion. Despite the challenges, POPCOM VI and USAID’s ReachHealth project assisted the DOH-CHD VI in ensuring that commodities are readily available at the RHUs.

In Mindanao, the project conducted 10 enhanced *Usapan* sessions this quarter; 104 clients were counseled and provided with FP information, which generated 94 modern FP acceptors—that is, 7 new acceptors and 87 other acceptors. The project continued to support the conduct of community-based demand generation (CBDG) during COVID-19 while observing the minimum health standard. To date, the project has trained 49 enhanced *Usapan* trainers and 261 facilitators responsible for generating high conversion rates in *Usapan* sessions.

With COVID-19 restricting the implementation of enhanced *Usapan* this quarter, the project was unable to use the Quality Assessment Tool to monitor the sessions. This will be moved to later in the year if face-to-face sessions can be conducted and monitored. In the meantime, the project is planning to develop *Usapan* Online, which will present the enhanced *Usapan* content in an

entertaining and engaging video format. Potential FP users can view this video content either on YouTube or in a health facility.

Development of FP Materials

As part of its initiative to improve and strengthen reproductive health-seeking behaviors, USAID's ReachHealth project has developed new FP materials to empower Filipinos to make healthy decisions for themselves. The FP methods booklet for young, modern Filipinas, also known as "delayers," was completed this quarter and is available online in an innovative flipbook format at <https://loveandprotection.link/FPBooklets>. The booklet has been distributed online by DOH and POPCOM and was shared by DKT. In Visayas, the booklet was shared online in Cebu and Bohol provinces. In Mindanao, the booklet was distributed to five DOH regional Health Education and Promotion Officers (HEPOs) and the project field staff. DOH regional HEPOs have reported sharing the same with their respective LGU HEPOs.

The booklet for Filipino couples has been drafted and is with USAID, POPCOM, and DOH for review. This booklet is for couples who have already had at least one child and has special sections for limiters and postpartum women, two audiences with high unmet need for FP. It will be available online in three languages, namely, Tagalog, Bisaya and English, at the *Usap Tayo* website, social media pages of POPCOM, and featured on the Healthy Pilipinas Facebook page and website.

Lastly, the project drafted tear-off sheets on five FP methods: pills, LAM, implants, injectables, and IUDs. These are intended as support materials for new acceptors of these methods. The tear-off sheets talk about common experiences such as side effects and offer suggestions for coping with them, include reminders for resupply, and explain what to do if something goes wrong. The project created these tear-off sheets in response to formative research results suggesting that women discontinue FP soon after adoption because they misunderstand common side effects and how to cope with them, and they forget the instructions given verbally. These will also be useful job aids for health care providers.

Social Media Cards on FP

A total of 17 social media cards were developed and distributed across 10 posts by USAID's ReachHealth project as part of its technical assistance to DOH and POPCOM, reaching over 158,000 people online through DOH's and POPCOM's official Facebook pages. These social media posts were also shared on the Facebook pages of DOH and POPCOM's regional and local offices, as well as those of local government units across the country.

Messages on these social media cards revolved around love languages to strengthen relationships between adolescents and parents, provided new content on FP methods, and communicated how to access FP information and supplies during the COVID-19 community quarantine period. They also tackled talking about FP with your partner (*Usap Tayo sa FP*) and calling POPCOM's *Usap Tayo* Helpline for concerns on FP, adolescent health, and sexuality. The *Usap Tayo*-themed social media cards were also shown on CNN Philippines on June 18, 2020, during an interview segment with POPCOM Executive Director Usec. [REDACTED], further gaining exposure for POPCOM's mass media campaign.

The National FP Communication Strategy

As a result of the National FP Communication Strategy workshop held in February 2020 and the completion of the formative research, the project developed a draft of the FP Communication

strategy that was shared with POPCOM and DOH at a meeting on June 25, 2020. Highlights of the strategy include the following:

- Build on the National Family Planning 2020–2022: Framework of Action
- Focus on adults aged 18+
- See POPCOM and DOH as co-orchestrators of FP demand
- Acknowledge the setbacks and opportunities provided by the COVID-19 pandemic
- Take advantage of the currently strong enabling environment for FP
- Focus on the key audiences defined in the strategy workshop:
 - Audience One: The “Love and Protection” audience, or delayers
 - Audience Two: The “Usap Tayo sa FP” audience, or couples with at least one child
 - Audience Three: FP providers
 - Audience Four: Local chief executives
- Utilize multiple channels and take advantage of Filipinos’ high use of social and digital media

Couples with at least one child will be the major audience, and given its size, we plan to segment this audience in several ways into postpartum women, men, limiters, and spacers. This will be explained further in the strategy document. A multi-channel campaign for this audience is planned for 2021 with DOH funding and POPCOM support. In Q4, the project will plan for this campaign and continue to create materials that will support it, including print materials, a website, and social media.

The strategy document and accompanying framework will be finalized early in Q4 in preparation for Year 3 work planning. POPCOM and DOH have already agreed, in principle, to the proposed strategic direction.

The Delayers’ Campaign

Young sexually active Filipinos who do not yet have a child and are not ready to settle down drive the unmet need in the country. This audience is not currently being reached, as most family planning promotion is geared toward women with at least one child. These young people (aged 18–28) include university students, call-center workers, day laborers, young professionals and others. Many have left their barangays for life in the city and are consumers of digital and social media.

The project plans to address this audience with a highly engaging and interactive social media campaign. In May-June 2020, the project bid out and procured a social media firm, SpaceSheep Media, for this campaign. They are currently refining their concepts, and the project is scheduled to share these initial ideas with USAID by July 2020. The project expects the campaign to kick off in August.

Using COVID-19 Platforms to Disseminate FP Messages

In this quarter, the project took advantage of the reach and popularity of DOH and POPCOM COVID-19 platforms to remind couples to use FP. Since FP is seen as an essential health service, both POPCOM and DOH welcomed assistance in getting FP messages to more people. These online platforms were important to reach audiences and get messages to them at a time when face-to-face interactions and mass gatherings were not allowed.

The following platforms were used:

- The DOH COVID-19 virtual daily presser. This daily online presser reached almost a million people daily at the start of the epidemic. For instance, over 800,000 people heard Usec. [REDACTED] talk about FP and the POPLINE Helpline on April 28th. FP was also mentioned on June 9th, and POPCOM immediately received 17 new calls to the Helpline.

- Healthy Pilipinas Facebook page and website. The 17 social media cards previously mentioned were posted on the Healthy Pilipinas Facebook page. The information on accessing FP during COVID-19 is also available on the Healthy Pilipinas COVID-19 website.

Our regional partners also had to pivot their demand generation activities from face-to-face to virtual platforms such as online, radio and SMS. In Visayas, the project shared these social media cards and the FP booklet to provinces and cities and disseminated them via the personal accounts of trained providers or the Facebook pages of RHUs.

Adolescent Health

The Human-Centered Design (HCD) Prototypes/Solutions

This quarter, the HCD Technical Report was reviewed and finalized. The five prototype solutions that emerged from the HCD activity were reviewed and finalized as well. On June 24, 2020, as input for the Year 3 planning, the regional managers, Provincial Technical Officers (PTOs), and regional technical advisors were oriented on all the HCD solutions to reduce unintended pregnancy. A firm has also been selected to begin the digital activities in Q4 for the #SoConnected initiative.

Support to National and Regional Stakeholders and Key Partners

The joint DOH-POPCOM working group has finalized the schedule and program design for the upcoming National Strategic Communications Planning Workshop to Address Teenage Pregnancy in the Philippines. It will be conducted via Zoom conferencing and is scheduled from the last week of July 2020 to the first week of August 2020. The participants will be a group of adults and a separate group of adolescents from different parts of the country.

In Region IX, the project continued to engage POPCOM and other agency partners. On June 4, 2020, the HCD insights and proposed SBC solutions were presented during the 2nd quarterly meeting of the Regional Population and Development Coordinating Committee. Included in the output of the meeting were the institutional support of POPCOM and CHD in conducting a Google survey on Teen Realities and Needs during COVID-19.

Adopt-a-Region for CSE and ARH Convergence

On June 19, 2020, USAID, DepEd Bureau of Curriculum and Development (BCD) and POPCOM met to discuss the current status of national-led CSE activities and the “adopt-a-region” initiatives, and to identify viable next steps. [REDACTED], the BCD Director, agreed to support the project’s initiatives by sharing their CSE training modules for administration among DepEd educators outside their pilot regions, namely Ilocos, Central Visayas, and Davao. They will also support the educators’ online training on ADEPT.

At the regional and LGU level, the project’s Luzon Regional team initiated the formation of a working group in Region V to be led by POPCOM V. In Zamboanga City, the project is performing pre-work and ongoing discussion with POPCOM, DepEd, and CHD. It was expressed during a meeting of the AY working group of Zamboanga City that there is a need to further engage the SK Federation and the DepEd Regional and District Offices in this initiative.

Proposed Action for the Next Quarter (Objective 1)

Finalize and distribute FP materials. Once approved by USAID, POPCOM and DOH, the printer-ready files for the FP booklet for Filipino couples will be shared with DOH and POPCOM, project sites, and other partners. The content will be repurposed for social media, websites and flash drives. The project will complete the tear-offs for new FP acceptors of pills, implants, IUDs, injectables and LAM.

The project will continue to develop social media cards for POPCOM and DOH and use COVID-19 platforms as appropriate.

- **Launch the motivational platform and get people talking about FP.** The project will finalize the national FP communication strategy and accompanying framework. The project will launch the Delayers' Campaign and continue working with POPCOM to strengthen the *Usap Tayo sa FP* Facebook page and website in preparation for the campaign next year.
- **Design and implement innovative SBC products for adolescents.** In Q4, the project will begin development of #BestICanBe and digital resources for teens. Both are prototype solutions from the HCD formative research activity conducted earlier. The project will also continue to support regional activities for teens by localizing the HCD prototype solutions and building on local initiatives like RHEADY and #YOLO.
- **Scale-up and monitoring of enhanced *Usapan*.** Whether or not the project can implement or monitor *Usapan* in its current form will depend on the restrictions placed upon community gatherings and health centers by the COVID-19 pandemic, and the project will continuously monitor this situation. In the meantime, the project will continue development of *Usapan* Online and pilot it in select areas.
- **Review, revise and create communication materials for parents and other allies.** At the end of Q3, the project selected a firm to develop the #SoConnected campaign, which will include online and offline activities for parents to help them communicate better with their children. The project will work with the partnerships team to seek out private sector partners for this initiative.
- **Support adoption and rollout of CSE and ARH convergence adopt-a-region strategy.** This work will continue throughout Year 2. Follow-through activities will be conducted with Region V and IX stakeholders, while the project determines whether the initial meetings introducing the concept to Regions VI and XI can be done online.
- **Strengthen institutional competency of POPCOM and DOH.** The project will continue working side-by-side with POPCOM and DOH, providing support, capacity strengthening, and TA on SBC. It is likely, though, that the project will not be able to conduct any in-person SBC trainings in Year 2, given the COVID-19 outbreak. Short online courses are being considered.
- **Develop new SBC approaches for FP in the time of COVID-19 limitations.** The project will continue to work with DOH and POPCOM to disseminate messages through alternative channels given restrictions on movement during the time of COVID-19. The print materials and tear-offs being developed will assist in this, and we will also use and create new digital platforms, including the new [Healthy Pilipinas Facebook page](#) and website. The project will also provide support to regional partners via our regional teams to increase capacity in maximizing these alternative channels.
- **Capacity-building of CHWs and providers.** The project will equip CHWs and providers with tools and materials that they can use to effectively provide FP information and referrals.

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

Indicator [A]	Baseline [B]	Accomplishment									
		For the Quarter April-June 2020			For the Year 2020			Life-of-Activity			
		Target [C]	Actual (Reference period) [D]	% of Target Achieved [E] = (D/C)	Target [F]	Actual (Reference period) [G]	% of Target Achieved [H] = (G/F)	Target [I]	Actual (Reference period) [J]	% of Target Achieved [K] = (J/I)	
IR 2: Quality, client-centered, respectful FP care and services to men, women, and adolescents in underserved areas strengthened and expanded											
Indicator 10: Percent of USG- assisted service delivery points providing FP counseling and/or services	1523/ 2053 (74.2%)	86%	1191 / 1250 (95.3%)	110.8%*	80.5%	1191 / 1250 (95.3%)	118%*	100%	1191/2053 = 58%	58%‡	
RHU/HC		TBD	1007 / 1030 (97.8%)		TBD	TBD		100%	1007/1060 = 95%	95%‡	
Public Hospital			184 / 220 (83.6%)					100%	184 /252 =73%	73%‡	
Urban		TBD	672 / 714 (94.1%)		TBD	TBD		100%	627/727 = 86.2%	86%‡	
Rural			519 / 536 (96.8%)					100%	519/543 =95.6%	96%‡	
Sub-IR 2.1: Increased access to quality health services in FP and ASRH through patient-centered approaches											
Indicator 12: Percent of women with unmet FP identified provided with modern family planning ¹	137%	50%	12%	17.6%†	50%	12%	17.6%†	80%	12%	11%†	
Numerator (FHSIS New Acceptor)			8,968			8,968			8,968		
Denominator (Unmet Need)			75,045			75,045			75,045		

¹ Data on FP unmet need were available only in 14 project sites.

*Colors have been added to highlight the percentage of project indicators met: Green is ≥100% of target have been met

†Colors have been added to highlight the percentage of project indicators met: Red is <50% of target have been met

‡ Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% of target have been met

As indicated earlier, telephone interviews were made with the FP Coordinators of 1,250 public health facilities, of which 1,030 were health centers and 220 were public hospitals. Among the public hospitals, 83.6% met all three criteria to be categorized as FP SDP, while the corresponding value for health centers is higher at 97.3%. For all types of health facilities taken altogether, the percentage that can be considered as FP SDP is 95.3%, which is higher than the targeted value for the quarter of 86%. The percentage of health facilities that are FP SDPs is practically the same in urban (94.1%) and rural areas (96.8%). Since this indicator is a status indicator, the accomplishment for the year is the same as that for the quarter.

A comparison of the of the project’s accomplishments as of this point in time with those of the life-of-activity target is complicated because the project will be changing its target population of health facilities for this indicator starting in FY2021. While for the first 2 years of the project, interventions toward the establishment of FP SDPs were focused on public health facilities, starting in FY2021, the project will also be targeting private facilities, which include private hospitals and private lying-in clinics. Hence the project target of 80.5% for FY2020 is not directly comparable with the FY2023

target of 100% because the former includes only public health facilities while the latter includes both public and private. Therefore, instead of dividing the current project accomplishment for this indicator of 95.3% for the public sector with the targeted value of 100% at the end of the project, the percentage of target achieved thus far was determined by dividing the 1,191 health facilities that have been assessed to be FP SDPs as of Q3 FY2020 by the 2,053 health facilities in all the 32 project sites as listed during the baseline. Hence for the remaining 3 years of the project, the project will have to work on converting the remaining $2053 - 1191 = 862$ health facilities into FP SDPs. This comprises all private health facilities as well as the remaining 4.7% of the public health facilities that are not yet considered as FP SDPs.

The second quarterly indicator under service delivery is the percentage of women with unmet FP identified provided with modern family planning. For the first time since the project started, data on unmet need were derived from the FHSIS report. The degree of incompleteness in the data was quite high, with only 14 of the 32 project sites reporting this information in their FHSIS report for January – March 2020. This gross under-reporting of the numerator of this indicator led to a very low rate of only 8.8%, which accounts for only 17.6% of the target for this quarter. The proper determination of the number of women with FP unmet need in the FHSIS form is part of the online webinars conducted by the project on FP reporting and recording.

Activities and Interventions Implemented This Quarter

FP Program in Hospitals

Due to the COVID-19 pandemic, some of the planned activities on FP in hospitals had to be postponed and converted into online events.

USAID's ReachHealth project conducted the webinars on setting up FP programs for five hospitals in Visayas in collaboration with DOH CHD-Western Visayas. The criteria for these hospitals to be considered includes the following:

- has a high volume of deliveries,
- has at least one nurse or midwife who has completed FPCBT Level I,
- not a COVID-19–designated hospital, and
- willing to implement the initial activities on the installation of FP Program in their hospital during the current COVID-19 situation.

These hospitals were selected

In Mindanao, the project continues to assist 15 public hospitals (i.e., 11 LGU hospitals and 4 DOH regional hospitals) and one private hospital in improving their FP and ARH programs to contribute to the reduction of unmet need and increase their accomplishments through PFP and LARC/PM, as well as to address the remaining gaps to fully implement integrated FP and ARH programs. For the reporting quarter, the project advised Southern Philippines Medical Center (SPMC), given its mandate as the designated COVID-19 hospital in the region, on continuity of providing PFP services to post-partum women admitted in SPMC's Institute of Women and Newborn Health (IWNH) with post-partum IUD and PSI, while BTL is offered for post-cesarean section patients and short-acting methods are offered for inpatients.

In Caraga, the project assisted Butuan Medical Center and Agusan Del Norte Provincial Hospital in reviewing and finalizing their hospital FP policies. These policies are to be presented to and approved by hospital management. The hospitals also drafted a hospital order for adoption and implementation of the operational guide.

Tracking Establishment of FP Programs in Hospitals

The project currently assists 154 hospitals in 32 project sites, that is, 139 government and 15 private hospitals, in strengthening FP program implementation. This is done by increasing the capacity of service providers to increase client access to a wide range of FP services, intensifying demand generation within the hospital through in-reach activities and interdepartmental referral, and streamlining facility-level policy and systems support including recording and reporting of performance.

To track the status of implementation, 97 hospitals in Luzon (83 public and 14 private) and 6 public hospitals in Bohol were monitored through phone calls using standardized tracking tool. The monitoring activities were done mostly in June but continued over to the first week of July in some areas. In Luzon, of the 97 priority hospitals, 68 had an existing FP core team, 95 had a FP point person, 55 had policies on FP service provision, and 53 had policies on in-reach demand generation, particularly interdepartmental referral. Ninety-two of the priority hospitals had FP focal persons trained in FPCBT Level I, 51 had HSPs trained in PPIUD, and 40 had physicians trained in BTL by mini-laparotomy under local anesthesia (BTL-MLLA). In addition, 93% had hospital staff responsible for recording/reporting FP services in the hospital, 80% had updated hospital potential FP client records, 88% had completed FP Form I, 84% had updated hospital FP client records, and 77% had completed FP Form M1. Such FP tracking is essential for the sustainability of FP interventions.

For the province of Bohol, the project followed up remotely with members of the hospital teams of the six hospitals established in Q2. The summary of findings shows that the priority concern is on the orientation of staff for the FP program and conduct of ward classes, which was also affected by the limitation of activities during the quarantine period. Additional gaps identified are putting up signs in high-traffic areas, lack of in-reach activities including interdepartmental referral, and use of RLP and M1 recording and reporting. Coaching and mentoring on these gaps, especially in recording and reporting, were conducted during the quarter, however these concerns still need attention and focus on the next quarter monitoring.

In the Province of Cebu, FP coordinators from nine hospitals participated in a virtual follow-up meeting. Seven of the nine hospitals continue to provide FP despite the pandemic. However, the four provincial hospitals and two district hospitals conducted their FP/MCH services based on the guidelines set by the Cebu Provincial Office, accepting only high-risk prenatal and high-risk deliveries in the hospital while providing care for all normal cases at the lower facility level. However, Talisay City District Hospital, a DOH-retained hospital, has continued providing FP services, including their adolescent services and ICV compliance, without any changes.

Support to FP Outreach Activities

The project continued to provide support to FP outreach intended to benefit communities in geographically isolated and disadvantaged areas (GIDA communities). In this quarter, the project, in collaboration with the FP itinerant teams, RHUs, and hospitals (namely, Margosatubig Regional Hospital and Zamboanga del Sur Medical Center), conducted 14 outreach missions. The FP outreach activities were in the GIDA barangays of Labangan, Dinas and Midsalip in Zamboanga del Sur. A total of 101 clients were served during these outreach services. Moreover, 60 clients were counseled and provided information on family planning, and all were availed of FP services during the outreach activities in General Santos City and Bukidnon.

Strengthening the Care Coordination and Referral System

The importance of a functional and efficient referral system has been magnified by the COVID-19 pandemic. This health emergency showed that without a functional referral system, confusions on where to send both COVID-19 and non-COVID-19 patients may happen and provision of essential health services may be neglected.

Continuous technical assistance was provided during the quarter to Batangas and Manila in enhancing their HCPN referral system operative documents. The project also assisted in the conduct of virtual consultation meeting among the HCPNs of Batangas and Laguna and their apex hospital, the Batangas Medical Center, to clarify referral arrangements in the time of COVID-19 pandemic.

Meanwhile, Virtual Referral System M&E Workshop was conducted for Caloocan City. One-hundred-two HSPs representing 90 HCPN member facilities participated, i.e. 44 health centers, 3 government hospitals, 3 private hospitals, and 40 private LICs. During the workshop, DOH guidelines on ensuring continuous provision of maternal health services through proper referral of pregnant women for prenatal care, delivery, and postpartum services were discussed.

The M&E focused on reviewing incoming and outgoing referrals from primary care facilities including health centers and private LICs. The M&E showed that these facilities had a total of 1,023 outgoing and 108 incoming referrals. Of the outgoing referrals, 75 percent were transfer referrals and 20 percent were consultation referrals.

Setting Up Adolescent-Friendly Health Facilities

In consonance with DOH's directive to strengthen provision of quality age-appropriate health services to adolescents, the project continuously collaborated with the CHDs, POPCOM and the City/Provincial Health Offices (C/PHOs) in providing technical assistance to hospitals, RHUs and health centers in establishing AFHFs. This is also consistent with the objective of ensuring prevention and proper management of teen pregnancies in various LGUs.

The project developed a virtual orientation and planning workshop design to enable continuous provision of technical assistance (TA) to RHUs and health centers. This activity was directed at orienting AHDP coordinators on the DOH standards for adolescent-friendly health services and the different tools for ARH service provision, including the rapid HEADSSS and recording and reporting tools. It was also done to assist partners in crafting action plans on setting up an AFHF and on how to adapt to the new normal.

During the quarter, 10 RHUs in Rizal participated in the activity, in which a virtual learning visit was also done with one of CALABARZON's only two Level III AFHF, namely Pangil RHU, to show participants how an AFHF is set up.

The project's TA on AFHF this quarter was not limited only to RHUs. Existing Teen Parents' Clinics (TPC) were also oriented on the DOH requirements for AFHF certification through the conduct of Virtual Pause and Reflect Sessions. With intentional and systematic pause and reflect, the TPCs were assisted in determining what effective practices should be further strengthened, what needs recalibration, and what does not work that should be eliminated. Ten TPCs in Luzon participated in the activity, which was attended by 36 hospital and LGU partners.

For Visayas' Program for Young Parents (PYP), the data collection tool and the CLA activity design have been developed. But due to the restrictions brought about by the quarantine and the shifting of the roles of PYP focal persons to respond to COVID-19 pandemic, the data consolidation has not been completed. The pause and reflect session for PYP is targeted to proceed in the first half of Q4.

The project continues to monitor AFHF on its functionality and continuous provision of services. In Negros Occidental, two of the three PYP facilities established were sustained. The two facilities are Corazon Locsin Montelibano Memorial Regional Hospital and Lorenzo D. Zayco District Hospital. The latter was certified Level I AFHF under DM 2017-0098 and is aiming for Level 2 certification. But due to COVID-19 the evaluation and certification were postponed.

In the province of Bohol, two hospitals have PYP, Gov. Celestino Gallares Memorial Hospital (GCGMH) and Don Emilio del Valle Memorial Hospital (DEVMMH). At the height of the quarantine

measure for COVID-19 some of the hospitals' outpatient services, including PYP services, were severely affected. In GCGMH, PYP sessions and some services were no longer conducted because of difficulty following social distancing and the hospital being the only COVID-19 referral hospital in Bohol. Ante-natal services were continuously provided only to high-risk pregnancies or pregnancies with complications. Other services like deliveries and post-partum services including PFP were still continuously provided to inpatients. Outpatient FP services were suspended, and clients were referred to RHUs for FP services. This is the same scenario for Don Emilio del Valle Memorial Hospital. Based on the results of the rapid assessment conducted remotely for ARH services, there was a reduction on the number of clients availing of ARH services.

Rapid Assessment on Continuity of Adolescent Health Services

The USAID's ReachHealth project conducted a rapid assessment on the continuity of adolescent health services in its project sites. It was identified that among many concerns, the roles and functions of adolescent staff were heavily disrupted, and this directly affected service delivery. The results were presented to the DOH Task Group Response Operations (TGRO) where the gap in responding to the adolescent health needs particularly the ARH services in the time of COVID-19 was acknowledged and recognized. As a proactive response to the results, a memo on the Interim Guidelines on Continuous Provision of Adolescent Health Services During COVID-19 Pandemic has been drafted. Also, the DOH central's AHDP team led by the Chief of the Women and Men's Health Development Division, Dr. Cherylle Gavino, conducted a "KamustAHan" meeting which was supported by the Project ARH team. This meeting served as a check-in with the regional AHDP coordinators on how the local AHDP activities are doing and how they are transitioning to the new normal. Further input and feedback for the interim guideline draft were requested from the participants. Also, this became an opportunity to discuss the AHDP program directions and key strategies for the next 2 years for which a highlighted activity was the review and enhancement of the AHFH standards and guidelines.

Documenting ASRH LGU Initiatives

Youth Optimizing Life Opportunities (YOLO)

A technical brief on the YOLO of DepEd Agusan del Norte has been developed as a reference for streamlining a referral pathway for in-school and out-of-school youth. Through this program, it has been identified that a promising intervention of conducting psychosocial screening in schools and youth gatherings can serve as an entry point to link adolescent to health services including ASRH. Using the rapid HEEADSSS questionnaire developed by USAID'S MindanaoHealth, psychosocial triaging was made possible to identify adolescents most at risk. The experience of YOLO specifically on the use of the rapid HEEADSSS questionnaire was shared in an online discussion on June 30, 2020. This was an opportunity to learn from the experiences of different levels of facilities that implemented the use of the questionnaire which included Lambunao RHU as a primary care health facility, SPMC as a tertiary government facility, and the Brokenshire Hospital as a private facility. From the sharing of successes and challenges, feedback and recommendations from experts in the field of adolescent health were gathered. Included in the panel of experts were the Society of Adolescent Medicine of the Philippines, Inc. (SAMPI), Philippine Psychological Association (PAP), Philippine Academy of Physicians in School Health, Inc. (PAPSHI), Department of Education and the DOH-AHDP. The shared experiences and recommendations from this online discussion will be an added input in the development of the streamlined referral pathway to ensure provision of services.

Reproductive Health Educators and Advocates for Davao Youth (RHEADY)

Another potential for scale-up is the Reproductive Health Educators and Advocates for Davao Youth (RHEADY), USAID's ReachHealth project continues to provide technical assistance in documenting the program including module development. The framework for the RHEADY program was vetted to the technical working group for the module development which was formed from the

series of monthly meetings. It is apparent that the pace of the module development slowed down due to the availability of the TWG members and USAID's ReachHealth staff brought about by their supplemental roles for the COVID-19 response.

Commencing Continuous Quality Improvement (CQI) Initiatives in Batangas

To initiate the development of CQI Framework for Batangas HCPN, a webinar meeting participated by Batangas CQI key stakeholders was conducted. A webinar design was developed for the virtual orientation of CQI focal persons per facility and in June, 40 focal persons of 12 hospitals and 4 priority RHUs were oriented on CQI. During the virtual workshop, the participants defined what quality of care is and identified service delivery quality issues that are common in different levels of care. Succeeding webinars will be done with the focal persons to further discuss the initial list of quality issues and determine how they can be addressed. The focal persons will also be oriented on the Fundamental Theory on Improvement and the Plan-Do-Study-Act cycle.

Proposed Actions for the Next Quarter

Streamlined referral pathway for adolescent services for in-school and out-of-school youth. Further progress on revisiting the AFHF criteria shall be done through an online consultation workshop among the level III AFHF assessors and the National AHDP TWG. As added input to the streamlined referral pathway and revisiting the AFHF criteria, the initially planned FGDs and KIIs will be explored to be conducted virtually.

- **Virtual orientation and planning workshop on setting up an adolescent-friendly health facility for Calabarzon and Region III.** This will be done to orient HSPs on the DOH standards for adolescent-friendly health services and on the requirements for AFHF certification. Participants will also be assisted in developing action plans on setting up AFHF.
- **Design and pilot implement a webinar series merging core competencies in adolescent job aid (AJA) and a facilitated ADEPT training.** Continuing technical assistance in establishing and enhancing AFHF has increased demand for capacity building among the staff of partner facilities through online platform. In consideration of the new normal, there is a need to design a webinar series merging AJA and ADEPT core competencies.
- **Technical assistance in strengthening adolescent-friendly facilities.** AHDP team of PHOs will conduct assessment compliance and accreditation of facilities to DOH AFHF standards in Visayas and assessment of existing adolescent-friendly health facilities using DOH checklist and mapping of current accreditation monitoring of Health Centers that were certified by DOH as AFHF in Mindanao.
- **Virtual pause and reflect session for PYPs.** This activity will determine good practices and challenges and gaps in the implementation of the PYP and identify and document the critical elements that contribute to the successful organization and installation of the different AF facilities.
- **Webinar series in establishing integrated FP and adolescent health programs in the hospital.** This activity will be conducted for selected hospitals in Luzon Visayas and Mindanao with a high volume of deliveries. Hospital HSPs will be capacitated in establishing integrated FP and adolescent health programs and in various service delivery and programming activities including demand generation, healthy timing and spacing of pregnancy counselling, and recording and reporting.
- **Technical assistance to hospitals implementing integrated FP-Adolescent Program.** Continue to assist the hospitals in addressing the remaining gaps to fully implement an integrated FP-Adolescent program in JRBorja General Hospital, NMMC, Bukidnon Provincial Hospital - Maramag; Agusan del Norte Provincial Hospital, SPMC, Brokenshire Hospital Women Center,

South Cotabato Provincial Hospital and Dr. Jose Royeca City Hospital and Zamboanga City Medical Center and Margosatubig Regional Hospital.

- **Strengthening FP in hospitals policy, recoding and reporting.** This will be done in Vicente Sotto Memorial Medical Center, Eversley Childs Sanitarium and General Hospital, Lapulapu City Hospital, and other hospitals in the Visayas implementing FP programs.
- **FP outreach mission in GIDA.** The project will continue to assist CHD FP Coordinator and the Itinerant teams in Region 9, 10, and 12 in planning and organizing logistics, and coordination with LGUs for FP outreach services in GIDA.
- **Establishing teleconsultation platform in selected HCPN in Luzon, Visayas and Mindanao.** This will entail engagement of private teleconsultation provider and an IT consultant to provide services to install teleconsultation services in selected HCPNs and health facilities.
- **Virtual Pause and Reflect Session on FP in private hospitals.** This activity is directed at reviewing the status of FP Program implementation in priority private hospitals in Nueva Ecija and Pampanga and public hospitals in Cavite, Laguna and Batangas. With intentional and systematic pause and reflect, the hospitals will also be assisted in determining what effective practices should be further strengthened, what needs recalibration, and what does not work that should be eliminated.
- **Assistance to the DOH in developing a “new normal” or “post-COVID-19” family planning program guidelines.** This will ensure sustainability of the program even as the COVID-19 pandemic lingers, and development of a cure or vaccine gets delayed.
- **Support DOH in completing the FPCBT level-I e-learning modules.** Given the need to build capacity of family planning service providers despite the presence of restrictions, continuation of the development of the remaining eight FPCBT I e-learning module for uploading into the DOH Academy is imperative.
- **Webinar on CQI and the fundamental theory of improvement and PDSA cycle for Batangas**
- **Virtual workshop on setting up HCPN referral system in Pampanga.**

Intermediate Result 3: National, regional, and local systems and capacities to manage, implement, and sustain FP/MNH programs and policies are bolstered and institutionalized

Indicator [A]	Baseline [B]	ACCOMPLISHMENT								
		For the Quarter April-June 2020			For the Year 2020			Life-of-Activity		
		Target [C]	Actual (Reference period) [D]	% of Target Achieved [E] = (D/C)	Target [F]	Actual (Reference period) [G]	% of Target Achieved [H] = (G/F)	Target [I]	Actual (Reference period) [J]	% of Target Achieved [K] = (J/I)
Sub-IR 3.2: FP health systems functions strengthened										
Indicator 19: Presence of Mission support to strengthen HRH	Yes	Yes	Yes	NA	Yes	Yes	NA	Yes	Yes	NA
Indicator 21: 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	20	419 health workers, of which, 190 are hospital staff and 229 are health center staff	2095 %*	60	419	698.3%*	480	419	87.3%‡
Sub-IR 3.3: FP supply and logistics strengthened in FP activity sites										
Indicator 24: Average stock-out rate of contraceptive commodities at FP SDPs										
Without SDM	21.5%	10%	Total Public Health Facilities: (13.8%) RHU/HC: (13.4%) Public Hospital: (15.8%)	72.5%‡	10%	Total Public Health Facilities: (17.0%) RHU/HC: (16.3%) Public Hospital: (20.3%)	58.8%‡	10%	Total Health Facilities: (18.3%) RHU/HC: (17.3%) Public Hospital: (19.9%) Private Hospital: (26.9%) Private LIC: (21.9%)	54.6%‡
With SDM	26.2%		Total Public Health Facilities: (18.8%) RHU/HC: (18.4%) Public Hospital: (20.5%)			Total Public Health Facilities: (21.7%) RHU/HC: (21.1%) Public Hospital: (24.8%)			Total Health Facilities: (22.7%) RHU/HC: (21.9%) Public Hospital: (23.9%) Private Hospital: (26.8%) Private LIC: (25.8%)	

Indicator [A]	Baseline [B]	ACCOMPLISHMENT								
		For the Quarter April-June 2020			For the Year 2020			Life-of-Activity		
		Target [C]	Actual (Reference period) [D]	% of Target Achieved [E] = (D/C)	Target [F]	Actual (Reference period) [G]	% of Target Achieved [H] = (G/F)	Target [I]	Actual (Reference period) [J]	% of Target Achieved [K] = (J/I)
Pills	23%		Total Public Health Facilities: (2.9%) RHU/HC: (0.9%) Public Hospital: (12.3%)	344.8%*		Total Public Health Facilities: (3.0%) RHU/HC: (0.5%) Public Hospital: (14.8%)	333.3%*		Total Health Facilities: (10.6%) RHU/HC: (7.3%) Public Hospital: (18.1%) Private Hospital: (25.1%) Private LIC: (20.9%)	94.3%‡
Injectables	18%		Total Public Health Facilities: (6.1%) RHU/HC: (4.8%) Public Hospital: (12.3%)	163.9%*		Total Public Health Facilities: (4.6%) RHU/HC: (3.0%) Public Hospital: (11.9%)	217.4%*		Total Health Facilities: (9.7%) RHU/HC: (7.7%) Public Hospital: (12.8%) Private Hospital: (27.2%) Private LIC: (15.2%)	103.1%*
Condoms	28%		Total Public Health Facilities: (21.0%) RHU/HC: (20.3%) Public Hospital: (24.1%)	47.6%‡		Total Public Health Facilities: (17.8%) RHU/HC: (16.2%) Public Hospital: (25.5%)	56.2%‡		Total Health Facilities: (21.1%) RHU/HC: (18.8%) Public Hospital: (25.9%) Private Hospital: (24.5%) Private LIC: (31.7%)	47.4%‡
IUD	14%		Total Public Health Facilities: (8.4%) RHU/HC: (8.2%) Public Hospital: (9.2%)	119.0%*		Total Public Health Facilities: (7.1%) RHU/HC: (7.1%) Public Hospital: (6.8%)	140.8%*		Total Health Facilities: (8.6%) RHU/HC: (8.0%) Public Hospital: (7.3%) Private Hospital: (17.8%) Private LIC: (16.5%)	116.3%*

Indicator [A]	Baseline [B]	ACCOMPLISHMENT								
		For the Quarter April-June 2020			For the Year 2020			Life-of-Activity		
		Target [C]	Actual (Reference period) [D]	% of Target Achieved [E] = (D/C)	Target [F]	Actual (Reference period) [G]	% of Target Achieved [H] = (G/F)	Target [I]	Actual (Reference period) [J]	% of Target Achieved [K] = (J/I)
PSI	24%		Total Public Health Facilities: (30.7%) RHU/HC: (33.0%) Public Hospital: (21.1%)	32.6%†		Total Public Health Facilities: (52.5%) RHU/HC: (54.9%) Public Hospital: (42.3%)	19.0%†		Total Health Facilities: (41.6%) RHU/HC: (44.5%) Public Hospital: (35.5%) Private Hospital: (40.0%) Private LIC: (25.2%)	24.0%†
SDM Beads	50%		Total Public Health Facilities: (43.6%) RHU/HC: (43.4%) Public Hospital: (44.3%)			Total Public Health Facilities: (45.2%) RHU/HC: (44.6%) Public Hospital: (47.7%)			Total Health Facilities: (44.4%) RHU/HC: (45.2%) Public Hospital: (43.8%) Private Hospital: (26.1%) Private LIC: (45.5%)	

*Colors have been added to highlight the percentage of project indicators met: Green is ≥100% of target have been met

†Colors have been added to highlight the percentage of project indicators met: Red is <50% of target have been met

‡ Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% of target have been met

For health systems strengthening, the project has three quarterly indicators to assess its accomplishments in this area: two on HRH (presence of Mission support to strengthen HRH; and percent of health workers who receive in-service training [IST] using non-traditional platforms), and one on supply and logistics (average stock-out rate).

Since the first quarter of FY2019, the project has always reported a 0% accomplishment on the percentage of health workers trained on non-traditional methods, since this activity is dependent on the development of the e-FPCBTI manual, which the project is supposed to use for the training of FP workers using non-traditional methods. To date, the development of the e-manual has not yet been completed. However, with the COVID-induced constraints which greatly limited the feasibility of conducting in-person training activities since March of this year, virtual platforms have been extensively used by the project for training purposes, leading to the conduct of numerous learning activities in the form of webinars and online CLA/pause and reflect sessions demonstrating and discussing the use of data for decision-making. Since all FP-related training activities conducted by the project during this quarter have been through the use of non-traditional methods, it was decided to report the extent to which these activities have been conducted, to more accurately reflect the project's contribution toward this indicator.

From April through June 2020, the project has conducted online training for 190 hospital staff coming from 42 hospitals, or an average of 4 staff per hospital. In addition, 229 staff from 34 health centers have been trained online, or an average of 7 staff trained per health center. In comparison with the target, the total of 419 staff trained during the quarter is 21 times higher (2095%) than the targeted number of only 20 staff. It should be noted, however, that the target for this quarter was kept intentionally low because had the e-FPCBTI Manual been completed, the project would have been still in the process of pilot-testing it in a small group of trainees. When compared with the life-

of-activity target, the number of 419 health workers trained by the project as of this point in time is already 87.3% of the targeted number of 480 health workers trained through non-traditional methods.

For this quarter, data on stock-out rates for various types of FP commodities were likewise collected from all public health facilities in the 32 USAID ReachHealth project sites that agreed to be interviewed. However, unlike previous quarters when data collection was made through direct observation of the existence of FP commodities during an actual visit of the health facility, for this quarter, data were collected by means of telephone interviews with the staff in-charge of FP services in each health facility. The change in the mode of data collection was made due to COVID-induced travel restrictions.

The number of public health facilities interviewed varied according to the type of FP commodity. While all health facilities interviewed were asked about the presence of stocks of pills, DPMA, and condoms on the day the telephone interview was made, only those with trained providers were asked about supplies of IUD and PSI. Table I shows the number of health facilities interviewed on stock-outs by type of FP commodity, region, and type of public health facility.

Table I. Number of health facilities interviewed by type of FP commodity, region, and type of health facility: April – June 2020, USAID ReachHealth Project Sites

TYPE OF FP COMMODITY AND PUBLIC HEALTH FACILITY	LUZON	VISAYAS	MINDANAO	TOTAL
Pills, DPMA, Condom				
Health Center	444	365	221	1030
Hospital	106	65	49	220
TOTAL	550	430	270	1250
IUD				
Health center	205	258	182	645
Hospital	73	58	42	173
TOTAL	278	316	224	818
PSI				
Health Center	281	221	174	676
Hospital	79	49	33	161
TOTAL	360	270	207	837
SDM				
Health Center	443	354	221	1018
Hospital	106	57	47	210
TOTAL	549	411	268	1228

Just like unmet need, the interpretation of the stock-out rate differs from all other indicators because the lower is the computed value compared to the target, the better is the situation. As such, the computation of the percentage of target achieved for the quarter, for the year, and for life-of-activity is reversed in the accomplishment matrix shown above. Instead of the actual accomplishment for the period considered being used as the numerator and the target as the denominator, it is the other way around. Hence for this quarter, the target of 10% is 3.4x or 344.8% higher than the actual stock-out rate of only 2.9% for pills (for all health facilities combined) and is colored green in the matrix because the accomplishment is better than the target by having a much lower value. For all types of FP commodities and for all time periods considered, the computation of percentage of target achieved is based on the figure for all types of health facilities combined.

For this quarter, the average stock-out rate across all types of FP commodities (but excluding SDM) is 13.8% for all types of health facilities. The stock-rate among health centers (13.4%) is slightly lower

that for public hospitals (15.8%). There has been a slight improvement in the stock-out rates for this quarter compared to the last, wherein the corresponding figures were 14.7% for all types of health facilities taken together and were 14.4% and 16.5% for health centers and public hospitals, respectively. Other important findings with respect to stock-rates for this quarter are as follows:

- The stock-out rate for RHUs is lower than that for hospitals for all types of FP commodities, except for PSI
- For all types of health facilities in general, the stock-out is not a problem for pills, injectables and IUD. In the specific case of RHUs, <1% had a stock-out of pills and <5% had a stock-out of injectables.
- Stock-outs of condoms and PSI remains to be a big problem, for both health centers and public hospitals.
- Almost half of both health centers (43.4%) and public hospitals (44.3%) reported a stock-out of SDM, which is not much different from the overall baseline level of 50%.

To respond to the continuing high number of facilities with stock-outs SDM beads, the project requested the DOH for SDM supplies and was approved. A total of 10,500 beads were committed to be allocated by the DOH to address stock-outs in RH-supported facilities. Given the current pandemic limitations on logistics and transportation, the project has coordinated with the AFP logistics command to allow the USAID ReachHealth Project to “free-ride” the SDM supplies to Visayas and Mindanao.

Activities and Interventions Implemented this Quarter

Support to the Implementation of the RPRH Law

Presentation of the rationalized of RPRH indicators to NIT

Following the two-day workshop that was facilitated by the project last quarter, the streamlined RPRH indicators was presented to the program managers and members of the NIT for their inputs and approval. The NIT TWG on M&E made efforts to arrive at a more rational and robust set of indicators that were initially vetted by the RPRH NIT. The NIT agreed to use it as the basis for drafting the 2019 RPRH Annual Report, wherein key indicators for FP are more defined with clear alignment from input to impact.

Preparation and Drafting of the 6th RPRH Report

The project supported DOH and POPCOM in the drafting of the annual RPRH report by engaging a consultant as lead writer to consolidate the draft outputs of the writeshop in the previous quarter and finalize the report. With the imposition of government measures and restrictions due to COVID-19, the project facilitated 6 online technical meetings with the consultant and KRA writers in April and May to ensure that the project is on track and deadlines will be met.

An NIT TWG for M&E online technical meeting was convened on June 18, 2020, which was facilitated by the project to review the draft report and the summarized version or the fact sheet. The review was attended by members of the NIT TWG, including the DOH, POPCOM, Likhaan, UNFPA and USAID and other key stakeholders. The report is in its final stages of review and approval and awaiting final inputs from the program managers. The NIT requested from Congress on June 25, 2020, for an extension in the submission of the report until end of August 2020 given the current constraints posed by COVID-19.

Support to Increasing Capacity of CHDs and LGUs to implement UHC

Support to CHDs and LGUs in Understanding and Implementing the UHC IRR and Related Issuances

The project conducted an online orientation to 24 MHOs and Rural Health Physicians from 18 LGUs of Pampanga and Angeles City on the UHC IRR and establishing HCPN. The activity was jointly conducted with CHD III through the Head of Governance Cluster, Local Health Systems Support Division which discusses the issues around SHF management, accreditation and contracting of HCPNs, and implementation of DOH policies on integration of local health system. Among the next steps that were identified include completion of pre-work for HCPN Referral System Workshop and conduct of Workshop on Strengthening HCPN Referral System.

Support to Local Policy Development for UHC Implementation

The project provided technical inputs in the drafting of the memorandum of agreement (MOA) between the provincial government of South Cotabato and its component LGUs. The MOA stipulates the roles and responsibilities of the local health systems, commitment to the policies set by DOH and PhilHealth, and province-wide arrangements for managerial and technical integration.

Likewise, the project is actively supporting Davao City in the development of its draft executive orders on the reconstitution of the City Health Board (CHB) and the creation of the primary care provider networks in the city. The local policies are now in the final stages of approval and issuance by the CHB and by the mayor.

Assistance to Strategic Plan Formulation and Enhancement of the Local Investment Plan for Health/ Annual Operational Plan

USAID's ReachHealth project, in collaboration with CHD IX and CHD XI, conducted discussions on UHC implementation during the last month of the quarter with the aim of touching base again with the city and the provinces regarding UHC implementation, how the local health systems were able to cope with the pandemic, how they will move forward despite the pandemic, priority plans that needed to be deferred, plans which are to be continued for the remaining months of the year and the adjustments that are to be made. Zamboanga del Norte, Davao City, South Cotabato and Agusan del Norte were able to revisit their UHC strategic and operational plans and were able to identify which activities are to be conducted with adjustments considering the new normal ways of doing things and created their timeline for the year. CHD IX and XI were able to draft their technical assistance plan for the region, especially for the UHC Integration sites for the remaining months of the year.

Strengthening the Local Health System of South Cotabato through Implementation Research

With key guidelines on the Province/City-wide Health Systems (PCWHS) integration and the Special Health Fund (SHF) in place, the project is continuously supporting South Cotabato in strengthening local UHC implementation and conducted series of technical consultation meetings for the conduct of the implementation research for UHC. It aims to generate evidence and proof of concept through the UHC implementation research in selected LGUs using FP as a tracer program. In order to learn from the experience of implementing UHC, there is a need to test these UHC reforms in UIS. Assessment of such experience shall serve as empirical basis for identifying potential barriers to implementation and alternative solutions. The lessons from the UIS will also provide basis for modifying existing guidelines to improve implementation, and for replication and scale-up to other LGUs nationwide.

Technical Collaboration with PhilHealth in Developing Policy on Network Contracting for Konsulta

The project's partnership with PhilHealth continues to gain more traction with another planned technical assistance to develop the network contracting policy for Konsulta. With the imminent implementation of the Konsulta package in the last 2 quarters of 2020, PhilHealth has requested the project for support to the agency in developing the guidelines for contracting primary care networks as espoused in the UHC law. A technical discussion was undertaken on June 24, 2020, with VP [REDACTED] for an initial scoping of the TA. PhilHealth will be providing the project with a technical note outlining their TA needs related to the policy.

LGU Guide to Developing the DRRMH

To ensure compliance to the HCPN contracting criteria, the project has initiated the LGU Guide for formulating the DRRMH based on the existing DOH policies. The goal is to ensure that LGUs are properly guided on the step-by-step process of preparing the DRRMH plan and for integrating the minimum initial service package (MISP) for sexual and reproductive health (SRH).

Strengthening Financing for FP

Support to Understanding the PhilHealth IRM Fund Requirements That Can Be Utilized for FP/MCH

USAID's ReachHealth project conducted two batches of online writeshops on May 8 and 22, 2020, on accessing the interim reimbursement mechanism fund, which is an advanced financing provided by PhilHealth to health facilities during fortuitous events. The writeshop was attended by 39 private birthing midwives representing various associations including IMAP, United Midwives Association of GenSan and PPMAP. A quick orientation on the DOH and Phil health policies related to provision of essential health services and the special privileges under fortuitous events including IRM application process was given followed by a writeshop on accomplishing the application requirements.

Webinar Series on the Viability of FP Stand-alone Clinics

In its first year, the project conducted a learning session with Likhaan around their experience in managing free-standing FP clinics. A planning session with Likhaan was organized to design a webinar series around the insights and experience they had in running a specialized clinic on FP. The goal of the webinar series is to promote FP clinics as a cost-effective model of FP service delivery to the community by providing further insight into facility operation, challenges and the factors that are crucial for its sustainability.

Amendment of "Guidelines on the Certification of Free-Standing Family Clinics" to Include Public Facilities

To support in the establishment of FP stand-alone clinics, the project assisted in the development of draft policy to DOH national level to amend the existing Administrative Order No. 2017-0002, entitled "Guidelines on the Certification of Free Standing Family Clinics." The purpose of the policy is to modify the guidelines on the certification of Free Standing Family Planning clinics to include the public health facilities i.e., hospitals, RHUs and health centers. Public health facilities play a huge role in the provision of FP services as it comprises 35% of the total health facilities in the country (based on 2016 DOH data), where the great majority of low to middle income groups seek care. It has been also realized that there is a need to revisit the certification process that DOH conducts with the end goal of streamlining and expediting the process and address one of the major concerns on HRH complement.

Analysis of the 5-year PhilHealth FP Claims and Reimbursements

USAID's ReachHealth project, in collaboration with PhilHealth, was given access to a 5-year claims reimbursement data to review and analyze trends of FP utilization in the country. Some of the key findings are:

- Subdermal implant remains to be the preferred family planning methods followed by IUD with surgical procedures lagging behind.
- 89% of FP procedures are done in primary care facilities with MCP-accredited providers getting 99% share.
- The top 5 regions with the highest reimbursements in FP claims are Regions 8, 3-B, 7, NCR and II based on 5-year average.
- Across the 5-year period, the total CYP for all FP paid claims is equivalent to 217,377.

Support to Health Information Systems Strengthening

Support to Development of Policies in Sustaining Recording and Reporting of FP Services

The project continuously supported initiatives in strengthening LGU and facility health information system, with specific focus on ensuring accurate capture of FP performance and institutionalizing a systematic process of recording and reporting that is in accordance with the FHSIS through the issuance of supporting policies. The project has been instrumental in the issuance of a provisional policy by the Epidemiology Bureau (EB) of the Department of Health or Department Memorandum 2020-0234, dated May 18, 2020, entitled "Instruction and Guidance from Epidemiology Bureau on Sustaining FHSIS Recording and Reporting during COVID-19 Pandemic." The policy reinforces continued collection of data for FHSIS, which is an integral part in the provision of essential health services despite the COVID-19 pandemic. The interim guidelines include the timelines and schedule of deadlines for the quarterly reports at the regional, provincial, and municipal levels. It also covered the clarificatory guidelines for quarterly reporting of current users and new acceptors for the Quarter and Erratum for the pages 74-75 of 2018 FHSIS MOP. Additionally, the parameters to be used in computing for the age disaggregation requirements of the FHSIS report was provided for the year covering 2018 and earlier.

In connection to this, an online orientation of the said policy was also facilitated by the project where EB presented its interim guidelines on sustaining FHSIS reporting of essential health services, including maternal child health and FP, in times of COVID-19. FP reports of selected regions were presented and corrections to the 2018 MOP were highlighted, while proposed interim solutions to the challenge of non-disaggregated data were likewise discussed. Plan for transition from e-FHSIS" to o-FHSIS", i.e. electronic to online FHSIS reporting, were likewise tackled. Adjusted deadlines for the submission of reports were discussed and negotiated with the regional and provincial/city FHSIS coordinators. The event was attended by 182 participants nationwide, including regional and provincial FHSIS coordinators, statisticians, technical staff, and data validators and USAID's ReachHealth field staff and MERLA team.

Online Training on DQC for FP

An online session on Data Quality Check for FP indicators was conducted for the regional FHSIS Coordinators last June 23, 2020. This was done in collaboration with the EB as part of the technical assistance and support in standardizing and capacitating the national, regional and local staff on FP recording and reporting. The main objective of the online workshop is to ensure validity and reliability of FP data generated from the FHSIS. It is intended to capacitate the participants with concepts and principles on quality of data, data quality checks, proper recording and reporting of FP data, computation and interpretation of FP indicators, and data analysis and utilization. Corresponding simulated and practical exercises were also conducted to ensure a deeper level of

appreciation and understanding of the rules of examining the quality of FP data under the FHSIS 2018 MOP. A total of 182 FHSIS coordinators, statisticians, data managers from the provinces and regions participated in the training. This was conducted particularly for the FHSIS coordinators and capacitate them to be able to properly train the other LGU staff in charge of FP recording and reporting.

In Luzon, support to the Central Luzon Center for Health Development (CLCHD) was provided in the development of guidelines in harmonized tracking and reporting of FP unmet need. This request originated from the region-wide data analysis workshop conducted last February 2020. The lack of national guidelines in guiding LGUs track and report FP unmet needs has prompted CLCHD to request for assistance in drafting a joint memorandum circular between the regional offices of DOH and POPCOM. Prior to approval of the joint memorandum circular in June, 2 virtual consultative meetings were conducted which was participated by the regional and local FP Coordinators, DMOs, regional and local population officers of POPCOM.

Support to FP in Hospital Recording and Reporting

Part of the project's technical assistance and support is standardizing and capacitating the national, regional and local staff on FP recording and reporting. Tracking of MI reporting among RH-supported hospitals shows the following progress:

- Baseline: 50% (124 of 250 hospitals reporting)
- End of Sept 2019: 59% (65 of 110 hospitals reporting)
- End of June 2020: 77% (67 of 128 hospitals reporting)

In Luzon, the project team supported the integration of public hospitals' FP accomplishment to its official FHSIS report by co-developing the FP FHSIS encoding and consolidation tool of Central Luzon CHD. An excel based reporting electronic tool for FP was also developed in response to the request of CHD Metro Manila and Provinces in Calabarzon. The tool comes with a quick user guide and was also shared and used by Camarines Sur and Albay.

In Visayas, the project team was able to conduct coaching and mentoring to about 20 staff from 5 public hospitals. Currently, only 7 of the 13 hospitals in Iloilo and 3 DOH hospitals from the previous quarter were coached and mentored on FHSIS 2018 recording forms. 5 hospitals in Negros Occidental were oriented on FP recording and reporting.

The project supported the establishment of an integrated system that addresses FP unmet needs in partnership with the Western Visayas Center for Health Development and POPCOM VI. The system was developed by Iloilo State College of Fisheries (ISCOF), one of the state colleges in the region where it aims to rationalize, streamline, and harmonize the collection and tracking of data on unmet FP needs of women of reproductive age. Continuous virtual consultation meetings were done to enhance the IT structure, end-user feedback and User's Manual. With the lifting of border restrictions, the pilot test in Bago City, Negros Occidental is set within the next quarter.

Support to RHU/HC Recording and Reporting

The project sites have varying levels of FHSIS MOP version 2018 implementation. Some regions and LGUs have already implemented the new guidelines in the last quarter of 2019, such as Central Luzon and Bicol Region, while others planned to implement the new system in 2020.

In Luzon, the regional team was able to orient a total of 125 health staff from 61 RHUs and Health Centers in the provinces of Rizal, Batangas and City of Manila on FP recording and reporting which focused on the review FP indicators, recording and reporting forms, and the use of master list of WRA and Adolescent Women to record women with FP unmet need. In Bicol Region, 334 health staff from 50 RHUs and Health Centers in Camarines Sur and Albay were given refresher

orientation on FHSIS FP recording and reporting with focus on tracking of FP unmet needs.

Building Capacities for Supply Chain Management

Act on Site to Strengthen FP Supply and Logistics Management System.

The project keeps track of FP commodity availability in supported RHUs and hospitals supported with an act-on-site mechanism to respond immediately to commodity resupply among CHDs and LGUs and hospitals in Zamboanga del Sur, Zamboanga del Norte, Davao City, South Cotabato, General Santos City, and Agusan del Norte. The provinces of Zamboanga del Norte and del Sur issued a provincial memorandum on the continued provision of FP commodities and services during COVID-19 while Zamboanga City and Davao City mobilized and deployed community health workers or barangay population volunteers on the re-supply of condoms and pills, wherein distributed condoms were included in the food packs given to all households during enhanced community quarantine, respectively. Zamboanga del Sur prepositioned condoms and pills at the quarantine control points and provided re-supply to travelers whose method is either pill or condom.

Orientation/Collaboration Meeting with MTAPS on SMRS

A technical collaboration meeting was conducted together with MTAPs where the possible bottlenecks and challenges that the national, regional and local levels are experiencing in terms of FP commodity inventory management. The DOH and POPCOM are using separate inventory tracking tools, i.e., the Pharmaceutical Management information system and FP hotline respectively which causes significant discrepancies in the actual figures of commodities. Both the USAID's ReachHealth MTAPs projects agreed to explore the possibility of a joint training on supply chain inventory management system. The idea of a joint capacity building activity was prompted by the query of the Family Health Office of the Department of Health on the discrepancies in the reports of POPCOM's FP hotline and the Pharmaceutical Management Information System on the inventory of FP commodities. The two agencies are collecting the same variables of data from the same source, which is at the RHU and health center level, but certain inconsistencies are still prevalent. Both projects agreed to discuss even further with the two concerned agencies prior to finalizing the planned technical assistance collaboration.

Webinar on Sustaining Essential Health Services and FP During Disaster

The USAID's ReachHealth project conducted a series of webinars to build capacity of partner LGUs and DOH retained hospitals to process and implement policies and guidelines pertinent to improving financing of COVID-19 and other essential health services within the framework of Philippine government public health emergency response for COVID-19. These guidelines have been issued simultaneously by a range of national agencies, such as PhilHealth, DOH, POPCOM, Department of Budget and Management (DBM), and Department of Interior and Local Government (DILG).

The three sessions, organized in April for Luzon, Mindanao and Visayas, focused on the policies on Sustaining Essential Health and FP Service Provision, Benefits under Fortuitous Events and Advisories on availing of COVID-19 benefits; and Provision of Funds by LGUs and access to Bayanihan Grants. This webinar series were especially designed for health facility administrators and PhilHealth point persons, local health system managers, as well as managers of public health programs such as maternal and child health and family planning. The three webinars were actively participated by more than 70 participants composed of technical health staff from regional, provincial, and city health offices, hospitals, and infirmaries.

A parallel orientation was also done among the 497 FP Nurses/Coordinators in RHUs/HCs of Caloocan City, Camarines Sur, Albay, Rizal, Cavite, Batangas, and Laguna.

Compliance to CRM and REG216

Because of the need to make the telephone interviews conducted for data collection during this quarter as short as possible, monitoring for compliance to CRM and REG216 which involves asking a number of questions was not included during the regular quarterly monitoring conducted this quarter. However, a separate monitoring activity will be conducted for this purpose in July, and a separate report on its results will be submitted to USAID in August.

Proposed Action for the Next Quarter (Objective 3) – *Please note these may be delayed or even cancelled, depending on the local evolution of the COVID-19 pandemic and the Philippine government response*

- **Increase the capacity of CHDs/ LGUs to implement the UHC and its IRR.** Due to the pandemic, the CHDs and the LGUs have to revisit their UHC strategic and operational plans and identify which activities are to be prioritized for 2020. The project with the CHDs and the LGUs has identified technical assistance support at the regional and LGU levels. The regional TA support include:
 - Stocktaking and capacity building of the regional UHC technical assistance teams to include the UHC/HCPN/ LHS coordinators, DOH representatives, and PHIC representatives in assisting the LGUs with its models of Province/city-wide health systems and HCPNs, revisit and enhance LIPH/ AOP 2021 which is UHC ready, documenting the processes and creating key messages, presentation materials and tools to assist the LGUs,
 - Conduct of Facilitators training on Establishing Primary Care Provider Networks to capacitate regional focal persons, DOH representatives and provincial technical teams to assist the component municipalities and cities in creating their PCPNs and comply with DOH and PhilHealth standards.
- **Maximize Utilization of PhilHealth Benefit Packages.** Provide technical inputs and facilitate orientation on the new PhilHealth guidelines on PhilHealth Benefit Packages and provide assistance to private partners on establishing FP stand-alone facilities.
- **Support policy formulation on MISP-sexual and reproductive health (SRH) in the DRRMH.** With the lessons learned from the pandemic, the project will assist the LGUs in crafting and enhancing their DRRM-H plans to include response to emerging and re-emerging infectious disease. The project will also conduct more policy writeshops that support the localization of MISP-SRH policies and its integration in the DRRMH for disaster-prone provinces/cities such as Zamboanga and Agusan to ensure sustained FP services and commodity security in times of disaster and crises.
- **Establishment of mechanism for allocation, distribution, recording and reporting for hospital FP logistics management**
- **Virtual orientation, coaching and mentoring on FHSIS 2018 recording and reporting tool to RHUs and hospitals**
- **TA to PHO FHSIS team on data management (Collection, Consolidation, and Validation)**

Analysis of Accomplishments (CCR 1 and CCR 2)

Activities and Interventions Implemented this Quarter

CCR I: PSE, Partnership & Grants

FP in the Workplace

With the temporary closure of companies, the Luzon team focused on finalizing the Workplace Service Delivery Network Guide—a list of large companies and nearby Phil health accredited private LICs, public RHUs, and private hospitals. The guide covers Cavite, Pampanga, and Angeles City.

In the Visayas, the planned follow on meeting with Vallacar Transit was deferred until transport operations resume in Negros Occidental. Follow-on activities were also pushed back in Tagbilaran, Bohol.

In Mindanao, assessment in two companies, namely Permex Canning Corporation and YL Fishing Corporation in Zamboanga City, have been completed and the results validated with POPCOM IX, CHD IX, and DOLE IX. In South Cotabato, three companies, namely Yellow Bus Line, Unified Engineering Multipurpose Cooperative, and Cannery Multipurpose Cooperative, temporarily stopped the data collection for the assessment, which will resume later in the year. Meanwhile, consultation meetings with DOLE-Zamboanga del Norte and the MHO of Roxas have resulted in the identification of three large companies, like Rural Transit Mindanao Inc., Katipunan Bank, Inc., and Lee Plaza City Central, as implementation sites, which will begin with facility assessments and FP profiling in the fourth quarter.

PACT for FP and FP Ayuda Express (reported under Enhanced Usapan; refer to page 6)

Engaging Private Lying-In Clinics for FP Services

Following the issuance of the DOH circular on continuous provision of essential health services during the pandemic and the POPCOM circular on ensuring the resupply of FP commodities, the PHOs of Rizal and Laguna and selected RHUs in Cavite tapped 53 private LICs (33 in Rizal, 15 in Laguna, and 5 in Cavite) as resupply points. The LICs were asked to provide 3-month FP commodities to current users near their clinics so that the clients do not have to go to the RHUs. This ensures that limited mobility do not increase FP dropouts and unwanted pregnancies.

Innovation Challenge

Activities during Q3 were focused on stakeholder engagement to build momentum and buy-in for the ReachHealth Innovation Learning and Action Network (RILAN), which will be launched in Q4. One-on-one virtual meetings with 11 stakeholders across sectors were completed, securing commitments to participate in the network and soliciting ideas for future themes of the virtual forums. Together with Duke-GHIC and Villgro Philippines, the project developed a roadmap for continuing virtual engagement leading to a hackathon-style event towards the end of the year.

CCR2: Transformative Gender Approaches

Activities and Interventions Implemented this Quarter

On Gender-responsive SDP, the remaining activities around testing for applicability, usability, and relevance were sidelined by the COVID-19 restrictions and may not resume until next year. For the men's involvement study, the evaluation of Katropa with POPCOM was supposed to begin in July. It is now targeted to start in the first quarter of Year 3. While on the TA to DOH on men's

involvement and responsibility in reproductive health (MIRRH) and men's reproductive health (MIRH), the project has completed all three phases of the TA: the situation analysis, the draft policy, and the manual of operations. The outputs, however, have yet to be presented to key DOH personnel for validation.

Gender-based violence (GBV) response capacity strengthening

The COVID-19 crisis brought with it an opportunity to highlight GBV as a problem made worse by lockdowns. To advocate for greater attention to this issue, the project organized a series of webinars that helped partners understand GBV and identify ways of addressing it under the pandemic. To date, four webinars participated in by about 500 partners from POPCOM, CHDs, DSWD, and LGUs have been completed. Initial results include the operationalization of the POPCOM helpline on GBV, establishment of GBV referral networks in Caloocan City and Region 9, pre-positioning of social workers in all municipalities in Region 7, and identification of LGU entry points for integrating GBV in the ongoing pandemic response.

Proposed Action for the Next Quarter

CCR 1

- Completion of pending site assessments for FP in the workplace will resume when the COVID-19 restrictions are eased, and workers are back in the targeted factories. RILAN will be launched in the next quarter to signal the beginning of the project-led search for innovations in FP and teen pregnancy prevention.

CCR 2

- **Men's involvement study Phase 2.** The project will reconvene the POPCOM working group to prepare for the Katropa evaluation, which may start in late September.
- **TA to DOH on MIRRH and MIRH.** The project will proceed with actual policy drafting. The situation analysis and the draft policy will be presented to key DOH personnel for validation and inputs.
- **GBV response strengthening.** The project will launch a nationwide campaign called "FamiLigtas" (safe families) to continuously direct greater attention to and encourage actions against GBV during the pandemic.

Cross-cutting Result 3: MERLA

Indicator [A]	Baseline [B]	Accomplishment								
		For the Quarter April-June 2020			For the Year 2020			Life-of-Activity		
		Target [C]	Actual (Reference period) [D]	% of Target Achieved [E] = (D/C)	Target [F]	Actual (Reference period) [G]	% of Target Achieved [H] = (G/F)	Target [I]	Actual (Reference period) [J]	% of Target Achieved [K] = (J/I)
Cross-Cutting Result 3: MERLA										
Indicator 30: Number of Pause and Reflect sessions conducted	0	15	20	133.3%*	66	31	47.0%†	297	74	24.9%†
Internal			2			8			8	
External			16			20			62	
Cross Sectoral			2			3			4	
Indicator 31: Number of government staff trained in data analysis and/or scientific stature with ReachHealth support	0	15	0	0.0%†	30	45	150.0%*	225	45	20.0%†

*Colors have been added to highlight the percentage of project indicators met: Green is ≥100% of target have been met

†Colors have been added to highlight the percentage of project indicators met: Red is <50% of target have been met

Analysis of Accomplishments (CCR 3: MERLA)

MERLA has two quarterly indicators to monitor its accomplishments: the number of pause and reflect sessions conducted and the number of government staff trained on data analysis. Progress made by the project on each of these indicators during this reporting quarter will be discussed under the sub-sections on Data Use for Learning and Decision-making and Capacity Building for MERLA presented below.

Data Use for Learning and Decision-Making. There were 20 pause and reflect sessions conducted during this quarter which exceeded the target of 15. Of these, 2 were internal and 18 were external. The internal pause and reflect sessions were held in preparation for the Luzon PIR which was conducted on June 25, 2020. In the case of the 18 external pause and reflect sessions conducted, 11 sessions were held at the provincial/city level with 179 participants while 7 were conducted at the regional level with 116 participants. The topics covered in these pause and reflect sessions varied and included among others, the discussion of the FP assessment results, the results of the stock-out monitoring of health facilities, and the conduct of HCPN/SDN monitoring and evaluation quarterly meetings. While the project exceeded its target for this indicator during the quarter, it is still halfway through its target for this year (47%) and a quarter of the way (24.9%) compared to the life-of-project target. The biggest inhibiting factor is the project's inability to pilot the use of DHIS2 at the field level, from which the development of dashboards on FP indicators would have been the medium for the conduct of pause and reflect sessions at the health facilities level on a regular basis. The project continues to look for ways to conduct pause and reflect sessions with data providers at the health facilities level given COVID-related constraints.

Capacity Building for MERLA. The project was not able to conduct any training for health workers on data analysis and utilization for this quarter due to COVID-related constraints. Given that data analysis is a highly technical topic which a lot of people find difficult to understand, the conversion of the training design and existing training materials from the traditional to the distance education mode, which is the only option available in the time of COVID, takes more time and careful planning. Hence planned activities related to this intervention were modified, and the third and fourth quarters of this fiscal year will be spent on developing the training materials to be used

for the conduct of the training on data analysis and utilization using distance education.

Maintenance of Routine Data Collection System for Project Indicators. Due to COVID-related constraints, major changes were made in the mode of data collection for this quarter as follows:

- a. Data were collected through the conduct of telephone interviews, instead of conducting personal interviews with FP Coordinators during actual visits of health facilities.
- b. Data were collected from all public health facilities which met the following criteria:
 - It is feasible to conduct a telephone interview with them (Note that there were a few areas with very weak signals hence data could not be collected)
 - The FP Coordinator agreed to be interviewed through telephone

In the previous quarters, data were collected from a random sample of public health facilities which were actually visited by the P/CTOs and METAs.
- c. To keep the telephone interviews as short as possible, data collection was limited only on the 13 quarterly USAID-mandated indicators listed in the project’s AMELP, instead of including several other internal indicators which was done in previous quarters.

For this quarter, data were collected from 1250 public health facilities, which included 1030 health centers and 220 public hospitals. The distribution of these public health facilities according to region is shown in Table 2.

Table 2. Distribution of Public Health Facilities Covered During the Q3FY2020 Data Collection by Type and Region

TYPE OF PUBLIC HEALTH FACILITY	LUZON	VISAYAS	MINDANAO	TOTAL
Health Center	444	365	221	1030
Hospital	106	65	49	220
TOTAL	550	430	270	1250

In the case of the FHSIS reports, data were still collected from the FHSIS Coordinators of each project site, by requesting them to email to the project P/CTOs and METAs, the consolidated FHSIS data for the province/city for Jan-March 2020. In the past quarters, the P/CTOs and METAs made personal visits to the FHSIS Provincial/City Coordinators to collect FHSIS data, thus enabling immediate feedback, discussion and provision of TA, in case problems are found in the data personally collected.

Part of the maintenance of the project’s information system is the regular conduct of an internal DQA. For this quarter, this was conducted in the first 2 weeks of April by the METAs, covering data collected the period January – March 2020. Hence, with USAID doing the DQA for data collected for the period October – December 2019, then the data collected by the projected for the first half of FY2020 has been subjected to internal DQA.

Conduct of Research Activities. One of the major interventions of MERLA as indicated in the workplan is to support the implementation of specific research activities to address the updated learning agenda for FY2020. As part of this intervention, MERLA, in collaboration with the project’s objective 2 staff, conducted a rapid assessment in the status of ARH services in the time of COVID. The survey was conducted on May 4 and 5, 2020 through telephone interviews and covered 27 PHOs/CHOs, 156 health centers and 28 public hospitals and 13 private lying-in clinics. The health facilities had to meet the following requirements of being an adolescent-friendly health facility in order to qualify for inclusion in the survey: 1) Has at least 1 staff trained on AJA/ADEPT, or any other training related to adolescents.

2) Has a place for counselling and/or offering RH/FP services for adolescents with audio-visual privacy (not necessarily a dedicated space/office); and 3) Has a referral tool/mechanism for adolescent services. The survey had three components and covered the following areas: status of ARH service provision in terms of FP services and commodities being offered; extent and nature of information dissemination currently being implemented on adolescent reproductive health and ARH services among adolescents; and challenges met in ensuring FP service continuity for adolescents and corresponding adaptive solutions implemented. The results of the survey were presented during the USAID FP cluster meeting on May 8, 2020 and were also disseminated to the other USAID IPs, POPCOM, the DOH and the LGUs so they can be used as guide in their initiatives to continue helping the Philippine government achieve its health goals, specifically in FP, under this health crisis.

MERLA likewise coordinated with objective 3 in designing and implementing an embedded training course on Implementation Research in the project on Implementing Universal Health Care Using Post-partum Family Planning as a Tracer Program in South Cotabato. This activity started in June 2020 and will continue in the succeeding quarters.

The MERLA Unit continues to monitor the status of the various research projects being conducted by USAID ReachHealth project. It also continues to provide inputs in various phases of the research conducted, like the review of the Final Report of the research study on FP Motivations which was drafted in June.

Proposed Action for the Next Quarter

The following are the proposed activities of the MERLA Unit for the 4th quarter of FY2020:

- Conduct of the didactic component of the training on DAU for USAID ReachHealth Project staff
- Development of training materials on DAU for health workers using the distance education mode
- Conduct of internal and external pause-and-reflect sessions
- Conduct of internal DQA by the METAs
- Development of training materials for, and conduct of the embedded online training course on Implementation Research for South Cotabato

B. Performance of Key Activities

The activities covered under this section include those which are supposed to be implemented from April – June 2020 based on the project's approved Annual implementation plan. Also included are those which were supposed to be implemented in the last quarter but which were either deferred or were only partially completed.

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

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
I. Objective I: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations			
Sub-IR I.1. Improved individual, household and community FP/MNH knowledge and decision-making in underserved populations			
Create TA Packages and FP materials on common FP concerns	<ul style="list-style-type: none"> Developed and disseminated the FP Booklet and social media cards. 	PC—The project will continue to develop materials for specific audiences as we launch our campaigns.	<ul style="list-style-type: none"> Number of individuals in the target population reporting exposure to USG funded FP messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print.
Launch motivational platform and get people talking about FP	<ul style="list-style-type: none"> The formative research report has been reviewed and submitted The project is currently drafting the FP communication strategy document 	PC— The project is finalizing the national FP communication strategy document together with DOH and POPCOM, while <i>Usap Tayo sa FP</i> campaign is ongoing.	<ul style="list-style-type: none"> Number of individuals in the target population reporting exposure to USG funded FP messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print. Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Support provider behavior change activities, with a focus on teens		D— Review of Adolescent-Friendly Health Facility (AFHF) standards is still ongoing. The project continues to encourage them to include the youth perspective in discussions and revision of AFHF guidelines.	<ul style="list-style-type: none"> • Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year
Design and implement innovative SBC products for adolescents	<ul style="list-style-type: none"> • Finalized and submitted the HCD Technical report and five HCD prototype solutions • Oriented the regional teams about the prototype solutions • For localized initiatives: <ul style="list-style-type: none"> • Ongoing documentation of the Youth Optimizing Life Opportunities (YOLO) program in collaboration with the Department of Education (DepEd) of Agusan del Norte • Ongoing mapping out of adolescent sexuality and reproductive health (ASRH) programs and services initially for Zamboanga City • Ongoing development of the RHEADY modules in collaboration with SK Leaders 	PC— The HCD prototype solutions will be localized in selected project sites. The solutions and insights will also be used to strengthen existing local initiatives.	<ul style="list-style-type: none"> • Number of new acceptors • Number of individuals in the target population reporting exposure to USG funded Family Planning (FP) messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Sub-IR 1.2 Improved individual, community, and local civil society ownership and participation in healthy behaviors			
Optimize community-based demand generation, with a focus on Enhanced Usapan	<ul style="list-style-type: none"> • Enhanced Usapan continued before face-to-face and mass gatherings were not allowed. • FP Ayuda Express was launched to address this barrier. 	PC— Enhanced <i>Usapan</i> is still one of the most popular CBDG activities. However, given constraints, we are exploring an <i>Usapan</i> Online. The <i>Usapan</i> Quality Assessment Tool will also be used once face-to-face interactions are allowed.	<ul style="list-style-type: none"> • Number of modern FP users • Number of new acceptors • Number of individuals in the target population reporting exposure to USG funded Family Planning (FP) messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print (by channel/# of channels) • Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year • Percent of individuals participating in mobilization activities who adopted FP

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Review, revise and create communication materials for parents and other allies	<ul style="list-style-type: none"> An agency for #SoConnected has been hired. Created social media cards with messages around love languages to strengthen relationships between adolescents and parents. This was posted on the POPCOM website. 	PC— The #SoConnected campaign roll-out is expected this August.	<ul style="list-style-type: none"> Number of individuals in the target population reporting exposure to USG funded Family Planning (FP) messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print (by channel/# of channels)
Support adoption and rollout of CSE adopt-a-region strategy	Sites in Bicol and Caraga were selected as probable adopt-a-region sites. The project is still waiting for approval of the framework at the national level.	PC— Follow through will be conducted with Region 5 and 9 stakeholders. The introduction of the concept to Region 6 and 11 will be determined if the initial meetings can be done online.	<ul style="list-style-type: none"> Number of individuals in the target population reporting exposure to USG funded Family Planning (FP) messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year
Strengthen institutional competency of POPCOM and DOH	The project continues to provide technical support to POPCOM and DOH, specifically on materials development for this quarter.	PC—Short, online SBC courses are being considered. It is likely that no in-person SBC trainings will be given in Year 2, given the COVID-19 outbreak.	NA

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator 1.1)
Objective 2: Quality, client-centered, respectful FP/MNH care and services to men, women and adolescents in underserved areas are strengthened and expanded			
Sub-IR 2.1. Increased access to quality, client-centered care of FP and ARH in underserved areas			
Support the transition of existing SDNs to HCPN	<ul style="list-style-type: none"> • HCPN established and/or strengthened <ul style="list-style-type: none"> ○ Rapid assessment of SDNs in the provinces of Iloilo and Cebu to determine functionality of SDPs and key gaps for transitioning to meet the technical integration requirement of HCPN ○ Installation of Teleconsultation services by a private provider in identified HCPNs 	PC- A private provider has been engaged to install teleconsultation platform in selected HCPN to ensure continuity of FP services and referral during COVID-19 pandemic	Number of functional/responsive HCPN for FP
Establish HCPNs with functional two-way referral mechanism in project sites	<ul style="list-style-type: none"> • Transition to HCPN and set-up of new HCPNs documented <ul style="list-style-type: none"> ○ Continuous technical assistance was provided during the quarter to Batangas and Manila in enhancing their HCPN referral system operative documents. The Project also assisted in the conduct of virtual consultation meeting among the HCPNs of Batangas and Laguna and their apex hospital – the Batangas Medical Center to clarify referral arrangements in the time of COVID-19 pandemic. 	PC- Facilitated the conduct of virtual consultation meeting between primary care health facilities and the apex hospital to improve referral mechanisms during the pandemic	Number of functional/responsive HCPN for FP
Document streamlined referral pathways for youth and adolescents in a functional HCPN	<ul style="list-style-type: none"> • Referral pathways for youth and adolescents in a functional HCPN documented and installed in a selected region (UIS and “Adopt-a-Region” site) <ul style="list-style-type: none"> ○ Rapid assessment on the status of YOLO program in select schools in collaboration with DepEd, RHUs, and ADNPH in line with the YOLO documentation. 	FC- Documentation has been completed is awaiting comments from the partners prior to finalization	Percent of USG-assisted SDPs providing FP/RH services for adolescents and Youth

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<p>Enhance the standards/guidelines for adolescent and youth friendly/welcoming primary facilities and hospitals</p>	<ul style="list-style-type: none"> ● Revised AYFW criteria for RH services that include “welcoming” perspectives and suggestions <ul style="list-style-type: none"> ○ Facilitated meeting with the partner agencies to streamline ARH services and roles and plan of action to implement CSE & ARH convergence in the province of Iloilo ○ Developed an AHDP virtual orientation and planning workshop on the DOH standards for adolescent-friendly health services and the different tools for ARH service provision, including the rapid HEADSSS and recording and reporting tools. for RHUs and health centers. The output was action plans on setting up an AFHF and on how to adapt to the new normal. ○ Conducted virtual pause and reflect session for Teen Parents’ Clinic point persons to identify, and fill critical knowledge gaps, and apply new knowledge in strategic ways for adaptive program management. Ten TPCs in Luzon participated in the activity, which was attended by 36 hospital and LGU partners. 	<p>PC- A follow-up meeting is needed to monitor status of implementation of the plan of action</p> <p>FC- Similar virtual workshop will be conducted for other project sites to expand access to AHDP services</p> <p>FC- Similar pause and reflect virtual workshop will be conducted for PYPs in the Visayas to identify common elements that contribute to the sustainability</p>	<p>Percent of USG-assisted SDPs providing FP/RH services for adolescents and Youth</p>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator 1.1)
Sub-IR 2.2.: Improved number and capacity of providers delivering gender-, age-, and culturally appropriate client-centered care			
Scale-up FP program in hospitals to public and private hospitals with high volume of deliveries	<ul style="list-style-type: none"> • Increased access to post-partum family planning <ul style="list-style-type: none"> ○ Establishing a Family Planning Program in the Hospital Webinar Series Part I-III for five Negros occidental public hospitals ○ Assistance to the DOH in the revision and enhancement of Department Memo 2020-0222 or the “Guidelines on the Continuous Provision of Family Planning Services During Enhanced Community Quarantine Following the COVID-19 Pandemic. ○ Reviewed and finalized the hospital policy of Butuan Medical Center and Agusan Del Norte Provincial Hospital and the continued provision of PFP for inpatient clients at SPMC in spite of the COVID-19 pandemic ○ Provided support to FP Outreach services in GIDA communities. In collaboration with the FP itinerant teams of hospitals (MRH and ZDSMC) and RHUs, conducted 14 outreach missions. ○ Increased participation of private sector providers in the provision of FP services ○ Brokenshire Hospital in Davao City continued to be provided with technical assistance to address remaining gaps in integrating AY services to FP program in the hospital 	<p>FC- There is a need to incorporate DOH interim guidelines to ensure continuity of FP services</p> <p>FC- The project will continue to assist DOH in disseminating the guidelines</p> <p>PC– Need to follow-up approval of the hospital policy of BMC and ADNPH</p> <p>PC– the project will continue to support the conduct of outreach missions in GIDAs</p> <p>PC – a pause and reflect session is planned for private hospitals implementing FP program to identify strengths and challenges and recommend solutions before expanding to other private hospitals</p>	<p>Percent of USG-assisted SDPs providing FP/RH services for adolescents and Youth</p> <p>Percent of service delivery points providing FP counseling and services to couples, men, women, youth and adolescents of both sexes in USG-sites</p> <p>Percent of individuals participating in mobilization activities who adopted FP</p>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Strengthen FP service provision in public and private lying-in clinics with high volume of deliveries	<ul style="list-style-type: none"> • Increased participation of private sector providers in the provision of FP services <ul style="list-style-type: none"> ○ Engaged the Integrated Midwives association of the Philippines (IMAP) to provide technical assistance to private lying-in clinics in the provision of quality FP services 	PC– IMAP has targeted 224 private practice midwives’ clinics in 10 project sites to be assisted in establishing quality FP services	Percent of service delivery points providing FP counseling and services to couples, men, women, youth and adolescents of both sexes in USG-sites
Pilot implementation and documentation of FPCBT I blended learning package developed by HRH2030, including integrating gender concepts	<ul style="list-style-type: none"> • CQI policy framework drafted <ul style="list-style-type: none"> ○ Drafted scope of work to engage a consultant that will complete the development of storyboards of the remaining 8 FPCBT-I E-learning modules 	PC – a consultant will be hired to complete the e-learning modules and to draft the operations manual for the implementation of the e-learning platform	<p>Percent of USG-assisted service delivery points providing FP counseling and/or services</p> <p>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</p>
Strengthen implementation of ICV compliance monitoring system	<ul style="list-style-type: none"> • ICV compliance monitoring system strengthened at the CHD and PHOs/CHOs levels <ul style="list-style-type: none"> ○ Signed ZP-CHD PO no. 0949 s. 2020 re: Composition and Functions of the Regional and Provincial/Cities Informed Choice and Voluntarism Committee. ReachHealth drafted the PO and assisted CHD IX to disseminate to FP coordinators in the provinces. 	PC– Need to design a virtual monitoring mechanism for ICV compliance monitoring due to the difficulty of movement during COVID-19 pandemic	Percentage of USG-assisted DOH regional offices and LGUs with functional ICV compliance committees/monitoring teams
Sub-IR 2.3. Tested and rolled-out innovative approaches to improving quality care			
Support DOH to develop and test a CQI policy framework for FP service provision research completed	<ul style="list-style-type: none"> • Orientation webinar of RHU and Hospital CQI Focal persons <ul style="list-style-type: none"> ○ Webinar for RHU and Hospital CQI Focal Persons on the Fundamental Theory of Improvement and the PDSA Cycle 	PC – Need to design follow-up webinars for the installation of CQI initiatives in the selected hospitals and RHUs in Batangas	Percent of health facilities with established CQI initiatives

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Objective 3: <i>National, regional and local systems and capacities to manage, implement and sustain FP/MNH programs and policies are bolstered and institutionalized</i>			
Sub-IR 3.1. Increased National DOH to LGU capacity to plan and budget for FP/MNH services through evidenced-based decision-making			
Review and streamline RPRH indicators Support to the drafting of the 6th RPRH Law	<ul style="list-style-type: none"> • Presentation of the rationalized of RPRH indicators to NIT. <ul style="list-style-type: none"> ○ Following the two-day workshop that was facilitated by ReachHealth last quarter, the streamlined RPRH indicators was presented to the program managers and members of the NIT for their inputs and approval • The project supported DOH and POPCOM in the drafting of the annual RPRH report and consolidate the draft outputs by KRA • An NIT TWG for M&E online technical meeting was convened last June 18 which was facilitated by the project to review the draft report and the summarize version/fact sheet. The review was attended by members of the NIT TWG, including the DOH, POPCOM, LIKHAAN, UNFPA and USAID and other key stakeholders. 	C <ul style="list-style-type: none"> ○ With the imposition of government measures and restrictions due to COVID-19, the project facilitated 6 online technical meetings with the consultant and KRA writers in April and May to ensure that the project is on track and deadlines will be met. ○ Online technical writeshops and consultations were done to monitor progress. Currently in the process of packaging the 6th RPRH report ○ Draft RPRH Report - The report is in its final stages of review and approval and awaiting final inputs from the program managers. 	Number of new FP acceptors in USG-assisted sites

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Support the UHC strategic planning and enhancement of the LIPH/AOP to integrate UHC	<ul style="list-style-type: none"> • 3 UIS (Zamboanga del Norte, Davao City, South Cotabato) and 1 non-UIS (Agusan del Norte) revisited their UHC strategic and operational plans and identified which activities are to be conducted with adjustments considering the new normal • CHD IX and XI drafted their technical assistance plan to support the UHC Integration sites for the remaining months of the year. • Conducted an online orientation to 24 MHOs and Rural Health Physicians from 18 LGUs of Pampanga and Angeles City on the UHC IRR and establishing HCPN. The activity was conducted to discuss the issues around SHF management, accreditation and contracting of HCPNs, and implementation of DOH policies on integration of local health system 	FC	Number of UHC areas supported by USG investment
Orient LGUs on the UHC IRR and other UHC-related issuances	<ul style="list-style-type: none"> • Supported South Cotabato in strengthening local UHC implementation and conducted series of technical consultation meetings for the conduct of the implementation research for UHC. Assessment of such experience shall serve as empirical basis for identifying potential barriers to implementation and alternative solutions. • Provided technical inputs in the drafting of the MOA between the provincial government of South Cotabato and its component LGUs and the MOA stipulates the roles and responsibilities of the local health systems, commitment to the policies set by DOH and PhilHealth and province-wide arrangements for managerial and technical integration 	PC- Face to face orientation has been cancelled due to imposition of government measures and restrictions relative to COVID-19. However, technical assistance via online platforms such as zoom has been done.	Number of UHC areas supported by USG investment

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator 1.1)
Support to UHC Implementation	<ul style="list-style-type: none"> The project, in collaboration with CHD IX and CHD XI, conducted discussions on UHC implementation during the last month of the quarter with the aim of determining how the local health systems were able to cope with the pandemic. Zamboanga del Norte, Davao City, South Cotabato and Agusan del Norte were able to revisit their UHC strategic and operational plans 	PC- Face to face orientation has been cancelled due to imposition of government measures and restrictions relative to COVID-19. However, technical assistance via online platforms such as zoom has been done.	Number of UHC areas supported by USG investment
Sub-IR 3.2. Strengthened FP/MNH health systems functions: governance, finance, HRH, HIT, and data quality and use			
Transitioning existing SDN mechanism into HCPN requirements through policy support on local health systems integration; meeting health systems related criteria	<ul style="list-style-type: none"> Initiated the development of the LGU Guide to DRRMH Planning, as part of the requirement for LGU's HCPN contracting 	PC- A draft guideline/manual on DRRM H planning has been developed which is still subject to pre-testing to ensure its usability and appropriateness.	Number of UHC areas supported by USG investment
Capacity building for: <ul style="list-style-type: none"> FP in hospital recording and reporting workshop (including AY) RHU/HC FP Recording and Reporting 	<ul style="list-style-type: none"> Supported the Epidemiology Bureau of DOH in formulating the interim guidelines on sustained FHSIS reporting despite current COVID-19 pandemic. The project assisted in the drafting and finalizing the addendum guideline for the quarterly reporting of FP performance according to the FHSIS MOP 2018 	FC	Number of facilities training on FP Recording and Reporting

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator 1.1)
Capacity building for RHU/HC FP Recording and Reporting	<ul style="list-style-type: none"> • Conducted Online Training on DQC for FP for the regional and provincial FHSIS Coordinators and LGU statisticians last June 23, 2020. • Trained a total of 459 health staff from 111 RHUs and HCs in the provinces of Camarines Sur, Albay, and Rizal, on FP recording and reporting which focused on the new FP indicators, recording and reporting of special FP clients, new FHSIS forms, and the use of master list of WRA and Adolescent Women to record women with FP unmet need • Conducted coaching and mentoring to about 20 staff from 5 public hospitals. Currently, only 7 of the 13 hospitals in Iloilo and 3 DOH hospitals from the previous quarter were coached and mentored on FHSIS 2018 recording forms. 5 hospitals in Negros Occidental were oriented on FP recording and reporting • Supported the establishment of an integrated system that addresses FP unmet needs in partnership with the Western Visayas Center for Health Development and POPCOM Region VI 	PC- Not all of the targeted facilities especially hospitals has been coached/oriented given the restrictions imposed by the pandemic. There is also difficulty in setting an appointment with the hospital staff since the priority is addressing COVID-19 cases.	Number of facilities training on FP Recording and Reporting
Collaboration and Advocacy to PhilHealth on the Needed Policy Revision for Increasing FP benefits delivery	<ul style="list-style-type: none"> • Worked on technical collaboration with PhilHealth in developing policy on network contracting for Konsulta. • Conducted analysis of the 5-year PhilHealth FP claims reimbursements. 	FC	Number of new FP acceptors in USG-assisted sites and CYP
Establish the evidence for the financial viability of FP Stand Alone Clinic Operations.	<ul style="list-style-type: none"> • Conducted technical planning session for a webinar series on the viability of FP stand-alone clinics with Likhaan 	FC	Number of new FP acceptors in USG-assisted sites and CYP

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Tracking of MCP/NCP/FP accredited facilities	<ul style="list-style-type: none"> Continued monitoring of MCP/NCP/FP accreditation of facilities 	PC-Tracking was discontinued due to restrictions imposed by the pandemic.	Number of birthing facilities that are LTO certified and MCP Accredited
Conduct of Implementation Research on FP (identification of WRA with unmet need, matching to facility, utilization of FP services, and maximizing PhilHealth benefits packages under HCPN)	<ul style="list-style-type: none"> Technical coordination meetings with South Cot IPHO and UHC TWG were conducted to design the planned implementation research (IR) last July 10. 	PC-Planning has been done on the execution of the implementation research which will start on August and is projected to be done by August 2021	Number of new FP acceptors in USG-assisted sites and CYP
Support to the CRM/Reg216 Assessment and Implementation of MISP for SRH	<ul style="list-style-type: none"> The project is unable to conduct CRM/Reg 216 monitoring this quarter. MERLA decided to prioritize collection of data for key indicators given the COVID-19 pandemic The project enhanced its current LGU Guideline to MISP Implementation to integrate provisions for adaptive strategies for providing FP services and commodities, given the current pandemic. 	PC- The project is unable to conduct CRM/Reg 216 monitoring this quarter. MERLA decided to prioritize collection of data for key indicators given the COVID-19 pandemic	Presence of the Mission support to strengthen HRH
Sub IR 3.3. FP supply and logistics strengthened in FP/MNH activity sites			
Capacity building for facility level inventory management in collaboration with POPCOM and DOH	<ul style="list-style-type: none"> Conducted an orientation of MTAPS key staff on SMRS -facility level FP inventory tracking and reporting. Coordination with POPCOM for the online training of its provincial and municipal population officers to guide RHU-level FP tracking 	FC	Number of CHDs and PHOs trained on the national guidelines for FP SCM

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Support to Immediate Response to Stock-outs	<ul style="list-style-type: none"> • Supported the DOH to complete the delivery of FP commodities to LGUs and hospitals in Cavite, Laguna, Batangas, Rizal, Quezon, Iloilo, Cebu City, Lapu-Lapu City, Mandaue City, Negros Occidental, Bohol, ZDS, ZDN, Davao City, South Cotabato, General Santos City, and Agusan del Norte. • Dissemination and local adoption by LGUs of DOH policies on the continuous provision of essential health services and guidelines on the continuous provision of FP services • ZDN and ZDS issued a provincial memo on the continued provision of FP commodities and services; Davao City and Zamboanga City mobilized CHWs for resupply of condoms and pills 	FC	Average stockout rate of contraceptive commodities at FP SDPs
Technical collaboration with USAID IPs	<ul style="list-style-type: none"> • Collaborated with ProtectHealth in developing the concept note to initiate the designing of the IR on UHC using FP as a tracer program 	PC-Planning has been done on the execution of the implementation research which will start on August and is projected to be done by August 2021	UHC areas supported by USG investment

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Cross-cutting Result I: <i>Sustainable and innovative solutions to FP challenges are developed and promoted through PSE, innovation partnerships, and grants</i>			
Sub-CCR I.1. Expand private sector provision of full-range modern FP methods, including postpartum FP and LARC/PM			
FP in the workplace	<ul style="list-style-type: none"> Luzon: Finalized the Workplace Service Delivery Network Guide—a list of large companies and nearby FP facilities. The guide covers Cavite, Pampanga, and Angeles City. Visayas: assessments and partnership meetings deferred. Mindanao: facility assessments and FP profiling in 10 workplaces to resume in the fourth quarter. 	PC- Assessments will determine final implementation sites	CYP Number of new acceptors Number of current users
FP in public spaces	PACT/Ayuda Express reported under Objective 1	PC-refer to Objective 1	CYP Number of new acceptors Number of current users
FP in private hospitals	Reported under Objective 2	PC -refer to Objective 2	CYP Number of new acceptors Number of current users
Sayana press	Deferred for Y3	PC- Deferred for Y3	CYP Number of new acceptors Number of current users
Private pharmacies	Deferred for Y3	PC- Deferred for Y3	CYP Number of new acceptors Number of current users
Grants to CSOs	Grant to FriendlyCare started in July.	PC-Three more grants will start in August, one in October, and the last one in March next year.	CYP Number of new acceptors Number of current users Number of evidence-based innovations for FP adopted or scaled up

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Sub-CCR 1.3. Encourage a local innovation ecosystem through the Grand Challenge solutions for FP unmet need and reduction in teenage pregnancy			
Grand challenge	RILAN preparations completed; launch in July.	PC-RILAN activities will culminate in a hackathon-style event in early Y3; challenge winners will be provided with incubation support.	Number of evidence-based innovations for FP adopted or scaled up
Cross-cutting Result 2: Transformative Gender Approach and Action Plan			
Sub-CCR 2.1. Promote women's agency through gender-sensitive tools			
Gender-responsive service delivery	Gender-responsive SDP tool field test deferred for Y3.	PC-Tool can only be finalized post-field test	<ul style="list-style-type: none"> • Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations • Number of people reached by a USG- assisted intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines)

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Addressing GBV	Four webinars completed.	PC -National campaign to start next quarter.	<ul style="list-style-type: none"> • Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations • Number of people reached by a USG- assisted intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines)
Men's involvement	<ul style="list-style-type: none"> • MRH/MIRRH TA to DOH completed but vetting process has not started. • Katropa evaluation deferred for September. 	PC-Final outputs need DOH vetting	<ul style="list-style-type: none"> • Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator 1.1)
Gender sensitivity for project staff	Visayas and Luzon trainings sidelined by the pandemic;	PC-To resume in Y3.	<ul style="list-style-type: none"> Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations
Cross-cutting Result 3: <i>MERLA establish an electronic data management system, and building a culture of learning within the project and with our partners</i>			
Finalize and maintain the routine data collection system for USAID ReachHealth indicators and learning agenda	Quarterly data collection for USAID ReachHealth indicators	FC	All indicators
	Conduct of routine internal DQA by METAs for data collected covering the period Jan-March 2020	FC	All indicators
Establish DHIS2 as the computerized system for USAID ReachHealth data collection, processing and analysis	Piloting of electronic data collection system	D – can be conducted only when data collection system in the field for USAID ReachHealth indicators have normalized	All indicators
Strengthen capacity of staff and partner agencies to conduct a range of MERLA activities	Training of health workers on data analysis and utilization at different levels	D – Existing training materials need to be modified for use using distance education mode	Number of government staff trained in data analysis and/or scientific stature with USAID ReachHealth support
	Training of partners with whom ReachHealth will be doing operations research, on research methods	PC – Design of embedded online training on Implementation Research for South Cotabato was started in June. This will be an on-going activity to be conducted until the next fiscal year	Number of government staff trained in data analysis and/or scientific stature with USAID ReachHealth support
	Organize and lead the conduct of quarterly internal pause-and-reflect sessions	FC	Number of pause-and-reflect sessions conducted

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Internal and external pause-and-reflect sessions using data for learning and decision-making	Organize external pause-and-reflect sessions Quarterly pause-and-reflect sessions with local partners	PC – 18 were conducted this quarter; ongoing activity throughout the year, with most of it to be conducted at the health facilities level, after DHIS2 is in place	Number of pause-and-reflect sessions conducted
Support Implementation of specific research activities to address the updated learning agenda for Year 2	Monitoring of status of various research projects conducted by different project technical units	PC – continuing activity throughout the year	Various indicators, depending on the topic covered by the research
	Conduct of rapid assessment of ARH services in the time of COVID	FC	CYP Number of current users Number of new acceptors

3. KEY CHALLENGES AND PROPOSED SOLUTIONS

Challenges	Outcome/ Output/Indicators Affected	Proposed Solution(s)	Priority Next Steps (include timeline and party/ies responsible)
<p>Postponement of several activities due to the COVID-19 situation, which may result to delayed accomplishment of some activities in the work plan and decrease in FP service utilization.</p>	<ul style="list-style-type: none"> • CYP • Percent of women with unmet FP identified provided with modern family planning (mFP) • Adolescent pregnancy rate • Number of new FP acceptors in USG-assisted sites • Percent of USG-assisted service delivery points providing FP counseling and/or services 	<ul style="list-style-type: none"> • Continuation of activities that can be done virtually (i.e. review and enhancement of referral guidelines and other referral system operative documents, documentation of promising interventions, etc.) • Conversion of TA activities to virtual options. 	<ul style="list-style-type: none"> • Continuous conduct of activities that can be done virtually.
<p>Community-based demand generation activities are affected by the limitations in mass gathering or face-to-face interactions because of the COVID-19 pandemic. Adolescent interventions are also affected because teens cannot leave their houses</p>	<ul style="list-style-type: none"> • Percent of individuals participating in mobilization activities who adopted FP • Number of individuals in the target population reporting exposure to USG funded FP messages through/on radio, TV, electronic platforms, community group dialogue, IPC or in print 	<ul style="list-style-type: none"> • Continue collaboration with partners on their priority activities, and explore digital or other alternative platforms to talk about FP, especially for adolescents. • Provide TA support to partners to continue monitoring these indicators on digital platforms 	<ul style="list-style-type: none"> • Development and roll-out of <i>Usapan</i> Online – Q4 – SBC team and select project sites • Development and roll-out of digital teen interventions – Q4 – SBC team and select project sites • Setup meetings with regional DOH and POPCOM, PHO, LGUs in all areas on plans moving forward – August

Challenges	Outcome/ Output/Indicators Affected	Proposed Solution(s)	Priority Next Steps (include timeline and party/ies responsible)
<p>Given the uncertainty of COVID-19, online meetings and trainings will be the “new normal”, the internet connections, the availability of laptops/computers and limited HRH due to designation to COVID 19 facilities</p>	<ul style="list-style-type: none"> • CYP • Percent of women with unmet FP identified provided with modern family planning (mFP) • Adolescent pregnancy rate • Number of new FP acceptors in USG-assisted sites • Percent of USG-assisted service delivery points providing FP counseling and/or services • Number of government staff trained in data analysis and/or scientific stature with USAID ReachHealth support • Number of pause and reflect sessions conducted 	<ul style="list-style-type: none"> • Advocate to 3 CHOs that it is a priority to have the available strong internet connection and a computer/laptop for selected/key staff at the CHO for the zoom meetings/webinars during this COVID 19 pandemic • Plan with partner CHD/LGUs to conduct batches/series of training/meetings that considers availability HRH, time of the day where good internet connection is feasible • Develop training designs that can be run within 2-3 hours maximum per session and redesign training to fit for online learning 	<ul style="list-style-type: none"> • Development of training designs that can be run within 2-3 hours maximum per session and redesign modules to fit for online learning
<p>Difficulty doing face-to-face Enhanced Usapan training due to current circumstances and budget constraints</p>	<ul style="list-style-type: none"> • Percent of individuals participating in mobilization activities who adopted FP • Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year 	<ul style="list-style-type: none"> • Conduct the training but strictly observing physical distancing, temperature check, hand hygiene protocols, contact declaration form, and other necessary precautions; explore use of the online mode of instruction/blended learning • Explore online <i>Usapan</i> platform 	<ul style="list-style-type: none"> • Identify sites that are open and willing to conduct training – Q4 –P/CTOs • Establish sustainability of Enhanced Usapan by a policy adapting Enhanced Usapan as one of the PHO demand generation initiatives for FP program with establish M&E mechanism – Visayas Regional Team

Challenges	Outcome/ Output/Indicators Affected	Proposed Solution(s)	Priority Next Steps (include timeline and party/ies responsible)
Slow developments in FP in Hospital installation/ implementation in different health facilities, especially now that there is COVID-19 pandemic (varying level of compliance to the FP Program implementation in hospitals	<ul style="list-style-type: none"> • CYP • Percent of women with unmet FP identified provided with modern family planning (mFP) • Adolescent pregnancy rate • Number of new FP acceptors in USG-assisted sites • Percent of USG-assisted service delivery points providing FP counseling and/or services 	<ul style="list-style-type: none"> • Determine adaptive solutions and assist hospitals in recognizing gaps and challenges and in determining how to address them. • Explore alternative ways to strengthen postpartum FP, including engagement with private LICs, especially now that the DOH is temporarily allowing uncomplicated deliveries to happen in BEmONC facilities regardless of parity. 	<ul style="list-style-type: none"> • Conduct of pause and reflect sessions with public and private hospitals to determine how FP program can be strengthened and to identify adaptive solutions to the new normal. • Consultation meetings with IMAP and private LICs to determine possible points of collaboration/engagement.
Difficulties in conducting ICV compliance monitoring activities and orientations	<ul style="list-style-type: none"> • Percentage of USG-assisted DOH regional offices and LGUs with functional ICV compliance committee/monitoring team 	<ul style="list-style-type: none"> • Integrate sessions on ICV compliance in different webinars. 	<ul style="list-style-type: none"> • Develop strategies for rapid virtual ICV compliance monitoring.
Difficulties in assessing facilities that are applying for AFHF certification	<ul style="list-style-type: none"> • Adolescent pregnancy rate 	<ul style="list-style-type: none"> • Assist DOH in exploring virtual validation of applications for certification. 	<ul style="list-style-type: none"> • Collaborate with DOH in developing virtual validation tools and webinars

Challenges	Outcome/ Output/Indicators Affected	Proposed Solution(s)	Priority Next Steps (include timeline and party/ies responsible)
Adolescent services among hospitals were interrupted due to the pandemic	<ul style="list-style-type: none"> • Adolescent pregnancy rate in USG-assisted sites (among women below 18 years and 18–24 years) • Percent of USG-assisted service delivery points providing FP counseling and/or services • Percent of women with unmet FP identified provided with modern family planning (mFP) 	<ul style="list-style-type: none"> • A CLA among PYP hospitals in the province is set next quarter to streamline referral pathway for adolescents. • Conduct virtual orientation on DOH Department Memo on Interim Guidelines on the Continuous Provision of Maternal Health Services 	<ul style="list-style-type: none"> • Conduct of the CLA among PYP hospitals should involve the Chiefs of Hospitals and the staff implementing the program to get a more realistic data and information on the PYP • Incorporate the Interim Guidelines on the Continuous Provision of Maternal Health Services during CLA
Restrictions in conducting various skills trainings	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Assist DOH in operationalizing various online training kits (FPCBT Level I, ADEPT, HYO, Foundational Course • Support the completion of the FPCBT level-I e-learning modules 	<ul style="list-style-type: none"> • Engage the services of a consultant and storyboard developer to complete the remaining modules of FPCBT level-I e-learning platform

Challenges	Outcome/ Output/Indicators Affected	Proposed Solution(s)	Priority Next Steps (include timeline and party/ies responsible)
Addressing stock-outs: capacity building on SMRS or FP commodity management system	<ul style="list-style-type: none"> • Average stockout rate of contraceptive commodities at FP SDPs 	<ul style="list-style-type: none"> • Support LGUs in defining, testing, and implementing innovative approaches to distribute and transport FP commodities given the current pandemic • Support local planning (LIPH), budgeting and policy formulation to integrate FP commodity security commitments • Support LGUs' J2SR by guiding them in the formulation and implementation of Commodity Self Reliance (CSR) Policy to augment current FP commodity needs • Build LGU capacities for facility-level FP commodity tracking to establish evidence for commodity availability and needed action; support private birthing facilities on FP commodity tracking 	<ul style="list-style-type: none"> • Support the conduct of Training on facility level FP commodity tracking using abridged SMRS • Develop the guide to local policy formulation for CSR
The project is unable to capture CYP from MI reports of hospitals	<ul style="list-style-type: none"> • Percent of women with unmet FP identified provided with modern FP • Current Users 	<ul style="list-style-type: none"> • To include in its reporting data from the MI reports of DOH-retained hospitals and medical centers 	<ul style="list-style-type: none"> • PTO/CTO/Regional advisors to ensure capture of FP performance from the MIs of DOH-retained hospitals

Challenges	Outcome/ Output/Indicators Affected	Proposed Solution(s)	Priority Next Steps (include timeline and party/ies responsible)
<p>CHDs need for increased capacity to respond to the growing demands of LGUs on UHC implementation amidst COVID pandemic</p>	<ul style="list-style-type: none"> • No. of UHC areas (thematic areas) supported by USG investment 	<ul style="list-style-type: none"> • Strengthen the Development Partners' engagement for UHC implementation through the Sectoral Development Management Unit • Stock taking and capacity building of the regional UHC technical assistance teams to include the UHC/HCPN/ local health systems coordinators, DOH representatives, and PhilHealth representatives in assisting the LGUs with its models of Province/city-wide health systems, HCPNs and PCPNs, revisit and enhance LIPH/ AOP 2021 which is UHC ready, documenting the processes and creating key messages, presentation materials and tools to assist the LGUs • Create mechanisms to push for regular coordination, consultation meetings and workshops with partners 	<ul style="list-style-type: none"> • Stock-taking with the CHDs and Sectoral Development Management Unit Forum with Development Partners (August 2020; FICT and USAID's ReachHealth project) • Conduct of Facilitators training on Establishing Primary Care Provider Networks to capacitate regional focal persons, DOH representatives and provincial technical teams to assist the component municipalities and cities in creating their PCPNs and comply with DOH and PhilHealth standards (September 2020; CHDs and USAID's ReachHealth project) • Assist the LGUs in revisiting their AOP 2021 and revising it based on the present needs of the LGUs (July-August 2020; PHO and USAID's ReachHealth project)
<p>Burdened Local Health Systems and disruption of the delivery of essential health services</p>	<ul style="list-style-type: none"> • No. of modern FP users in USG-assisted sites • Percent of women with unmet FP identified provided with modern FP • Ave. stock-out rate of contraceptive commodities at FP SDP • No. of UHC areas (thematic areas) supported by USG investment 	<ul style="list-style-type: none"> • Re-organization/ Re-structuring of local health offices to adapt with the pandemic by ensuring that public health programs are implemented • Support CHDs/ POPCOM/ LGUs adopt, develop and implement guidelines on continuous provision of FP services and Resupply of commodities 	<ul style="list-style-type: none"> • Assist the LGUs in re-structuring their organization to adapt with the pandemic by ensuring that public health programs are implemented (July-August 2020; C/MHOs and USAID's ReachHealth project) • Conduct of regular coordination meetings and coaching

Challenges	Outcome/ Output/Indicators Affected	Proposed Solution(s)	Priority Next Steps (include timeline and party/ies responsible)
Financial Constraints/ Re-alignment of the Budget for COVID- 19 response	<ul style="list-style-type: none"> • No. of modern FP users in USG-assisted sites • Percent of women with unmet FP identified provided with modern FP • Ave. stock-out rate of contraceptive commodities at FP SDP • No. of UHC areas (thematic areas) supported by USG investment 	<ul style="list-style-type: none"> • Assist the LGUs in re-planning and re-aligning their budget to maximize what they have; revisit AOPs • Create mechanisms to adapt with the new normal (virtual activities) 	<ul style="list-style-type: none"> • AOP enhancement workshop for 2021 (September – October 2020; CHD/PHO and USAID’s ReachHealth project)

4. CROSS-CUTTING ISSUES

4.1 UPDATE ON SUSTAINABILITY AND SELF-RELIANCE

The impact of Covid-19 exhausted the local health systems which amplified the need for CHDs' capacity to respond to the growing demands of LGUs to sustain the delivery of essential health services and to continue UHC implementation amidst the pandemic. The priorities of partners shifted toward combating the pandemic which affected their financial capability to implement the previously identified priority programs including FP service provision. Despite challenges brought about by the current pandemic, sustainability and self-reliance were shown by the commitment and support of the DOH, POPCOM, CHDs, PHOs and local partners to continue to pursue the interventions started pre-Covid-19 by pivoting to the use of virtual platforms for engagement and developing innovative ways to continue demand generation through digital and social media platforms and developing innovative ways like inserting pills and condoms in food packs and organizing FP on wheels to deliver FP services. Local partners, with project support, were quick to mitigate the impact on the delivery of essential health services by re-planning and re-aligning their budget to support commodity security, mobilizing CHWs for FP resupply, dissemination, and adoption by LGUs of DOH and POPCOM's issuances on the continuity of essential health services and FP resupply.

For a more systematic and objective assessment of the extent to which the project has achieved its objectives for sustainability and self-reliance, the following indicators will be used:

- Number of people with improved access to services (CDCS 1.4.2 - Local service delivery enhanced)
- Number of policies proposed or deliberated with inputs from USAID-supported analyses/databases (CDCS 1.4.4 - Data-based decision-making improved)
- Number of policies and plans enhanced or implemented to improve service delivery governance and regulation (CDCS 2.1.3 - Enabling environment for basic service delivery improved)

However, the project will start to collect data on these indicators only after their precise definitions as well as their modes and frequency of data collection are determined and properly documented in the PIRS.

4.2 UPDATE ON GENDER

(Reported under CCR 2 above)

4.3 UPDATE ON PSE

(Reported under CCR 1 above)

4.4 UPDATE ON FP COMPLIANCE

Data collected on monitoring for ICV compliance showed the following results:

ICV INDICATOR -RELATED ASPECT	REGION			TOTAL REACHHEALTH
	LUZON	VISAYAS	MINDANAO	
Number of regions with an ICV Committee at the regional level	2/4=50%	1/2=50%	5/5=100%	8/11=73%
Number of regions with an order creating the Regional ICV Committee	2/4=50%	1/2=50%	5/5=100%	8/11
Number of project sites with an ICV Committee at the provincial/city level	2/12=17%	3/9=33%	7/11=64%	12/32=38%
Number of project sites with an order creating the Provincial/City ICV Committee	1/12=8.3%	3/9=33%	5/11=45%	9/32=28%
Number of project sites which have oriented at least one batch of health service providers on ICV	9/12=75%	5/9 = 56%	8/11=73%	22/32=69%
Number of project sites which have conducted at least one ICV monitoring for a health facility within the province/city	5/12=42%	5/9=56%	5/11=45%	15/32=47%

There are three elements that have to be complied to generate the indicator on percentage of USG-assisted DOH-Regional Offices and LGUs with functional ICV compliance committee/ monitoring team. These elements are (a) Order/policy creating the ICV committee/ team at the regional and provincial/city level; (b) Use of ICV monitoring tools and reporting system and (c) Orientation on ICV. For this reporting period, none of the CHDs and City and Provincial LGUs have complied with all of the three elements however, 8 of the 11 (73%) CHDs have an organized ICV committee created through the issuance of a regional office order. Among the provincial/city project sites 12 of 32 (28%) have ICV committees but only 9 of 32 (28%) were created through the issuance of a provincial order. Forty-seven percent of the 32 LGUs in the project sites have conducted at least 1 ICV monitoring visits to health service delivery points providing FP services and 69% have conducted ICV orientations. There are more LGUs (City and province) conducting monitoring and orientation than those with ICV committees because provincial and city coordinators conduct ICV orientation dovetailed during FPCBT courses and also include ICV monitoring during supervisory field visits.

During the period of April – June 2020, ICV monitoring was deferred due to quarantine restrictions in the different USG-assisted project sites. The project however continued aiding CHDs and LGUs in drafting office orders on the formation of regional ICV committees and provincial/city ICV monitoring teams. Currently, two CHDs and two LGUs in Luzon have existing policies on ICV compliance while in Mindanao, DOH-CHD Zamboanga Peninsula issued ZP-CHD PO no. 0949 s. 2020 that mandated the Regional and Provincial/City Informed Choice and Voluntarism (ICV) Composition and Functions.

In a meeting held with DOH-CHD and the Regional PopCom IX with the Provincial/City FP Coordinators last June 16, the approved ICV Order was discussed agreeing that the province and cities will issue a resolution adopting the regional order. The regional service delivery advisor conducted a re-orientation of all participants on ICV. In attendance are 3 physicians, 7 nurses, and 13 individuals from other professions.

CHD-VII has an ICV Compliance Committee created in 2000 with an Office Order however, some members of the team have either retired or no longer with the region. Therefore, there is a need to amend the Office Order and reorganize the ICV Regional Committee. As of June 2020, there is still no progress regarding amendment of the Office Order because of COVID-related activities.

The province of Bohol still has to officially organize their ICV team, the PTO and FP Coordinator is working on an initial draft for the office order but due to COVID-19 concerns this was put on hold. Meanwhile the cities of Lapu-lapu and Mandaue have drafted their respective office orders for the creation of the ICV monitoring teams but approval and signing of these order were put on hold due to the COVID-19 pandemic responses which have diverted their focus.

ICV orientation was incorporated during the webinar on Installation of FP in Hospital for public hospital in Negros Occidental. The webinar was a 3-part series and the ICV component was incorporated in the 2nd part. A total of 24 participants joined the webinar (9 physicians, 11 nurses, and 5 midwives). The physicians who joined the webinar included medical officers, medical specialists, chiefs-of-hospitals, section heads, and assistant department head. Among nurses, there were FP program coordinators and nurse supervisors.

The need to post or replace old or damaged FP wall charts in FP SDPs has been recognized such that discussions on how to ship FP wall charts from Johns Hopkins Center for Communication Programs is currently underway. The project is currently looking at the possibility of shouldering duties, customs, and taxes to ship 8 boxes (dimensions: 12 in x 9 in x 11 in) of FP wall charts from the US to the Philippines.

Formation of a TWG on the review and enhancement of AO 2011-0005 has been proposed to amend sections where there is unclear delineation of roles such as the recipient of ICV monitoring reports among the Regional ICV Compliance Committee. However the creation and gathering of the proposed members for the TWG has been also a challenge since the National FP Program Manager has been temporarily assigned a role under COVID-19 response of the DOH and therefore displacing time devoted for the FP Program.

4.5 UPDATE ON ENVIRONMENTAL COMPLIANCE AND CLIMATE RISK MITIGATION

The project indicator to monitor environmental compliance and climate risk mitigation is the number of institutions with improved capacity to assess or address disaster and climate change risks as supported by USG assistance. However, this is a new indicator which was included in the project's AMELP only in Q3 of this year, hence the corresponding data collection tool was not yet developed during the time of data collection for the current reporting quarter. Data for this indicator will be collected and the results will be reported for the first time in the next quarter.

4.6 UPDATE ON ENGAGEMENT OF CIVIL SOCIETY/PEOPLE’S ORGANIZATIONS

Of the six selected grantees, only FriendlyCare started in the past quarter. The five others were unable to start due to cancellation of classes and quarantine-related restrictions to mobility. All grantees, however, have finalized their technical and financial proposals, as well as their M&E plans. Also, all of them were asked to modify their activities and budgets to conform with the new normal.

5. COLLABORATION, LEARNING AND ADAPTING

5.1 COORDINATION AND COLLABORATION

The various technical units of the project collaborated with several internal and external partners in the implementation of various activities and interventions this quarter. These are listed in the table below.

PROJECT TECHNICAL UNIT	ACTIVITY	INTERNAL AND EXTERNAL COLLABORATORS
Objective 1 (SBC)	Implementation of the FP Ayuda Express	DOH V; POPCOM V; 7 partner academic institutions in Albay and Camarines Sur
	Development of 17 social media cards and its distribution across 10 posts	DOH; POPCOM
	Using COVID-19 platforms to disseminate FP messages	DOH; POPCOM
	Adopt-a-Region for CSE and ARH convergence	USAID; DepEd Bureau of Curriculum and Development (BCD); POPCOM
Objective 2 (Service delivery)	Support to FP outreach activities in GIDA areas	Margosatubig Regional Hospital; Zamboanga del Sur Medical Center,
	Setting-up adolescent friendly health facilities	CHDs; POPCOM; City/Provincial Health Offices (C/PHOs)
	Documentation of YOLO	Lambunao RHU: SPMC; Brokenshire Hospital
	Rapid assessment on continuity of ARH services	USAID ReachHealth’s MERLA Unit
	Commencing Continuous Quality Improvement (CQI) Initiatives in Batangas	CQI key stakeholders of Batangas
Objective 3 (Health Systems Strengthening)	Preparation and Drafting of the 6th RPRH Report	DOH; POPCOM
	Support to CHDs and LGUs in understanding and implementing the UHC IRR and related issuances	Governance Cluster, Local Health Systems Support Division, CHD III
	Assistance to strategic plan formulation and enhancement of the Local Investment Plan for Health/ Annual Operational Plan	CHD IX and XI

PROJECT TECHNICAL UNIT	ACTIVITY	INTERNAL AND EXTERNAL COLLABORATORS
	Strengthening the Local Health System of South Cotabato through an Implementation Research	USAID's Protect Health; USAID's MTaPs; MERLA Unit of USAID's ReachHealth
	Developing policy on network contracting for Konsulta	PhilHealth
	Webinar Series on the Viability of FP Stand-alone Clinics	Likhaan
	Analysis of the 5-year PhilHealth FP Claims and Reimbursements	PhilHealth
	Online Training on DQC for FP	DOH Epidemiology Bureau (EB)
	Establishment of an integrated system that addresses FP unmet needs	CHD VI; POPCOM VI; Iloilo State College of Fisheries (ISCOF)
	Orientation/Collaboration Meeting with MTAPS on SMRS	MTaPs
CCR 1 (PSE)	Conduct of consultation meetings for the identification of companies for inclusion on the FP in the Workplace intervention	DOLE-Zamboanga del Norte; MHO of Roxas
	Development of a roadmap for continuing virtual engagement leading to a hackathon-style event towards the end of the year (part of RILAN activities)	Duke-GHIC Villgro Philippines
CCR 2 (Gender)	Operationalization of helpline on GBV	POPCOM
	Establishment of GBV referral networks	Calocan City; Region 9
	Pre-positioning of social workers in all municipalities	Region 7
CCR-3 (MERLA)	Conduct of rapid assessment of ARH services	Project objective 2
	Design of embedded online training on Implementation Research for South Cotabato	Project objective 3 USAID Protech Health Project

In order to assess the extent to which the project has implemented its planned collaboration activities with both internal and external partners, it has 3 indicators as follows:

- Number of synergized approaches for supply chain management, human resources, for health, engagement with local government units, and health financial risk protection
- Number of new interventions implemented in partnership with another project/external stakeholder per year
- Number of joint missions conducted with another project/external stakeholders per year

All of the above indicators are however annual indicators and hence their values will be reported in the next quarter, which is also the project's Annual Report for FY2020.

5.2 LEARNING

5.2.1 List of Learning Events

USAID ReachHealth conducted several training activities during the quarter. Since COVID-related constraints prevented us from doing the traditional in-person training activities, all of them were conducted using virtual platforms. Table 3 presents a listing of all learning activities conducted, with a corresponding description of their purpose and number of participants. The last column of the table provides the link where one can access either the list of participants, the training materials used, or both.

Table 3. List of Learning Events Conducted by USAID ReachHealth: April – June 2020

Learning Event Title	Purpose of Event/Activity
National	
Objective 2	
Establishing a Family Planning Program in the Hospital Part 1 Webinar for Region 6	<ol style="list-style-type: none"> 1. Discuss the role of hospitals in addressing FP unmet need 2. Disseminate national policies and issuances on the provision of FP services in hospitals. 3. Virtually assist hospital staff in determining/reviewing their current FP capacities in terms of a) demand generation; b) service delivery; and c) policy and systems support using standard assessment tools. <p>Online Training Total number of participants who attended the event/activity: 31</p>
Establishing a Family Planning Program in the Hospital Part 2 Webinar for Region 6	<p>Discuss the following:</p> <ol style="list-style-type: none"> 1. Broad range of family planning 2. Ensuring quality of FP services through compliance to informed choice and voluntarism (ICV) principles 3. How to strengthen provision of FP services, especially LARC and LAPM – the niche of hospitals in FP 4. Contextual issues such as behavior change, respectful maternity care, and HTSP counselling 5. Generating demand for FP: In-reach activities and use of Reproductive Life Plan <p>Online Training Total number of participants who attended the event/activity: 16</p>
Establishing a Family Planning Program in the Hospital Part 3 Webinar for Region 6	<ol style="list-style-type: none"> 1. Introduce FP recording and reporting mechanisms and tools, and the PHIC FP packages. 2. Virtually assist hospitals in developing action plans on setting-up FP program. <p>Online Training Total number of participants who attended the event/activity: 23</p>

Learning Event Title	Purpose of Event/Activity
A Virtual Huddle on the Rapid HEEADSSS Questionnaire	<p>This online discussion aims to:</p> <ol style="list-style-type: none"> 1. Present Rapid HEEADSSS as a tool to rapidly screen adolescents at risk that opens opportunity to conduct HEEADSSS leading to guidance and counseling 2. Review HEEADSSS process/ procedure of carrying-out the rapid screening 3. Share evidence of success and challenges in implementing the rapid HEEADSSS questionnaire carried-out in different settings/facilities- school, RHU, private facility, public and private hospital 4. Generate expert opinion and recommendations on the use of rapid HEEADSSS <p>Online Meeting Total number of participants who attended the event/activity: 70</p>
Writeshop on FP Stand-Alone Certification and Accreditation	<p>FP clinic managers trained and assisted on FP stand-alone certification and accreditation</p> <p>Online Writeshop Total number of participants who attended the event/activity: 35</p>
Online DQC for FP Indicators	<p>Training of HSPs on data quality check of FP indicators in the Field Health Service Information System (FHSIS)</p> <p>Online Training Total number of participants who attended the event/activity: 184</p>
Cross-Cutting	
GBV Orientation for POPCOM Helpline Responders	<p>POPCOM helpline responders understand the basic GBV concepts, survivor-centered communication, and referral protocols.</p> <p>Online Orientation Total number of participants who attended the event/activity: 166</p>
Webinar on Responding to GBV in the time of COVID19 (CLAIMHealth)	<p>Government partners are aware of how the pandemic exacerbates GBV, and the necessary measures to mitigate the risks.</p> <p>Online Orientation Total number of participants who attended the event/activity: 269</p>
Integrating GBV in Covid-19 response for Luzon	<p>Government partners identify concrete steps that they can implement to address GBV during the pandemic.</p> <p>Online Orientation Total number of participants who attended the event/activity: 188</p>
GBV Orientation for First Responders for DSWD RO7	<p>DSWD field personnel understand the basic GBV concepts, survivor-centered communication, and referral protocols.</p> <p>Online Orientation Total number of participants who attended the event/activity: 126</p>

Learning Event Title	Purpose of Event/Activity
Regional/Provincial-Led Activities	
Luzon	
<p>Caloocan City and Manila: Webinar Understanding the PhilHealth Circular 2020-0007 or the Guidelines on the Provisions of Special Privileges to those Affected by Fortuitous Event</p>	<p>City Health Department and government hospitals able to understand the procedures in accessing PHIC benefits and be able to fully utilize the funds</p> <p>Online Training Total number of participants who attended the event/activity: Caloocan City: 3 Manila: 1</p>
<p>Batangas: Orientation on FHSIS FP Indicators MOP 2018 for LGUs of Batangas Batch 1 (9:00 am – 11:00 am) Batch 2 (2:00 pm – 4:00 pm)</p>	<ul style="list-style-type: none"> • Review of FP indicators based on FHSIS 2018 MOP • Introduction to new FHSIS FP Recording and Reporting forms • Orientation on how to use FHSIS FP reporting tool • Provide Technical Updates on pertinent guidelines and memorandum on continuous service provision during COVID-19 outbreak <p>Online Orientation Total number of participants who attended the event/activity: May 25: 18 May 27: 40 June 19: 53</p>
<p>Batangas: Virtual Orientation on CQI</p>	<ul style="list-style-type: none"> • To provide a general overview of Continuous Quality Improvement (CQI) to hospital and RHU/health center focal persons • To share BatMC's CQI initiatives to hospital and RHU focal persons • To provide a background of CQI initiatives at the provincial level • To enable stakeholders to define quality according to level of care and identify possible areas of quality improvement • Agree on next steps <p>Online Orientation Total number of participants who attended the event/activity: 40</p>
<p>Laguna: Orientation on the Guidelines of Continuous Provision of Family Planning Services during Community Quarantine Following COVID-19 Pandemic (Laguna FP Coordinators' Meeting)</p>	<ul style="list-style-type: none"> • To present the DOH DM 2020-0222: Guidelines on the Continuous Provision of FP Services during Community Quarantine Following COVID-19 Pandemic <ul style="list-style-type: none"> a. General Guidelines for FP Service Providers b. Specific Guidance to FP Providers in PCF c. Specific Guidance to FP Providers in Hospitals d. Proper Storage and Handling of Commodities • Provide updates on the FHSIS reports submitted by the facilities of Laguna <p>Online Orientation</p>

Learning Event Title	Purpose of Event/Activity
<p>Albay and Camarines Norte: Online Orientation on FP Ayuda Express for Volunteer Students and Clinical Instructors</p>	<p>Total number of participants who attended the event/activity: 20</p> <p>General objective: To ensure continuous provision of FP and other essential health services through remote care coordination and virtual demand generation using social media and telecommunication</p> <p>Specific Objectives:</p> <ul style="list-style-type: none"> • To provide FP clients with virtual options for FP consultation • To convert face-to-face PACT for FP activities to remote/virtual approaches. • To install online and telecommunication platforms that health service providers and academic partners can use in coordinating FP service provision • To disseminate information through social media, radio, and other online platforms on family planning, including how to access online and teleconsultation services <p>Online Orientation</p> <p>Total number of participants who attended the event/activity: 52</p>
<p>Region 3: Orientation on FP Stand-Alone Certification and Pause and Reflect Session</p>	<ul style="list-style-type: none"> • To review the draft Joint Memorandum Circular on Harmonized UMFP reporting and recording • To discuss the results of the rapid FP assessment • To orient FP coordinators on FP Free Standing Clinic • To review status of submission of FHSIS reports <p>Online Orientation</p> <p>Pause and Reflect Session</p> <p>Total number of participants who attended the event/activity: 22</p>
<p>Pampanga and Angeles City: Orientation on UHC IRR for Municipal/City Health Officers and Rural Health Physicians</p>	<ul style="list-style-type: none"> • To orient Pampanga and Angeles City M/CHOs and RHPS on the key provisions of the UHC IRR • To provide updates on activities related to UHC • To discuss establishment of HCPN and next steps <p>Online Orientation</p> <p>Total number of participants who attended the event/activity: 32</p>
<p>Region 5: FP 101 Training for FP Ayuda Express Responders</p>	<ul style="list-style-type: none"> • To strengthen the capacity of moderators of FP Ayuda Express to provide them with quality service, respond well to client's inquiry, and facilitate their referral when necessary to a nearest health facility • To orient/review FP Ayuda Express Chat and Call responders/moderators/dispatchers on the basics of Family Planning and Informed Choice and Voluntarism (ICV) • To provide the moderators an opportunity to share their experience and raise clarificatory questions about clients' query and on FP • To provide partner academic institutions other reference materials related to Family Planning and on FP Clinical Standards <p>Online Training</p>

Learning Event Title	Purpose of Event/Activity
	Total number of participants who attended the event/activity: 36 Albay: 28 Camarines Sur: 8
TPC CLA LUZON	<ul style="list-style-type: none"> • Understand areal variance in TPC performance and accomplishments • Reinforce their role and contribution in reducing FP unmet need among adolescents and in the prevention of teen pregnancy • Adapt identified practices that contribute to improving ARH service performance in hospitals • Enhance existing plans towards strengthening adolescent health and development program in hospitals <p>Online CLA Total number of participants who attended the event/activity: 44</p>
Visayas	
Negros Occidental and Bacolod City: Pause and Reflect Session with Bacolod CHO	<ul style="list-style-type: none"> • Discuss results of rapid assessment of COVID-19 pandemic effects on FP program • Discuss documented local practices sustaining delivery of FP services • Solicit feedback from LGU partners and agree on adaptive actions for remainder of the year <p>Online Pause and Reflect Session Total number of participants who attended the event/activity: 7 Negros Occidental: 3 Bacolod City: 4</p>
Cebu Province: Pause and Reflect Session	<p>To present the results of the family planning rapid assessment conducted last April at the onset of the ECQ as well as the quarterly monitoring Jan-March 2020 to pause and reflect on the next steps to further strengthen family planning program</p> <p>Online Pause and Reflect Session Total number of participants who attended the event/activity: 4</p>
Mindanao	
Zamboanga del Norte and Zamboanga del Sur: UHC- HCPN Follow-Through Workshop Webinar	<p>To provide DOH updates on UHC-related issuances and the Local Health Systems Maturity Model</p> <p>Online Workshop Total number of participants who attended the event/activity: 25</p>
Zamboanga City: BPVs/BHWs Orientation on FP Resupply 13 sessions	<p>Provide orientation to activate BPVs/BHWs for resupply of pills and condoms to FP current users during health emergencies. RMs and RNs will also be given an orientation of POPCOM and DOH guidelines on referrals and other claims/social mobilization incentives made by either BHWs or BPVs</p> <p>On-Site Orientation Total number of participants who attended the event/activity: 197</p>

Learning Event Title	Purpose of Event/Activity
<p>South Cotabato: Joint Technical Meeting with the TWG on UHC Implementation of South Cotabato</p>	<ul style="list-style-type: none"> • To pursue opportunities for working continuously with the provincial technical working group (TWG) on Universal Health Care (UHC); • To discuss progress of UHC implementation in the province • To explore the possibility of pursuing a more targeted demonstration of the UHC integration within the COVID-19 situation. <p>Online Meeting Total number of participants who attended the event/activity: 19 TWG members</p>
<p>South Cotabato: Joint Technical Meeting with the TWG on UHC Implementation of South Cotabato (Follow-Through)</p>	<p>This was a follow-up meeting with the TWG Members on UHC Implementation for South Cotabato. In a previous meeting, it was agreed that a discussion of the implementation research on FP and COVID-19 will be the major agenda of this meeting</p> <p>Online Meeting Total number of participants who attended the event/activity: 17 TWG members</p>
<p>South Cotabato: Webinar to Discuss Implementation Research and Operationalization of Cooperative Governance</p>	<p>The webinar meeting was called to discuss with the members of the Technical Working Group on UHC Implementation of South Cotabato the following:</p> <ul style="list-style-type: none"> • Planned implementation research with Implementing Partners – ReachHealth, ProtectHealth and MTaPS; • Operationalization of Cooperative Governance as an approach to promote LGUs pooling together towards a common goal, which is to implement the UHC Law <p>Online Meeting Total number of participants who attended the event/activity: 8 core TWG members</p>
<p>Webinar Orientation for PHIC Circular 2020-007 for Mindanao</p>	<ul style="list-style-type: none"> • Orient facilities on PHIC Circular 2020-007, & DBM Local Budget Circular 124 • Support health care institutions adversely affected by fortuitous events to access PhilHealth funds to support COVID response <p>Online Orientation Total number of participants who attended the event/activity: 36 Zamboanga del Norte: 10 Zamboanga del Sur: 4 Zamboanga City: 6 Bukidnon: 2 Davao City: 7 South Cotabato: 5 General Santos City: 1 Agusan del Norte: 1</p>

Learning Event Title	Purpose of Event/Activity
<p>Zamboanga Peninsula: Zoom Meeting on Family Planning Consultative Meeting and Updates with LGU FP Coordinators, Regional POPCOM and DOH-CHD</p>	<ul style="list-style-type: none"> To discuss the Regional Advisory No. 2020-008 dated April 6, 2020 “Continuous Provision of Essential Maternal, Newborn, Child Health, Adolescent and Nutrition Services during the COVID-19 Pandemic” and Department Memorandum No. 2020-0222 dated April 30, 2020 “Guidelines on the Continuous Provision of Family Planning Services during Enhanced Community Quarantine following the COVID-19 Pandemic” 0222 on the continuous Provision of FP during Covid-19 pandemic To discuss the Approved Regional ICV ZP-CHD PO no. 0949 s. 2020 Regional and Provincial/Cities Informed Choice and Voluntarism (ICV) Composition and Functions To present and discuss FP program status from 2019 to present Assessment Status of FP Commodities as of May 2020 To present Data on Unmet Need <p>Online Pause and Reflect Session Total number of participants who attended the event/activity: 23</p>
<p>Davao Region: Coordination Meeting with CHD XI and SPMC on Health Systems Strengthening, HCPN and Referral Mechanisms</p>	<ul style="list-style-type: none"> To discuss Health Systems in a pandemic and to present to partners proposed referral protocols for Davao City <p>Online Meeting Total number of participants who attended the event/activity: 10</p>
<p>Davao Region: Coordination Meeting with CHD XI on Health Systems Strengthening, HCPN and Referral Mechanisms</p>	<p>To continue to discuss in detail the referral protocols and possible engagement of the private sector</p> <p>Online Meeting Total number of participants who attended the event/activity: 5</p>
<p>Davao Region: Coordination Meeting with CHD XI and SPMC on Health Systems Strengthening, HCPN and Referral Mechanisms (follow through)</p>	<ul style="list-style-type: none"> To discuss and finalize the draft proposal on the referral protocol and partnership with private hospitals <ul style="list-style-type: none"> To discuss the roles and responsibilities of the different stakeholders especially on service delivery and financing of indigent patients <p>Online Meeting Total number of participants who attended the event/activity: 9</p>
<p>Davao Region: Focus Group Discussion on Health Care Provider Network and Financial Risk Protection</p>	<ul style="list-style-type: none"> To obtain from involved/ implementing/expert stakeholders inputs/ practices/ concerns and recommendations on handling COVID and non-COVID cases, operations and protocols of COVID hospital and TTMFs, financing mechanisms and teleconsultation <p>Online FGD Total number of participants who attended the event/activity: 12</p>
<p>Davao Region: Webinar on Financial Risk Protection for Region XI</p>	<ul style="list-style-type: none"> To orient the participants of the policies related to PhilHealth benefit packages and DOH-DILG guidelines on community-based management for COVID-19

Learning Event Title	Purpose of Event/Activity
	<ul style="list-style-type: none"> • Guide participants in understanding the processes and requirements in accessing the PhilHealth IRM Fund • Clarify Issues and concerns on the implementation and application of these policies <p>Online Meeting Total number of participants who attended the event/activity: 41</p>
<p>Davao Region: Regional Technical Discussion on UHC</p>	<ul style="list-style-type: none"> • The aim of the RTD was to touch base again with the city and the provinces of the region regarding UHC implementation, how they were able to cope with the pandemic, how they will move forward despite the pandemic, what are the priority plans that needed to be deferred, which are to be continued for the remaining months of the year and what adjustments are to be created <p>Online Meeting Total number of participants who attended the event/activity: 23</p>

5.2.2 List of Learning Products

A number of learning products were produced by USAID ReachHealth, mainly from its research activities. Documents like assessment and monitoring tools were likewise developed as part of the documentation process of its GPPIs. These are listed in Table 4. The last column of the table provides the link for those who wish to access the learning products listed.

Table 4. List of Learning Products Produced by USAID ReachHealth: April – June 2020

Learning Product	Product Description	Link to File [To access: CTRL+click the (click here) phrase]
Report of the study on "A Theory-Driven and Developmental Approach to Understanding Motivations for Use of Family Planning Among Individuals of Reproductive Age in the Philippines"	Report of the study aimed 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 These results were presented to partners (DOH, POPCOM) during the National FP Comm Strategy Workshop (Feb 2020)	The summary and full report on motivations influencing uptake of RH services study are available as PDFs on Google Drive .
Concept Notes and Draft Technical Report on the Human Centered Design	Concept notes developed from HCD-informed approaches, and the draft report of the study These were presented to partners (DOH, POPCOM) during previous meetings	The technical report on HCD is available on Google Drive .
Draft CQI Manuscript	Manuscript of the FP-related results of the CQI formative research study	The CQI manuscript is available on Google Drive .
"Access Denied: How provider biases restrict the use of FP methods" – Results	Results of the provider bias study conducted alongside the CQI study, aimed at identifying how providers restrict access to FP services through their own biases. Presented at the SBC Strategy Meeting last January 2020	The provider bias study report is available on Google Drive .
Presentations for the proposed IR on "South Cotabato: Implementing Universal Health Care Using Post-Partum Family Planning as a Tracer Program"	Proposed concepts and design for the conduct of an embedded training on implementation research: presented to South Cotabato TWG, IPHO	The proposed concepts and design materials are available on Google Drive .
Detailed Baseline Study Report	Detailed analysis of the results of the baseline study, for presentation and dissemination to partners.	The baseline survey results are available on Google Drive .

Learning Product	Product Description	Link to File [To access: CTRL+click the (click here) phrase]
Presentation on “FP service provision during community quarantine in the time of COVID-19 pandemic response: A rapid assessment” – National	Presentation of the results of the conducted rapid assessment, presented internally and with partners	The FP rapid assessment result report is available on Google Drive .
Presentation on “Adolescent Reproductive Health (ARH) service provision during community quarantine in the time of COVID-19 pandemic response: A rapid assessment” – National	Presentation of the results of the conducted rapid assessment, presented internally and with partners	See above
Presentation on Combined Rapid Assessments (FP and ARH) – National and Visayas	Presentation of the results of the conducted rapid assessment, presented internally and with partners	See above
Protocol for the study on "Understanding and evaluating the role of Katropa in men’s beliefs about involvement in family planning"	Protocol of the proposed study, for project use and as a requirement for ethics review	The protocol can be viewed on Google Drive .
GPPIs		
FP in Hospital	Initial analysis of FP in Hospital Tracking Tool Data from FY1Q4 to FY2Q2 Results were presented and discussed in a meeting between the Obj. 2 team and MERLA on how such data will be used	Initial finds of FUP in the hospital is available on Google Drive .
Enhanced Usapan Sessions	Enhanced Usapan Quality Assessment Tool to be used for monitoring starting the 3rd quarter of Y2 (postponed due to COVID-19)	The Enhanced Usapan Quality Assessment Tool materials are available on Google Drive .
FP in the Workplace	Demographic profiles created on partner companies in Zamboanga.	Demographic profiles are available on Google Drive .

5.3 ADAPTIVE MANAGEMENT

Plans for Adaptive Management		
Evidence Generated	Planned Application	Stakeholders Involved
Exercise of flexibility, as demonstrated by the project's willingness and agility to go from Plan A to Plan B facilitated project implementation in the light of rigid constraints brought about by unexpected events like COVID-19	<ul style="list-style-type: none"> • Change in the mode of data collection for the quarterly monitoring from doing actual facility visits to the conduct of telephone interviews with FHSIS and FP Coordinators at different levels enabled the collection of data for project indicators in spite of COVID-induced mobility constraints • From in-person interactions, virtual platforms were extensively used to maintain communication and strengthen collaboration with regional and local partners, as well as in generating demand and coordinating service provision 	<ul style="list-style-type: none"> • Project staff across Luzon, Visayas, and Mindanao • Project implementing partners at all levels

6. MANAGEMENT, ADMINISTRATIVE AND FINANCIAL ISSUES

From April -June 2020, USAID's ReachHealth project continued to operate with most project sites being under conditions of Enhanced Community Quarantine (ECQ) due to COVID-19 pandemic and under the Business Continuity Plan approved by USAID.

Project staff were working remotely from their homes, supported by IT/communications infrastructure and tools provided by the project. The project further developed and solidified operational efficiencies required for productive teamwork with members contributing from various locations and established reliable patterns of remote interactions with beneficiaries for program activities. The human resource composition of the project remained stable and there were no staff attritions during the reporting quarter. 14 new staff have been hired for COVID-19 response component that was added to project operations on April 22, 2020.

RTI billed USAID \$[REDACTED] project expenditures for the quarter, with average monthly burn rate being \$[REDACTED]. In addition, \$[REDACTED] were accrued as of the end of June 2020. The reduction in the monthly average project burn rate in comparison with previous quarters reflects the decrease in travel expenses for project staff and absence of program expenses for the face-to-face activities due to COVID-19 pandemic. Out of total \$[REDACTED] incurred for Q3, FY20, \$[REDACTED] was expended for Family Program component of ReachHealth and \$[REDACTED] for COVID-19 Response component. The project delivered in Q3 \$[REDACTED] cost share from its government counterparts, such as POPCOM and regional CHDs. Cumulative cost share reported by the project is \$[REDACTED]. Complete information on project financial status can be found in Annex 8.2.

7. HIGH-LEVEL PLANNED ACTIVITIES FOR NEXT QUARTER INCLUDING UPCOMING EVENTS

The limitations in personal and face to face interaction posed by the Covid-19 pandemic have affected the organization of both high level and regional activities that may require attendance of key officials from project partners and stakeholders. During the next quarter, a major activity of the project is the co-development of the project's Year 3 priority interventions and milestones. This activity will be done in the form of virtual meetings and consultations with key staff of the USAID's Office of Health, DOH, POPCOM, DepEd and PhilHealth at the national level. At the subnational level, virtual consultations will be conducted with the VizMin FICT, CHDs and PHOs and local stakeholders including NGOs/CSOs and selected private sector representatives. The results of these consultations will be presented at a meeting on August 12, 2020, where the priorities will be finalized, and collaborative arrangements will be agreed upon to facilitate operationalization of priority interventions.

ANNEXES

8.1 PROGRESS ON ACTIVITY MONITORING, EVALUATION, AND LEARNING PLAN / PERFORMANCE INDICATOR TRACKING TABLE

Objective/Indicator	Disaggregation	Baseline Value (Year)	FY 2019			FY 2020				FY 2021	FY 2022	FY 2023	Life-of-Activity			Remarks/Notes			
			Target	Actual	% Target Achieved	Target	Actual (Q1-Q3)	% Target Achieved	Q1	Q2	Q3	Q4	Target	Target	Target		Target	Actual (As of June 2020)	% Target Achieved
Purpose (Outcome): Improved health for underserved Filipinos																			
Indicator 2: Couple years protection (CYP) in US Government (USG-) supported programs		580,898 (for 1 quarter only)	1,511,190	Total estimated CYP: 4,141,049 Public (actual): 1,645,584 Private (estimate): 2,495,466 Urban: 2,417,204 Rural: 1,723,846	274.0%*	3,435,275	Total estimated CYP: 3,942,109 Public (actual): 1,557,772 Private (estimate): 2,384,337 Urban: 2,318,267 Rural: 1623841	114.8%*	Total estimated CYP: 1,311,306 Public (actual): 526,542 Private (estimate): 784,765 Urban: 797,401 Rural: 513,905	Total estimated CYP: 1,413,643 Public (actual): 561,819 Private (estimate): 851,825 Urban: 829,375 Rural: 584,268	Total estimated CYP: 1,217,159 Public (actual): 469,412 Private (estimate): 747,747 Urban: 691,491 Rural: 525,668	N/A	3,607,039	3,787,391	TBD	12,340,895	Total estimated CYP: 8,083,158 Public (actual): 3,203,356 Private (estimate): 4,879,802 Urban: 4,735,471 Rural: 3,347,687	65.5%‡	The values were updated based on the latest MOV submitted this quarter (FY2Q3).
	BTL			248,013			228,922		84,935	86,247	57,740						476,935		
	Public (actual)			190,970			176,270		65,400	66,410	44,460						367,240		
	Private (estimate)			57,043			52,652		19,535	19,837	13,280						109,695		
	NSV		TRUE	5,195		TRUE	4,870		1,299	2,506	1,065					TRUE	10,065		
	Public (actual)			4,000			3,750		1,000	1,930	820						7,750		
	Private (estimate)			1,195			1,120		299	576	245						2,315		
	Pills			2,115,319			2,002,996		658,446	717,201	627,349						4,118,315		
	Public (actual)			592,289			560,839		184,365	200,816	175,658						1,153,128		
	Private (estimate)			1,523,030			1,442,157		474,081	516,385	451,691						2,965,187		
	IUD			115,548			119,233		41,889	42,726	34,617						234,781		
	Public (actual)			108,615			112,079		39,376	40,163	32,540						220,694		
	Private (estimate)			6,933			7,154		2,513	2,564	2,077						14,087		
	Injectables			410,900			411,591		135,022	148,356	128,213						822,492		
	Public (actual)			336,938			337,505		110,718	121,652	105,135						674,443		

Objective/Indicator	Disaggregation	Baseline Value (Year)	FY 2019			FY 2020							FY 2021	FY 2022	FY 2023	Life-of-Activity			Remarks/Notes	
			Target	Actual	% Target Achieved	Target	Actual (Q1-Q3)	% Target Achieved	Q1	Q2	Q3	Q4	Target	Target	Target	Target	Actual (As of June 2020)	% Target Achieved		
IR 1: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations																				
Indicator 5: Number of modern FP users in USG-assisted sites		2,831,046	3,340,208	2,339,524	70.0%†	3,512,082	2,245,957	63.9%†	2,419,566	2,604,597	2,245,957	N/A	3,689,408	3,871,468	TBD	3,871,468	2,245,957	58.0%†	The values were updated based on the latest MOV submitted this quarter (FY2Q3).	
	BTL			274,045			228,606		266,189	275,836	228,606						228,606			
	NSV			4,521			4,665		5,648	6,766	4,665						4,665			
	Pills			923,755			878,288		921,824	1,004,082	878,288						878,288			
	IUD			199,076			194,564		259,143	228,976	194,564						194,564			
	Injectables			427,025			420,540		442,871	486,609	420,540						420,540			
	NFP-CM			10,202			9,699		7,606	7,936	9,699						9,699			
	NFP-BBT			636			1,614		668	927	1,614						1,614			
	NFP-STM			747			1,556		595	585	1,556						1,556			
	NFP-SDM			28,756			40,066		29,655	38,644	40,066						40,066			
	NFP-LAM			198,466			198,467		199,066	240,943	198,467						198,467			
	Condoms			128,985			127,242		130,533	141,274	127,242						127,242			
	PSI			143,310			140,650		155,768	172,019	140,650						140,650			
Indicator 6: Number of new FP acceptors in USG-assisted sites				701,443	279,253	39.8%†	737,537	260,346	35.3%†	106,989	92,625	60,732	N/A	774,776	813,008	TBD	3,026,764	539,599	17.8%†	The values were updated based on the latest MOV submitted this quarter (FY2Q3).
	BTL		125,328 for 1 quarter (125,328 x 4 = estimated number for 1 year)	4703			4,420		2134	1682	604						9,123			
	NSV			188			119		50	40	29						307			
	Pills			53175			57,216		23696	19182	14338						110,391			
	IUD			7706			8,385		3258	3220	1907						16,091			
	Injectables			47713			49,862		19741	18065	12056						97,575			
	NFP-CM			436			202		68	43	91						638			

Objective/Indicator	Disaggregation	Baseline Value (Year)	FY 2019			FY 2020							FY 2021	FY 2022	FY 2023	Life-of-Activity			Remarks/Notes	
			Target	Actual	% Target Achieved	Target	Actual (Q1-Q3)	% Target Achieved	Q1	Q2	Q3	Q4				Target	Target	Target		Target
	NFP-BBT			65			75		11	29	35						140			
	NFP-STM			100			363		52	264	47						463			
	NFP-SDM			4066			1,640		938	473	229						5,706			
	NFP-LAM			131775			112,789		46196	41139	25454						244,564			
	Condoms			11101			13,550		5087	4400	4063						24,651			
	PSI			18225			11,725		5758	4088	1879						29,950			
Sub-IR 1.1: Improved individual, household, and community FP knowledge and decision-making in underserved populations																				
Indicator 7: Number of individuals in the target population reporting exposure to USG funded Family Planning (FP) messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print (by channel/# of channels)			N/A	N/A	N/A	2,500,000	1,498,343	59.9%†	N/A	N/A	1,496,632	N/A	TBD	TBD	TBD	2,500,000	1,501,044	60.0%†		
	Radio			N/A			-		N/A	N/A	-						-			
	Television			N/A			-		N/A	N/A	-						-			
	Electronic Platforms			N/A			1,496,008		N/A	N/A	1,496,008						1,496,008			
	Community Group Dialogue			N/A			1,827		N/A	N/A	116						4,528			
	Interpersonal Communication & Counseling			N/A			60		N/A	N/A	60						60			
	In print			N/A			-		N/A	N/A	-						-			
	Others			N/A			448		N/A	N/A	448						448			
Indicator 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%*	57,495	6,771	11.8%†	N/A	N/A	6,597	N/A	65,708	73,922	82,135	82,135	6,771	8.2%†	
	Male			333			65		N/A	N/A	61						65			
	Female			48,948			5,777		N/A	N/A	5,607						5,777			
	Sex not specified						929		N/A	N/A	929						929			
Sub-IR 1.2: Improved individual, community, and local civil society ownership/participation in healthy behaviors																				
Indicator 9: Percent of individuals participating in mobilization activities who adopted FP			93% (based on only 2 provinces)	84%	88.7%	105.6%*	85%	77.4%	91.1%†	79.4%	75.3%	83.6%	N/A	88%	90%	90%	90%	84.1%	93.5%†	Changes in the reported value: FY1 - Additional Usapan sessions submitted
	No. of Sessions			247			172		58	102	12						419			

Objective/Indicator	Disaggregation	Baseline Value (Year)	FY 2019			FY 2020							FY 2021	FY 2022	FY 2023	Life-of-Activity			Remarks/Notes
			Target	Actual	% Target Achieved	Target	Actual (Q1-Q3)	% Target Achieved	Q1	Q2	Q3	Q4				Target	Target	Target	
	No. of Participants			2701			1,827		719	992	116						4,528		late/after the reporting period were incorporated. FY2Q1 - updated Nueva Ecija Usapan data (corrections provided by DMO)
	No. Provided FP Services			2395			1,415		571	747	97						3,810		
IR 2: Quality, client-centered, respectful FP care and services to men, women, and adolescents in underserved areas strengthened and expanded																			
Indicator 10: Percent of USG-assisted service delivery points providing FP counseling and/or services		N: 1523 D: 2053 (74.2%)	N: 1523 D: 2053 (74.2%)	85.5%	115.2%*	N: 1655 D: 2053 (80.5%)	95.3%	118.4%*	93.2%	95.1%	95.3%	N/A	N: 1787 D: 2053 (86.8%)	N: 1919 D: 2053 (93.2%)	N: 2053 D: 2053 (100%)	N: 2053 D: 2053 (100%)	95.3%	95.3%†	
	Total Public Health Facilities		74.2%	613 / 717 (85.5%)		80.5%	1191 / 1250 (95.3%)		743 / 797 (93.2%)	717 / 754 (95.1%)	1191 / 1250 (95.3%)					100%	1191 / 1250 (95.3%)		
	RHU/HC			547 / 596 (91.8%)			1007 / 1030 (97.8%)		632 / 656 (96.3%)	608 / 621 (97.9%)	1007 / 1030 (97.8%)						1007 / 1030 (97.8%)		
	Public Hospital			66 / 121 (54.5%)			184 / 220 (83.6%)		111 / 141 (78.7%)	109 / 133 (82.0%)	184 / 220 (83.6%)						184 / 220 (83.6%)		
	Urban			N/A			672 / 714 (94.1%)		N/A	415 / 440 (94.3%)	672 / 714 (94.1%)						672 / 714 (94.1%)		
	Rural			N/A			519 / 536 (96.8%)		N/A	302 / 314 (96.2%)	519 / 536 (96.8%)						519 / 536 (96.8%)		
Indicator 11: Percentage of USG-assisted DOH regional offices and LGUs with functional ICV compliance committee/monitoring team																			
	DOH ROs with functional ICV Team	0	N/A	N/A	N/A	5/11 CHDs (45%)	0	0.0%†	N/A	0	0	N/A	100%	100%	100%	100%	0	0.0%†	
	LGUs with functional ICV Team	0	N/A	N/A	N/A	15/32 LGUs (47%)	0	0.0%†	N/A	0	0	N/A	100%	100%	100%	100%	0	0.0%†	
Sub-IR 2.1: Increased access to quality health services in FP and ASRH through patient-centered approaches																			

Objective/Indicator	Disaggregation	Baseline Value (Year)	FY 2019			FY 2020							FY 2021	FY 2022	FY 2023	Life-of-Activity			Remarks/Notes
			Target	Actual	% Target Achieved	Target	Actual (Q1-Q3)	% Target Achieved	Q1	Q2	Q3	Q4				Target	Target	Target	
Indicator 12: Percent of women with unmet FP identified provided with modern family planning		137%	46%			50%							60%	70%	80%	80%			The values were updated based on the latest MOV submitted this quarter (FY2Q3).
Status Unmet Need Data				22.2%	48.3%↑		12.0%	23.9%↑	28.7%	19.8%	12.0%	N/A					12.0%	14.9%↑	
Numerator (FHSIS NA)				19,360			8,968		31,969	11,530	8,968						8,968		
Denominator (Unmet Need)				87,137			75,045		111,320	58,318	75,045						75,045		
Cumulative Unmet Need Data				10.4%	22.7%↑		32.3%	64.7%↑	45.0%	43.2%	14.3%	N/A					21.1%	26.4%↑	
Numerator (FHSIS NA)				24,370			72,085		25,127	34,464	12,494						96,455		
Denominator (Unmet Need)				233,573			222,919		55,871	79,856	87,192						456,492		
IR 3: National, regional, and local systems and capacities to manage, implement, and sustain FP programs and policies bolstered and institutionalized																			
Sub-IR 3.2: FP health systems functions strengthened																			
Indicator 20: Presence of Mission support to strengthen HRH		Yes	Yes	Yes	100.0%*	Yes	Yes	100.0%*	Yes	Yes	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes	100.0%*
Indicator 21: 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	20	419 HWs of which 190 are hospital staff and 229 are health center staff	2095%*	60	419	698.3%*	0	0	419	N/A	90	150	180	480	419	87.3%↑	
Sub-IR 3.3: FP supply and logistics strengthened in FP activity sites																			
Indicator 24: Average stock-out rate of contraceptive commodities at FP SDPs			<10%	Average Stockout Rate		<10%	Average Stockout Rate		% Stockout	% Stockout	% Stockout	N/A	<10%	<10%	<10%	<10%	Average Stockout Rate		The FY1 average stockout rate covers 2 reporting periods (baseline and FY1Q4). The FY2 average stockout rate covers 3 reporting periods for a total of 5
Without SDM	Total Health Facilities	21%															10.0%	18.3%	54.5%↑
	Total Public Health Facilities		10%	18.4%	54.4%↑	10%	17.0%	58.8%↑	24.4%	14.7%	13.8%						17.7%		
	RHU/HC			18.2%			16.3%		22.8%	14.4%	13.4%						17.3%		
	Public Hospital			19.4%			20.3%		31.6%	16.5%	15.8%						19.9%		

Objective/Indicator	Disaggregation	Baseline Value (Year)	FY 2019			FY 2020							FY 2021	FY 2022	FY 2023	Life-of-Activity			Remarks/Notes
			Target	Actual	% Target Achieved	Target	Actual (Q1-Q3)	% Target Achieved	Q1	Q2	Q3	Q4				Target	Target	Target	
	Total Private Health Facilities			N/A			N/A		N/A	N/A	N/A						22.6%		reporting periods for the life of activity.
	Private Hospital			N/A			N/A		N/A	N/A							26.9%		
	Private Clinic			N/A			N/A		N/A	N/A							21.9%		
With SDM	Total Health Facilities	26%															22.7%		
	Total Public Health Facilities			22.7%			21.7%		28.0%	20.0%	18.8%						22.2%		
	RHU/HC			22.9%			21.1%		26.6%	19.6%	18.4%						21.9%		
	Public Hospital			22.3%			24.8%		34.7%	22.2%	20.5%						23.9%		
	Total Private Health Facilities			N/A			N/A		N/A	N/A	N/A						25.6%		
	Private Hospital			N/A			N/A		N/A	N/A	N/A						26.8%		
	Private Clinic			N/A			N/A		N/A	N/A							25.8%		
Pills	Total Health Facilities	23%															10.0%	10.6%	94.0%
	Total Public Health Facilities		10%	17.8%	56.1%†	10%	3.0%	333.5%*	3.5%	2.7%	2.9%						9.1%		
	RHU/HC			16.8%			0.5%		0.2%	0.2%	0.9%						7.3%		
	Public Hospital			23.1%			14.8%		19.1%	14.3%	12.3%						18.1%		
	Total Private Health Facilities			N/A			N/A		N/A	N/A	N/A						22.0%		
	Private Hospital			N/A			N/A		N/A	N/A	N/A						25.1%		
	Private Clinic			N/A			N/A		N/A	N/A	N/A						20.9%		
Injectables	Total Health Facilities	18%															10.0%	9.7%	103.1%*
	Total Public Health Facilities		10%	14.1%	70.7%†	10%	4.6%	217.1%*	3.3%	3.6%	6.1%						8.6%		
	RHU/HC			14.1%			3.0%		1.1%	2.3%	4.8%						7.7%		
	Public Hospital			14.2%			11.9%		13.5%	9.8%	12.3%						12.8%		
	Total Private Health Facilities			N/A			N/A		N/A	N/A	N/A						18.2%		
	Private Hospital			N/A			N/A		N/A	N/A	N/A						27.2%		
	Private Clinic			N/A			N/A		N/A	N/A	N/A						15.2%		
Condoms	Total Health Facilities	28%															10.0%	21.1%	47.3%†

Objective/Indicator	Disaggregation	Baseline Value (Year)	FY 2019			FY 2020							FY 2021	FY 2022	FY 2023	Life-of-Activity			Remarks/Notes
			Target	Actual	% Target Achieved	Target	Actual (Q1-Q3)	% Target Achieved	Q1	Q2	Q3	Q4				Target	Target	Target	
	Total Public Health Facilities		10%	23.1%	43.2%↑	10%	17.8%	56.1%↑	16.1%	14.5%	21.0%					20.0%			
	RHU/HC			22.5%			16.2%		13.6%	12.1%	20.3%					18.8%			
	Public Hospital			26.5%			25.5%		27.7%	25.6%	24.1%					25.9%			
	Total Private Health Facilities			N/A			N/A		N/A	N/A	N/A					29.8%			
	Private Hospital			N/A			N/A		N/A	N/A	N/A					24.5%			
	Private Clinic			N/A			N/A		N/A	N/A	N/A					31.7%			
IUD	Total Health Facilities	14%														10.0%	8.6%	115.8%*	
	Total Public Health Facilities		10%	9.0%	110.8%*	10%	7.1%	141.5%*	2.3%	9.0%	8.4%					7.8%			
	RHU/HC			9.3%			7.1%		2.1%	9.8%	8.2%					8.0%			
	Public Hospital			8.0%			6.8%		3.2%	5.9%	9.2%					7.3%			
	Total Private Health Facilities			N/A			N/A		N/A	N/A	N/A					16.7%			
	Private Hospital			N/A			N/A		N/A	N/A	N/A					17.8%			
Private Clinic			N/A			N/A		N/A	N/A	N/A					16.5%				
PSI	Total Health Facilities	24%														10.0%	41.6%	24.0%↑	
	Total Public Health Facilities		10%	27.8%	36.0%↑	10%	52.5%	19.0%↑	96.7%	43.8%	30.7%					42.8%			
	RHU/HC			28.4%			54.9%		97.2%	47.6%	33.0%					44.5%			
	Public Hospital			25.1%			42.3%		94.6%	27.1%	21.1%					35.5%			
	Total Private Health Facilities			N/A			N/A		N/A	N/A	N/A					26.4%			
	Private Hospital			N/A			N/A		N/A	N/A	N/A					40.0%			
Private Clinic			N/A			N/A		N/A	N/A	N/A					25.2%				
SDM Beads	Total Health Facilities	50%														44.4%			
	Total Public Health Facilities			44.5%			45.2%		46.4%	46.4%	43.6%					44.9%			
	RHU/HC			46.0%			44.6%		45.6%	45.6%	43.4%					45.2%			
	Public Hospital			36.9%			47.7%		50.4%	50.4%	44.3%					43.8%			

Objective/Indicator	Disaggregation	Baseline Value (Year)	FY 2019			FY 2020							FY 2021	FY 2022	FY 2023	Life-of-Activity			Remarks/Notes
			Target	Actual	% Target Achieved	Target	Actual (Q1-Q3)	% Target Achieved	Q1	Q2	Q3	Q4				Target	Target	Target	
	Total Private Health Facilities			N/A			N/A		N/A	N/A	N/A						40.6%		
	Private Hospital			N/A			N/A		N/A	N/A	N/A						26.1%		
	Private Clinic			N/A			N/A		N/A	N/A	N/A						45.5%		
Cross-Cutting Result 3: MERLA																			
Indicator 30: Number of Pause and Reflect sessions conducted		0	33	43	130.3%*	66	31	47.0%†	4	7	20	N/A	66	66	66	297	74	24.9%†	
	Internal			0			8		3	3	2						8		
	External			42			20		1	3	16						62		
	Cross Sectoral			1			3		0	1	2						4		
Indicator 31: Number of government staff trained in data analysis and/or scientific stature with ReachHealth support		0	N/A	N/A	N/A	30	45	150.0%*	0	45	0	N/A	60	75	60	225	45	20.0%†	
By Gender				N/A			45		0	45	0						45		
	Male			N/A			11		0	11	0						11		
	Female			N/A			34		0	34	0						34		
By Type of GOP Staff				N/A			45		0	45	0						45		
	National-level staff			N/A			5		0	5	0						5		
	Regional-level staff			N/A			9		0	9	0						9		
	Provincial/City -level staff			N/A			25		0	25	0						25		
	Facility-level staff			N/A			6		0	6	0						6		

*Colors have been added to highlight the percentage of project indicators met: Green is ≥100% of target have been met

†Colors have been added to highlight the percentage of project indicators met: Red is <50% of target have been met

‡ Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% of target have been met

8.2 FINANCIAL INFORMATION

A	Total Estimated Cost (\$)	[\$[REDACTED]]
B	Cumulative Obligation	[\$[REDACTED]]
C	Mortgage	[\$[REDACTED]]
D	Cumulative disbursement (as of previous quarter)	[\$[REDACTED]]
E	Expenditure, including accruals (for the current quarter)	[\$[REDACTED]]
F	Current Pipeline	[\$[REDACTED]]
G	Projected Expenditure (for the next quarter)	[\$[REDACTED]]
H	Estimated Pipeline	[\$[REDACTED]]

8.3 POTENTIAL SUCCESS STORIES, PICTURES, ETC.

Story Idea	Supporting Information	Contact Person
<p>Rapid Assessment: Family Planning Under COVID-19</p>	<p>Amidst its efforts to keep the Filipinos safe from the pandemic, the Philippine government has deemed family planning services as essential health care service that needs to be continued, and the Commission on Population and Development (POPCOM) and Department of Health (DOH) issued a guide on uninterrupted provision of family planning services and commodities during the pandemic. A few days after the issuance of this guide from POPCOM, USAID's ReachHealth project swiftly came up with rapid assessment see if our health facilities and local government units (LGUs) will be able to adhere to such call for continued FP service, at a time when a large part of the country is under varying degrees of community quarantine.</p>	<p>[REDACTED]</p>
<p>Continuity of Adolescent Health Services Under COVID-19</p>	<p>USAID's ReachHealth project conducted a rapid assessment on the continuity of adolescent health services in its project sites. It was identified that among many concerns, the roles and functions of adolescent staff were heavily disrupted, and this directly affected service delivery. As a proactive response to the results, a memo on the Interim Guidelines on Continuous Provision of Adolescent Health Services During COVID-19 Pandemic has been drafted. Also, the DOH central's AHDP team conducted a "KamustAHan" meeting which was supported by the Project ARH team. This meeting served as a check-in with the regional AHDP coordinators on how the local AHDP activities are doing and how they are transitioning to the new normal.</p>	<p>[REDACTED]</p>
<p>Bayanihan for Family Planning Service Provision in the Time of COVID 19</p>	<p>On March 25, Commission on Population and Development (POPCOM) issued guidelines on uninterrupted resupply of pills and condoms and family planning information by barangay population volunteers/workers during the public health emergency. Since then, local government units, health care facilities, volunteers and development partners, including USAID, have been working together to find novel and efficient ways of providing FP services while adhering to the quarantine regulations.</p>	<p>[REDACTED]</p>

Story Idea	Supporting Information	Contact Person
Adolescent Friendly Health Facilities Virtual Learning Visits	With the implementation of community quarantine, certain project activities like physical learning visit was replaced by webinars and virtual tours of the facilities with the help of digital technology, a learning visit was done virtually on May 21, 2020. The webinar and virtual tour covered the DOH standards and requirements for setting up AFHF and learning from the gains and common challenges in operationalizing an AFHF.	[REDACTED]
Health Financing Response Under COVID-19	With the rapid increase in cases over the past months not only continues to take a toll on the national resources but also weigh on local government resources and their health system capacity. To further assist the LGUs in get on board with these new mechanisms, USAID’s ReachHealth project, conducted a webinar series maximizing financing responding to COVID-19 and including FP in the benefits they can still continue to reimburse.	[REDACTED]
Keeping Gender-Based Violence at Bay During Lockdown	Home quarantine is essential to contain the spread of COVID-19. However, it could result in increased incidence of GBV. Living in isolation with abusive partners, or parents and guardians, is tough for vulnerable groups such as women, children, and gender non-conforming individuals. Even for those not experiencing abuse, prolonged confinement and anxiety could erupt in violence. USAID, with its ReachHealth and ClaimHealth projects, conducted a webinar on Integrating GBV in Local Government COVID-19 Response Plans. The webinar emphasized the need to ensure that LGUs can respond to GBV by (1) ensuring the availability of services and referrals, and (2) promoting preventive messages.	[REDACTED]