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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)

January 1–March 31, 2021 Quarterly Report

**Cooperative Agreement No. 72049218CA00009**

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**Implemented by:** RTI International

**Partners:** Johns Hopkins International University Center for Communication Programs, Duke Global Health Innovation Center

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## List of Acronyms

4R	Representation, Resources, Realia, and Realization
ADNPH	Agusan Del Norte Provincial Hospital
ADRA	Adventist Development and Relief Agency
AF	adolescent friendly
AFHF	adolescent-friendly health facility
AH	adolescent health
AHDP	Adolescent Health and Development Program
AO	administrative order
AOP	Annual operational plan
ARH	Adolescent Reproductive Health
ASRH	adolescent sexual and reproductive health
AY	adolescents and youth
BBT	basal body temperature
BCPC	Barangay Council for the Protection of Children
BHS	barangay health station
BHW	barangay health worker
BLHSD	Bureau of Local Health Systems and Development
BLSS	Bureau of Learner Support Services
BMC	Butuan Medical Center
BTL	bilateral tubal ligation
BTT	Barcode Track and Trace
C	cancelled
CAAH	Corazon C. Aquino Hospital
CCP	Center for Communication Programs
CCR	cross-cutting result
CDH	Cabadbaran District Hospital
CDO	Cagayan De Oro City
CDOHO	City Department of Health Office
CHD	Center for Health Development
CHO	City Health Office
CHW	community health workers
CLA	collaborating, learning, and adapting
CM	cervical mucus
COC	combined oral contraceptives
COVID-19	coronavirus disease 2019
CQI	continuous quality improvement
CRM	climate risk management
CSE	comprehensive sexual education
CSO	civil society organization
CSS	client satisfaction survey
CTO	City Technical Officer
CU	current user
CV	Central Visayas
CVCHD	Central Visayas Center for Health Development
CYP	couple years protection
D	deferred
DepEd	Department of Education
DHIS2	District Health Information System 2
DICT	Department of Information and Communication Technology
DKT	DKT International
DMPA	Depo-Provera
DOH	Department of Health

DOLE	Department of Labor and Employment
DPCB	Disease Prevention and Control Bureau
DQC	data quality check
DRRMH	Disaster Risk Reduction and Management for Health
EB	Epidemiology Bureau
EMR	electronic medical record
EO	executive order
FC	fully completed
FGD	focus group discussion
FHSIS	Field Health Service Information System
FICT	Field Implementation and Coordination Team
FP	family planning
FPCBT	family planning competency training
FY	fiscal year
GBV	gender-based violence
GHIC	Global Health Innovation Center
GIDA	geographically isolated and disadvantaged area
GST	gender sensitivity training
HC	health center
HCPN	health care provider network
HCWM	health care waste management
HEEADSSS	Home, Education/Employee, Eating, Activities, Drugs and Alcohol, Suicide and Depression, Sexuality, and Safety
HEMB	Health Emergency Management Bureau
HEPO	Health Education Promotion Officer
HFDB	Health Facilities Development Bureau
HFDU	Health Facility Development Unit
HPB	Health Promotions Bureau
HR	human resources
HRH	Human Resources for Health 2030 project
HSD	Health Systems Development
HSDS	Health Systems Development Specialist
HSP	health service providers
HSS	health systems strengthening
ICT	information and communications technology
ICV	informed choice and voluntarism
IEC	information, education, communication
IMAP	Integrated Midwives Association of the Philippines
IP	implementing partner
IPC	infection prevention and control
IPHO	integrated provincial health offices
IR	implementation research
IST	in-service training
IT	information technology
IUD	intrauterine devices
J2SR	Journey to Self-Reliance
KII	key informant interview
KMITS	Knowledge Management and Information Technology Service
LAM	lactational amenorrhea method
LAPM	long acting or permanent method
LARC	long-acting reversible contraception
LCE	Local Chief Executive
LGU	local government unit
LHS	local health system

LHS-ML	local health system maturity level
LIC	lying-in clinics
LIPH	Local Investment Plan for Health
M&E	monitoring and evaluation
MCH	maternal and child health
MERLA	monitoring, evaluation, research, learning and adapting
META	monitoring and evaluation technical associate
MHD	Manila Health Department
MHO	municipal health office
MHP	mental health program
ML	maturity level
MLLA	minilaparotomy under local anesthesia
MNH	maternal and neonatal health
MOA	memorandum of agreement
MTAPS	Medicines, Technologies, and Pharmaceutical Services (project)
NA	new acceptors
NCR	National Capital Region
NFP	natural family planning
NSV	no scalpel vasectomy
NTHC	National TeleHealth Center
OB-GYN	obstetrics and gynecology
OCCCA	One Caloocan Convergence Center for Adolescent
OPD	outpatient department
OR	operating room
P&R	pause and reflect
PACT	Partnership among Academes and Communities
PAS	performance audit system
PC	partially completed
PCPN	primary care provider network
PDOHO	provincial Department of Health office
PhilHealth	Philippine Health Insurance Corporation
PHO	Provincial Health Office
PIES	Provider Integration and Engagement System
PLGU	Provincial Local Government Unit
PM	permanent method
POP	progestogen-only contraceptive pills
POPCOM	Commission on Population and Development
PPFP	postpartum family planning
PPIUD	postpartum intrauterine device
PSE	private sector engagement
PSI	progestin-only subdermal implant
PSORHN	Philippine Society of SRH Nurses
PTE	post-training evaluation
PTO	Provincial Technical Officer
Q	quarter
QI	quality improvement
RDC	Regional Development Council
REAP	Reducing Early Adolescents' Pregnancy
RH	reproductive health
RHEADY	Reproductive Health Educators and Advocates of Davao Youth
RHU	rural health unit
RILAN	ReachHealth Innovation Learning and Action Network
RLP	reproductive life plan
RO	regional office

RPHS	Rizal Provincial Hospital System
RPRH	Responsible Parenthood and Reproductive Health
RTI	RTI International
SAMPI	Society of Adolescent Medicine of the Philippines
SBC	social behavior change
SCM	supply chain management
SCP	Save the Children Philippines
SDM	standard days method
SDN	service delivery network
SDP	service delivery points
SHF	Special Health Fund
SHIA	Social Health Insurance Academy
SIKAP	<i>Sibog Katawhan Alang sa Paglambo</i>
SK	<i>Sangguniang Kabataan</i>
SMRS	Supply Management Recording System
SOW	scope of work
SPMC	Southern Philippines Medical Center
SRH	sexual and reproductive health
STM	symptom-thermal method
STTA	short-term technical assistance
TA	technical assistance
TB	tuberculosis
TOF	training of facilitators
TOT	training of trainers
TTMF	Temporary Treatment and Monitoring Facilities
TV	television
TVC	television commercial
TWG	technical working group
UHC	Universal Health Care
UIS	Universal Health Care Implementing Sites
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	US Government
VAC	violence against children
VAWC	violence against women and children
WCPP	Women and Child Protection Program
WRA	women of reproductive age
WV	Western Visayas
WVCHD	Western Visayas Center for Health Development
YOLO	Youth Optimizing Life Opportunities
ZC	Zamboanga City
ZCMC	Zamboanga City Medical Center
ZDNMC	Zamboanga del Norte Medical Center
ZDSMC	Zamboanga del Sur Medical Center

## 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	RTI International
Contract/Agreement Number	Cooperative Agreement #72049218CA00009
Name of Subcontractors/Sub-awardees	Johns Hopkins Center for Communication Programs and Duke Global Health Innovation Center)
Geographic Coverage (Total of 32 sites, provinces and/or cities)	<p><b>Luzon—four regions, 12 sites</b>            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><b>Visayas—two regions, 9 sites</b>            Western Visayas: Iloilo, Iloilo City, Negros Occidental and Bacolod City            Central Visayas: Cebu, Cebu City, Lapu-lapu City, Mandaue City and Bohol</p> <p><b>Mindanao—five regions, 11 sites</b>            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	January–March 2021

## **I.2 ACTIVITY DESCRIPTION**

The United States Agency for International Development (USAID) ReachHealth is a 5-year project (December 2018–November 2023) that aims to strengthen and improve access to critical health services for Filipino families. The project aids Philippine communities to reduce the unmet need for family planning (FP) services and decrease teen pregnancy and newborn morbidity and mortality.

To address these challenges, 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, the USAID ReachHealth project aims to generate demand for FP/MNH services and help women, men, and adolescents overcome gender barriers. The project's cross-cutting approaches during implementation include gender integration; sustainability and self-reliance; private sector engagement (PSE); and monitoring, evaluation, research, learning, and adapting (MERLA).

Implemented by RTI International, in partnership with Center for Communications Programs (CCP) and Duke Global Health Innovation Center (GHIC), the project supports its Philippine counterparts, primarily the Department of Health (DOH), the 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/MNH problems.

During fiscal year 2021 (FY2021)<sup>1</sup> of its implementation, USAID ReachHealth will continue to address gaps and challenges related to behavior change, availability of quality client-centered FP services in service delivery points (SDPs), variance in the implementation of local policies and systems that support availability of FP commodities along the supply 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.

Technical assistance (TA) interventions and innovations in Year 3 will contribute to fulfilling USAID's health targets, particularly by increasing use of modern contraceptives among women of reproductive age from 24% in 2017 to 30% in 2022 and reducing teenage pregnancy from 8.6% in 2017 to 5.4% by 2022. Interventions will also be supportive of the cross-cutting concerns for USAID on sustainability, PSE, community engagement, gender engagement and women's empowerment, coordination and collaboration with USAID implementing partners (IPs) and project stakeholders, and Regulation 216 compliance and climate risk management (CRM) plan implementation. USAID ReachHealth's contribution to meeting these targets is expected to result from key TA interventions that will be scaled up or initiated in Year 3. They are embedded in the three objectives and cross-cutting interventions of the project, detailed under Section 2.

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<sup>1</sup> Note that FY2021 and Year 3 are equivalent in regard to USAID ReachHealth's implementation timeline.



### **I.3 KEY ACHIEVEMENTS FOR THE QUARTER**

For the second quarter of FY2021 (or the third year of the project) the country is continuing its battle against COVID-19. The long community quarantine has disrupted many of the project's routine activities with partners and health services. Although many of the project's planned activities were disrupted, USAID ReachHealth applied adaptive measures to continue its initiatives to improve FP in the country during the pandemic. For this quarter, the project continued to pivot its activities and provide TA through online platforms and some in-person engagements in areas where community quarantine measures were less restrictive. This blended approach posed some challenges, but ultimately, the project succeeded in delivering much-needed assistance to our partners.

**Social Behavior Change (SBC) Activities.** For this quarter, the project launched the *Konektado Tayo* campaign to encourage stronger conversations between parents and teens. More than 3.5 million people were reached in the first month of the campaign. Another campaign, *It's OK to Delay!*, continued its strong growth and has reached over 1.7 million during this quarter. Also in this quarter, around 110 people attended the webinar on *Motivations for Use of Family Planning among Individuals of Reproductive Age in the Philippines: Formative Research in Five Regions*. This event discussed the project's formative research with adults and highlighted how those results are being used in USAID ReachHealth programming.

**Service Delivery.** Given the community quarantine restrictions, the project continued to pursue virtual approaches to providing technical support to regional and local partners in its efforts to strengthen FP and adolescent reproductive health (ARH) programs. The key achievements for this quarter were the (1) the development of the community health worker (CHW) training package in basic FP services and its vetting by the DOH and POPCOM; (2) use of client satisfaction survey and pause and reflect data; and (3) finalization of the comprehensive sexual education (CSE)-ARH convergence roadmap, with the Department of Education's (DepEd's) assumption of the lead role in convening the DOH and POPCOM for CSE ARH convergence activities.

**Health Systems Strengthening.** The project has aligned its systems strengthening approach with the Philippine government's policy direction toward Universal Health Care. By assisting localities in transitioning to integrated province-wide health systems and health care provider networks, USAID ReachHealth is also addressing issues with FP stockout, accreditations for FP and MNH, inefficient information systems, human resource inadequacy, and poor financing arrangements for health care. All of these contribute to the improvement of service provision and to the increase in access to FP, ARH, and MNH services, among others. The project also helped improve health information systems and data quality by integrating of information systems and exploring digital alternatives for recording and reporting. The project has also been working on creating a voucher system to support local supply management and distribution.

**Cross-Cutting Initiatives.** Though some private companies were affected by the intermittent lockdowns, some of the FP in the Workplace activities continued. In Mindanao, one of the six target companies that completed the FP profiling is ready to partner with a private FP service provider, and in South Cotabato and General Santos City, three companies have committed to partnerships with a private FP provider. Incubation agreements were signed with the winners of the Philippine Innovation Challenge in January 2021 through Villgro Philippines. Weekly check-ins were conducted to further sharpen the winning teams' business plans and implement milestones from their 100-day plans. A total of four weekly check-ins and one mentoring session per team have been completed.

By the end of the quarter, the project has completed a total of eight USAID ReachHealth Innovation Learning and Action Network (RILAN) forums. Two of these, about up-and-coming digital health innovations and Sayana Press, were conducted in this quarter. The latest RILAN forum, about Sayana Press, was timely (given that the method was recently authorized for use in the Philippines) and well received by participants. Finally, of the six civil society organization (CSO) grantees, five have started implementation and are progressing according to approved timelines.

**Data Collection.** During this quarter, the project collected data only from the public sector, as it has done in most other quarters since the baseline. Although the project had resumed collecting data from the private sector during Q1 FY2021, the time constraints and other resources required to include those data in the routine quarterly monitoring, especially during COVID-19, led the project to decide to collect private sector data only twice this fiscal year. Hence, for this year, data collection from the private sector will be done again in Q4 to enable a comparison between the start-of-the-year and the end-of-the-year status of project indicators in the private sector. For Q2, the levels of indicators derived directly from health facilities were based on data collected from a total of 1,245 health facilities, including 1,027 rural health units (RHUs) and 218 public hospitals. The response rates among different types of health facilities in each of the three island regions are all very high, exceeding 95%. These are shown in **Table I**. Given the COVID-19-related restrictions on data collection, data for this quarter were collected mostly through telephone interviews; only if needed and possible to do safely were data collected through facility visits.

**Table I. Coverage of Data Collection for the Quarterly Monitoring of Indicators by Type of Health Facility and Region: Second Quarter, FY2021**

AREA	RHU/HCs			PUBLIC HOSPITALS			ALL PUBLIC FACILITIES		
	No. With Data	Total No.	Response Rate (%)	No. With Data	Total No.	Response Rate (%)	No. With Data	Total No.	Response Rate (%)
Luzon	437	442	98.9	107	107	100.0	544	549	99.1
Visayas	371	379	97.9	63	66	95.5	434	445	97.5
Mindanao	219	226	96.9	48	50	96.0	267	276	96.7
Total	1027	1047	98.1	218	223	97.8	1245	1270	98.0

In addition, the project piloted during this quarter a rapid feedback system to “close the loop” between the identification of problems at the health facilities level during quarterly monitoring and the provision of appropriate actions needed to address those problems.

Overall, when values of project indicators are compared between Q1 and Q2 of this fiscal year, improvements are observed in 12 out of the 16 quarterly indicators. The percent relative increase (or decrease in the case of stock-outs) between Q1 and Q2 exceeds 35% in seven of them, and exceed 100% in two of them. Large improvements were achieved even in perennially problematic indicators like the number with unmet FP need and the number of new acceptors.

**Table 2. Evolution of Levels of Project Quarterly Indicators: Quarters 1 and 2, FY2021**

INDICATOR	Q1FY2021 value	Q2FY2021 value	% Relative change between Q1 and Q2
1. Couple years of protection	836,347	897,128	7.3%
2. Unmet need for modern FP	24,054	68,709	185.6%
3. Number of modern FP users	2,307,790	2,534,618	9.8%
4. Number of new FP acceptors	60,592	83,846	38.4%
5. Number of individuals in the target population reporting exposure to USG funded Family Planning (FP) messages through various channels	4,012,505	5,560,424	38.6%
6. Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year	72,375	76,910	6.3%
7. Percent of individuals participating in mobilization activities who adopted FP	5/351= 56%	776/878= 88.4%	57.8%
8. Percent of USG-assisted service delivery points providing FP counseling and/or services	1528/1748= 87.4%	1202/1245= 96.5%	10.4%
9. Number of functional Adolescent-Friendly Health Service Delivery Points	29	18	(-37.9%)

INDICATOR	Q1FY2021 value	Q2FY2021 value	% Relative change between Q1 and Q2
10. Number of Adolescents availed FP-MCH-SRH services in supported Adolescent-Friendly Service Delivery Points	69,350	79,218	14.2%
11. Percentage of USG assisted DOH regional offices and LGUs with functional ICV Compliance Committee/Monitoring Team	CHDs: 0 LGUs: 0	CHDs: 0 LGUs: 1	No change for CHDs; Increased by 1 LGU
12. Percent of women with unmet FP identified provided with modern family planning	8856/24054= 36.8%	37,375/68,709= 54.4%	47.8%
13. Number of participants who attended in-service training (IST) using non-traditional platforms in FP in USG-Assisted sites	425	362	(-14.8%)
14. Average stock-out rate of contraceptive commodities at FP SDPs (refers to stock-out rate for pills, which is the mother indicator)	175/1740= 10.1%	34/1245= 2.7%	(-73.3%)
15. Number of Pause and Reflect sessions conducted	12	51	325%
16. Number of government staff trained in data analysis and/or scientific stature with USAID ReachHealth support	0	0	No change (Activity to be conducted in Q3 and Q4 )

## 2. PERFORMANCE STATUS

### 2.1 PERFORMANCE OF KEY INDICATORS BY OBJECTIVES AND CROSS-CUTTING RESULTS (CCRS)

The computation of the couple years protection (CYP) continues to be affected by the high proportion of Field Health Service Information System (FHSIS) reporting units (health centers for cities; municipalities for provinces) that are not submitting validated FHSIS reports to the provincial FHSIS coordinator. As shown in **Table 3**, among all 32 project sites, only 71.7% of the FHSIS reporting units provided data on FP current users, 67.5% on new acceptors, and 79.8% on other users. There is a large variability in the coverage of reporting among island regions, with the coverage as low as 58% in Mindanao for both current users and new acceptors. As in the previous quarters, the main reason provided for this low coverage is that many FP coordinators at the municipal or health-center level have been given additional COVID-related roles, which has drastically reduced their time for FP work, including FP recording and reporting.

**Table 3. Coverage of FHSIS Submission of FP Data: October–December 2020**

AREA	FP Current Users (CUs)			FP NA			FP Other Acceptors		
	No. of reporting units with submission	Total No. of Reporting Units	% Coverage	No. of reporting units with submission	Total No. of Reporting Units	% Coverage	No. of reporting units with submission	Total No. of Reporting Units	% Coverage
Luzon	186	318	58.5	202	318	63.5	168	318	60.9
Visayas	333	362	92.0	279	362	77.1	332	362	91.7
Mindanao	131	226	58.0	131	226	58.0	168	318	60.9
<b>Total</b>	<b>650</b>	<b>906</b>	<b>71.7</b>	<b>612</b>	<b>906</b>	<b>67.5</b>	<b>723</b>	<b>906</b>	<b>79.8</b>

As shown in **Table 4**, the total CYP for this quarter is 897,128. That value was derived by adding the contributions of the actual performance of the project in terms of the number of current users, new acceptors, and other users of various FP methods from the public health facilities, as well as an estimated value from the private sector, based on the methodology proposed by ClaimHealth. This value is moderately higher than last quarter's value of 836,347 and a little short of the target CYP value of 901,760 for the quarter. Based on public sector data, the biggest contributors to the CYP are pills (38.6%) and injectables (22.4%). Taken together, the different types of natural FP methods contribute 12.5% of the total public sector CYP; permanent methods (bilateral tubal ligation [BTL] and no scalpel vasectomy [NSV]) contribute only 10.3%.

The reported number of women with unmet FP needs for this quarter is 68,709, more than 2.8 times higher than last quarter's value of 24,054. This figure was derived from FHSIS reports of 15 project sites that reported unmet need data using the status method of determination.

Given the challenges associated with collecting data on the number of women with unmet FP needs, the reported number of 68,709 will be interpreted as the actual number with unmet need reached by the project, out of the total number with unmet need in the population, whose estimated number is equal to the target. As such, the project reached only about a quarter (24.3%) of the total number of women with unmet FP needs in the project sites. That proportion is much higher than the 8.5% reached by the project last quarter. A major factor affecting the low performance level of the project for the indicator on unmet FP need is the fact that although the target was computed for all 32 project sites together, the actual number reported covered only 9 project sites in Q1 and only 15 project sites in Q2.

**Table 4. Q3FY2021 Project Performance on Outcome Indicators**

Indicator [A]	Baseline [B] (Year)*	Accomplishment								
		For the Quarter			For the Year			Life-of-Activity		
		Target [C]	Actual (As of 03/31/2021) [D]	% [E]	Target [F]	Actual (As of 03/31/2021) [G]	% [H]	Target [I]	Actual (As of 03/31/2021) [J]	% [K]
Indicator 2: Couple years protection (CYP) in US Government (USG-) supported programs	631,580	<b>901,760</b>	897,128	<b>99.5%*</b>	<b>3,607,039</b>	1,766,366	<b>49.0%†</b>	<b>16,878,278</b>	8,237,741	<b>48.8%†</b>
Public			524,796			1,021,704			4,906,048	
Estimated Private			372,331			744,662			3,331,693	
Urban			287,965			567,060			2,821,935	
Rural			236,832			454,643			2,084,113	
BTL			53,330			95,290			573,760	
NSV			610			1,400			9,410	
Pills			202,855			389,584			1,763,740	
IUD			26,629			57,252			351,767	
Injectables			117,761			233,924			1,035,998	
Natural family planning (NFP)-cervical mucus (CM)			2,303			4,494			21,982	
NFP-basal body temperature (BBT)			645			1,380			4,350	
NFP-symptom-thermal method (STM)			436			920			3,352	
NFP-standard days method (SDM)			10,069			20,182			83,814	
NFP-LAM			52,201			100,864			476,882	
Condoms			34,335			66,033			304,749	
PSI			23,623			50,383			276,245	
Indicator 3: Unmet need for modern FP		<b>282,281</b>			<b>282,281</b>			<b>180,660</b>		
Status	70,413		68,709	<b>24.3%†</b>		68,709	<b>24.3%†</b>		68,709	<b>38.0%†</b>

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

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

**Table 5. Q2FY2021 Project Performance on Objective I Indicators**

Indicator [A]	Baseline [B] (Year)*	Accomplishment								
		For the Quarter			For the Year			Life-of-Activity		
		Target [C]	Actual (As of 03/31/2021) [D]	% [E]	Target [F]	Actual (As of 03/31/2021) [G]	% [H]	Target [I]	Actual (As of 03/31/2021) [J]	% [K]
<b>Objective I: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations</b>										
Indicator 5: Number of modern FP users in USG-assisted sites	2,831,046	<b>3,233,530</b>	2,534,618	<b>78.4%*</b>	<b>3,233,530</b>	2,534,618	<b>78.4%*</b>	<b>3,674,441</b>	2,534,618	<b>69.0%*</b>
BTL			233,846			233,846			233,846	
NSV			4,670			4,670			4,670	
Pills			1,014,275			1,014,275			1,014,275	
IUD			237,707			237,707			237,707	
Injectables			471,043			471,043			471,043	
NFP-CM			9,213			9,213			9,213	
NFP-BBT			2,579			2,579			2,579	
NFP-STM			1,744			1,744			1,744	
NFP-SDM			40,275			40,275			40,275	
NFP-LAM			208,805			208,805			208,805	
Condoms			137,339			137,339			137,339	
PSI			173,122			173,122			173,122	

Indicator [A]	Baseline [B] (Year)*	Accomplishment								
		For the Quarter			For the Year			Life-of-Activity		
		Target [C]	Actual (As of 03/31/2021) [D]	% [E]	Target [F]	Actual (As of 03/31/2021) [G]	% [H]	Target [I]	Actual (As of 03/31/2021) [J]	% [K]
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)	121,756	83,846	68.9%*	487,024	163,148	33.5%†	3,051,029	829,566	27.2%†
BTL			2,783			4,099			17,090	
NSV			24			30			361	
Pills			18,520			35,451			175,038	
IUD			1,901			4,205			27,039	
Injectables			16,254			33,451			155,242	
NFP-CM			123			221			1,490	
NFP-BBT			49			159			410	
NFP-STM			1,722			1,755			2,328	
NFP-SDM			467			927			7,613	
NFP-LAM			34,535			67,900			362,245	
Condoms			4,024			7,211			36,416	
PSI			3,444			7,739			44,294	
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)	1,501,044	2,581,250	5,560,424	215.4%‡	10,325,000	9,572,929	92.7%*	35,049,562	11,462,800	32.7%†
Radio	0		0			0			0	
Television	0		0			0			0	
Electronic Platforms	1,496,008		5,542,779			9,509,988			11,388,827	
Community Group Dialogue	4,528		878			1,229			6,743	
Interpersonal Communication & Counseling	60		687			1,707			1,767	
In print	0		16,080			60,005			65,015	
Others	448		0			0			448	
Indicator 9: Percent of individuals participating in mobilization activities who adopted FP	93% (based on only 2 provinces)	85%	88.4%	104.0%‡	85%	79.0%	92.9%*	85%	85.3%	100.4%‡
No. of Sessions			67			98			607	
No. of Participants			878			1,229			6,743	
No. Provided FP Services			776			971			5,755	
Indicator 8: Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year	49,281	65,708	76,910	117.0%‡	65,708	76,910	117.0%‡	82,135	76,910	93.6%*
Male			658			658			658	
Female			76,252			76,252			76,252	

\*Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% 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: Green is ≥100% of target have been met

For this quarter, the total number of current users for all methods is 2,534,618 (see **Table 5**), a little more than three-fourths (78.4%) of the targeted number for the year. This accomplishment is a little higher than the 66.4% of the previous quarter. Although the data on current users cover all project sites, data on current users from the following project sites were carried over from previous reports:

- Manila City, Misamis Oriental, and South Cotabato—carried over from July–September 2020 report
- Cagayan de Oro City—carried over from April–June 2020 report
- Rizal—carried over from January–March 2020 report
- Bacolod City and Zamboanga del Sur—carried over from October–December 2019 and April–June 2020 reports, respectively (as in the Q1 FY2021 report)

The most commonly used FP method is the pill (40%), followed by injectables (18.6%) and intrauterine devices (IUD; 9.4%). Lactational amenorrhea method (LAM) users, who comprise the largest proportion of new acceptors, account for only 8.2% of current users.

The project recorded 83,846 new acceptors for this quarter, which represents a 38% increase over last quarter's figure of 60,592. However, despite this large increase, this figure is only 68.9% of the quarterly target. This new acceptors (NA) data covers only 27 project sites for data derived from RHUs and health centers and 30 project sites for NA data from public hospitals. There was no FHSIS report from Manila City. The NA reports of Iloilo City, Misamis Oriental, Cagayan de Oro City, and South Cotabato were not included because they still need clarification. In addition, the NA reports from Batangas and Iloilo City are incomplete, with reports coming from only 7 and 3 LGUs respectively.

As in previous quarters, the highest proportion of new acceptors are LAM users (41.2%), followed by those who accepted pills (22.1%) and injectables (19.4%).

For this quarter, there were 5,560,424 individuals who were exposed to FP messages through a variety of channels. Although this reported number is supposed to be disaggregated according to age (<20; ≥20 years old), disaggregated data are not available for those exposed to FP messages through electronic platforms as well as printed messages. The project is still determining if there is a way to generate age disaggregated data, with age categorization consistent with that used by the project, through data analytics provided by Facebook and other platforms.

Almost all (99.7%) reported exposures to FP messages are through electronic platforms. Among the non-electronic platforms, print is the most common form of exposure, accounting for 3 out of every 1,000 individuals reached. No FP messages were relayed through radio or TV during this quarter.

The project listed 76,910 CHWs providing FP information and services. These CHWs are serving in RHUs provided with TA by the project. This figure is slightly higher than the corresponding value in Q1 (72,375) and the target value of 65,708 for Year 3. Male CHWs comprise a very insignificant proportion (<1%) of the total number of CHWs.

The number of Usapan sessions more than doubled from Q1 to Q2, from 31 to 67. During these sessions, a total of 776 participants were provided with FP services and became FP new acceptors, resulting in a conversion rate of 88.4%. This conversion rate for Q2 is 58% higher than the conversion rate of 56% achieved last quarter.

## Analysis of Accomplishments (Objective 1)

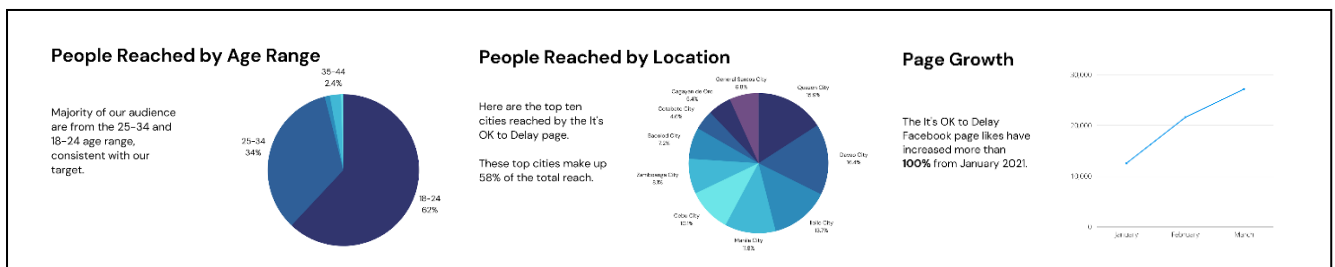
### Adult Audience

#### It's OK to Delay! Campaign

In partnership with POPCOM, USAID ReachHealth launched the It's OK to Delay! social media campaign on October 21, 2020. This campaign uses Facebook, Twitter, and YouTube to reach the “delayers,” an overlooked demographic for FP communication messaging. Delayers are young (18–30 years), sexually active adults who may or may not be married and may want to have a baby one day, but not right now. The campaign uses relatable, humorous motivational messaging to communicate to the delayers and address their priorities and concerns.

In Q2 of Year 3, the campaign continued its strong growth. Its Facebook page likes increased by more than 100% from last quarter, even with less ad spending (see **Figure 1**), which indicates the campaign's traction. Between January and March 2021, It's OK to Delay! reached over 1.7 million people across the Philippines. The cumulative reach of the campaign since its launch is now at 5,521,891. The comments and questions received from the audience indicate that it is reaching young adults and addressing their FP concerns.

**Figure 1. It's OK to Delay! Campaign Reach**



#### Development and Packaging of FP Materials

**FP Take-Home Guides.** The Take-Home Guides are a series of detailed handouts on pills, IUDs, implants, injectables, and LAM in English and Filipino. They are intended to be given to clients after they choose or receive the FP method of their choice, to promote successful use of the method. The language used in the materials is similar to that of the FP method booklets: the tone is straight to the point but able to provide more details about method use and their common side effects. These guides were pre-tested with a total of 70 respondents from across the country, with providers and representatives of the intended audience. A set of posters for clinics was designed to accompany the Take-Home Guides and the FP method booklets. They were approved by DOH and POPCOM and are currently under final review by USAID.

**Social Behavior Change (SBC) Packages for the Field.** The project created an SBC Package that includes printer-ready files for the two FP booklets, a *Usap Tayo sa* poster, the Take-Home Guides, *Konektado Tayo* posters, and a slide show of social media posts. In anticipation of final approvals early in Year 3 of the project (Q3), these will soon be shared with all project staff for distribution to project sites, POPCOM and the DOH regional offices, and other partners around the country. They can be easily downloaded, shared on digital messaging apps, and printed and are primarily intended to be used as job aids by FP providers and CHWs.

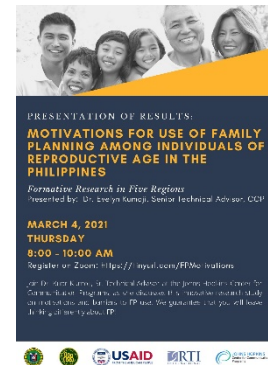
**Television Commercials (TVCs) and Video Production.** During Q2 of Year 3, the project selected the vendors for the TVC, FP method videos, postpartum video, and *Usap Tayo sa* FP campaign



rebranding. USAID ReachHealth selected Digitank to produce the TVCs; the company then developed and presented three concepts for the spot, of which the project selected one together with POPCOM and the DOH. Oddefy was selected to produce the nine FP method videos and the postpartum video, which is intended to be more creative. Oddefy was also selected to create the new branding for the *Usap Tayo sa FP* campaign—specifically, Oddefy will create the brand and website and kick off the social media campaign. POPCOM attended the presentations by those two agencies and was involved in the selection.

### **Formative Research Webinar**

On March 4, 2021, over 110 people attended a webinar spearheaded by the project to discuss findings from the project’s formative research with adults. Titled “Motivations for Use of Family Planning among Individuals of Reproductive Age in the Philippines: Formative Research in Five Regions,” this innovative study was conducted in late 2019 and analyzed in 2020. The study was conducted by the Johns Hopkins Center for Communication Programs in collaboration with Ateneo de Manila University’s Institute of Philippine Culture and RTI International. The study’s lead researcher, Dr. Kuor Kumoki of the Johns Hopkins Center for Communication Programs, presented the findings, and [REDACTED], Senior Advisor for SBC & Gender, discussed how the results are being used in the project’s programming for adults. The research findings were well received by the attendees and the project’s partner agencies, including POPCOM and the DOH, who will benefit most from applying the learnings from the study.



### **Enhanced Usapan**

Enhanced face-to-face *Usapan* was continuously conducted in project sites where face-to-face sessions were permitted under COVID-19 restrictions. From January to March 2021, Luzon, Visayas, and Mindanao sites were able to hold a total of 67 *Usapan* sessions (*Usapang Pwede Pa*, *Usapang Kuntento Na*, and *Usapang Bagong Maginoo*) with a total of 878 participants that generated 781 new acceptors, at an 89% conversion rate. Caloocan City, Laguna, Bohol, and Bukidnon conducted a total of 18 *Usapang Buntis* sessions for 224 pregnant women on postpartum FP.

Before the pandemic, the project developed an Enhanced *Usapan* Quality Assessment Tool to monitor the quality of enhanced *Usapan* sessions conducted in project sites and to learn about best practices and barriers to implementation. This was supposed to be conducted in person; unfortunately, the pandemic affected most of the project’s face-to-face activities, and the assessment was postponed. During this quarter, the team pivoted the assessment from in-person observations to online interviews. We created a questionnaire to guide conversations with *Usapan* providers to identify their needs and challenges in terms of inviting participants, conducting the sessions, and reporting results of the activities. The feedback from the providers will help the project develop solutions and recommendations to make *Usapan* more efficient and effective for both providers and clients. Overall, the project’s regional staff interviewed 19 *Usapan* facilitators from Luzon, Visayas, and Mindanao. The results are being consolidated and findings will be shared to partners by Q33.

## Adolescent Audience

### Konektado Tayo Campaign

The *Konektado Tayo* social media campaign was launched on February 14, 2021. This innovative campaign is a direct result of the human-centered design study the project conducted in 2019, in which teens and their influencers identified parents as a preferred channel for information about love, sex, and relationships. Unfortunately, the study also found that parents consider themselves ill-equipped to provide this information. *Konektado Tayo* is designed to give parents the information and skills they need to have stronger relationships and conversations with their teens. Since its launch, the campaign has reached the following milestones:

- *Konektado Tayo* has reached a total of 3.45 million people and garnered 3,700 likes since its Facebook page launched. These are very good numbers, considering that the page has only been up a month.
- The campaign is currently reaching our target audience of parents of teenagers across the country, with 90% of the page's total reach coming from individuals aged 35–44. Most members of the audience (80%) are female.
- The page's cost per reach is less than one peso (PHP 1). This means that, when running ads, the audience is well defined and the ads boosted are efficient. It also means that the project is not spending much to reach the maximum number of people.
- The *Konektado Tayo* audience is highly engaged with the posts on the page. Usually without prompting, they share advice, experiences, and other responses to the posts, which makes the posts stand out more.



The project also learned from the campaign that animated posts perform slightly better than static posts, garnering around 5% more engagement, and that to attract as many men in the audience as women, photos on the posts should be adjusted to include men, specifically fathers. The project will continue monitoring the progress of the campaign and adapt the lessons moving forward.

## Regional Activities

### Digital Interventions in Luzon

Bicol Region's FP *Ayuda Express* provides FP information and helps people connect to FP services. Using Facebook, the platform reached 184,674 people online this quarter, for a total of 684,522 individuals reached since it was launched in June 2020. From January to March 2021, 405 people reached out through the Facebook page and 13 who contacted POPCOM Helpline numbers for FP services. The project assisted in creating the chat guide for the FP service dispatchers and developing content and social media cards for the Facebook page. The project also provided a directory of private service providers for referral and helped improve the recording tool and follow-up with FP clients.

FP *Ayuda Express* is also proving to be a sustainable initiative. POPCOM V allocated funds for student volunteers who act as chat moderators and boost the Facebook page. As POPCOM becomes the overall manager of the platform, they are assigning POPReps to help respond to questions and track missed inquiries. To date, POPCOM spent PHP 19,300 to boost the page. Bimonthly meetings to monitor FP *Ayuda Express* are led by POPCOM V and participated in by the DOH Region V, academic partners, and the USAID's ReachHealth project.

The project, together with POPCOM and the DOH Region V, is finding ways to measure the impact of FP *Ayuda Express* in reducing the unmet need for FP in the region. To help track clients from online

to offline behavior, the project's SBC team developed a simple client interview form that will be integrated in FP Form I during one-on-one counseling in the health facilities. The tool is designed to track if SBC interventions like FP *Ayuda* Express prompted their visit to the facility for FP services. This will be piloted in a few SDPs in Bicol with high volumes of FP clients in the last 12 months. Additionally, the project created a Google form for the chat moderators and Helpline respondents to fill out, for improving their recording and reporting of clients who reached out through Facebook messenger and the POPCOM Helpline. This form is linked to a database that POPCOM or the DOH can use to follow up with clients. Based on the feedback from academic partners, it has been challenging for the students to follow up with clients and it is now the responsibility of POPCOM and Department of Health's Center for Health Development (DOH CHD) to follow up with clients using the database.

### FP Days in Visayas

One year into the pandemic the SDPs are gradually back to their normal operations. They are holding regular services at the main health centers and continue to conduct barangay-level Family Planning Days to decongest influx of patients. In support to the demand generation activities of POPCOM's FP Caravan, Cebu Province coordinated the meeting with provincial health office (PHO), regional POPCOM and the DOH CHD to organize the FP itinerant team. The two consultative meetings this quarter focused on determining service capacity of the DOH-retained hospitals to join the team and the draft policy for the regional itinerant activities. The policy will include demand generation strategies to be employed to gather clients for these events. Demand generation activities for FP were conducted by barangay health workers (BHWs) and dovetailed with immunization days, pap smear activities, bedside lectures on breastfeeding in hospitals and birthing centers. These are the favorable time to identify women with unmet need and schedule for Family Planning Days.

- A total of 12 Family Planning Days were conducted in Iloilo, Negros Occidental, Bohol, Mandaue and Lapu-lapu cities with 507 women reached with FP messages. These events were supported by ReachHealth in close coordination with POPCOM, the Integrated Midwives Association (IMAP), PHOs, and City Health Offices (CHOs).
- FP wall charts were distributed to 79 facilities in Bohol, Negros Occidental, and Cebu Province.

These demand-generation activities were made possible through the close coordination of the PHO/CHOs and rural health units (RHUs), which ensured that women with unmet FP needs were identified before the Family Planning Days. *Usapan* sessions were conducted in areas where gathering of clients is allowed; otherwise, service providers do the one-on-one counseling. The CHWs follow up with clients to confirm their visit to the health facility during Family Planning Days.

### Regional Support for SBC Initiatives in Mindanao

Part of the project's TA to local partners in Mindanao includes assistance in the development of digital platforms for FP information and coordination, since these platforms are now instrumental in reaching various audiences given COVID-19 pandemic constraints. This includes supporting the Family Planning Services of Davao City in improving their reach on social media. This quarter, their Facebook page reached 190 potential clients. Meanwhile, the project provided support to the Davao City Health Office Population Division for the TeenTalk Davao Facebook page. This quarter, they reposted content from *Konektado Tayo* and *It's OK to Delay!* Campaigns. Total page reach from January to March was 963. The project believes the page reach for both social media sites of Davao City is relatively low because there is no dedicated administrator or social media manager who can regularly update or post content to engage page visitors and subscribers.

The project also provided support to local interventions for adolescents, such as the Youth Optimizing Life's Opportunities (YOLO) of DepEd Agusan del Norte. After the online training on social media management last quarter, the YOLO Facebook page underwent some cleanup and rebranding by assigned students and teachers starting in January. The weekly content calendar for the YOLO

Facebook page was also updated, and selected students have been assigned to manage the upkeep. The reach for the YOLO Facebook page for the quarter was 2,308.

A harmonization meeting on adolescent health and development was held with POPCOM, DOH, and the DepEd Regional Office. POPCOM XI agreed to support and find ways to finance the boosting of the agency's Facebook page to reach much wider and more specific target audiences and areas. The project provided TA in understanding Facebook boosting and analytics to strengthen the social media campaigns of POPCOM, the DOH and DepEd and the three agencies agreed to have more collaborative activities. POPCOM XI also announced that they have allotted the budget for the production of information, education, and communication (IEC) materials and are considering printing the SBC materials developed by the project. Enhanced *Usapan* sessions are also planned for the coming months.

In Q2 Year 3, the project had the opportunity to present its SBC strategies at several regional and provincial planning events, including the Annual Operational Plan for 2022 workshops for Zamboanga del Sur and Zamboanga del Norte and the successive pause and reflect sessions. The project presented and shared available digital and print materials. Campaigns like *It's OK to Delay* and *Konektado Tayo* were also presented and shared during the recent Adolescent Health and Development Technical Working Group meeting of Region XII. The DOH CHD XII announced that they plan to reproduce the FP booklets.

In Davao City, a coordination meeting was attended by representatives from the DOH CHD XI, POPCOM XI, and the Population Division of Davao City to discuss piloting the Adolescent Health Education and Practical Training (ADEPT) in three health facilities, plus one hospital, in Davao City. DOH will use its available training budget, and the City Health Office (CHO) will identify the facilities and the approach to be used. All personnel at the selected facilities will be trained to create a teen-friendly culture, with the proposed training starting in April 2021.

In Butuan City, a series of online meetings with the Sangguniang Kabataan Federation and Butuan CHO were held to explore how to reach adolescents through online campaigns. Soon afterward, an online workshop with Sangguniang Kabataan (SK) officers identified the trends and needs of adolescents in Butuan City. These will be used to draft a roadmap of possible interventions.

An FP orientation was conducted for 35 employees and managers of Katipunan Bank in Zamboanga del Norte as well as *Usapang Maginoo* and *Usapang Pwede Pa/Kuntento Na*, and FP services were provided soon after. There were also a series of online coordination meetings with POPCOM X and the DOH X to conduct a blended version of enhanced *Usapan* raining of trainers and facilitators in Northern Mindanao. This activity was put on hold because of COVID-19 vaccination preparation activities by the DOH. The project plans to conduct the training in May 2021. Similarly, the planned training of facilitators for Dangcagan and Sumilao RHUs in Bukidnon, which was supposed to happen in March, was indefinitely postponed to prioritize the vaccination campaign.

### **Proposed Action for the Next Quarter (Objective I)**

- **Complete and distribute SBC Package I.** The printer-ready files will be shared with POPCOM and the DOH regional offices, facilities and partners around the country. They can be printed, downloaded, shared via messaging apps, and used as job aids by FP providers and CHWs.
- **Continue *It's OK to Delay!* and support regional expansion of the campaign.** The project will continue the campaign on Facebook, YouTube, and Twitter. The project will work on seeking out private sector partners, including academic institutions, *dima.ph* (an online pharmacy with focus on sexual health), and others who seek to reach the demographic the campaign is targeting. The project will also strengthen support to the regional SBC provincial officers to promote the campaign and engage new partners.

- **Complete rebranding and create digital and mass media materials for the *Usap Tayo sa FP* campaign.** These will include a TVC, a social media campaign and a website, to be developed with POPCOM and the DOH. The project anticipates the campaign will launch in Q3.
- **Finish and distribute videos on nine FP methods and for postpartum women.** These videos will be included on the *Usap Tayo sa FP* website, shared on social media, and made available for download on Viber. They are expected to be used by CHWs and health care providers in their work with clients.
- **Formally launch the *Konektado Tayo* campaign for parents of teens.** This campaign will enhance parents' communication skills so they have the comfort and efficacy to talk with their teens about life goals, love, sex, and relationships. We will create partnerships with DepEd and other organizations with good outreach to parents.
- **Partner with Roots of Health to create a website, chatbot and social media on ARH for teens.** All of these digital materials and platforms will be in Tagalog and will address the direct need identified in the formative research with teens. Roots of Health was selected to implement this activity at the end of Q2.
- **Strengthen the skills of CHWs and providers.** The project will equip CHWs and service providers with the tools and materials they need to effectively provide FP information and referrals. The new materials will be shared with the DOH and POPCOM for approval then piloted.
- **Strengthen FP *Ayuda Express*.** The project will monitor FP *Ayuda Express* monthly with the PACT (Partnership among Academes and Communities: Teaming up for Improved FP in Bicol) team in Bicol. The project will continue to develop social media cards for the Facebook page, share the social media campaigns, and orient new batches of student volunteers from Bicol University, Camarines Sur Polytechnic College, and University of Nueva Caceres to be chat moderators.
- **Continue support for *Usapan* and other community-based demand generation activities, as allowed.** The project will push for the realization of the planned Enhanced *Usapan* Training of Trainers and Facilitators for Northern Mindanao, Davao, and Zamboanga and follow up on interest from General Santos City and Regions VI and VII in this activity. In Negros Occidental, more mobilization activities will be conducted in geographically isolated and disadvantage areas (GIDAs) and other LGUs in Visayas will be encouraged to conduct mobilization activities as allowed.
- **Continue support for youth activities in Mindanao.** The social media platforms supported by the project need more support because the coordinators are all new for YOLO, TeenTalk Davao, and FP services for Davao City. We will conduct a training or orientation on how to manage social media accounts and optimize reach and engagement from the project's social media manager.
- **Begin pilot implementation of the Comprehensive Sexuality Education (CSE) and Adolescent Reproductive Health (ARH) Convergence.** These will be initiated in Caloocan City, Naga City, Tabaco City, Bohol, Negros Occidental, Zamboanga City, Cagayan de Oro City, and Davao City. The project plans to assist DepEd, the DOH, POPCOM, and the LGUs to harmonize their activities, services, and referral system in support of the mainstreaming of the comprehensive sexuality education in selected schools.

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

**Table 6. Q2 FY 2021 Project Performance on Objective 2 Indicators**

Indicator [A]	Baseline [B] (Year)*	Accomplishment								
		For the Quarter			For the Year			Life-of-Activity		
		Target [C]	Actual (As of 03/31/2021) [D]	% [E]	Target [F]	Actual (As of 03/31/2021) [G]	% [H]	Target [I]	Actual (As of 03/31/2021) [J]	% [K]
Objective 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										
Total Health Facilities	N: 1523 D: 2053 (74.2%)	N:1627 D:1914 (85%)	1202 / 1245 (96.5%)	113.5%‡	N:1627 D: 1914 (85%)	1555 / 1773 (87.7%)	103.2%‡	N:1838 D:1914 (96%)	1555 / 1773 (87.7%)	91.4%*
RHU/HC		95%	1012 / 1027 (98.5%)	103.7%‡	95%	1012 / 1027 (98.5%)	103.7%‡	98%	1012 / 1027 (98.5%)	100.6%‡
Public Hospital		85%	190 / 218 (87.2%)	102.5%‡	85%	190 / 218 (87.2%)	102.5%‡	90%	190 / 218 (87.2%)	96.8%*
Private Hospital		47%	N/A	N/A	47%	15 / 110 (13.6%)	29.0%‡	73%	15 / 110 (13.6%)	18.7%‡
Private Clinic		88%	N/A	N/A	88%	338 / 418 (80.9%)	91.9%*	100%	338 / 418 (80.9%)	80.9%*
Clinics			1012 / 1027 (98.5%)			1350 / 1445 (93.4%)			1350 / 1445 (93.4%)	
Hospitals			190 / 218 (87.2%)			205 / 328 (62.5%)			205 / 328 (62.5%)	
Urban			676 / 709 (95.3%)			976 / 1126 (86.7%)			976 / 1126 (86.7%)	
Rural			526 / 536 (98.1%)			579 / 647 (89.5%)			579 / 647 (89.5%)	
Indicator 11: Number of functional Adolescent-Friendly Health Service Delivery Points	29	266	18 / 1244 (1.4%)	6.8%‡	266	18 / 1772 (1.0%)	6.8%‡	455	18 / 1772 (1.0%)	4.0%‡
RHU/HC	25		14 / 1026 (1.4%)			14 / 1026 (1.4%)			14 / 1026 (1.4%)	
Public Hospital	4		4 / 218 (1.8%)			4 / 218 (1.8%)			4 / 218 (1.8%)	
Indicator 12: Number of Adolescents availed FP-maternal and child health (MCH)-sexual and reproductive health (SRH) services in supported Adolescent-Friendly Service Delivery Points	69,350	80,650/4 =20,163	79,218	392.9%‡	80,650	148,568	184.2%‡	253,782	148,568	58.5%*
RHU/HC			60,231			114,745			114,745	
Public Hospital			18,987			32,922			32,922	
Private Hospital			N/A			218			218	
Private Clinic			N/A			683			683	
FP information			1,455			1,455			1,455	
HEEADSSS Counselling			4,209			5,086			5,086	
HEEADSSS Other Risks Counselling			2,781			4,149			4,149	
FP-SRH Counselling			5,317			13,479			13,479	
FP CU			47,215			87,147			87,147	
4ANC			8,847			17,381			17,381	
Delivery			7,024			17,444			17,444	
Managed/Referred			2,370			2,427			2,427	
10-14			3,238			4,251			4,251	
15-19			75,980			144,317			144,317	
Male			1,731			2,010			2,010	
Female			77,487			146,558			146,558	
Indicator 13 Percentage of USG assisted the DOH regional offices and LGUs with functional informed choice and voluntarism (ICV) Compliance Committee/Monitoring Team										

Indicator [A]	Baseline [B] (Year)*	Accomplishment								
		For the Quarter			For the Year			Life-of-Activity		
		Target [C]	Actual (As of 03/31/2021) [D]	% [E]	Target [F]	Actual (As of 03/31/2021) [G]	% [H]	Target [I]	Actual (As of 03/31/2021) [J]	% [K]
DOH regional offices (ROs) with functional ICV Team	0	60%	0 / 11 = 0%	0.0%†	60%	0 / 11 = 0%	0.0%†	100%	0 / 11 = 0%	0.0%†
LGUs with functional ICV Team	0	65%	1 / 32 = 3%	4.8%†	65%	1 / 32 = 3%	4.8%†	100%	1 / 32 = 3%	3.1%†
Indicator 15: Percent of women with unmet FP identified provided with modern family planning	137%	155254/282281 = 55%			155254/282281 = 55%			117429/180660 = 65%		
Status Unmet Need Data			54.4%	98.9%*		54.4%	98.9%*		54.4%	83.7%*
Numerator (FHSIS NA)			37,375		37,375			37,375		
Denominator (Unmet Need)			68,709		68,709			68,709		
Indicator 19: Number of participants who attended in-service training (IST) using non-traditional platforms in FP in USG-Assisted sites	0	670	362	54.0%*	2,680	787	29.4%†	9,075	1,593	17.6%†

\*Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% 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: Green is ≥100% of target have been met

Out of the 1,270 health facilities covered by the Q2 FY2021 monitoring, only 1,245 agreed to provide information to the project. Data were collected from all the 1,245 respondents for purposes of assessing their status as FP SDPs (see **Table 6**). In terms of the target for this indicator, it should be noted that starting this quarter, the denominator to be used for its computation will be 1914 instead of 2053 which was the total number of health facilities recorded at baseline. This is because the project has reached an agreement with USAID that the total number of private hospitals to be targeted for TA will only be 110 instead of the 249 identified at baseline. This decision was based on several factors like the low percentage of deliveries in private hospitals, their low level of cooperation in project activities, and the high number of missed opportunities in the public sector which the project should focus greater attention.

For all types of health facilities taken altogether, 96.5% met all the three requirements of an FP SDP, a much higher percentage than the 87.4% achieved last quarter. Almost all RHUs (98.5%) are FP SDPs; the proportion among public hospitals is lower, at 87.2%. Both values slightly exceed their corresponding targets of 95% and 85% for RHUs and public hospitals, respectively. There is only a small difference in the proportion of health facilities that are FP SDPs in urban and rural areas (both values ≥95%).

For this quarter, only 18 of the 1,244 health facilities assessed met all nine criteria for a functional adolescent-friendly health facility. Of those 18, 14 are RHUs and 4 are hospitals. This number is 38% lower than the 29 health facilities categorized as functional and adolescent friendly last quarter. A closer look at the data on how the health facilities fared on the 9 criteria shows that while 75% of the health facilities have a designated room for ARH services with audiovisual privacy, only 6% are able to regularly conduct demand generation activities,

The second ARH indicator is the number of adolescents who availed of FP-MCH-SRH services in supported adolescent-friendly SDPs. For this quarter, 79,218 adolescents were served by FP SDPs offering ARH services supported by the project. This is a slight increase (14.2%) compared with the 69,350 adolescents recorded by the project last quarter. About two out of every three services (68%) availed of were related to FP (FP information, FP-SRH counseled, and FP CU). Almost all adolescents

who availed of ARH services are female and are aged 15–19. About three out of every four adolescents (76%) availed of ARH services at the RHU.

Not a single CHD has met all the requirements of a functional ICV monitoring committee. At the LGU level, only one (Agusan del Norte) can be categorized as having a fully functional ICV committee because it had already monitored 100% of the units under its jurisdiction as of the second quarter. This very low level of this indicator is, however, expected because it is just the second quarter of the year and it will not be feasible for most CHDs or provinces to have already conducted ICV monitoring in all of the units under it, which is one of the criteria for the Committee to be functional. Detailed activities done by the project with respect to ICV monitoring is presented in Section 4.4.

Of the 68,709 women identified with unmet FP need for this quarter, a little over half (37,375, or 54.4%) became new acceptors. This level is just slightly lower than the targeted value of 55% for this quarter. It should be noted that the new acceptors counted as part of this indicator include only those reported by the RHUs, for consistency with the data on the number of women with unmet FP need, which is reported only by the RHUs as part of their FHSIS report.

For this quarter, 362 health workers attended in-service training (IST) activities provided by the project using non-traditional platforms. This is lower than the previous quarter's value of 425 health workers trained, as well as the quarterly target of 670. It should be noted that the target for this indicator has been revised in line with the change in the definition of this indicator, which now includes all online trainings conducted, irrespective of whether they are accredited by the DOH for continuous professional development.

## **Analysis of Accomplishments (Objective 2)**

In line with the objective of expanding access to quality FP and adolescent health services, the project continues to utilize various platforms to support stakeholders in developing and implementing adaptive solutions to address the existing service delivery challenges in the current COVID-19 situation. During this quarter, the project predominantly focused on interventions that will help prevent interruptions in FP service utilization by mainstreaming alternative ways to deliver FP services, and on activities that are critical to the improvement of quality of care in FP and ARH programs.

### **Promoting and Strengthening Engagement of Community Health Workers in FP Service Delivery**

With several health facilities concentrating on responses to COVID-19, the DOH has repeatedly emphasized the need for continuous provision of essential health services, including FP and ARH, and preventing interruptions in service utilization among existing clients. With this in mind, the project contributed to the development of the DOH Department Memorandum 2020-0222, which reiterates that CHWs must be engaged in resupplying condoms and pills directly in communities. This is consonant with the objective of preventing discontinuation of contraceptive use among current users of pills and condoms. It also highlights that CHW engagement in FP service delivery is a viable solution for expanding access to FP services.

With the objective of shifting some basic FP service delivery tasks to CHWs amid a shortage of health service providers (HSPs), the project developed a training package for CHWs in basic FP service delivery tasks. This learning intervention covers the different tasks in FP service delivery that can be performed by CHWs, including (1) mapping of women of reproductive age, (2) information dissemination and demand generation, (3) linking clients with FP service providers, (4) provision of some FP methods, and (5) recording and reporting. The training seeks to capacitate CHWs in providing condoms; resupplying pills; addressing concerns on missed pills; helping clients use LAM correctly through counseling and monitoring; and assisting users of LAM, NFP, and short-acting FP methods transition to another modern FP method, as necessary.



The project presented the design for this learning package to the DOH, particularly to Disease Prevention and Control Bureau (DPCB) and the Bureau of Local Health Systems and Development, and POPCOM on February 24, 2021. Representatives from the two agencies provided recommendations for the enhancement of the training design and for the pilot implementation, which will include Rizal, Albay, Bohol, Agusan Del Norte, and Zamboanga City. As agreed with the DOH and POPCOM, the project will pilot test the intervention in the remaining quarters of the project year, document FP service utilization, and scale up based on the learnings from the pilot implementation. In the coming quarters, as recommended by the DOH, the project will also look into formalizing the role of CHWs in FP service delivery within the health care provider network (HCPNs).

### **Institutionalizing Mechanisms to Measure and Improve Client Satisfaction with FP Services**

As a follow-through to previous quarter's initiative to install the CSS in 40 selected facilities, the project supported these facilities in processing CSS data and oriented them on data utilization. The purpose of the survey is to develop a mechanism for measuring client satisfaction with FP services and identifying areas in FP service delivery that need improvement.

Through the project's field staff, these facilities were assisted in organizing their CSS data using the encoding tool provided by the project. Afterward, virtual pause and reflect and data utilization workshops were spearheaded by the project separately for Luzon, Visayas, and Mindanao. These learning sessions sought to capacitate HSPs and CSS focal persons in analyzing and utilizing CSS data for FP service delivery quality improvement. It was participated in by 33 of the 40 facilities (18 hospitals, 10 RHUs, and 5 private lying-in clinics [LICs]). These facilities were able to conduct CSS with 1,520 clients from January through February 2021. Of these survey respondents, 1,399 (92%) provided an average rating of 3 to 4 (agree to strongly agree) to each of the three categories of quality elements—specifically, health facility factors, interpersonal communication skills of HSPs, and service delivery factors—measured by the CSS. These are the clients who can be considered satisfied with FP services.

Using the generated data, each of the 33 health facilities was assisted in identifying quality gaps to address and FP service delivery areas to improve based on clients' perspectives. They were also supported in developing an action plan to address the identified causes of these quality gaps. The project helped them craft a plan to mainstream and sustain the implementation of CSS for FP services. In the coming quarters, these 33 facilities will also be supported in starting continuous quality improvement (CQI) initiatives. The initial CSS data will be used as baseline for this intervention.

During this quarter, the project also supported the expansion of CSS implementation to 27 additional health facilities in Mindanao (7 public hospitals, 1 private hospital, 4 CHOs, 10 RHUs, and 5 private LICs). Thirty-six participants from the DOH CHD XI and XIII, the provincial DOH office (PDOHO) of Zamboanga Del Norte, POPCOM Region X, and PHO Misamis Oriental, including HSPs from the 27 health facilities, were oriented on CSS for FP on February 18, 2021. In the next quarter, these facilities will also be supported in processing, analyzing, and utilizing their CSS data for FP service quality improvement.

### **Establishing Continuous Quality Improvement (CQI) Mechanisms for FP**

CQI is a process that defines, pursues, achieves, and continuously improves the level of quality-of-service delivery or provision through a structure and formal mechanisms or systems within the organization. Health facilities with established CQI initiatives must have a program structure that adapts the Plan-Do-Study-Act cycle, a facility-based monitoring tool, CSS, and non-monetary rewards and incentives.

The 12 LGU hospitals and four RHU CQI pilot facilities in the Batangas Province have continued to install a CQI program. Through a series of meetings, the project has supported the provincial CQI core team in developing sample quality improvement charters on FP service delivery. The CQI charter will reflect the quality improvement aims and objectives of the health facilities and the change interventions that they intend to implement/test to improve the quality of their FP services. In the next quarter, a series of writeshops will be conducted for the pilot facilities to help them finalize their CQI charters so they can implement their proposed change interventions. The data generated from their initial implementation of CSS for FP will also be utilized in developing the charter to ensure that clients' perspectives are considered in the process of quality improvement. The project also supported Batangas in developing a draft CQI policy that will serve as template for the pilot facilities. This draft covers the activities for both the establishment and the sustainability of the CQI program, the designation of CQI teams, and their roles and responsibilities. The draft policy was introduced to the hospitals that need to develop a CQI policy to renew their license to operate. One of these hospitals has completed customizing and issuing the policy.

### **Strengthening FP Program in Hospitals**

Monitoring of the status of the implementation of the FP program in hospitals was conducted by phone and virtually. For this quarter, a total of 156 facilities were monitored (140 public and 16 private): in Luzon, 106 facilities (92 public and 14 private); in Visayas, 34 (all public facilities); and in Mindanao, 16 facilities (14 public and 2 private).

In Luzon, 103 hospitals had an appointed FP point person, 74 had FP in the hospital core team, 58 had a policy on referral of postpartum women to the FP clinic before discharge, 61 had a policy on interdepartmental referral of potential clients, 63 had policy on the range of methods provided, 53 had a policy on BTL service provision schedule, 41 had a budget allocation policy for complications, and 44 had a policy on budget allocation for supplies/commodities. This will ensure that clients are given proper service and follow-up and that the program is sustained. There were 91 hospitals with a designated FP clinic and 71 with designated operating rooms for BTL services. Only 7 hospitals have designated FP itinerant teams. There were 100 hospitals with point persons trained in Family Planning Competency-Based Training (FPCBT) level I, 55 hospitals with trained personnel on interval IUD, 62 hospitals with trained personnel on postpartum intrauterine device (PPIUD), and 53 hospitals with trained personnel on BTL by minilaparotomy under local anesthesia (BTL-MLLA). In terms of recording and reporting, 92 hospitals had accomplished FP Form I, 80 with updated hospital FP client record (HFPCR), and 74 with accomplished FP M1.

The project continues to assist partners in implementing the FP Program in Hospital particularly in three facilities in Caloocan and six facilities in Cavite. Additional two hospitals have signed policies on FP in Hospitals, while two others have been assisted in drafting the said policy. Challenges were encountered with report submission due to the closure of outpatient departments (OPDs) in hospitals, thus TA done through coaching and mentoring was conducted with the help of the DOH CHDs. Demand generation activities were also put on hold due to changes in hospital protocols brought about by COVID-19. Still, our partners have ensured that bedside postpartum counseling was still conducted. A significant observation during the monitoring visits is the scarcity of FP wall charts. FP wall charts were already distributed by the project to the provincial and CHOs.

The project also continues to provide TA to the FP in private hospital initiative of Region III; however, the COVID-19 pandemic brought challenges to the initiative's implementation. These challenges include the absence of an FPCBT Level I trained provider in one private hospital in Nueva Ecija and the non-performance of a trained provider because of reassignment to another area in the hospital. Because the COVID-19 pandemic continues to limit our capacity to conduct skills training in person, the project will design a blended type of training package until the FPCBT Level I Training e-module is completed. To address observed gaps in FP in hospital recording and reporting, the project conducted virtual FP in hospital recording and reporting sessions with two private hospitals in Nueva

Ecija. To ensure that all FP services rendered in private hospitals, especially those provided in private clinics, are reported as the hospital's accomplishment, the project has started initial consultations with the DOH Central Luzon CHD for the development of a technical guide to support this. The target is for the DOH Central Luzon CHD to release this guide in the next quarter.

In the Visayas, all 34 public hospitals had an appointed FP point person, 25 hospitals had their FP in the hospital core team, 17 had a policy on referral of postpartum women to the FP clinic before discharge, 20 had a policy on interdepartmental referral of potential clients, 33 had a policy on the range of methods provided, 10 had a policy on BTL service provision schedule, 15 had a budget allocation policy for complications, and 22 had a policy on budget allocation for supplies/commodities. There were 32 hospitals with a designated FP clinic and 9 with designated operating rooms (ORs) for BTL services. There were 34 hospitals with point persons trained in FPCBT-1, 32 hospitals with trained personnel on interval IUD, 32 hospitals with trained personnel on PPIUD, and 17 hospitals with trained personnel on BTL-MLLA. There were 34 hospitals with an accomplished FP Form 1, 32 with an updated HFPCR, and 31 with an accomplished FP MI.

Challenges encountered during monitoring in the Visayas were un-updated reports in the DOH-designated COVID-19 hospitals and FP services were continuously provided, but some services such as regular BTL schedules were deferred. Some hospitals are still limiting their regular ward classes and demand generation activities but conducting individual counseling in lieu of group classes. Some hospitals are still not using the reproductive life plan (RLP) during consultations and ward classes because of the limited time spent by clients in the hospital. To address these challenges, the project provided the FP program tools, such as the Field Health Services Information System (FHSIS) with new MI, hospital record of clients, client ID cards, and RLPs, to all hospitals. The regional Development Management Officer also conducted virtual coaching on completing the FHSIS -MI during the follow-up meeting in Negros Occidental. As an agreement, the FHSIS point person will start submitting using the new MI this quarter.

In Mindanao, the quarterly assessment findings of the FP program in hospitals showed that on the management and systems elements only Margosatubig Regional Hospital (MRH) and Zamboanga del Norte Medical Center (ZDNMC) complied with all 11 elements while South Cotabato Provincial Hospital and Zamboanga del Sur Medical Center (ZDSMC) only lack the designated OR and FP Core Team, respectively. For the Southern Philippines Medical Center (SPMC), a writeshop to formalize their operational guide is scheduled in April 2021. The guide can jumpstart the completion of all the 11 management or systems elements. On the recording and reporting system, eight hospitals complied with all the elements, namely: ZDNMC, Dr. Jose Memorial Hospital, Corazon C. Aquino Hospital (CCAH), ZDSMC, MRH, Agusan Del Norte Provincial Hospital (ADNPH), Butuan Medical Center (BMC), and Cabadbaran District Hospital (CDH). With regard to demand generation initiatives of the hospitals, all 14 hospitals have FP IEC, FP wall charts, and FP tarps in their FP clinics but almost none in their OPDs and wards. Only five hospitals have directional signage while only MRH is using the RLP.

On the supply side, 12 hospitals have a trained FPCBT-2 interval IUD providers, of which 9 are DOH certified. On PPIUD, 13 hospitals each have a trained provider and all are DOH certified except Labuan General Hospital HSP. Of the 14 hospitals, only CCAH has no trained PPIUD provider. Twelve hospitals have trained providers for BTL-MLLA, whereas CCAH and CDH have no trained providers. Of those trained, three HSPs (Mindanao Central Sanitarium, Labuan General Hospital, and BMC) are not yet DOH certified. As regards service utilization, only 6 hospitals have data on service utilization, and 2 hospitals reported stockouts of condoms and progestogen-only contraceptive pills (POP).

Detailed data showing the monitoring results of 156 facilities for the second quarter of FY2021 (Jan-March 2021) are presented in Section 8.1 of the Annex. Unfortunately, since we have a one quarter lag in the reporting of NA and CU (only available data is with FY2020 Q1-Q4), we will not be able to present this data in the same table.

## **Strengthening Provision of Adolescent Health Services**

### FP-ARH Integration

The FP-ARH service integration in the hospitals is a strategy undertaken to contribute to reaching the project's goal of addressing unmet FP needs and reducing teenage pregnancy. This will be done by strengthening the capacity of the FP program in hospitals to promote and support ARH and expand services to 1) those who are not sexually active, with the goal of delaying sexual activity; 2) those who are sexually active, to protect them against sexually transmitted diseases and unplanned pregnancy; and 3) those who are pregnant or have children, to prevent rapid repeat pregnancy. The training of trainers (TOT) and training design, materials, and recording and reporting tools for this integration have been developed and were submitted to the DOH for approval and endorsement to CHDs. In the next quarter, the project will present the FP ARH Integration in Hospital training design and materials to the Visayas-Mindanao Field Implementation and Coordinating Team (FICT) and the Task Group Regional Operations for approval and endorsement for pilot implementation. Once endorsement is received, the project will commence the conduct of TOT and roll out training in the next quarter.

### Adolescent-Friendly Health Facilities

The criteria for adolescent-friendly health facilities (AFHF) have undergone several consultations with the DOH Adolescent Health Development Program Technical Working Group (AHDP TWG) and the elements and the recommended means of validation (MOV) have been completed. The variance in compliance among different types of facilities has been recognized and addressed in the updated criteria. The enhanced/updated criteria stipulate the minimum requirements for 1) primary health facilities (e.g., barangay health station [BHS], RHU, health center, specialized primary care clinic, etc.), 2) school-based and community-based health facilities catering to adolescents, and 3) hospitals. Functionality, which is an added element in the updated criteria, is defined as truly adolescent-responsive services measured through reach, service utilization, and successful referrals and follow-up. The core elements specified are infrastructure, human resource, adolescent-responsive services, and recording and reporting mechanisms. Level I facility ensures to uphold the core elements; Level II upgrades to involve the adolescents in demand generation activities for their peers and allies, teleconsultation feature for health services, facility-based policy support, and community involvement and Level III facilities are further enhanced with policy and budget support beyond the facility or department, staff members having the capacity to train and support facilities classified as Level I and II, and the provision of a safe space for adolescent-led activities. The memo has been drafted and is undergoing review by the DOH AHDP team and shall be endorsed for review and approval of the DOH DPCB Policy and Planning Subgroup.

Meanwhile in support of the expansion of AFHF, the project conducted virtual workshops on Establishing an Adolescent-Friendly Health Facility for RHUs and LICs from Cebu, Bohol, Cebu Triticities and Negros Occidental and Dr. Paulino J. Garcia Memorial Research and Medical Center in Nueva Ecija. Representatives from 23 health facilities (i.e. 21 RHU/HCs and 2 LICs) participated in the webinar. The workshop introduced the updated elements of the AFHF criteria in preparation for the dissemination of the memo once approved.

To further strengthen the project's adolescent health initiatives and increase the number of adolescents availing of FP-MCH-SRH services in SDP, exploratory meeting for collaboration with USAID Opportunity 2.0 Project was conducted. As Opportunity 2.0 aims to provide skills training for out-of-school youth, the following collaboration points were identified: 1) USAID ReachHealth can incorporate ARH messages in the orientation and training materials developed by Opportunity 2.0, 2) linking out-of-school adolescent participants of Opportunity 2.0 to ARH services through the rapid psychosocial assessment serving as an entry point for ARH and other health needs, 3) linking out-of-school adolescents and teen parents who access services in the health facilities to Opportunity 2.0,

and 4) endorsing the orientation and training modules to the Alternative Learning System program of DepEd and Department of Social Welfare and Development for adoption and institutionalization.

### CSE-ARH Convergence

The road map for the CSE-ARH convergence has been vetted with the national-level agencies of DepEd, DOH and POPCOM. DepEd's Bureau of Learner Support Services (BLSS) expressed to take the lead role in convening DOH and POPCOM for the CSE-ARH convergence activities. The Rapid Psychosocial Assessment Orientation video shall be used as one of the tools to implement the convergence at the local level. It aims to link learners to ARH services within the school system and externally through responsive adolescent-friendly SDPs through a functional referral mechanism. DepEd, through BLSS, recommends ensuring that adolescent health services are clearly defined under the *OK sa DepEd* Program. This shall streamline the tools and interventions to be used for school-based adolescents. Given this step, the target to disseminate the orientation video in Q2 shall be done in Q3 instead to ensure that it has a clear foundation at the national level. CSE-ARH convergence shall be pilot implemented in the following sites: Caloocan City, Naga City, Tabaco City, Cavite, Batangas, Laguna, Rizal, Tagbilaran City, Negros Occidental, Davao City, Cagayan de Oro, and Zamboanga City.

Additionally, the project supported an innovative intervention in Caloocan City: the One Caloocan Convergence for Adolescent Health (OCCA). A draft executive order (EO) has been developed with the AHDP team of the city, supported by project's national ARH team. The overall aim of OCCA is to act as a council to harmonize and oversee all Adolescent Health Development initiatives and activities from all governmental and non-governmental programs, projects, and activities in the city toward the improvement of the overall health and development outcome of adolescents including the reduction of teenage pregnancy. The presentation of the EO to the CHO, City Government, and Metro Manila Center for Health Development is scheduled for April.

### **Establishing and Strengthening Health Care Provider Network (HCPN) Referral Systems**

The project continues to assist local government units in establishing a referral system, in preparation for Universal Health Care (UHC), and to improve client-responsiveness of services. This quarter, Laguna has taken the first steps in establishing referral guidelines by organizing consultation workshops led by CHD IV A that gathered public and private hospitals in Laguna, and map out key gaps in their present referral system. The project provided TA by synthesizing the outputs of participants and using them to draft a service level agreement between Laguna hospitals and Batangas Medical Center, the apex hospital for CHD-IV A. The workshop outputs were also used to develop the Laguna HCPN referral guidelines. Both documents are now undergoing revisions facilitated by the Laguna PHO. Pampanga, meanwhile, has recently finished their referral guidelines, and the document is now in the final steps of approval at the province level. The referral core team is also developing referral algorithms to improve the understanding of health facilities covered by the guidelines, as well as data capture forms for relevant referral data.

Meanwhile in the Visayas, the two sub-HCPNs of Bogo and Danao conducted their meeting, which was led by the respective Chiefs of Hospitals of Bogo and Danao. The meetings were attended by partner LGUs within the primary care provider network (PCPN); a review of the concepts and features of HCPN and the referral mechanism were discussed. It was noted that some RHUs are not implementing the e-referral because they are still untrained and that only the hospitals are implementing the e-referral mechanism. The participants also expressed the need to update the referral mechanism manual of the DOH CHD (2015) to fit to their new structure and the requirements of the HCPN. The participants agreed to revive the quarterly meeting within the HCPN to address the gaps and issues raised. Likewise, in Bohol, the North-West sub-HCPN convened virtually and requested assistance with drafting of HCPN tools, including the referral mechanism manual, service provider agreement, and related documents.

To determine how the different project sites are progressing with the establishment of HCPN referral system, and the maturity levels of UHC implementation sites (UIS) in terms of local health systems integration, the project conducted a rapid assessment of 14 UIS sites using a project-developed tool that is patterned after the local health system (LHS) maturity level model. In terms of referral system establishment, it was found that two of these sites, Batangas and Zamboanga del Norte have already completed the development of a referral manual that is aligned with the HCPN service delivery design. Both sites also have existing communication system for referral; emergency transportation arrangements; and referral monitoring and evaluation system, which has the following components: 1) recording and reporting tools for referrals, 2) conduct of activities to analyze referral data, and 3) processes for managing referral issues among participating health facilities and service providers. The presence of referral manual that guides referral practices in the network and the installation of referral system monitoring and evaluation are critical to ensuring the functionality of the referral system.

### **Adapting to Challenges through Strengthening Teleconsultation Services (Makeshift and TextMD)**

A teleconsultation platform in the period of the pandemic has great importance to support access to services and to decongest private and government hospitals and RHU/HCs currently struggling with COVID-19 cases with non-emergency and non-COVID-19 cases. The project provided TA to identified pilot facilities through the installation of a teleconsultation platform in SDPs. Basic health services are not easily accessible during community quarantine; hence many health needs are not being addressed. Installing teleconsultations in selected facilities will have wider coverage and a larger impact to respond to the community's health needs. The project introduced two platforms: one is TextMD, a system that has a third-party provider, and the other is Makeshift Teleconsultation System.

Steps toward sustainability of the platforms in project sites were initiated. In Batangas, a Teleconsultation Accomplishment meeting was organized to look at gains, unique practices, and challenges in the initial implementation in three hospitals. Facility-level coaching was done to assist HSPs in understanding relevant procedures, especially on recording and reporting. Review of the Annual Operation Plans (AOP) of partner local governments and agreements to fund and continue the subscription were conducted. In Rizal, the LGUs agreed to include the budget for load allowances for the five hospitals and one health center in their AOP. In Cavite, the Municipality of Tanza has committed to continue the teleconsultation services provided by TextMD by continuing the subscription to the platform. Steps are underway to help TextMD and the local government units formalize their partnership through service level contracts. to include load allowances for five hospitals and one health center (Rizal).

In Mindanao, four LGUs are using the TextMD system: the Triple SB block (i.e., Siocon, Sibuco, Sirawai and Balaguian) and Lamitan City. There are 97 HSPs registered in the system. The four DOH hospitals registered—namely, Basilan General Hospital in Isabel City and the three hospitals in Zamboanga City (Zamboanga City Medical Center, Mindanao Central Sanitarium, and Labuan General Hospital)—are now using their hotline numbers and did not continue to access the TextMD platform. To connect the Triple SB to their referral hospitals, Zamboanga City Medical Center and Labuan General Hospital provided their hotline numbers to the PHO of Zamboanga del Norte to be included in the directory of facilities in the Referral Manual of the Province. The hotline numbers were also provided to the Triple SB RHUs for their information and access when referring patients.

With the surge of COVID-19 cases, teleconsultation has been appreciated and utilized more by facilities and clients. The USAID's ReachHealth project provided start-up support for three additional facilities in the second quarter, leading to a total of 27 health facilities being supported. These facilities are distributed in Luzon, Visayas, and Mindanao; 4 are CHOs, 9 RHUs, 12 district hospitals, and 2 provincial hospitals. TA support on teleconsultation will ensure the continuous provision of health services, particularly FP and ARH services for the community.

The teleconsultation platforms have garnered a total of 1,630 consultations from partial reports of 14 out of 27 facilities. With teleconsultation mechanisms installed, the facilities have started adapting and incorporating this in their routine services, its utilization is expected to increase in the succeeding months. An effective demand generation strategy is incorporating the teleconsultation in discharge or follow-up instructions for patients. This provides an opportunity for patients to try a new means of service provision and improve patient confidence while supporting the main objectives of decongesting health facilities and ensuring continuous service provision.

### **Capacity Building Support for HSPs on FP Competencies**

The process of developing the FPCBT-I online modules for the DOH Academy is ongoing and being handled by MoodLearning, which was contracted by the Cordillera Administrative Region DOH to produce the modules. MoodLearning requested an extension to complete their deliverables, which were expected to be finalized by March 2021. However, the videos of Modules 3, 4, 5, 7, 8, 9, and 10 are still undergoing review and will need to be converted into gold versions before they can be uploaded into the DOH Academy portal. In the meantime, the project has an approved scope of work to hire a consultant who will develop the Manual of Operation of the FPCBT-I blended learning. Advertisements for the of the open consultancy position are ongoing.

Meanwhile, to enable functional FP service delivery in hospitals and primary care facilities, the project worked with CHDs and the P/CHOs to support the capacity building of HSPs on FPCBT-I in Zamboanga Del Sur and Agusan del Norte. Other trainings conducted were mostly on FPCBT-2-progesterone-only subdermal implant (PSI) insertion and removal, including post-training evaluation (PTE) on PSI. As a strategy, PTE is dovetailed with FP outreach services. These training activities were cost shared by the DOH-CHDs, SHE project for Zamboanga Del Sur on FPCBT-I training, and the P/CHOs; the project served as a facilitator and provided some logistics. A total of 43 HSPs from Zamboanga del Sur and Agusan del Norte were trained on FPCBT-I, 11 from Zamboanga del Sur and Zamboanga Sibugay were trained in PSI insertion, and 70 HSPs from Zamboanga del Sur and del Norte and Bukidnon have undergone PTE during FP outreach. Of the 70 HSPs who underwent the PTE, 45 (Zamboanga del Sur 7, Zamboanga del Norte 33, Zamboanga City 5) were certified as competent PSI providers.

### **Family Planning Outreach Activities**

To provide access to FP services to marginalized population such as those in hard-to-reach areas, underserved population, such as IPs and those in urban poor communities, USAID ReachHealth project will engage a CSO to facilitate the establishment and functionality of FP itinerant teams in 10 selected project sites. The selection criteria are the following: buy-in of LGUs, absent or dormant FP itinerant teams, presence of providers of long-acting reversible contraception or permanent method (LARC-PM), and capacity for sustainability. A scope of work has been developed and approved, and several organizations have been identified as potential applicants in the request for application. Included in the list of potential applicants are CSOs that are currently implementing or in the past have implemented USAID FP projects, particularly those with a nationwide scope and capacity to provide a broad range of FP methods, including LARC-PM.

Meanwhile in the Visayas, the project supported the FP outreach activities in the provinces of Bohol, Cebu, Lapu-lapu City, Negros Occidental and Iloilo. A total of 11 outreach missions were conducted for the quarter in coordination with POPCOM specifically for the provision of PSI commodities. Methods provided during the outreach were Depo-Provera (DMPA), PSI and IUD. A total of 349 clients (DMPA 34; PSI 294 and IUD 21) were provided services.

The Visayas team, together with POPCOM and the FP coordinators of all DOH hospitals, participated in the coordination meeting conducted by the CHD Central Visayas Family cluster. An inventory of trained providers on FP was done as a preliminary activity and each hospital was requested to conduct

an assessment of their facility in terms of the capability to provide FP permanent methods. The DOH guidelines on the conduct of FP outreach activity were revisited and the hospital coordinators recommended some revision to consider health protocols during the time of pandemic. It was agreed that participating hospitals shall submit their respective recommendations to CHD Central Visayas (CV) for consolidation and enhancement of the guidelines.

In Mindanao, 20 outreach activities were conducted along with the outreach services generating 687 clients counseled and provided with FP information. Of the 687 clients provided information, 669 clients accepted modern FP methods giving a conversion rate of 97%. Of the 669 clients, 145 are new acceptors and 524 are other acceptors. The method mix for the 669 clients are: 26 Interval IUD, 504 PSI, 17 DMPA, 96 pills, and 26 condoms.

For the Enhanced *Usapan*, 44 sessions were conducted providing counseling and information to 491 clients with 421 clients accepting modern FP methods providing a conversion rate of 86%. Of the 421 clients, 28 are new acceptors and 393 are other acceptors. The method mix for the 421 served with modern FP methods is as follows: PSI (324), DMPA (21), the Pill (62), and condoms (14). The FP outreach activities in GIDAs were conducted in partnership with DOH-retained hospitals and LGU-owned hospitals or integrated provincial health offices (IPHO), municipal or city LGUs with functional FP program and SHE Project for Zamboanga Del Sur.

A summary of the project accomplishments across 12 project sites where outreach activities were conducted in the second quarter of FY2021 is presented in Table 7.

**Table 7. FY2021 Quarter 2 FP Outreach Activities Accomplishment**

AREA	No. of FP outreach	DMPA	PSI	IUD/PPIUD	Others	Total Served
Iloilo	2	1	62	0	24	87
Neg Occ	3	12	72	2	0	86
Lapu-Lapu City	2	5	45	0	2	52
Bohol	3	8	82	19	0	109
Cebu	1	9	33	0	0	42
<b>Sub-Total</b>	<b>11</b>	<b>35</b>	<b>294</b>	<b>21</b>	<b>26</b>	<b>376</b>
Bukidnon	2	0	100	0	13	113
Misamis Oriental	4	0	237	0	9	246
Agusan del Norte	12	16	58	26	42	142
Butuan City	2	1	109	0	58	168
Zamboanga del Norte	29	14	188	0	61	263
Zamboanga City	5	6	45	0	4	55
Zamboanga del Sur	10	1	91	0	11	103
<b>Sub-Total</b>	<b>64</b>	<b>38</b>	<b>828</b>	<b>26</b>	<b>198</b>	<b>1,090</b>
<b>Grand Total</b>	<b>75</b>	<b>73</b>	<b>1,122</b>	<b>47</b>	<b>224</b>	<b>1,466</b>



## Organizing the Agusan Del Norte Provincial LAPM Itinerant Team

The Agusan Del Norte PHO organized their FP mobile outreach team to continue provision of long acting or permanent method (LAPM) services in the district/municipal hospitals. The policy, ADNPH PHO Memo no. 63 s. 2021, creating the provincial LAPM itinerant team was signed by the PHO and approved by the provincial governor. The team is composed of two obstetrics and gynecology (OB-GYN) specialists, five nurses, two midwives and two drivers. The roles and responsibilities of all stakeholders, including host facility/District/Municipal Hospitals, PHO/Provincial Hospitals, the DOH CHD, POPCOM, the CHO including development partners, are specified. The tentative schedule of the first outreach is in April 2021.

## Proposed Actions for the Next Quarter (Objective 2)

- **Implementation of the training package for CHWs in basic FP service delivery tasks.** Develop Facilitator's Training Guide on CHW Task Shifting and selection criteria for CHWs to be trained in task shifting. This will be implemented through the conduct of virtual training of trainers. Afterwards, the actual face-to-face training for selected CHWs will be conducted. The pilot sites for this initiative include selected barangays in Rizal, Albay, Bohol, Agusan Del Norte, and Zamboanga City.
- **TA in CQI program establishment in the pilot facilities for CSS in Visayas and Mindanao.** The pilot sites in Batangas, together with expansion sites in Visayas and Mindanao will be supported in completing the components of CQI program within the fiscal year. The expansion sites consist of 12 Public Hospitals and 25 RHUs.
- **The CSE-ARH Convergence Implementation will proceed in the identified pilot sites.** The mapping of facilities and services from the DOH and DepEd will be the prioritized activity for Q3. Identifying available internal and external mechanisms to ensure a functional referral pathway at the local level will be supported.
- **Webinar on Family Planning-ARH Integration in the Hospital.** The first activity is a training of trainers for the DOH CHD of Regions III, IV-A, V, VI, VII, IX, X, XI, XII, and XIII and provincial FP and ARH coordinators, with the goal of capacitating them to run the workshop for their target areas. The rollout at the hospital level will be attended by the trained focal persons for hospitals with established FP services and/or ARH services (that are not COVID-19 designated hospitals). The participation of representatives from the Department of Pediatrics, OB-GYN, Family Medicine, and the ARH and FP focal persons in the target facilities is highly encouraged.
- **Pause and Reflect Session for the Makeshift Teleconsultation Platform and Sustainability Mechanism.** This will be conducted to identify learnings and create innovations to maximize available resources in responding to the impact of COVID-19 in the provision of essential health services. Potential for expansion will also be explored. Steps to ensure sustainability such as securing budget for internet and mobile phone loads and supporting LGUs in finalizing the contract for third-party teleconsultation provider subscription.
- **Assessment of DOH-Certified Adolescent-friendly Health Facility of Cagayan De Oro City (CDO) and Misamis Oriental.** This activity will (a) discuss the standards set by the DOH for adolescent-friendly services; (b) review the assessment tools for AFHF and assist participants in identifying gaps in the provision of adolescent-friendly services; develop action plans to address the gaps identified using the AFHF assessment tools and to comply with the requirements for setting up AFHF; and (d) orient HSPs on essential tools including the rapid Home, Education & Employment, Activities, Drugs/Drinking, Sex, Self-harm, Depression & Suicide, Safety (HEEADSSS) and the proposed AFHF recording and reporting tools.
- **Engagement of CSO to Organize FP itinerant Teams in Selected LGUs.** The project will be working closely with the CSO to implement the grant to establish FP itinerant teams in

selected provinces and cities. Close coordination with the P/CTOs will be made to ensure that FP outreach tasks are carried out as planned and that the development of the manual of operations on establishing quality FP outreach services is started.

- **Support the Conduct of Outreach Services by Public Providers to reach GIDA and IP communities.** LGUs shall be supported in advocating to CHDs and POPCOM to allocate resources to support regular outreach services and in involving and securing the support of the Barangay Officials and other community leaders in organizing outreach services.
- **Strengthen informed choice and voluntarism (ICV) Compliance Monitoring and Reporting.** Support CHD, P/CHO teams in conducting ICV orientation and monitoring for HSPs in FP SDPs and conduct re-orientation on the use of ICV monitoring tool and preparation of ICV reports for all FP coordinators. Support the creation and orientation of regional ICV committees in two provinces, namely South Cotabato and Agusan Del Norte, and the cities of General Santos and Davao, including the adoption of the regional ICV order by issuance of Provincial/City Health Orders on ICV compliance monitoring and ensure conduct of ICV compliance monitoring of FP SDPs.
- **Conduct of writeshop for the Southern Philippines Medical Center (SPMC) to finalize the Operational Guide on the FP program.** SPMC, the Apex Hospital for Davao Region has a draft operational guide. The FP Core team requested the project to provide TA to finalize the operational guide to include the uninterrupted provision of the essential maternal, newborn, FP and adolescent sexual and reproductive health (ASRH) services during disasters and health emergencies. As soon as the guide is completed, this should be packaged and disseminated to all departments/sections of the Hospital after which a Hospital Order shall be issued directing all concerned staff to fully implement FP service provision in the hospital with the operational guide as the main reference document.
- **Trainings with DOH-CHD XII and the United Private Midwives of Gen. Santos City .** The project will conduct training on FPCBT I for private hospital staff to include inputs on Enhanced *Usapan*. This will expand the FP and adolescent health (AH) Programs to private hospitals. The project will facilitate the training of private hospitals in FP service provision and act as resource speakers/facilitators and provide manuals and Medical Eligibility Criteria (MEC) wheel for contraceptive use.

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

For objective 3, there is only one quarterly indicator which is the average stock-out rate of contraceptive commodities at FP SDPs. Data on stockouts for FP commodities were collected from a total of 1,245 health facilities, comprising public hospitals and rural health unit or city health centers (see **Table 7**). As indicated earlier, data among the private sector were not collected this quarter. The actual number of health facilities that provided data varied for each type of FP commodity since only those with at least one staff trained on the provision of the commodity being considered were asked about stockouts during the interview. Data were collected either through telephone interviews or health facility visits. The number of health facilities that provided data on stockouts by type of health facility and FP commodity is presented in **Table 7**.

**Table 8. Number of Health Facilities that Provided Information on Stockouts, by Type of Health Facility and FP Commodity: October–December 2020**

Type of Health Facility	Number of Health Facilities That Provided Information					
	Pills	Injectables	Condom	IUD	PSI	SDM
RHUs/HCs	1027	1027	1027	478	602	1010
Public hospitals	218	217	217	152	143	209
Total	1,245	1,244	1,244	630	745	1,219

For all project sites and for all types of health facilities taken altogether, the percentage of health facilities that experienced stockouts was higher than the targeted value of <7% for all types of FP commodities, except for IUD (4.4%) and pills (2.7%). For all other commodities, stockout rates ranged from 10.7% for SDM beads, to 15.8% for PSI. Although there is still a lot to be improved in terms of meeting the stockout targets for each commodity other than the pill and IUD, the situation is so much better in Q2 FY2021 compared to the previous quarter, where the stockout rate for condom, PSI and SDM beads were all higher than 20%.

**Table 9. Q2 FY2021 Project Performance on Objective 3 Indicators**

Indicator [A]	Baseline [B] (Year)*	Accomplishment								
		For the Quarter			For the Year			Life-of-Activity		
		Target [C]	Actual (As of 03/31/2021) [D]	% [E]	Target [F]	Actual (As of 03/31/2021) [G]	% [H]	Target [I]	Actual (As of 03/31/2021) [J]	% [K]
Objective 3: National, regional, and local systems and capacities to manage, implement, and sustain FP/MNH programs and policies are bolstered and institutionalized										
Indicator 26: Average stockout rate of contraceptive commodities at FP SDPs		7%	2.73%	256.3%‡	7%	7.52%	93.0%*	7%	8.46%	82.7%*
Pills	23%		34 / 1245 (2.7%)	256.3%‡		209 / 2778 (7.5%)	93.0%*		807 / 9535 (8.5%)	82.7%*
Injectables	18%		170 / 1244 (13.7%)	51.2%*		363 / 2775 (13.1%)	53.5%*		947 / 9542 (9.9%)	70.5%*
Condoms	28%		156 / 1244 (12.5%)	55.8%*		524 / 2772 (18.9%)	37.0%†		1892 / 9507 (19.9%)	35.2%†
IUD	14%		28 / 630 (4.4%)	157.5%‡		80 / 1381 (5.8%)	120.8%‡		462 / 5441 (8.5%)	82.4%*
PSI	24%		118 / 745 (15.8%)	44.2%†		335 / 1569 (21.4%)	32.8%†		1944 / 5838 (33.3%)	21.0%†
SDM Beads	50%		130 / 1219 (10.7%)	65.6%*		495 / 2615 (18.9%)	37.0%†		2938 / 8993 (32.7%)	21.4%†

\*Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% 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: Green is ≥100% of target have been met

The stockout problem is a lot more prevalent in public hospitals compared to health centers. Whereas the stockout rate for health centers varied from 0.4% for pills to 16.9% for PSI, the rates were much higher for hospitals, ranging from 5.9% for IUD to 29% for condoms. These are shown in **Table 9**.

**Table 10. Stockout Rates (in %) by Type of FP Commodity and Type of Health Facility: January – March 2021**

Type of Health Facility	Stockout Rate (in %) Type of FP Commodity					
	Pills	Injectables	Condom	IUD	PSI	SDM
<b>RHUs/HCs</b>	4/1027 = 0.4%	136/1027 = 13.2%	93/1027 = 9.1%	19/478 = 4.0%	102/602 = 16.9%	81/1010 = 8.0%
<b>Public hospitals</b>	309/218 = 13.8%	34/217 = 15.7%	63/217 = 29.0%	9/152 = 5.9%	16/143 = 11.2%	49/209 = 23.4%
<b>Total</b>	34 /1245 = (2.7%)	170 /1244 (13.7%)	156 /1244 = (12.5%)	28 /630 = (4.4%)	118 /745 = (15.8%)	130 / 1219 = (10.7%)

### Analysis of Accomplishments (Objective 3)

#### Support to Responsible Parenthood and Reproductive Health (RPRH) Law Implementation

##### Assistance in the preparation of the 2020 RPRH Annual Report

The project once again supported the DOH and POPCOM in preparing the 2020 RPRH Annual Report by hiring a technical consultant to provide technical writing, content editing, and packaging support. During the reporting quarter, the consultant, in collaboration with the technical writing teams, collected and analyzed the RPRH inputs to ensure completeness and validity of the submitted reports. The project also provided technical input and guidance to the core team by developing a Reporting Guide as a tool/aid in collecting data, framing the Key Responsibility Areas outlines and technical write-up based on the agreed theme of the report, gathering success stories and good practices, and taking relevant photos. The guide also includes writing tips for technical writers and CSO and development partners' contributions.

Regular meetings, all throughout the reporting quarter, were convened with POPCOM and the DOH to set the milestones and timelines in the development of the report. The final draft of the report is scheduled to be completed between March 29 and April 9, 2021. Printing of the report is expected between April 12 and 23, 2021, while printed copies shall be submitted to congress by April 28, 2021.

#### Support to Universal Healthcare (UHC) Law Implementation

##### Generating local evidence through the conduct of Implementation Research

In order to support the national government in enhancing UHC guidelines and policies, the project is conducting a UHC implementation research to generate the needed local evidence to support policymaking. USAID ReachHealth, in collaboration with ProtectHealth, continued to pursue the planned UHC implementation research with postpartum family planning (PPFP) as a tracer program in South Cotabato after being stalled by other priorities caused by the pandemic. During the quarter, the timetable for the conduct of the implementation research was finalized creating concrete schedules for the didactics and practicum which would be started by April 2021. As part of its preparation and part of the key interventions identified in the operational plan, USAID ReachHealth, ProtectHealth and the technical working group of South Cotabato performed a comprehensive analysis of the local political conditions of the identified LGU. The analysis focused on key factors essential for successful implementation, specifically highlighting the need to set the scope of FP commodities to be traced. It also delved into the approach toward targeting, on whether geographical or based on socioeconomic income, and the extent of financial devolution and local integration that can reasonably be expected in the coming year. It also investigated the possibility of setting up pilot arrangements with PhilHealth, leveraging off the recently passed *Konsulta* package. The agreed next steps include the development of the PPFP protocol for the implementation research and coordination with PhilHealth to discuss the

possibility of engaging in a sandbox policy arrangement on network contracting and local integration for South Cotabato.

#### Providing local policy support to LGUs for LHS integration

To strengthen local commitment toward UHC implementation, the project supported LGUs in local policy development in order for them to comply with the required LHSML- policies. The project did an initial compilation of local policy templates with a self-help guide as part of the TA toolbox, which was disseminated to project sites and shared with the CHDs of Western Visayas and Central Visayas.

TA was also provided in drafting and finalizing policy instruments, such as the inter-LGU memorandum of agreement on cooperative governance in South Cotabato; executive orders on the creation of a Management Support Unit, Technical Working Group, and Technical Management Committee; adoption of a Local Investment Plan for Health or Annual Operation Plan (LIPH/ AOP) as strategic investment plan; Special Health Fund; and Health Office organizational structure for Davao City, Zamboanga del Norte, and Butuan City. This resulted in the recent signing of the inter-LGU memorandum of agreement (MOA) by the Local Chief Executives of the component LGUs and Governor of South Cotabato and issuance of a Sangguniang Panlungsod resolution on the creation of the Special Health Fund for Davao City.

With the project's support in policy formulation and technical advisories, both South Cotabato and Davao City have issued resolutions on the creation of the Special Health Fund and obtained certification of a depository account from a registered bank in the locality. Subsequent project support will be the development of a policy on how the Special Health Fund will be managed based on the Joint Memorandum Circular of the DOH and Department of Budget and Management and how funds will be disbursed and utilized.

Similarly, policy-related support is being extended to non-UIS providing them with requested TA to facilitate their preparation for UHC implementation. This includes supporting them with presentation of monitoring and evaluation (M&E) data to inform decision, sharing national policies and local policy drafts with decision makers, and co-development of local policies for health.

#### Establishing local governance mechanisms for UHC and conduct of LHSML Assessment

A key element in successfully integrating health systems is strong political support from local stakeholders. This quarter, USAID ReachHealth focused its efforts on ensuring that local players are engaged, and the role of technical bodies and committees are respected. Complementary to this, the project's TA support in the adherence of LGUs to the LHSML, which serves as the general framework for the M&E of the progress of the LGUs that committed to the integration. The project's TA support includes assistance to CHDs in developing tools for the baseline assessment of each building block and in jointly crafting regional technical assistance plans and technical products based on the local context that would support the LGUs in their journey toward health systems integration.

In Luzon, the project collaborated with CHDs of Central Luzon and CALABARZON for the conduct and validation of the LHSML assessment of Batangas, Laguna and Pampanga. The project coordinated with CHD IV-A and Batangas PHO to facilitate the UHC Dialogue and LHSML review, which was attended by the governor, CHD regional director, provincial health officer, and USAID projects. The activity provided a venue for the articulation of the governor's vision for UHC in Batangas followed by an extensive review and discussion of the gaps and challenges for each of the key result areas of the LHS ML.

In Visayas, the project collaborated with the CHDs of Western Visayas and Central Visayas in the development of TA plans based on LHSML assessment results. The detailed TA plan was prepared by a locally hired consultant and was presented to Bohol and Cebu for their adoption.

Similar technical support was provided to priority sites in Mindanao. Regular technical discussions, coaching and mentoring sessions, and workshops were conducted with the local health systems clusters; provincial/city DOH offices of CHDs in Regions IX, X, and XI; and PhilHealth offices in Regions X and XI. Regular roundtable discussions with CHD XI and PhilHealth XI led to the harmonization of DOH and PhilHealth processes and initiatives on UHC implementation specifically on Primary Care Facility Licensing and Accreditation and Population Matching and Registration at the regional level. This included the development of a harmonized profiling tool which includes the needed DOH and PhilHealth data important for the health information system of DOH, registration data, and initial Electronic Medical Records (EMR) data required by PhilHealth.

In South Cotabato, Davao City, Zamboanga del Norte, and Butuan City, the project supported the TWG on UHC and other related committees through technical advisories using the LHSML baseline results and analysis as a reference. Discussions were conducted to identify enabling and limiting factors for integration and crafting approaches to better engage component LGUs and local officials during the conduct of advocacy and orientation activities. With the project's support to the CHDs and continuous discussions with the USG-assisted sites, General Santos City and Agusan del Norte submitted their intent to the DOH to become an integration site. The two LGUs were assisted in the conduct of their LHSML baseline assessment and the results were shared with the Local Health Office and key stakeholders and officials involved in the UHC core team that they recently established. Initial road map and action plans were jointly crafted by the UHC core teams with the CHD, PhilHealth, and project representatives. The plans included PCPN and referral establishment spearheaded by the C/PHO and development of policies on management structures and on the commitment to integrate to be facilitated by the City Councilor and SB on Health. The plan was approved by the City Health Board of General Santos City.

#### Assisting LGUs in meeting the qualification criteria for PCPN/HCPN

To capacitate local partners, particularly the CHDs, in providing technical assistance to LGUs implementing UHC reforms, the project facilitated and supported the conduct of the training of facilitators (TOF) for establishing the PCPN.

Primarily, technical support was provided to the Local Health Systems Cluster and PDOHO of Zamboanga Peninsula. The training provided the program managers and development management officers the knowledge and skill on "what, why, and how" to establish PCPNs that are anchored on existing national guidelines. The trained facilitators of PDOHO Zamboanga del Norte PHO cascaded the initiative to the technical staff of the Zamboanga del Norte. The different PDOHOs crafted their action plans on the cascade of the training of facilitators and the conduct of actual workshops in each of their assigned provinces to be able to assist the LGUs in setting up their respective PCPNs and eventually become a provider-base for the HCPN. The project continued to support the conduct of the PCPN workshops of all component LGUs of South Cotabato. To date, 10 out of 11 LGUs have conducted the workshop and completed their facility service capacity assessment, provided PhilHealth updates on membership of their catchment population, and are preparing for *Konsulta* accreditation. One LGU, Polomolok, has submitted its application for *Konsulta* accreditation.

To encourage private sector engagement (PSE) in the integrated local health system (LHS), the project assisted the provincial TWG in the conduct of a consultative meeting and orientation of private health facilities and providers on the establishment of the PCPN and the registration process. Apprehensions and questions of the private sectors were addressed during the activity. To demonstrate the process of establishing the PCPN and the role of the private sector, a pilot process in partnership with Howard Hubbard Memorial Hospital was facilitated by the project. A series of workshop sessions were conducted with the core team of the hospital which resulted in the private facility's completion of service capacity assessment as a primary care facility, addressing service capacity gaps concerning the identified catchment population of over 30,000, setting up a process for profiling and member

registration and fine-tuning their EMRs to be compliant with PhilHealth requirements. The project will assist them on policy development early next quarter to complete accreditation requirements and apply for *Konsulta* accreditation by May 2021.

In Visayas, the project supported the CHDs in developing their HCPN-Apex hospital MOA by providing them with policy template as a reference to the endeavor. The project also participated in the launching of regional laboratory network and first organizational meeting to support PCPN/HCPN formation and *Konsulta* accreditation of primary care providers.

## **Support to Local Planning and Budgeting for UHC**

### Strengthening planning through LIPH formulation and proposing for LIPH automation

The project's broader UHC initiative includes capacitating LGUs in the governance and stewardship of local health systems through evidence-based planning. The Local Investment Plan for Health (LIPH) aims to strengthen the local health planning capacity of LGUs in a devolved setup focusing on the health sector reform goals through the UHC law. The significance of LIPH was even highlighted in the UHC law, where it states that it shall be the basis of both financial and non-financial support and grants of the national government to the LGUs.

In Luzon, coordination and collaboration of CHDs and provincial health decision makers in Central Luzon and CALABARZON has been done to discuss the results and challenges identified by the recently conducted LHSML assessment. Among the identified characteristics of a province-wide/city-wide health system is the existence of strategic and investment planning. Of the three UHC implementation sites in these regions, Batangas has the advantage, because a USAID core group was created that regularly convenes to discuss issues and concerns when it comes to integration. Batangas was able to meet the level 2 maturity particularly on strategic and investment planning compared to Pampanga and Laguna.

A proposal to automate certain parts of the processes in the development of LIPH and AOP was derived out of the commissioned work of Visayas team to address health systems integration concerns among the UHC integration sites in Cebu and Bohol. Several initiatives have been done previously to simplify the process and procedures in the development of LIPH and AOP. However, given the inherent complexity and arduous process of planning, it overwhelms the LGUs and a digitally assisted planning system was identified as a solution. This means that some or most of the parts of the planning process can be automated. Technical discussions were done between the Visayas team and Objective 3 team to thresh out the details and come up with a full-blown concept of the automated LIPH.

In Mindanao, the project together, with the CHD IX and XI, facilitated the development of the 2022 AOP of the province and the component LGUs of Zamboanga del Sur and Zamboanga del Norte and Davao City. This was done using the AOP Development Guide created by the project with additional orientation on the Mandanas-Garcia ruling and its implication to the health sector management, health program implementation, and health investment planning. With Mandanas-Garcia ruling to be implemented by 2022, there are changes in the DOH support previously enjoyed by the LGUs such as the support for health facility enhancement which will now focus on hospitals and high gap, low capacity LGUs, human resources for health deployed to 4th to 6th class municipalities, and commodities and supplies focused on national immunization program, tuberculosis (TB), rabies, and long-acting FP methods. Hence, the LGUs formulated their plans and initially vetted their proposals with the CHDs during the workshop, with the emphasis on which will be funded by the LGUs and CHD.

## **Support to Local Health Financing**

### Securing FP/MCH accreditation and improving FP benefits literacy and availment

USAID ReachHealth continues to provide technical support to health facilities in securing DOH certification and PhilHealth accreditation in order to maximize access to financing for FP/MNH services. This quarter the project assisted two FP stand-alone facilities, POPCOM X FP Clinic and ABP FP clinic in General Santos City to become PhilHealth accredited by providing TA in setting up their facilities and complying with necessary documentary requirements such as standard operating procedures and MOA with a referral facility. The two facilities were already assessed by their respective CHDs for DOH certification as FP stand-alone facility before PhilHealth accreditation. Two private hospitals, one in General Santos City and another in South Cotabato, were assisted to be tagged as an FP provider by PhilHealth to enable them to file claims and reimburse from FP services they provide.

Ongoing advocacy and preparatory activities were also being conducted in Luzon and Visayas. In Naga, an exploratory discussion was conducted after the CHO expressed their interest to establish FP stand-alone clinics.

In Visayas, the project worked with PhilHealth VII and CHD Central Visayas in developing criteria for identifying pilot LGUs for *Konsulta* implementation. Based on the 4-item criteria adopted by CHD and PhilHealth, the municipality of Malabuyoc, Cebu with referral hospital Cebu Provincial Hospital-Carcar was chosen as the pilot network. *Konsulta* readiness assessment of Malabuyoc and partner facilities as well as backup pilot sites in Bohol and Cebu were conducted. *Konsulta* orientation with the CHDs, and PhilHealth Regional Offices and selected LGUs was also conducted.

### Preparing LGUs for *Konsulta* accreditation

*Konsulta* package is PhilHealth's expanded primary care package that initially covers seven diseases and includes financing for 21 commodities and 13 diagnostics to be managed at the primary care level. In anticipation of the full rollout of the package, the project developed an LGU guide on PhilHealth *Konsulta* which is a compendium of resources about the package including all relevant policies, documentary attachments and forms for securing accreditation, and sample contracts. Specifically, the project is supporting the LGUs in concretizing and aligning their efforts toward FP service delivery by assisting LGUs in meeting *Konsulta* accreditation requirements, and in gathering data to share with national agencies like PhilHealth and DOH to help build the evidence for more responsive policies for FP.

The project, in coordination with PhilHealth, conducted various technical meetings and orientation activities to LGUs in Visayas and Mindanao in understanding the package, accreditation requirements, and operational implications. While the package is currently being piloted in select sites, it was emphasized that the LGUs need to do preliminary work on facility readiness by doing a self-evaluation even in non-pilot sites to inform the local investments necessary for LGUs once the package is rolled out nationwide. An orientation on the PhilHealth *Konsulta* package was also conducted internally to provide guidance to the project's field teams in assisting their respective LGUs.

### Increasing local benefits literacy through digital learning modalities for UHC and FP

As part of our technical support toward increasing local benefits literacy for FP benefits, the project-initiated partnership with PhilHealth's Social Health Insurance Academy (SHIA). The TA is designed to help PhilHealth develop e-learning modules on UHC and integrating existing technical guides on FP benefits and financing that were developed by the project which may be offered through synchronous or asynchronous modalities that aim to multiply access points for learning among LGUs and other stakeholders. The project commits to support PhilHealth in identifying the select courses on financing



for FP and UHC in collaboration with SHIA, co-develop program design, course content, syllabus and pre-testing of materials for e-learning modules, facilitate partnership with DOH Academy and other professional development programs, and document design process and support SHIA and DOH Academy in disseminating the courses to target audiences.

## **Support to Local Health Information System and Data Quality**

### FP Reporting and Recording and Data Quality Check

Despite the restrictions caused by the pandemic, the project was able to provide its assistance to LGUs in strengthening its capacity in health information management. Orientations and coaching on the MI e-tool of the FHSIS version 2018 continued in Luzon sites. The activities were conducted both virtually, in Manila and Nueva Ecija, and onsite, in Rizal, Albay, and Cavite. In Albay, province-wide monitoring over the past quarter revealed erroneous MI recording and reporting by most of the facilities checked. As a response, the project provided an on-site coaching to FP coordinators of some facilities.

Aside from the formal orientations, on-site coaching sessions were also provided in several Caloocan and Rizal RHUs/HCs. For Rizal, FP recording and reporting related concerns were relayed to the FHSIS Coordinator. One issue already raised to the DOH-Epidemiology Bureau is the missing functionality to capture FP MI reports from LGU-managed hospitals in CHD CALABARZON's e-FHSIS. What happens is that the MI reports of these LGU-managed hospitals are transmitted to the RHUs or health centers, which contradicts the FHSIS guidelines since these hospitals are reporting units that must submit to their respective local health offices. The project has reported this concern to the DOH-Epidemiology Bureau (EB) and promised to directly discuss it with CHD CALABARZON.

In the next quarter, the status of FHSIS v2018 implementation in various RHUs/HCs and hospitals will be continuously monitored. Select public and private hospitals will be supported through on-site coaching, to ensure data quality and integration of hospital reports in the overall FP performance of the province/city. The project will also explore stronger advocacy for the implementation of FP MI e-tool in private lying-in clinics.

In Visayas, the project supported the initiative in designing an electronic or digital and alternative learning platform for FHSIS FP recording and reporting. Field investigation on the possibility of automating FHSIS reporting and data quality check (DQC) in RHUs using iClinicSys in Maribojoc RHU, Bohol was conducted early March 2021.

Also this quarter, the project supported regional harmonized FP information system has been handed over to the CHD Western Visayas, Commission on Population (POPCOM) of Region VI, and LGUs of Negros Occidental and Bago City. The Information and Communications Technology (ICT) College of the Iloilo State College of Fisheries (ISCOF), the developer of the system, transferred its administration to POPCOM VI. A proposal by the POPCOM VI to integrate the regional harmonized FP information system with its "*bahay-bahay*" FP demand generation strategy is currently in the pipeline and the recommendation of the Western Visayas RPRH Regional Implementation Team to have it piloted in Iloilo province was also among the plans to scale it up.

In Mindanao, the project continues to support efforts to strengthen LGU and facility health information system, with a specific focus on ensuring accurate capture of FP performance and institutionalizing a systematic process of recording and reporting through the FHSIS. In partnership with CHD XII and the CHOs of General Santos City, staff from nine private hospitals and one government hospital in General Santos City and one private hospital in Polomolok were trained in FP recording and reporting. The facilities were represented by a total of 21 hospital staff, two of which were doctors, eight nurses, eight midwives and three others assigned in record keeping. The training resulted in the CHO

obtaining 2020 FP data from nine hospitals and these hospitals being coached and monitored a month after the training as SDPs and reporting units.

Training support to two private facilities, a birthing home in Zamboanga City and a FP stand-alone clinic on FP recording and reporting, was also provided in partnership with CHD IX and CHO General Santos. Four midwives and one non-health worker were trained on the different FP recording and reporting forms. The two facilities were able to submit their FP reports on time.

As a follow-through activity of an initial engagement on FP in the workplace, eight private companies in Zamboanga City were trained on FP recording and reporting. The 13 participants from these companies together with the CHD IX and CHO FP Program Managers agreed on facility-based reporting where facilities, should report and submit FP service data to health centers where they are located and assigned to avoid double reporting and confusion.

#### Other Information Systems Explored

The project is exploring ways to improve recording and reporting of FP indicators in the FHSIS. Although the DOH-EB is in the process of developing an online FHSIS (o-FHSIS) as a solution, this might not take off anytime soon.

In Visayas, the project is initiating a design of an electronic/digital and alternative learning platform for FP recording and reporting as well as its data quality checking. A field investigation was done in Maribojoc RHU of Bohol to explore the possibility of automating the recording and reporting of FP related indicators in the FHSIS through the iClinicSys. Follow-on activities will be done in the next quarter to formalize the reporting arrangement and development of supporting local policies.

The project is also looking at creating a pseudo-EMR that can be deployed in lower-level facilities. The pseudo-EMR could fill the gap between data collected in BHSs and the RHU, reducing the administrative burden to RHUs in encoding FP utilization data. It could function provided that DOH issues the project an application program interface so that it can directly submit reports to the e-FHSIS. This allows for interoperability and can potentially extend to include data collected through the Barcode Track and Trace System and other data encoding tools that capture FP utilization. Similarly, a data uploading function can be added to the application where reports traditionally collected through excel can be uploaded. This fits more with the technologies LGUs are comfortable with and can allow for less technologically competent providers to easily transition toward online submission. Another option that can be considered is the existing DHIS2 that the project is currently using in its data collection.

#### Health Information System (HIS) Integration and EMR Harmonization

In forwarding HIS integration and EMR harmonization, multiple activities were conducted to identify adaptive solutions that the project can support its project sites. Consultations with experts and LGUs leading the change toward scaling up HIS at the local level were undertaken which includes the following:

- Consultative discussions with the National TeleHealth Center (NTHC) to solicit inputs on the minimum health information and communications technology ICT requirements needed to effectively operationalize a fully integrated HIS. The project is interested in understanding the conceptual process flow and technology requirements in assessing HIS readiness and to gather suggestions on what currently existing information technology (IT) programs and systems can be utilized.
- Learning session with Tolosa, Leyte LGU was organized to learn from their experience in implementing innovations in HIS and health governance. Studying the experience of Tolosa offers an approach to public-private sector interface in setting up a HCPN. Insights on their approach to enable vertical and horizontal health networks by engaging an HIS provider that

was able to set up physical registration hubs at the barangay level, and outfit BHS with pseudo-EMRs to facilitate triage and referral within the network were gathered. The experience of Tolosa served as an important launching point for the project in understanding how to better design intervention options for LGUs moving forward.

- Another learning session was conducted with one of the local ICT providers in Cebu to understand its proposed IT architecture design for an end-to-end interoperable system. Brandiology is the technology provider/developer of POPCOM VII FP logistics application, which is currently being piloted and designed to become interoperable with UNFPA's Barcode Track and Trace and the logistics module of i-ClinicSys. Brandiology presented an architecture that can facilitate interoperability with EMRs and stand-alone modules in use in the market today in both public and private sectors. At the core of the system is a third-party integration hub that synchronizes medical and health care data across systems and other third-party integrators in a secure and private channel. Brandiology agrees to provide the project with an inventory of existing ICT and EMR systems in the market and show how addressing EMR issues will support Province/City Wide Health System functions and hasten full UHC integration.

Following these technical meetings, the project developed the HIS Readiness Survey which is a tool designed to gather inputs from the LGU necessary to approximate its ability to employ a fully integrated HIS. The tool consolidated HIS related questions captured by PhilHealth, DOH, Department of Information and Communication Technology (DICT), and NTHC as a single repository canvassing the availability of health technology resources available to the LGU. The HIS survey is likewise compliant with the LHS ML and can enable the LGU to self-diagnose on what technologies they need to invest in as they engage with EMR providers. Currently the tool is being refined, following a series of consultations with technology providers and other experts and will be deployed in the succeeding quarter.

Additionally, the project supported the capacity building and initiated the testing and implementation of EMR for PCPN/HCPN in Visayas. The proposed architecture for telemedicine-EMR integration was vetted with CHD and private telemedicine partner. Also supported was the creation of Telemedicine TWG at CHD and an initial meeting conducted in February covering available budget, pilot sites, roles of the parties, draft MOA with Zynapx, private telemedicine-EMR provider. The project also supported the development of EMR integration concept and approach for small areas with private provider; focus group discussion (FGD) on telemedicine with selected municipal health offices (MHOs); development and administration of EMR survey instrument for Western and Central Visayas CHDs.

## **Support to Sustaining Human Resources for Health (HRH) Capacities in Emergencies**

### Strengthening DRRMH planning

The USAID ReachHealth project, together with the Central Visayas CHD and Health Emergency Management Bureau (HEMB) of the DOH, led the orientation and refresher for the LGUs of Bohol and Cebu province in Disaster Risk Reduction and Management in Health (DRRMH) system institutionalization with specific focus on planning. The activity was attended by almost 80 participants from the CHDs, provincial and component LGU offices of the two provinces. The Health Emergency unit of the CHD provided updates and status of implementation of the DRRMH system institutionalization. Among the three major gaps identified were: (1) absence of a full-time DRRMH manager; (2) need to strengthen the link between the DRRMH plan and LIPH/AOP; and (3) need to factor in COVID-19 response in the DRRMH plan. In response to the identified priority gaps and challenges, the project will facilitate interventions such as development of templates for local ordinances including designation of a permanent DRRMH manager as well as the recommended roles and responsibilities and required trainings; development of a guide that will assist the CHDs and LGUs in integrating the DRRMH strategic and operational plans in the LIPH and AOP; and a DRRMH institutionalization pathway that includes indicators and means of verification that will guide the CHDs

and LGUs in establishing a functional DRRMH system shall be developed and to be vetted with the HEMB of DOH.

## **Support to Local Supply Chain Management**

### Expanding access to commodities through Voucher System or Provider Integration and Engagement System (PIES)

USAID ReachHealth in collaboration with MTAPS jointly designed a voucher system initiative, which has evolved into the Provider Integration and Engagement System (PIES). It aims to develop an end-to-end system to support patient access to select commodities and services within the LHS. Both projects worked on the joint proposal and design and the canvassing of available technologies to enable the system to work. PIES is envisioned as an approach to expanding access to select commodities and services provided on an outpatient basis by supporting LGUs in the creation of horizontal networks between public and private providers through a robust, fully integrated HIS. The system has multiple components that constitute different aspects to effective provider network management, from setting up recording and reporting mechanisms to enabling the reimbursement of services provided by contracted partners. The objective is to support LGUs by enabling them to have access to essential tools and information in managing a wide array of providers and to build local competencies necessary to translate information into actionable policy decisions. At the core of the initiative is the deployment of an integrated but modular HIS that collects, stores, manages, and transmits data across and between different health care providers within a province or city. The HIS will serve as the foundation where provider integration and engagement can transpire, allowing for the automation of the complex arrangements involved in monitoring the actual consumption of goods and services and the reimbursement of these services to health care providers.

## **CYP Estimation**

The project provided support to MTaPs by generating the CYP of the last half of 2019 and first half of 2020 using the results from the 2019-2020 FHSIS report. CYP is part of the major performance indicators that the project is tracking yearly to monitor the extent upon which contraceptive methods have protected couples in USG-supported areas. IQVIA was commissioned by the Medicines, Technologies, and Pharmaceutical Services (MTAPS) project to analyze and report CYP in the Philippines for the period July 2019 to June 2020. The data collected and analyzed on family planning methods continue to serve as reference points of MTAPS for its progressive assessment of FP availability in the country as measurement through CYP. Public and private sector data were collected and analyzed which were sourced out from FHSIS, DOH pharmaceutical information management system, data from DKT on the volume of different FP methods, both supply based and non-supply based, manufactured and distributed/sold down to the regional level. National CYP was analyzed based on regional geography, channel, and contraceptive method.

Among the major findings from the preliminary report includes:

- Total CYP is highest in July-December 2019 in the unadjusted data with National Capital Region (NCR) having the highest contribution and Cordillera Administrative Region with least share. However, when adjusted, January-June 2020 posted the highest CYP and growth and was driven by public channel in both datasets;
- With non-supply-based methods included, CYP increased in both unadjusted and adjusted scenarios with 37% and 35% growth respectively for 2019;
- Pills mainly drive total CYP, followed by injectables and IUD while implants grew in January-June 2020 and condoms share is lowest;
- Both unadjusted and adjusted data show highest CYP in first semester of 2019 while public sector continued to increase with 86% growth in January to June 2020 adjusted data; and

- Public channel has become the go-to source of consumers in terms of supply-based FP methods especially during the pandemic which is evident in the increase in share of CYP in this report period from 48% to 63%.

### **Sub-national and Local Initiatives on Reducing FP Stockout**

In Luzon, the project started to conduct regional pause-and-reflect (P&R) sessions with DOH and POPCOM regional implementers, as well as with P/CHO representatives of project sites in Central Luzon and CALABARZON. The project's monitoring data was used as reference during the activity and practices such as cooperative arrangements to distribute available FP commodities at the regional office, and inter-LGU or inter-facility redistribution of available supplies was also done which is similar to the Interim Distribution Tool that MTAPS introduced as a provisional solution to stockouts.

As reported in previous quarters, the project keeps track of the availability of FP commodities in supported RHUs and hospitals during monitoring period. Any case of stockout or near expiry commodities, will be coordinated with the FHSIS Coordinator and POPCOM regional officers for appropriate action. In case of available supply from the region, the project extends transportation and coordination support for distributing FP commodities through a process called Act-on-Site. In this quarter, the project supported the transport of FP commodities, especially POP and PSI with ancillary kits, from POPCOM IV-A to Rizal PHO warehouse.

In the case of Batangas, the PHO has replenished the FP commodities in its SDPs, which include combined oral contraceptives (COC), DMPA, IUD, and condom. The POP was likewise delivered, however, the supply allotted for the entire province did not suffice; thus, resulting to stock outs. Of the 47 RHUs, 18 reported stock outs in POP. Meanwhile, out of the 18 SDPs previously providing PSI, 11 reported having stock outs because of limited and/or no stocks coming from DOH, which is also a nation-wide issue due to the global supply shortage. The province is continually monitoring and checking the availability of the commodities.

In Visayas, the project is focusing its efforts on exploring digital solutions to stockout such as integration of FP mobile application developed by POPCOM Region VII with the iClinicSys logistics management module. The TA product of the project on automating the situational analysis section of the LIPH is also being explored for integration with DOH's FP estimation tool which is a web application that uses all available survey data to produce annual estimates for key family planning indicators, such as contraceptive prevalence and unmet need for family planning.

As part of the strategy to build the capacity of the LGUs in supply chain management in Mindanao, the project in partnership with CHD IX, supported the online training on Bar Code Track and Trace of FP commodities. The Barcode Track and Trace e-Learning Module is a training module on the use of the application via web or mobile to track, real-time, commodities at the facility level. Encoding can be done with client provision of commodities, facility issuance, and receipts. The series of training was conducted in three batches for Zamboanga City, Zamboanga del Norte, Zamboanga del Sur, Sibugay, and Isabela City. These trainings were participated in by all component LGUs of the region. Furthermore, the project also supported the DOH to complete the delivery of FP commodities to LGUs and hospitals in the different USG sites especially during conduct of local activities and monitoring.

### **Proposed Actions for the Next Quarter (Objective 3)**

- **Strengthen UHC guidelines and policies through locally sourced evidence.** The project shall continue to document key challenges and adaptive solutions gathered from the implementation research in South Cotabato and local UHC implementation in its 14 UIS sites. Local evidence gathered through research, field documentation, stakeholder feedback and analysis

from project data will be used as basis in provide technical advisories to national partners for enhancement of UHC guidelines and policies.

- **Support local policy development and implementation of UHC reforms.** The project will continue to support the implementation of UHC by providing the TA needs identified during the conduct and validation of LHS ML assessments and technical meetings organized by the UHC core groups in the three regions. Those needs are, specifically, strengthening their local governance structures/processes through capacity building of the local health board and support for planning and policy development; establishing their HCPN, including interoperability of HIS/EMRs, and securing facility accreditation; and setting up the Special Health Fund (SHF) alongside support for DOH and PhilHealth contracting and compliance to reportorial requirements.
- **Strengthen local Health Information Systems and data quality.** The project will continue to support integration of FP recording and reporting with the current health information system and promote innovations such as online reporting, provide coaching and mentoring of hospital staff in recording and reporting of FP performance using FHSIS version 2018 reporting e-tool to ensure data quality. Innovations such as automating MI reporting will be pursued and the piloting of PIES as an integrated intervention with an end-to-end technology solution that allows efficient registration, service delivery, payment and monitoring of FP services at the local level.
- **Strengthen local health financing and maximizing utilization of PhilHealth benefits.** The project will assist the LGUs in understanding *Konsulta* package and its accreditation process to access financing for FP services. It will specifically support facilities in meeting the requirements for securing *Konsulta* accreditation in preparation for the full rollout of the PhilHealth *Konsulta* package by Q3 of Year 3. It will also fast track the development of e-learning modules on FP and UHC for LGUs to increase local benefit literacy for FP benefits.
- **Support DRRMH formulation and CRM/DRM integration in the planning process.** The project will support DRRMH planning of priority sites and conduct more policy writeshops that support the localization of minimum service package for sexual reproductive health (SRH) policies and its integration in DRRMH for disaster prone provinces/cities This is to ensure sustained FP services and commodity security in times of disaster and crisis situations.

### **CCR I: Sustainable and innovative solutions to FP challenges are developed and promoted through PSE, innovation partnerships, and grants**

#### **Analysis of Accomplishments CCR I**

##### **FP in the Workplace**

*Implementation sites: Pampanga, Laguna, Bohol, Lapu-lapu City, Cebu, Negros Occidental, Iloilo, Zamboanga City, Cagayan De Oro City, Bukidnon, South Cotabato, and General Santos City*

Due to intermittent lockdowns in Clark Freeport Zone, FP surveys that were started in Chitai Industry Philippines and Yokohama Philippines have been stalled. Processing of initial data are ongoing, whereas the follow-up consultative meetings to establish the Clark Development Corporation's freestanding FP clinic (which can serve more than 1,000 Clark-based companies) have been postponed indefinitely.

In Mindanao, one of the six target companies that have completed the FP profiling is ready for a partnership with a private FP service provider. A partnership agreement, facilitated by the team with the help of POPCOM X and Department of Labor and Employment (DOLE) X, between Del Monte Philippines Inc. and Phillips Memorial Hospital is under review by both parties.

In South Cotabato and General Santos City, three additional companies have committed to partner with a private FP provider. FP profiling and partnership meetings have been initiated between DOLE with Hubbard Howard Memorial Hospital, as well as Philbest Canning Corporation and South Cotabato Integrated Ports Services with General Santos Medical Center. Two more companies,

Century Tuna and RD Foods, are targeted to be matched with a service provider, Angelina B. Paule FP stand-alone clinic. The three service providers mentioned are currently being assisted on their PhilHealth accreditation and other certifications required for linkages with large companies.

In Zamboanga del Norte, the PHO and DOH IX conducted Basic FP Counseling and FP recording and reporting with the two companies, namely Rural Transit Mindanao Inc. and Rural Bank of Katipunan. These companies will be linked with DKT Philippines for FP supplies and commodities. In Zamboanga City, operations of the fishing and canning companies were suspended in line with the annual three-month closed fishing season from December to March.

### **RILAN and Innovation Challenge**

Following the awarding of the Innovation Challenge winning teams in November 2020, an incubation agreement was signed with the winners in January 2021 through Villgro Philippines. The winning solutions include a direct-to-consumer adolescent and youth reproductive health platform that enables smarter FP; a unified platform for reproductive health tracking, online counseling, and prescription deliveries; and a personalized chatbots and study materials to address the lack of SRH education among the youth.

Diagnostic panels, comprising USAID ReachHealth and Villgro teams, subject matter experts, and health care entrepreneurs, were organized for each team. These focused strategy sessions aimed to surface risks and opportunities of the team and develop actionable milestones to work on throughout the incubation period. It was concluded that the main priorities of the teams include refining their customer segments, fleshing out their value propositions, and developing their marketing strategies. Weekly check-ins were conducted to further sharpen the teams' business plans and implement milestones from their 100-day plans. This was supplemented by mentorship sessions to help teams think through their value proposition in more detail and ask necessary questions to help guide the teams in the development of their solutions. A total of four weekly check-ins and one mentoring session per team have been completed.

By the end of this quarter, the project has completed a total of eight RILAN forums. Two of these, about up-and-coming digital health innovations and Sayana Press, were conducted in this quarter. The latest RILAN forum about Sayana Press was notably well received by participants, which is timely as the method has now recently been authorized for use in the Philippines. To further generate support, another forum about Sayana Press will be organized at the end of April 2021.

### **Competitive Grant to CSOs**

Refer to Annex 8.4 for a summary of CSO accomplishments.

Of the six CSOs grantees, five have started implementation and are progressing according to approved timelines. These are:

- **Save the Children Philippines (SCP) Inc.** *Reducing Early Adolescents' Pregnancy (REAP)*
- **FriendlyCare Foundation Inc.** *Enhancing Family Planning Demand Generation and Outputs through Technology*
- **Philippine Society of SRH Nurses (PSORHN) Inc.** *Sexual and Reproductive Health Information and Services for Deaf Equal Access through Filipino Sign Language (SRH IS for DEAF)*
- **Sibog Katawhan Alang sa Paglambo (SIKAP), Inc.** *A Performance Accountability Oriented Engagement of Communities and LGUs for a Healthy Buenavista*
- **Forum for Family Planning and Development, Inc.** *Reach Youth in the Margins: Improve the State of Reproductive Health of Night High School Students in Cebu's Tri-City.*

SCP has organized and trained a total of 52 *Kabalikat* volunteers on reducing early pregnancy, 12 of which were trained this quarter. FriendlyCare continued its work on the development of the e-plan

mobile application for clients and service providers. The application is now in beta testing phase, with 55 out of 83 targeted facilities registered. PSORHN conducted a partnership meeting with the Benilde Deaf Association and Women with Disability Taking Action on Reproductive and Sexual Health, in which various ways to advance the SRH needs of persons with disabilities were discussed.

Meanwhile, SIKAP conducted a series of outreach activities across the 25 target barangays, where 167 clients were provided with FP services. There were 149 FP acceptors, including 92 persons who were new to the program, 19 who restarted, and 38 who shifted to a different FP method. A total of 170 city health workers from the 25 target barangays were trained in FP IPC. Auditors were also trained on the performance audit system (PAS). Forty-nine (49) participants attended a workshop to develop performance audit tools and methodologies, while 24 participants were trained on technical inputs to the training process and the use of performance audit tools.

### **Proposed Actions for the Next Quarter (CCR 1)**

- **Catching up on FP in the workplace initiatives.** The FP survey will be integrated in the annual physical exam of workers at the Clark Development Corporation in Pampanga. The matching partnership with Integrated Midwives Association of the Philippines (IMAP) and Philippine Society of Private Midwife Clinic Owners for service delivery will also be finalized.
- **Facilitating partnerships between workplaces and service providers.** Data analysis and results presentation of the FP Surveys will be conducted in Mindanao. The results will inform the action planning for companies involved. A partnership agreement workshop will also be conducted in General Santos and South Cotabato.
- **Continuing the RILAN.** Monthly RILAN forums will be held on the last Wednesdays of April, May, and June of 2021.
- **Starting the Adventist Development and Relief Agency (ADRA) grant.** Technical proposal will be finalized, based on comments from USAID. Target start date of the grant is in May 2021.

### **CCR 2: Transformative Gender Approach and Action Plan**

#### **Analysis of Accomplishments CCR 2**

##### **Technical assistance to the DOH**

The Secretary of Health has signed the policy establishing the Men's Health Program. This policy and its accompanying operations manual were developed through the project. The DOH has submitted a new request for TA on preparing the mental health program's (MHP's) 3-year strategic plan and a training manual (Engaging Men for Health). The Women and Children's Protection Program (WCPP) has completed its 5-year costed implementation plan and is currently reviewing its capacity development program, both of which are supported by the project.

##### **Gender-based violence (GBV) response capacity strengthening**

In Caloocan City, the Gender and Development Council's GBV subcommittee has committed to implement the GBV plans of the city. This includes developing the GBV directory of public and private agencies and CSOs who provide GBV services, training the barangay and RHU GBV point persons on GBV and 4Rs (i.e., Recognition, Recording, Reporting, and Referral), and facilitating the integration of the GBV referral partners in the service delivery network (SDN). The directory is currently being reviewed by the subcommittee for final production and mass distribution.

In Rizal, the project facilitated a series of consultative meetings on the establishment of a Women and Children Protection Unit (WCPU) in Rizal Provincial Hospital System (RPHS) Binangonan Hospital



and in Casimiro A. Ynares Sr. Memorial Hospital. An initial assessment of RPHS Binangonan Hospital was already completed.

In Mindanao, the Zamboanga City GBV Core Team's determination to establish a responsive GBV referral system has resulted in the expansion of the service mapping activities to include functionality assessments of the Violence Against Women and Children (VAWC) desks/Barangay Council for the Protection of Children's (BCPC) desks. Service mapping and rapid assessment of GBV response was attended by VAWC/BCPC focal persons from all 98 barangays. The results, which are being processed by POPCOM IX and Western Mindanao University-Research Development and Gender Office, will inform the development of a more responsive and functional referral system. It will also be used as an input to the city council's proposal to amend the Gender and Development Code.

In Agusan del Norte, the project developed and presented to the Inter-Agency Council on VAWC a GBV TA package for the province. As a result, four major activities in the TA plan were budgeted. These include the Gender Sensitivity Training (GST) for HSPs, training on 4Rs, and GBV Referral System and Protocol workshop. A total of PHP 313,000.00 was allocated by the provincial Social Welfare and Development Office for these activities in the next quarter.

At the national level, the FamiLigtas campaign against GBV continued disseminating messages on the different forms of GBV, ways to report cases, and the importance of having a "safe home." Since the media launch of FamiLigtas last year, the campaign has gained traction among supporters, particularly from the new media, entertainment industry, and the academe. It has been covered by 86 journalists, and more than 117 influencers have boosted the campaign on social media platforms. As of March, the FamiLigtas Facebook page has reached 3,668,178 unique users composed mostly of women (68%) aged 18–24 (22%). To complement the campaign, Lunas Collective's one-on-one chat service has addressed the concerns of 228 clients, 70% on GBV and 30% on RH/FP. Most of those clients were cisgender, heterosexual married women aged 20–29.

### **Proposed Actions for the Next Quarter (CCR 2)**

- **GBV response strengthening.** FamiLigtas will be extended, through Lunas Collective and Feminist Media Lab, to sustain attention to and encourage actions against GBV during the pandemic.
- **Establishment of GBV response systems.** Establishment of a WCPU at RPHS Binangonan Hospital and at Casimiro A. Ynares Sr. Memorial in Rizal will be begin next quarter. A GBV referral system will also be created Agusan del Norte.
- **GBV capacity building.** 4Rs Training for Butuan City and Agusan Del Norte will be held in April 2021. Caloocan City SK orientation on Adolescent Health and Violence Against Children is set for May 2021.

**CCR 3: MERLA establish an electronic data management system, and building a culture of learning within the project and with our partners**

**Table 11. Q2 FY2021 Project Performance on MERLA Indicators**

Indicator [A]	Baseline [B] (Year)*	Accomplishment								
		For the Quarter			For the Year			Life-of-Activity		
		Target [C]	Actual	% [E]	Target [F]	Actual	% [H]	Target [I]	Actual	% [K]
			(As of 03/31/2021) [D]			(As of 03/31/2021) [G]			(As of 03/31/2021) [J]	
CCR 3: MERLA: Establish an electronic data management system, and building a culture of learning within the project and with our partners										
Indicator 28: Number of pause and reflect sessions conducted	0	35	51	145.7%‡	125	63	50.4%*	524	161	30.7%†
Internal			35			43			61	
External			11			15			88	
Cross Sectoral			5			5			12	
Indicator 29: Number of government staff trained in data analysis and/or scientific stature with ReachHealth support	0	100	0	0.0%†	100	0	0.0%†	580	45	7.8%†
By Gender			0			0			45	
Male			0			0			11	
Female			0			0			34	
By Type of Government of Philippines Staff			0			0			45	
National-level staff			0			0			5	
Regional-level staff			0			0			9	

\*Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% 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: Green is ≥100% of target have been met

**Analysis of Accomplishments (CCR 3: MERLA)**

The project conducted 51 pause-and-reflect sessions during Q1, more than half of which (68.6%) were internal (see **Table 10**). Most of these internal pause and reflect sessions were conducted by regional teams as part of the process of target setting for indicators at the project-site level. Project staff also had to conduct several pause and reflect sessions to analyze project monitoring data for key indicators to identify patterns and trends and do a root-cause analysis to generate inputs for the midterm project technical review. Most of the external pause and reflect sessions with partners are expected to be conducted in the latter half of the year, after LGU and health facilities dashboards are created using District Health Information System 2 (DHIS2), which will be used by project field staff as tools.

Part of the CCR 3 MERLA work plan for Year 3 is to conduct training on data quality and analysis and utilization for FP HSP at the health-facilities level. However, this is scheduled in the last two quarters of the year, after the training modules on these topics are developed. Therefore, no training on data analysis for government workers was conducted during the quarter.

## **Establishment of Electronic Data Management System for Routinely Collected Data**

During the second quarter, activities related to the design and installation of the project's DHIS2-based electronic data management system, including the migration of the project's databases from Excel to DHIS2, were continued and are almost completed. The aim is to have a fully functional DHIS2 system by Q4 FY2021. The first draft of the DHIS2 User's Manual, which is customized for the project, has also been prepared. However, the manual can be finalized only after the system is in place. It will be used to train the project's technical staff on DHIS2 applications.

## **Enhancement of Capacity of Health Workers on Health Information Management, Analysis, and Utilization at the Health-Facilities Level**

The key intervention of MERLA for Year 3 is to train FP service providers on health information management, analysis, and utilization at the health-facilities level. As of Q2, the first drafts for 6 out of 10 modules have already been written. Data derived from the field will be used as examples and exercises in these modules, especially on data quality.

## **Strengthen Capacity of Staff and Partner Agencies to Conduct a Range of MERLA Activities**

The conduct of training on data analysis and utilization for Provincial Technical Officers (PTOs), City Technical Officers (CTOs), and Monitoring and Evaluation Technical Associates (METAs), which was originally scheduled for Q1, has been postponed to either Q3 or Q4, depending on when the learning modules on data presentation and data analysis will be completed and finalized. Because the PTOs, CTOs, and METAs will be heavily involved in training health workers at the health facilities on data analysis and utilization, it is best to train them using the same modules they will use to train health workers.

During Q2, the METAs and a number of PTOs and CTOs continued with their training on basic research methods and on implementation research. It took a long time to complete the didactic sessions because the training was held only on Friday mornings so as not to conflict with their other tasks. In addition, sessions were cancelled while the PTOs and METAs were in the field doing the quarterly data collection. The output of the training is a research proposal for implementation research, which they will be asked to conduct, complete, and present on during the annual learning summit for this year. The METAs are required to develop an implementation research (IR) proposal on the 2018 FHSIS implementation.

## **Supporting the Implementation of Specific Research Activities to Address the Project's Updated Learning Agenda**

The major research activity conducted by the project and supported by MERLA this quarter was the Journey to Self-Reliance (J2SR) evaluation. A core group of three health systems advisers from the project will serve as a think tank in moving this activity forward, under the supervision of the MERLA director. The tasks of putting together and analyzing baseline data were conducted during this quarter. The first draft of the baseline assessment report was prepared toward the end of Q2 and will be finalized and submitted to USAID as a learning product in the next quarter.

## **Advancing the Practice of Collaborating, Learning, and Adapting (CLA)**

USAID ReachHealth submitted the following entries to the local 2020–2021 CLA Awards:

- a. "Ang pasyente ng isa ay pasyente ng lahat" (The patient of one facility is a patient of the entire network): Improving the Referral System of Health Facilities in Batangas, Philippines

- b. FP Ayuda Express: Going Digital for Uninterrupted Family Planning Services during COVID-19 in Bicol, Philippines
- c. No One Left Behind: Going the Extra Mile to Provide Healthcare to Indigenous Communities of Lake Sebu
- d. Strengthening Family Planning (FP) in the Hospital Through Collaboration

The entries were submitted in January, but the results will not be known until the next quarter.

During data quality assessment by USAID in November–December 2020, one of the feedbacks and recommendations provided to USAID ReachHealth was the need to immediately “close the loop” for problems identified in the field at the time of the quarterly monitoring, by immediately identifying solutions together with the concerned health facility and providing feedback to partners or project staff who are in the position to provide assistance in a timely manner. In response to this, the project piloted a system of rapid feedbacking during this quarter. It involves asking the field staff to accomplish a rapid assessment tool at the time of data collection; conducting a 10-15 minute debriefing session with the health facility concerned wherein the problems identified during data collection as indicated in the rapid assessment tool and the corresponding actions needed are discussed with the respondent; immediately uploading the data in the rapid assessment tool to the project’s database so that the problems identified in the field can be immediately processed and synthesized at the national level; informing the corresponding Technical/Regional Unit of the problems identified so that they can plan for and coordinate with the field staff in implementing the needed assistance. Once this rapid feedbacking system has been fine-tuned, a detailed description of the process and guidelines will be prepared and shared with USAID.

### **Proposed Actions for the Next Quarter (CCR 3)**

The following activities will be conducted by the MERLA team in Q3:

- a. Complete the migration of all project databases from Excel to DHIS2
- b. Complete the pilot testing of DHIS2 outputs using FP data
- c. Finalize the draft of the DHIS2 User’s Manual
- d. Finalize the learning modules on health information management, analysis, and utilization at the health-facilities level
- e. Finalize the guidelines for the institutionalization and regular conduct of internal and external pause -and reflect sessions with project partners at different levels
- f. Finalize the system for the provision of a rapid feedback mechanism to “close the loop” between the identification of potential problem areas as evidenced by the data collected during the quarterly monitoring and the action needed from the technical units to address the problem(s)/gaps identified
- g. PTOs and METAs start collecting data for their IR on the 2018 FHSIS implementation
- h. Provide technical support on the following learning activities to be conducted with partners:
  - I. Conduct training on implementation research and provide technical guidance during the actual conduct of IR on UHC implementation using postpartum family planning as a tracer program in South Cotabato
  - II. Policy Review of AO2011 005 to be conducted with BARMMHealth
  - III. Implementation research on CSE-ARH convergence to be conducted with BARMMHealth.

## **2.2 PERFORMANCE OF KEY INTERVENTIONS**

The activities covered under this section include those activities scheduled for Q1, Year 3, based on the project's approved annual implementation plan.

Per guidance, under "Remarks," the project indicates if an 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)
<b>Objective I:</b>			
<b>Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations</b>			
<b>I.1. Improved individual, household, and community FP/MNH knowledge and decision-making in underserved populations</b>			
<p><b>I.1.1</b> Deliver targeted messages to specific audiences (couples, sexually active delayers, postpartum women) through multiple channels</p>	<ul style="list-style-type: none"> <li>Continued It's OK to Delay! Campaign for young adults, reaching over 1.7 million people during the quarter. It will continue through 2021</li> <li>Drafted and pretested Take-Home guides on five FP methods for women who adopt a new method and posters for health care facilities. With USAID for final review</li> <li>Worked with the video production firms who are producing videos to encourage postpartum women to adopt FP, short videos on nine FP methods and a TVC to select and refine concepts. Production will be in Q3.</li> </ul>	<p>Partially completed (PC)—The project will continue to develop materials for specific audiences as we launch our campaigns.</p>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<p><b>I.1.2</b> Launch <i>Usap Tayo sa FP</i> national mass media campaign with supporting website and social media</p>	<ul style="list-style-type: none"> <li>Selected firm to re-brand/refresh the <i>Usap Tayo sa FP</i> “look” that is planned to be launched nationwide campaign. The firm will do branding, website and social media.</li> </ul>	<p>PC— <i>Usap Tayo sa FP</i> campaign will be ramped up over year 3.</p>	<ul style="list-style-type: none"> <li>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.</li> <li>Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
I.1.3 Support for providers using alternative training modalities to increase their comfort and skills	<ul style="list-style-type: none"> <li>The Take-Home guides and videos mentioned above will be used as job aids by FP providers and CHWs</li> <li>Worked with Objective Two to design and develop new CHW training curriculum.</li> </ul>	PC— CHWs will be trained to use the new materials in their work with clients	<ul style="list-style-type: none"> <li>Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year</li> </ul>
I.1.4 Enhanced monitoring and evaluation of SBC interventions	<ul style="list-style-type: none"> <li>Explored capabilities of GeoPoll and Viamo to conduct quick dipstick surveys</li> </ul>	PC—we will work with CCP to design monitoring and evaluation of all major activities	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
I.1.5 Launch new educational and motivational platform for teens: #besticanbe	<ul style="list-style-type: none"> <li>Issued bid for a CSO to create website, chatbot and social media for teens in Tagalog</li> <li>Reviewed Health Promotions Bureau (HPB)'s SRH playbook</li> </ul>	PC— USAID ReachHealth is creating digital materials on ARH. The need for this resource was strongly expressed in the formative research with teens and was developed into a prototype	<ul style="list-style-type: none"> <li>Number of new acceptors</li> <li>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</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<b>I.2 Improved individual, community, and local civil society ownership and participation in healthy behaviors</b>			
<b>I.2.1</b> Expand outreach via CHWs and local implementing organizations	<ul style="list-style-type: none"> <li>• Enhanced <i>Usapan</i> and other community-based activities continue where possible</li> <li>• Worked with Objective Two to create streamlined training program for CHWs using the materials we created as job aids and training resources</li> <li>• Conducted assessment of <i>Usapan</i> providers to uncover motivations and barriers to <i>Usapan</i> scale-up</li> </ul>	PC— Enhanced <i>Usapan</i> is being conducted where possible and we are providing support for training as requested. FP days remain popular in the Visayas	<ul style="list-style-type: none"> <li>• Number of modern FP users</li> <li>• Number of new acceptors</li> <li>• 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)</li> <li>• Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year</li> <li>• Percent of individuals participating in mobilization activities who adopted FP</li> </ul>



Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<p><b>I.2.3</b> Continued support to Adopt-a-Region for CSE &amp; ARH Convergence/referral pathway/touchpoints for SRH SBC</p>	<ul style="list-style-type: none"> <li>• Planning for the pilot sites continued</li> </ul>	<p>PC— This activity will continue into Y4</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Number of USG-assisted community health workers (CHWs) providing FP information, referrals, and/or services during the year</li> </ul>
<p><b>I.2.4</b> Strengthen institutional SBC competency of POPCOM and DOH</p>	<ul style="list-style-type: none"> <li>• USAID, DOH-HPB and USAID ReachHealth met to discuss capacity strengthening activities. Planning will begin in Q3.</li> </ul>	<p>PC—In discussions with DOH/HPB and USAID on capacity strengthening of its national office staff and HEPOs. This activity will continue throughout the project.</p>	<ul style="list-style-type: none"> <li>• 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</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator 1.1)
<b>Objective 2:</b> <b>Quality, client-centered, respectful FP/IMNH care and services to men, women and adolescents in underserved areas are strengthened and expanded</b>			
<b>2.1. Increased access to quality, client-centered care of FP and ARH in underserved areas</b>			
<b>2.1.1</b> Integrate adolescent health services in hospitals with existing FP program in hospitals	<ul style="list-style-type: none"> <li>Workshop design, content and materials for the online workshop were developed</li> <li>Recording and reporting tool were presented to DOH AHDP manager for endorsement to the target areas for the FP-ARH integration in pilot sites</li> </ul>	PC- workshops to be conducted in Q3	<ul style="list-style-type: none"> <li>Indicator #11 Number of functional Adolescent-Friendly Health SDPs</li> <li>Indicator #12 Number of Adolescents availed FP-MCH-SRH services in supported adolescent friendly (AF) SDPs</li> </ul>
<b>2.1.2</b> Expand the number of certified AFHFs with a strengthened referral pathway	<ul style="list-style-type: none"> <li>The draft AFHF criteria have been completed through a series of consultations with the AHDP TWG. The core standards and its corresponding MOVs have been defined for levels I, II and III facilities in primary care facilities, community and school-based health settings and hospitals. A memo has been drafted for review of the DOH DPCB policy and Planning Subgroup.</li> <li>The Rapid Psychosocial Assessment Video Orientation was shared with the DepEd's Central Office staff as preparation for pilot site dissemination. The video file was also shared with regional coordinators by the DOH AHDP Program Manager</li> <li>Conducted Virtual Orientation on setting up AFHF with a total 49 participants from central and western Visayas (except Iloilo)</li> </ul>	PC- for DOH DPCB policy and Planning Subgroup review and approval  PC- Training for dissemination on Q3  PC- Other health facilities are still requesting for technical assistance	<ul style="list-style-type: none"> <li>Indicator 11: Number of functional Adolescent-Friendly Health SDPs</li> <li>Indicator 12: Number of Adolescents availed FP-MCH-SRH services in supported AF SDPs</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.I)
<p><b>2.1.3</b> Support task shifting of CHWs in the provision of FP and adolescent health information and services</p>	<ul style="list-style-type: none"> <li>• Design for the training in basic FP service delivery tasks for CHWs developed and presented to DOH and POPCOM.</li> <li>• Training materials drafted.</li> </ul>	<p>PC- The project has completed the activity design for capacitating CHWs in basic FP service delivery tasks. The development of training materials is however still underway. Nonetheless, the fulfillment of this activity is on track.</p> <p>PC- Pilot implementation is expected to commence in the next quarter.</p>	<ul style="list-style-type: none"> <li>• Indicator 8: Number of USG-assisted CHW providing FP information, referrals, and/or services during the year</li> </ul>
<p><b>2.1.4</b> Strengthen health care provider network</p>	<ul style="list-style-type: none"> <li>• Makeshift teleconsultation platform installed in 27 health facilities</li> <li>• TextMD established in 4 RHUs (Triple SB and Lamitan City) with 97 registered HSPs</li> <li>• Developed the PFPF protocol for the South Cotabato Implementation Research</li> <li>• Developed the HCPN Referral Mechanism Health System Maturity Level Tracking Tool</li> </ul>	<p>PC- Monitoring, coaching and mentoring still ongoing</p> <p>PC-The proposed PFPF protocol is for presentation to ProtectHealth and South Cotabato for approval and implementation</p> <p>C- Has been implemented during this quarter and every 6 months thereafter to monitor status of maturity and provide TA for identified gaps</p>	<ul style="list-style-type: none"> <li>• Indicator 23: Number of functional/responsive HCPN for FP</li> <li>• Indicator 18: Number of people with improved access to health services</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<b>2.2.: Improved number and capacity of providers delivering gender-, age-, and culturally appropriate client-centered care</b>			
<b>2.2.1</b> Expand the FP and AH Program to public and private hospitals and lying-in clinics	<ul style="list-style-type: none"> <li>• Scope of Work for CSO to organize FP itinerant teams developed and approved</li> <li>• Conducted 31 outreach activities (11 in the Visayas and 20 in Mindanao)</li> <li>• Supported the organization of outreach teams in Agusan del Norte</li> </ul>	PC- engagement process is still on-going PC- outreach activities are on-going PC- The policy, ADNPH PHO Memo no. 63 s. 2021, creating the provincial LAPM itinerant team was signed by the PHO and approved by the Provincial Governor but actual itinerant services are still to be conducted	<ul style="list-style-type: none"> <li>• Indicator 10: Percent of USG-assisted SDP providing FP counseling and/or services</li> <li>• Indicator 11: Number of functional Adolescent-Friendly Health SDP</li> <li>• Indicator 18: Number of people with improved access to health services</li> <li>• Indicator 9: Percent of individuals participating in mobilization activities who adopted FP.</li> </ul>
<b>2.2.2</b> Adopt alternative training modalities for HSPs	<ul style="list-style-type: none"> <li>• Scope of work developed for the FPCBT-I blended learning consultant</li> <li>• Drafted Webinar TOT Training Design for CHW Basic FP Service Provision</li> </ul>	PC-Hiring ongoing for the FPCBT-I blended learning consultant PC- For pilot implementation before finalization	<ul style="list-style-type: none"> <li>• Indicator 20: percentage of health workers who receive in-service training using non-traditional platforms for continuous professional development in FP in USG-assisted sites</li> </ul>
<b>2.2.3</b> Support provision of quality FP services through ICV compliance	<ul style="list-style-type: none"> <li>• Data collection through KII for the ICV policy review has started</li> <li>• Conducted ICV orientations to service providers in the province of Negros Occidental (MHOs, Nurses and Midwives)</li> <li>• Conduct of quarterly compliance monitoring</li> </ul>	PC-Need to complete key informant interviews (KII) for the national, regional and provincial members of the ICV Committees  PC on-going activity  PC on-going activity	<ul style="list-style-type: none"> <li>• Indicator 13: Percentage of USG-assisted DOH regional offices and LGUs with functional ICV compliance committee/monitoring team</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<b>2.3. Tested and rolled out innovative approaches to improving quality care</b>			
<b>2.3.1</b> Phased expansion of YOLO and pilot implementation of the digital teen health workbook	<ul style="list-style-type: none"> <li>Standardized ARH Recording and Reporting tools developed</li> </ul>	PC- Submitted to DOH for approval	<ul style="list-style-type: none"> <li>Indicator 11: Number of functional Adolescent-Friendly Health SDPs</li> <li>Indicator 12: Number of Adolescents availed FP-MCH-SRH services in supported AF SDPs</li> </ul>
<b>2.3.2</b> Installation of CQI initiatives in health facilities	<ul style="list-style-type: none"> <li>Client Satisfaction Survey Tool developed, pilot implemented and finalized</li> <li>CSS implemented in 40 facilities in Luzon, Visayas and Mindanao</li> <li>Supported the development of the Batangas CQI Provincial Committee Charter</li> </ul>	<p>C- Result of pilot implementation will be used as baseline C- Expansion to other sites will be conducted in Q3</p> <p>PC-Mentoring and coaching of health facilities in drafter their respective CQI charters is on-going</p>	<p><b>Indicator # 16</b> % of clients satisfied with FP services received</p> <p><b>Indicator # 17</b> Overall service utilization rate among USAID-supported facilities implementing quality improvement</p> <p><b>Indicator # 20</b> Percent of health facilities with established CQI initiatives</p>
<p><b>Objective 3:</b> <i>National, regional, and local systems and capacities to manage, implement and sustain FP/MNH programs and policies are bolstered and institutionalized</i></p>			
<b>3.1. Increased National DOH to LGU capacity to plan and budget for FP/MNH services through evidenced-based decision-making</b>			
<b>3.1.1.</b> Strengthen UHC guidelines and policies through local evidence	<ul style="list-style-type: none"> <li>Continued support to South Cotabato in the conduct of UHC implementation research</li> <li>Regular conduct of UHC core group meetings</li> </ul>	<p>PC- On-going assistance to South Cotabato</p> <p>PC- On-going</p>	<ul style="list-style-type: none"> <li>Indicator 22: Number of policies proposed or deliberated with inputs from USAID-supported analyses/databases</li> </ul>
<b>3.1.2.</b> Strengthen Local Commitment to UHC implementation	<ul style="list-style-type: none"> <li>Development and dissemination of compilation of local policy templates with self-help guide as part of TA toolbox for UIS</li> </ul>	PC- Still completing other policy templates required under the LHS-ML	<ul style="list-style-type: none"> <li>Indicator 22: Number of policies proposed or deliberated with inputs from USAID-supported analyses/databases</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<p><b>3.1.3.</b> Strengthen local planning and budgeting for UHC/RPRH</p> <p>Support to LGUs in LIPH/AOP formulation and enrichment to integrate key UHC interventions within the current pandemic environment, and maximize IRA allocation from <i>Mandanas</i> ruling monitoring of policy implementation</p>	<ul style="list-style-type: none"> <li>• Coordination and collaboration with CHDs and provincial health decision makers in Central Luzon and CALABARZON to discuss and identify the results and challenges</li> <li>• Proposal to automate certain parts of the processes involved in the development of LIPH and AOP was derived out of the commissioned work of Visayas team to address health systems integration concerns among the UHC integration sites in Cebu and Bohol</li> <li>• Facilitated the AOP 2022 development of the province and the component LGUs of Zamboanga del Sur and Zamboanga del Norte and Davao City using the AOP Development Guide created by the project with additional assistance on the orientation of the <i>Mandanas-Garcia</i> ruling and its implication to the health sector management, health program implementation and health investment planning</li> <li>• Brainstorming on AOP/LIPH automation initiative (Feb. 19); Initial concept note/prototype on AOP/LIPH automation (Feb. 26)</li> </ul>	<p>PC</p> <p>PC</p> <p>PC- Still to provide technical assistance on AOP 2022 for other UHC IS (Misamis Oriental, Butuan City) and non-IS (Agusan del Norte) by Q3</p> <p>PC- Concept note drafted</p>	<ul style="list-style-type: none"> <li>• Number of UHC IS supported by USG investment</li> <li>• Number of LGUs with updated/enriched LIPH/AOP integrating UHC interventions.</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<b>3.2. Strengthened FP/MNH health systems functions: governance, finance, HRH, HIT, and data quality and use</b>			
<p><b>3.2.1.</b> Strengthen local governance mechanisms for UHC implementation and attainment of desired LHS Maturity Index</p>	<ul style="list-style-type: none"> <li>• Development of TA plans based on LHS-ML assessment results for Western Visayas (WV) and CV</li> <li>• Dissemination/orientation of field teams on health systems strengthening (HSS) interventions in Y3 plan</li> <li>• Detailed TA plan prepared by short-term technical assistance (STTA) and Health System Development Specialist (HSDS) for Bohol, Cebu</li> <li>• Shared with CHD CV and CHD WV, references on HCPN-Apex hospital MOA (provided by B. Cielo)</li> <li>• Launching of regional laboratory network and first organizational meeting to support PCPN/HCPN formation and Konsulta accreditation of Primary Care Providers (March 24)</li> </ul>	<p>PC- LHS-ML assessment results and TA needs/plans shared with project team and used as guide for implementing Y3 HSS interventions</p> <p>PC- Detailed TA plan including implementation approach/activity designs, TA product inventory and needs, person responsible, time frames; used as bases for tracking STTA and HSDS progress in implementation</p>	<ul style="list-style-type: none"> <li>• Indicator 23: Number of LGUs progressing toward HCPN by Maturity levels/Phase</li> </ul>
<p><b>3.2.2.</b> Strengthen local health financing thru the SHF, facility/network accreditation and FP benefits literacy &amp; availment</p>	<ul style="list-style-type: none"> <li>• Deployment and Orientation on the LGU Guide to PhilHealth <i>Konsulta</i></li> <li>• Worked with Primary Health Insurance Corporation 7 and CV CHD in developing criteria for identifying pilot LGU for <i>Konsulta</i> implementation in CV</li> <li>• <i>Konsulta</i> readiness assessment on Malabuyoc and partner facilities as well as back-up pilot sites in Bohol and Cebu (Jan. 2021)</li> <li>• <i>Konsulta</i> Orientation with WV and CVCHD, PhilHealth VI &amp; VII, selected LGUs</li> <li>• <i>Konsulta</i> accreditation issued to Malabuyoc RHU (March 11, 2021)</li> <li>• Provided TA to Neg. Occ PHO through PTO in facilitating PhilHealth tagging of FP providers in selected RHUs (March 18)</li> <li>• Initiated <i>Konsulta</i> readiness assessment of RHUs in Neg. Occ. (March 18)</li> </ul>	<p>Currently still under pilot. Support requirements lean more towards helping LGUs secure accreditation.</p> <p>Based on 4-item criteria adopted by the CHD and PhilHealth, the municipality of Malabuyoc, Cebu, with referral hospital CPH-Carcar, were chosen as the pilot facility/network</p> <p>Completed</p>	<ul style="list-style-type: none"> <li>• Indicator 22: Number of policies proposed or deliberated with inputs from USAID-supported analyses/databases</li> <li>• Indicator 23: Number of LGUs progressing toward HCPN by Maturity levels/Phase</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<p><b>3.2.3.</b> Strengthen Local Health Information Systems &amp; Data Quality</p>	<ul style="list-style-type: none"> <li>• Tool is currently being refined prior deployment</li> <li>• Proposed architecture for telemedicine-EMR integration vetted with CHD and private telemedicine partner</li> <li>• Preparation of scope of work (SOW) for CHD telemedicine partner; Creation of Telemedicine TWG at CHD and maiden meeting covering: available budget; pilot sites; roles of the parties; draft MOA with private telemedicine/EMR provider Xynapx; agreement on integration framework; process flow and next steps; target launch Apr. 8, 2021</li> <li>• Design for e-referral TWG meeting: mandate mapping for CHD units involved in e-Referral</li> <li>• EMR integration concept and approach for small areas developed with private provider</li> <li>• FGD on telemedicine with selected MHOs and hospital chiefs</li> <li>• Developed EMR survey instrument for WV and CV CHDs</li> <li>• Administration of EMR survey and consolidation/analysis of results</li> <li>• FHSIS orientation for LGU FHSIS coordinators and private LICs in WV and CV</li> <li>• Preparations for Iloilo DQC, April 29. This is in connection with Task 3.2.3.2 of Year 3 work plan (FHSIS 2018 &amp; DQC)</li> </ul>	<p>PC- On-going</p> <p>Completed - project-prepared architecture adopted by TWG</p> <p>PC- On-going and telemedicine implementation plan developed and sources of financing identified (Php[REDACTED] sourced from CHD budget to cover one year of telemedicine operations)</p> <p>PC- Improved coordination among concerned CHD units; progress in implementation tracked' feedback from users secured; areas of improvement identified; plan enhanced</p> <p>PC- Draft concept note prepared and pilot site to be identified</p> <p>PC- Issues in current informal practice identified; potential solutions identified as inclusions in telemedicine guidelines; Conduct of EMR survey suggested</p> <p>PC- Regional baseline on EMR usage and trends in CV established; tool being studies by IT of WVCHD; considered for implementation by Neg. Occ. PHO</p> <p>PC-Need identified during Q2 monitoring by PTO</p>	<ul style="list-style-type: none"> <li>• Number of Hospitals supported for FP Recording and Reporting under the FHSIS 2018</li> <li>• Number of RHUs/HCs supported for FP Recording and Reporting under the FHSIS 2018</li> <li>• Number of facilities supported for FP Recording and Reporting under the FHSIS 2018</li> <li>• Number of new FP acceptors in USG-assisted sites (NAs)</li> <li>• Number of modern FP users in USG-assisted sites (current users)</li> <li>• Percent of USG-assisted service delivery points providing FP services (FP SDPs)</li> </ul>



Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<p><b>3.2.3.1</b> Support to FP in Hospital Recording and Reporting</p>	<ul style="list-style-type: none"> <li>• 10 hospitals, 8 RHUs/health centers, 1 private lying-in clinic and 2 LGU point persons were oriented/coached on the use of the FP MI e-tool in Luzon</li> <li>• 11 hospitals (9 private hospitals and 1 public hospital in General Santos City and 1 private hospital in Polomolok, SoCot) were trained in FP recording and reporting.</li> <li>• 9 hospitals submitted FP reports for 2020 and subsequent monthly reports and these hospitals being coached and monitored a month after the training as service delivery and reporting units</li> <li>• Two private facilities, a birthing home in Zamboanga City (La Birhen del Pilar Birthing Home) and an FP stand-alone clinic (AeBP FP Clinic) trained on FP Recording and Reporting.</li> <li>• Eight private companies in Zamboanga City trained on FP recording and reporting represented by 13 staff: KCC, Mall de Zamboanga, Joan's Pharmacy, Budgetwise, Zamelco, PEPSI, Century Pacific Foods, Southwest Canning Corp, Permex Corp</li> </ul>	<p>Completed- Coaching and monitoring on going</p>	<ul style="list-style-type: none"> <li>• Number of LGUs with DRRMH Plans</li> <li>• Number of LGUs (Provinces and Cities) with institutionalized Disaster Risk Reduction and Management in Health System with USG assistance (USAID required indicator)</li> <li>• Number of institutions with improved capacity to assess or address disaster and climate change risks as supported by USG assistance</li> </ul>
<p><b>3.2.4.</b> Sustain HRH capacities for FP in times of COVID 19 and other emergencies and digital solutions to FP recording and reporting</p>	<ul style="list-style-type: none"> <li>• Development of interim solution such as pseudo-EMR that can be deployed in lower-level facilities. The pseudo-EMR could fill the gap between data collected in BHS and the RHU, reducing the administrative burden to RHUs in encoding FP utilization data</li> <li>• Field investigation on the possibility of automating FHSIS reporting and DQC in RHUs using iClinicSys – Maribojoc RHU, Bohol</li> </ul>	<p>PC- On-going</p>	<ul style="list-style-type: none"> <li>• E-learning tools for FP recording and reporting and Data Quality Check (DQC) developed</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator 1.1)
<p><b>3.2.5.</b> Strengthen LGU capacities for responding to health emergencies, disasters, and pandemic/ climate change management &amp; sustain FP service provision during disaster</p>	<ul style="list-style-type: none"> <li>• Orientation and refresher for the LGUs of Bohol and Cebu province the DRRMH system institutionalization with specific focus on planning</li> <li>• DRRMH re-orientation for Bohol, Cebu, tri-Cities, review of plan status, and scheduling of activities (Jan. 29) (118 participants, via ZOOM)</li> <li>• With WV CHD DRRMH Manager and HSD Cluster Head, reviewed results of DRRMH indicator in LHS-ML assessment and developed action plan (Feb. 1)</li> <li>• Submitted inputs to DRRMH plan review guide for LGUs for submission to HEMB for review and possible adoption (Feb. 17)</li> </ul>	<p>Completed</p> <p>PC- Review of 3-year LGU DRRMH work plans to be led by EMS</p>	<ul style="list-style-type: none"> <li>• Number of LGUs with DRRMH Plans</li> <li>• Number of LGUs (Provinces and Cities) with institutionalized Disaster Risk Reduction and Management in Health System with USG assistance (USAID-required indicator)</li> <li>• Number of institutions with improved capacity to assess or address disaster and climate change risks as supported by USG assistance</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<b>3.3: FP supply and logistics strengthened in FP/MNH activity sites</b>			
<b>3.3.1.</b> Support to local supply chain management (SCM) implementation	<ul style="list-style-type: none"> <li>• Provided support to MTaPs by generating the CYP of the last half of 2019 and first half of 2020 using the results from the 2019-2020 FHSIS report</li> <li>• Regional P&amp;R session with DOH and PopCom regional implementers, as well as with P/CHO representatives of project sites in Central Luzon and CALABARZON and application of “act on site” and inter-LGU/facility redistribution of FP commodities</li> <li>• Supported the online training on Bar Code Track and Trace of FP commodities in Zamboanga City, and the other provinces of the region (Zamboanga del Norte, del Sur, Sibugay and Isabela City). The trainings were participated by all component LGUs of the region.</li> <li>• Supported DOH to complete the delivery of FP commodities to LGUs and hospitals in the different USG sites especially during conduct of local activities and monitoring.</li> </ul>	<p>Completed</p> <p>Completed</p> <p>On-going</p> <p>On-going</p>	<ul style="list-style-type: none"> <li>• Indicator 28: Number of LGUs trained/oriented on capacities/functions needed for the local implementation of the national guidelines for SCM (USAID-required indicator)</li> <li>• Number of LGUs implementing innovative approaches to distribution and transporting FP commodities given the current pandemic</li> <li>• Average stockout rate of contraceptive commodities at FP SDPs</li> </ul>
<b>Cross-cutting Result I:</b> <i>Sustainable and innovative solutions to FP challenges are developed and promoted through PSE, innovation partnerships, and grants</i>			
<b>Sub-CCR I.1. Expand private sector provision of full-range modern FP methods, including postpartum FP and long-acting reversible contraceptives (LARC)/PM</b>			
Workplace FP: Workplaces are matched and linked with private FP providers: 4 in Luzon; eight in the Visayas; and six in Mindanao	<ul style="list-style-type: none"> <li>• Luzon: Started FP survey in 2 companies</li> <li>• Mindanao: One company ready for partnership with FP provider, 3 companies matched with providers, 2 companies matched with FP supplier</li> </ul>	PC- partnerships meetings ongoing	<ul style="list-style-type: none"> <li>• CYP</li> <li>• Number of new acceptors</li> <li>• Number of current users</li> <li>• Number of evidence-based innovations for FP adopted or scaled up</li> </ul>
New contraceptives: Entry of Sayana Press and Levoplant/Sino-implant II to the local market is supported	<ul style="list-style-type: none"> <li>• RILAN forum tackled Sayana Press to start drumming up for support, following Federal Drug Administration approval in January</li> </ul>	PC- Regroup with Pfizer Philippines and DKT in Q2	<ul style="list-style-type: none"> <li>• CYP</li> <li>• Number of new acceptors</li> <li>• Number of current users</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Private partners for FP: Pharmacies, health professional groups, and other private entities are supported to provide FP information and services	<ul style="list-style-type: none"> <li>• SOWs from Objectives 1-3 in various stages of approval, procurement, and awarding</li> </ul>	PC – approval of SOWs and start of implementation expected in Q2 and Q3	<ul style="list-style-type: none"> <li>• CYP</li> <li>• Number of new acceptors</li> <li>• Number of current users</li> </ul>
<b>Sub-CCR 1.2. Amplify the reach and impact of nongovernment and private initiatives</b>			
CSO grants. First grant cycle implemented; 4 CSOs complete startup and roll out activities in their proposals; 2 CSOs begin implementation	<ul style="list-style-type: none"> <li>• 5 grantees implementing activities as planned <ul style="list-style-type: none"> <li>○ SCP: 12 <i>Kabalikat</i> volunteers trained (52 in total)</li> <li>○ FriendlyCare: e-plano mobile application in beta testing</li> <li>○ PSORHN: partnership meetings with relevant stakeholders completed</li> <li>○ SIKAP: 167 clients provided with FP services, 170 CHWs trained in FP IPC, 73 participants trained in the PAS</li> </ul> </li> <li>• FORUM: completed partnerships meeting, updated the CSE training and facility mapping</li> </ul>	PC - ADRA will start implementation in May 2021	<ul style="list-style-type: none"> <li>• CYP</li> <li>• Number of new acceptors</li> <li>• Number of current users</li> <li>• Number of evidence-based innovations for FP adopted or scaled up</li> </ul>
<b>Sub-CCR 1.3. Encourage a local innovation ecosystem through the Grand Challenge solutions for FP unmet need and reduction in teenage pregnancy</b>			
Innovation Challenge: Incubation and mentoring provided to three private-led innovations	<ul style="list-style-type: none"> <li>• Conducted regular strategy and mentorship sessions, including diagnostic panels, with the winning teams</li> </ul>	PC- business plans refinement; continuing implementation of milestones from their 100-day plans	<ul style="list-style-type: none"> <li>• Number of evidence-based innovations for FP adopted or scaled up.</li> </ul>
RILAN: Convene virtual and in-person roundtables, hackathons, and other learning sessions	<ul style="list-style-type: none"> <li>• Completed the 7th &amp; 8th RILAN forums; conducted assessment</li> </ul>	PC-monthly forums will continue until the end of Y3	<ul style="list-style-type: none"> <li>• Number of evidence-based innovations for FP adopted or scaled up</li> </ul>
<b>Cross-cutting result 2: Transformative gender approach and action plan</b>			
<b>Sub-CCR 2.1. Promote women's agency through gender-sensitive tools</b>			
MHP TA to DOH: Provide TA to facilitate take-off of the men's involvement and responsibility in reproductive health and men's RH policies and programing	<ul style="list-style-type: none"> <li>• MHP policy signed; responded to new TA request for 3-year strategic plan and training manual on Engaging Men for Health</li> </ul>	PC-research assistant for new TA already onboard; work will continue until December	<ul style="list-style-type: none"> <li>• Number of persons trained with USG assistance to advance outcomes consistent with</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
Katropa evaluation: Complete the Katropa evaluation; based on the results, support the improvement of Katropa	<ul style="list-style-type: none"> <li>• Katropa evaluation deferred for September, in line with Duke University’s academic calendar</li> </ul>	PC- targeted for Q4	gender equality or female empowerment through their roles in public or private sector institutions or organizations.
<b>Sub-CCR 2.2. Improve capacity of HSPs to deliver gender-responsive client care and build the internal capacity of USAID ReachHealth for gender transformative programming and management</b>			
GBV response strengthening: Provide continuing TA to the national WCPP technical meetings and capacity building; raise the profile of GBV through the FamiLigtas campaign; improve GBV response and prevention in selected LGUs	<ul style="list-style-type: none"> <li>• WCPP 5-year Costed Implementation Plan approved; capacity development review started</li> <li>• Provided TA to partners in Caloocan, Rizal, CHD III and POPCOM III; Regional Development Council (RDC) IX, Zamboanga City Council and CHO, and CHD XIII in various aspects of GBV response strengthening—from service mapping, policy formulation, planning, referral, and trainings.</li> <li>• 3.6 million people reached by the FamiLigtas online campaign as of March</li> <li>• 228 GBV and RH/FP clients addressed by Lunas Collective as of March 2021</li> </ul>	PC- revision of priority courses (GST and 4Rs) expected in Q3; FamiLigtas to continue until Q4	<ul style="list-style-type: none"> <li>• 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</li> <li>• Number of people reached by a USG- assisted intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines).</li> </ul>
Gender-responsive service delivery: Tool field tested, finalized, and adopted by the DOH	<ul style="list-style-type: none"> <li>• Field test to start in Q3 or Q4 in Butuan and Agusan del Norte</li> </ul>	PC-Tool can only be finalized post-field test	
GST: Provide GST to all staff and facilitate continuing gender discussions in regular meetings	<ul style="list-style-type: none"> <li>• To start in Q3</li> </ul>	PC- GST module to be revised with the DOH WCPP	

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<b>Cross-cutting Result 3:</b> <b><i>MERLA establish an electronic data management system, and building a culture of learning within the project and with our partners</i></b>			
<b>CCR 3.1</b> Establish electronic data management system for routinely collected data	<ul style="list-style-type: none"> <li>• Migration of the project’s databases from EXCEL to DHIS2</li> <li>• Design and piloting of the project’s DHIS2-based electronic data management system</li> </ul>	<p>PC – This activity is almost completed, for both the COVID and FP databases of the project</p> <p>PC – This is progressing as planned, in time for the full installation of DHIS2 as the project’s information system by FY2021, Q4</p>	<ul style="list-style-type: none"> <li>• All project indicators will be affected by this activity.</li> <li>• All project indicators will be affected by this activity</li> </ul>
<b>CCR 3.2</b> Enhance capacity of health workers on health information management, analysis, and utilization at the health-facilities level	<ul style="list-style-type: none"> <li>• Design and development of learning modules on health information management, analysis, and utilization at the health-facilities level</li> </ul>	<p>PC – The first draft of 6 modules have been written</p>	<ul style="list-style-type: none"> <li>• Number of government staff trained in data analysis and/or scientific stature with USAID ReachHealth support</li> </ul>
<b>CCR3.3</b> Strengthen capacity of staff and partner agencies to conduct a range of MERLA activities	<ul style="list-style-type: none"> <li>• Conduct of training of ReachHealth technical staff on technical report writing</li> <li>• Conduct of training on implementation research for P/CTOs, METAs, and project partners</li> </ul>	<p>D – Deferred to Q4 when the PTOs and METAs have already collected and analyzed data on their IR, and are ready to start on report writing</p> <p>PC – PTOs and METAs are in the process of finalizing their IR proposals; didactic sessions on data analysis to be conducted after they have collected data and are ready to go into data analysis phase</p>	<ul style="list-style-type: none"> <li>• NA – no activity conducted</li> <li>• Number of government staff trained in data analysis and/or scientific stature with USAID ReachHealth support.</li> </ul>

Key Interventions for the Quarter	Outputs / Milestones Accomplished During the Quarter	Remarks	Indicator That Activity Contributes To (e.g., Indicator I.1)
<p><b>CCR 3.4</b> Support the implementation of specific research activities to address the updated learning agenda for Year 3</p>	<ul style="list-style-type: none"> <li>• Provide technical support to the technical units of the project in various aspects of the conduct of their research activities to address the project’s learning agenda, from proposal development to the production of knowledge products</li> <li>• Conduct of implementation research by the METAs and P/CTOs</li> </ul>	<p>On-going – MERLA has provided the leadership and technical support in the conduct of the J2SR evaluation, the main activity of which is the preparation of the baseline assessment report</p> <p>On-going – They are in the process of finalizing their IR proposals</p>	<ul style="list-style-type: none"> <li>• Indicators related to health systems strengthening</li> <li>• Indicators derived from the FHSIS since the topic of their IR is on the 2018 FHSIS implementation</li> </ul>
<p><b>CCR 3.5</b> Conduct different forms of learning activities using data for learning and decision-making</p>	<ul style="list-style-type: none"> <li>• Organize and lead the conduct of internal pause and reflect sessions with project staff</li> <li>• Organize and lead the conduct of external pause and reflect sessions with partners</li> <li>• Develop effective ways of documenting, packaging, and disseminating project processes, outcomes, lessons learned, and adaptive solutions</li> </ul>	<ul style="list-style-type: none"> <li>• On-going – Several internal pause and reflect sessions were conducted during the quarter especially in relation to target-setting at the project-site level</li> <li>• On-going - External pause and reflect sessions regularly conducted per quarter with CHDs and PHOs</li> <li>• On-going – ReachHealth submitted 4 entries to the local 2020-2021 CLA Awards</li> </ul>	<ul style="list-style-type: none"> <li>• Number of pause and reflect sessions conducted</li> <li>• Number of pause and reflect sessions conducted</li> </ul>

### 3. KEY CHALLENGES AND PROPOSED SOLUTIONS

Challenges	Outcome/Output/ Indicators Affected	Proposed Solution(s)	Priority Next Steps (including timeline and party/ies responsible).
<b>Difficulty conducting face-to-face activities (including TA to health facilities or community-based health promotion activities) due to COVID-19 lockdown restrictions</b>	Indicators 8, 9, 10, 11, 12, 23	<ul style="list-style-type: none"> <li>Promote SBC messages using social media platforms</li> <li>Continue to develop social media cards and share with partners</li> <li>Promote nationally led digital campaigns (i.e., It's OK to Delay campaign)</li> </ul>	<ul style="list-style-type: none"> <li>Complete postpartum video and videos on nine FP methods for distribution online</li> </ul>
<b>Difficulty in monitoring FP behavior of people who hear FP messages and activities like FP Ayuda Express and It's OK to Delay!</b>	Indicators 5, 6, 7, 11	<ul style="list-style-type: none"> <li>Create a feedback and referral mechanism that links SBC activities to visits to the facilities</li> <li>Consider dipstick surveys with GeoPoll, Viamo or other providers</li> </ul>	<ul style="list-style-type: none"> <li>Pilot test an intake question about what prompted the clinic visit in Region V</li> <li>Investigate cost and feasibility of short surveys; implement if practical</li> </ul>
<b>Closing the online to offline behavior gap</b>	Indicators 5, 6, 7, 11	<ul style="list-style-type: none"> <li>Boost posts and create online advertising for social media campaigns</li> <li>Look for offline opportunities to promote online campaigns</li> </ul>	<ul style="list-style-type: none"> <li>Create print materials to promote It's OK to Delay! and Konektado Tayo</li> <li>Create partnerships to expand the reach of campaigns</li> </ul>
<b>Delay in the development of the e-learning modules of the FPCBT-I</b>	Indicator 20	<ul style="list-style-type: none"> <li>Prioritize review of completed modules developed by MoodLearning, to fast track completion of deliverables on the FPCBT-I online modules.</li> </ul>	<ul style="list-style-type: none"> <li>Coordinate with MoodLearning and DOH Women and Men's Health Development Division to get copies of completed modules for review on April 2021</li> </ul>
<b>No taker yet of the FPCBT-I blended learning consultancy</b>	Indicator 20	<ul style="list-style-type: none"> <li>Expand search for applicant through partners and other networks</li> <li>Extend date for submission of application</li> </ul>	<ul style="list-style-type: none"> <li>Identification of past consultants on FP program and past FPCBT trainers,</li> <li>Advertising on medical practitioner networks April 2021</li> </ul>
<b>Absence of regional ICV compliance committee and provincial/city ICV monitoring team policies in certain regions and provinces/cities</b>	Indicator 13	<ul style="list-style-type: none"> <li>P/CTOs to follow-up Provincial or City FP</li> <li>Regional Service Delivery Advisors to follow up Regional FP Coordinators regarding ICV policy template for CHD/LGU adoption</li> </ul>	<ul style="list-style-type: none"> <li>P/CTOs and Regional Service Advisors to support the drafting of ICV policy FY2021, Q3</li> </ul>



Challenges	Outcome/Output/ Indicators Affected	Proposed Solution(s)	Priority Next Steps (including timeline and party/ies responsible).
<b>Difficulty in conducting face-to-face activities due to the implementation of community quarantine measures and delay in the establishment of referral systems.</b>	Indicators 10, 16	<ul style="list-style-type: none"> <li>• Continue conduct 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.)</li> <li>• Convert TA activities to virtual options.</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous conduct of activities that can be done virtually.</li> </ul>
<b>Case surge of COVID-19 in NCR, Central Luzon, and CALABARZON shifted the attention of decision makers and program implementers to vaccination preparation and implementation, as well as improving promotive campaigns and curative/palliative capacity of hospitals.</b>		<ul style="list-style-type: none"> <li>• Explore with CHDs and PHOs possible positive behavior reinforcement mechanism for FHSIS reporting and FP service provision</li> <li>• Schedule regular “Kamustahan” session with PHO and PDOHO teams to make the project more visible</li> <li>• Capitalized on the recent DOH Order to fast tracking the implementation of UHC even in times of COVID-19</li> <li>• Organize small-scale activities by pacing so to manage time of participants from the project sites</li> <li>• Support Manila City in its interest to implement an integrated EMR system (with Wireless Access for Health)</li> </ul>	<ul style="list-style-type: none"> <li>• Harmonize COVID-19 activities with FP activities</li> <li>• Conduct exploratory meeting with CHD3, 4A, and 5 on the possible positive behavior reinforcement mechanism for FHSIS and FP service provision</li> <li>• P/CTOs shall closely work with FHSIS coordinators (e.g. intensive follow-up)</li> <li>• Schedule “Kamustahan” with PHO and PDOHO of Batangas, Laguna, and Pampanga (include advocacy on PIES and Local Chief Executive [LCE] Engagement)</li> <li>• Schedule DRRMH Planning in Batangas virtually for 3 hours a day in 2 days</li> </ul>
<b>High Stock Out of PSI across Luzon sites; DMPA in Cavite and POP in Batangas</b>		<ul style="list-style-type: none"> <li>• Advocate for inclusion of short-acting FP commodities in the LIPH of the coming fiscal year</li> <li>• Engagement of private suppliers through consignment or negotiated price for registered individuals</li> </ul>	<ul style="list-style-type: none"> <li>• Piloting of PIES and private sector engagement in Pampanga and Laguna</li> </ul>
<b>Lack of clarity on who procures what FP commodities especially during transition toward UHC and implementation of Mandanas ruling</b>		<ul style="list-style-type: none"> <li>• Explore procurement models such as contracting and consignment and pooled procurement arrangement options for LGUs</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation and discussion with South Cotabato as they plan/ develop policy on the SHF utilization and procurement and supply chain management</li> </ul>

Challenges	Outcome/Output/ Indicators Affected	Proposed Solution(s)	Priority Next Steps (including timeline and party/ies responsible).
<p><b>Slow cascade, understanding and implementation of policies by responsible agencies that may affect UHC and health program implementation (e.g. Mandanas ruling have not been cascaded to the LGUs but will already be implemented by 2022 that would affect major drivers of the health systems such as health facilities, human resource, and commodities and supplies)</b></p>		<ul style="list-style-type: none"> <li>Integrate orientation/ information dissemination and emphasize policies and implications in activities with the LGUs</li> </ul>	<ul style="list-style-type: none"> <li>Conduct of AOP 2022 workshops</li> <li>Pursue work on the PIES to identify alternative contracting and consignment arrangements to address supply and access issues</li> <li>Engage in dialogue with other partners who were successful in utilizing alternative approaches to procurement.</li> </ul>
<p><b>Data harmonization issues make it difficult for LGUs to meet all reporting requirements (i.e. Household Profiling and Konsulta Performance Monitoring)</b></p>		<ul style="list-style-type: none"> <li>Provide support to LGUs in identifying choke points in their processes and systems in order to inform on what investments are necessary to improve data collection, recording, and reporting.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct the HIS readiness survey to prepare a base line.</li> <li>Prepare recommendations based on observed gaps in the system and offer a listing of market ready technologies that the LGU can explore</li> </ul>
<p><b>Absence of DRRMH full-time/point person in most LGUs</b></p>		<ul style="list-style-type: none"> <li>Standardized DRRMH manager selection criteria, job description, and indicative work plan prepared for consideration by HEMB</li> </ul>	<ul style="list-style-type: none"> <li>Complete draft and vet with HEMB</li> </ul>
<p><b>Lack of working model for primary care facility partnership with pharmacy for Konsulta; Lack of model for PCPN partnership with private and apex hospitals</b></p>		<ul style="list-style-type: none"> <li>Use Malabuyoc as reference/take-off point; Use Z benefits MOA as model</li> </ul>	
<p><b>Weak coordination among concerned CHD units along UHC</b></p>		<ul style="list-style-type: none"> <li>Support creation of TWGs for each area of concern under LHS integration (ex. E-referral, telemedicine, facility database, etc.)</li> </ul>	

## **4. CROSS-CUTTING ISSUES**

### **4.1 UPDATE ON SUSTAINABILITY AND SELF-RELIANCE**

With the COVID-19 pandemic continuing to challenge and put substantial strain on the health system of the country, USAID ReachHealth has carried on its technical assistance and interventions by closely collaborating with its institutional partners at the national and sub-regional levels. This includes building sustainability into project interventions through policy development support and co-development of technical products and materials with key partners and stakeholders.

For SBC activities, the project has partnered with DOH, POPCOM, DepEd and CSOs to ensure that materials and campaigns developed have homes in organizations that can sustain them. These include materials on FP methods and messages to inform different types of audiences and potential clients. DOH/HPB has designated FP as a Level 4 campaign, meaning it will get funding and an activity manager. This year, ReachHealth is producing a TV spot that DOH will air. POPCOM is producing the Online Usapan video, which freed up funds to allow the project to produce the TV spot. The project is providing TA to strengthen the co-management relationship between DOH and POPCOM, which, hopefully, will be long-lasting and cooperative even after the project ends.

To ensure sustainability of service delivery interventions, the project supported the DOH in enhancing the adolescent-friendly health facility standards and crafting the policy issuance for its adoption and nationwide dissemination. The project is also supporting the DOH in enhancing AO 2011-0005 or the “Guidelines on Ensuring Quality Standards in the Delivery of Family Planning Program and Services through Compliance to Informed Choice and Voluntarism” through the conduct of a policy review. The project will support the dissemination of the enhanced policy to ensure implementation and compliance. The project also supported the development of Department of Education’s (DepEd) draft administrative order on the “Comprehensive Policy and Guidelines for the Adolescent Reproductive Health (ARH) Education Program”. This provides a framework for mainstreaming the implementation of the ARH program in schools to ensure access to timely and appropriate ARH-related services with strong links within and outside the school system.

Working with DOH and the Visayas/Mindanao Field Implementation and Coordinating Team (Vis/Min FICT) in the development of the training design and materials on Basic FP Services for CHWs and the development of the Integrating FP/ARH Programs in Hospitals intervention, national and local level partners are supported in sustaining FP services during disasters and health emergencies and in increasing access to and utilization of FP and ARH services. The concurrence of DOH and Vis/Min FICT to conduct pilot implementation and documentation of these initiatives are the initial steps toward sustainability.

To advance health systems strengthening efforts, implementation of UHC is being supported both at the national and sub-national levels. At the national level, assistance in enhancing the current guidelines and policies supported by local evidence are provided to DOH and PhilHealth. At the local level, an integrated provision of technical assistance to UHC implementation sites alongside with other USAID IPs is being pursued in terms of localizing the reforms around three key areas: 1) strengthening cooperative governance through local health board expansion, 2) establishing health care provider networks to improve health service delivery, and 3) setting up pooling arrangements through the Special Health Fund.

At the sub-regional, provincial and city levels activities were done in collaboration with the DOH CHDs, POPCOM, PHOs and CHOs. In Bicol, both CHD and POPCOM supported the strengthening of facility-level tracking of FP commodities. CHD, through its deployed public health pharmacists and POPCOM’s

logistics point person jointly provided support of RHUs to ensure implementation of the Supply Management Recording System.

In Central Visayas, the project initiated a partnership between the DOH Center for Health Development (CHD) and private telemedicine provider, Xynapx for the establishment of a telemedicine service for providers and patients. This initiative is initially funded using a 6 million php budget from the CHD, with future financing expected to come from LGU counterpart, participating facility, and provider subscriptions, as well as PhilHealth case payments. The project also worked with the CHD and PhilHealth 7 in piloting the implementation of *Konsulta* in the region. *Konsulta* is PhilHealth's newest health benefit package which expanded the former Primary Care Benefit through a wider range of covered drugs as well as laboratory and diagnostic services. Its introduction is part of government's commitment to provide better access to quality health care services especially to the poor, under the Universal Health Care (UHC) law.

In Mindanao, the provincial government of South Cotabato and its 11 component cities and municipalities signed the UHC Inter-LGU Memorandum of Agreement. The component municipalities and city of the province have initially established the Primary Care Provider Networks (PCPNs) supported by a Provincial Health Board Resolution creating the Special Health Fund (SHF), a financial mechanism that will support and sustain the operations of the network.

In terms of strengthening the commitment, planning, and budgeting processes of the LGUs for UHC implementation, three LGUs (Zamboanga del Sur, Zamboanga del Norte, and Davao City) formulated its AOP2022 integrating the implications of the Mandanas-Garcia ruling to the health sector management, health program implementation, and health investment plans.

#### **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 ICV COMPLIANCE**

The functionality of the ICV compliance committees at the regional level and the ICV compliance monitoring teams at the provincial and city levels were monitored in the past quarter. The regions with approved ICV policies are: CHD III, CHD VI, VII, CHD IX, CHD X, CHD XI. The following provinces and cities also have approved policies on ICV: Iloilo, Negros Occidental, Mandaue City, Lapu-Lapu City, Bukidnon, and Zamboanga City. However, the major challenge faced by the CHDs and the P/CHOs is the mobility restrictions due to existing quarantine measures hence facility visits, and monitoring are non-existent or limited. Additionally, HSP are reassigned or rotated to other health facilities such as the community isolation units or other areas in the hospital affecting FP service delivery.

To continue and strengthen technical assistance provision on ICV implementation, the USAID Office of Health in collaboration with the USAID ReachHealth project and other implementing partners, such as CLAIMHealth, facilitated the pioneering virtual learning session on ICV compliance on February 4, 2021. This is in lieu of the face-to-face training that USAID and RTI previously implemented given the pandemic situation. Discussed in the training were the US FP Statutory and Policy Requirements, ICV concepts and principles, the DOH Administrative Order 2011-0005, broad range of FP methods, and the effective conduct of ICV compliance monitoring and reporting. There was role playing to demonstrate the conduct

of monitoring interviews with clients and FP service providers, however, return demonstration of trainees was no longer done due to time constraints.

To further strengthen ICV implementation at all levels and as part of technical assistance to the DOH's National Family Planning Program, a policy review of Administrative Order 2011-0005 or the "Guidelines on Ensuring Quality Standards in the Delivery of Family Planning Program and Services Through Compliance to Informed Choice and Voluntarism" through KII was started. The KII guide questions were developed in collaboration with BARMHealth, which will also be doing data gathering. Pretesting of the KII tool was done for CHD IV-A, CHD IX, CHD XI, CHD X, and CHD XII on the last week of March 2021. The purpose of the policy review is to get to know the understanding of health service providers and program managers on the principles and policies of AO 2011-0005 and document the differences in the implementation of the policies on ICV among USG-assisted sites.

During the quarter, 11 ICV orientations, either stand-alone or dovetailed to other trainings, were conducted in the various USAID's ReachHealth sites, specifically 1 in the Visayas and 10 in Mindanao. A total of 305 participants joined these ICV orientations (i.e. 7 physicians, 146 nurses, 117 midwives, and 35 persons from other professions (i.e. 25 men and 280 women). Majority of those who were oriented came from Mindanao (79%) and from Visayas (21%). No orientations were held in Luzon.

A total of 443 facilities across USAID's ReachHealth project sites were monitored: in Luzon, 209 health facilities (i.e. 166 RHUs/health centers, 41 hospitals, and 2 private birthing facilities), in Visayas 114 health facilities (i.e. 87 RHUs/health centers and 17 hospitals, and 10 private birthing facilities), and in Mindanao 20 facilities (i.e. 104 health centers or RHUs and 16 hospitals). All were found to be ICV compliant. A total of 439 health service providers (i.e. 211 in Luzon, 110 in Visayas, and 118 in Mindanao) and 125 FP clients (i.e. 8 in Luzon, 76 in Visayas, and 41 in Mindanao) were interviewed. There were no non-FP clients interviewed.

The most frequent issues encountered in the ICV monitoring activities conducted during the quarter in Luzon were the following:

- a) Availability of FP IEC materials: 76 facilities indicated the need for additional IEC materials such as FP brochures and would request these from the PHO and there was a request for online FP IEC materials in 1 facility
- b) Placement of FP wall charts: 21 facilities needed to post the FP wall chart in high-foot traffic areas, 5 facilities do not have FP wall charts posted due to facility renovation, 2 facilities have no FP wall charts posted due to LGU regulation requiring nothing to be posted on facility walls, and 45 facilities reporting no wall charts available. The Regional Service Delivery Advisor was informed to make a follow-up regarding the distribution of the FP wall charts to the concerned PTOs/CTOs. In terms of recording and reporting, the following issues were encountered in the monitoring.
  - Accomplishment of the HFPCR: 10 facilities would need to utilize and update this
  - eFHSIS concerns: 5 facilities, for health service providers
  - FPCBT-1 trained health service providers: none in 3 facilities, for FP commodities
  - Stockout of POPs: 10 facilities
  - Stockout of COCs: 1 facility
  - Expired POPs: 1 facility
  - Stockout of PSI: 9 facilities
  - Stockout of condoms: 10 facilities
  - Stockout of injectables: 12 facilities and,
  - Stockout of IUD: 5 facilities.

For Visayas, the most frequently encountered issues include:

- The need to transfer FP wall chart in high-traffic areas: 1 facility,
- Availability of FP IEC materials: 6 facilities indicated the need for additional IEC materials such as FP brochures;
- Non-provision of service: HSP trained on PPIUD but refers patients due to lack of confidence and lack of equipment in 2 facilities, and HSP trained on interval IUD but not providing in 1 facility
- Stockout of PSI: 3 facilities,
- Posting of FP wall chart: 1 facility does not have a posted FP wall chart due to facility renovation,
- No FP acceptors during the pandemic in 1 facility and,
- Currently stopped functioning as a birthing facility due to COVID-19 pandemic in 1 facility

To address the lack of FP wall chart, USAID ReachHealth requested copies from the Johns Hopkins Center for Communication Programs and the charts were received in January 2021. These were distributed to the different project sites based on the allocation request coming from the PTOs and CTOs. The regional service delivery advisors were requested to coordinate with the C/PTO or the C/PHO to determine if the intended allocation have been received and distributed to the concerned health facility. Likewise, the PHOs were also informed of the reported stockouts. On PhilHealth tagging, the project provided the PhilHealth letter of intent template including the list of requirements to partner LGUs in Cavite.

## **4.5 UPDATE ON ENVIRONMENTAL COMPLIANCE AND CLIMATE RISK MITIGATION**

### **Environmental Compliance**

During the quarter, the project conducted its third round of Infection Prevention and Control (IPC) and Health Care Waste Management (HCWM) Assessment survey using the updated tool with question on the number of infected health personnel in each facility monitored. The survey was done for the month of February with results currently undergoing validation with the field teams. Result of the third round of IPC-HCWM assessment indicates downward trend in the number of facilities being monitored from 73 in Q1 to 51 in Q2 for hospitals and 105 in Q1 to 72 in Q2 for temporary treatment and monitoring facilities (TTMF). The level of compliance for hospitals has decreased for at least 1% in comparison to the second round while in the case of TTMFs, it has maintained its compliance rate. For hospitals, compliance went down in engineering and environmental controls primarily in meeting the required zoning (contaminated, buffer and sterile zones) for the emergency room and COVID-19 isolation wards, and waste storage requirements. 63% of the hospitals indicated COVID-19 infection among their health staff/admin staff/utility with nurses (43%), doctors (33%), nursing aide (29%), and admin staff (24%) at the top of the list. For TTMFs, compliance is also in the negative for the zoning requirements and administrative controls particularly in the use of appropriate protective gears (masks, face shields, gloves, gowns and full personal protective equipment). 22% of the TTMFs indicated infection among their staff with nurses (10%), and nursing aide (6%) as the most affected.

### **Climate Risk Management**

This quarter, there were no significant climate disturbances or disasters that hit the country or affected any of the 32 project priority sites. The project however regularly conducts its routine monitoring that includes tracking of compliance to CRM and DRRMH system institutionalization where it showed that provinces of Rizal, Camarines Sur, Cebu, Agusan del Norte and cities of Naga and Zamboanga garnered the lowest score thus these LGUs will be prioritized for technical assistance provision.

## **4.6 UPDATE ON ENGAGEMENT OF CSOs/PEOPLE'S ORGANIZATIONS**

(Reported under CCR I above)

## **5. COLLABORATION, LEARNING, AND ADAPTING**

### **5.1 COORDINATION AND COLLABORATION**

During the quarter, the project conducted a large number and a wide variety of activities which involved various forms of coordination and collaboration with partners. These include, among others, the DOH and the various offices under it at different levels, POPCOM and its regional offices, Philhealth, the LGUs, other USAID implementing partners, and CSOs.

One major aspect addressed is in strengthening coordination among USAID Implementing Partner's (IP) in establishing UHC Core Groups for Luzon, Visayas and Mindanao. USAID ReachHealth in collaboration with ProtectHealth, TB Platforms, TB Innovations and MTaPS established separate UHC core groups for Luzon, Visayas and Mindanao following the "one USAID" approach to TA support to our eight UIS priority sites committed to DOH. The group regularly hold meetings to discuss its TA support around the key intervention areas aimed at strengthening local cooperative governance mechanism, establishing the HCPN, and setting-up fund pooling arrangements through the SHF.

For the Luzon core group, weekly technical meetings were undertaken specifically to support Batangas in its implementation of UHC including a consultative meeting with the Office of the Governor and the PHO to explore the best possible entry point for LHS integration. This was followed through with subsequent discussions looking at the hospital economic enterprise as the base structure, which their existing SDN/PCPN and private providers can link to build the whole HCPN of the province. The group has also moved forward with developing a joint plan with concretizing the specific interventions that will be provided to Batangas including the conduct of a stakeholder mapping and analysis, design advocacy activities aimed at the key policy and decision makers, assist health facilities attain PhilHealth accreditation for maternal care package/TBDOTS/Konsulta, and assess the feasibility of the proposed Batangas health system.

For Visayas and Mindanao, the project presented updates on its UHC priority sites in during a technical collaboration meeting with USAID Office of Health (OH), together with ProtectHealth and MTaPS. The sites in discussion were Davao City, Cagayan de Oro, Cebu, Negros Occidental, Zamboanga del Norte, Misamis Oriental and South Cotabato. Following the collaborative approach undertaken by IPs for Batangas, the plan is to scale the same process for other UIS to ensure that USAID is providing a cohesive approach in TA delivery to the various committed to DOH for UHC technical support. Similarly, the group agreed to regularly document the progress in these sites by reviewing the results of their LHS-ML assessments in order to develop a more responsive and cohesive TA plan by IPs, identify clear and structured governance models such as that of Davao City, and jointly develop a TA for the sites. Consequently, the project actively participants in the UHC collaborating, learning and adapting (CLA) network meeting organized by the USAID OH as a venue to discuss on-going support to UIS and learn from each other on how to move forward with the interventions.

Other activities conducted by the various technical units of the project in the area of coordination and collaboration, and the corresponding partners with whom the project collaborated with is shown in Table 10.

**Table 12. List of Activities Conducted by USAID ReachHealth and Corresponding Partners with Whom Collaboration Was Established: January – March 2021**

<b>PROJECT TECHNICAL UNIT</b>	<b>ACTIVITY</b>	<b>EXTERNAL COLLABORATORS</b>
Objective 1 (SBC)	Implementation of the FP Ayuda Express	DOH V; POPCOM V; 7 partner academic institutions in Albay and Camarines Sur
	Implementation of It's OK to Delay! and Konektado Tayo social media campaigns	DOH and POPCOM
	Technical assistance to DOH/HPB on its Healthy Seven campaign, and upcoming FP and ARH campaigns	DOH/ HPB and AHDP
	Adopt-a-Region for CSE and ARH convergence	USAID; DepEd Bureau of Curriculum Development; POPCOM; DOH
	POPCOM-DOH Monthly Coordination Meetings	POPCOM and DOH, USAID
	Monthly updating and M&E feedback meeting with the PACT (Partnership among Academes and Communities: Teaming up for Improved FP in Bicol) and FP Ayuda Express partners last January 26 and February 23, 2021	DOH CHD 5, POPCOM 5, 7 Nursing and Midwifery Universities from Bicol
Obj2 (Service Delivery)	Consultation meeting with DOH AHDP on the proposed recording and reporting tools for ARH services in hospitals held on January 14, 2021	DOH AHDP
	Development of HCPN Referral System Operative Documents of Pampanga on January 27 and February 10, 2021	Central Luzon CHD Pampanga Provincial Health Office Pampanga Provincial DOH Office
	Consultation workshop held on February 5, 2021 to review the AFHF criteria.	AHDP TWG represented by DOH AHDP, DOH HPB, POPCOM, Society of Adolescent Medicine of the Philippines (SAMPI), United Nations Children's Fund (UNICEF), UNFPA and USAID.
	Coordination meeting DepEd Bureau of Learner Support Services and DOH AHDP on February 18, 2021	DOH Adolescent Health and Development Program; DepEd Bureau of Learner Support Services
	Consultation Meeting with DOH and POPCOM on Capacitating Community Health Workers in Basic Family Planning Service Delivery Task on February 24, 2021	DOH Disease Prevention and Control Bureau; DOH Bureau of Local Health Systems Development; POPCOM Central Office
	Introductory and exploratory meetings with USAID Opportunities 2.0 to discuss areas for collaboration held on February 22 and March 11, 2021	USAID Opportunity 2.0 Project
	Consultation meeting on CSE-ARH Convergence on March 17, 2021	DOH DPCB; DepEd BLSS; POPCOM; UNFPA; USAID OH
	Consultation Meeting on the Development of CQI Charter for Batangas Health Facilities on January 22, 2021	Batangas Provincial Health Office Batangas Medical Center



PROJECT TECHNICAL UNIT	ACTIVITY	EXTERNAL COLLABORATORS
	Referral System Workshop and series of consultations between Laguna provincial/district hospitals and its identified apex hospital (i.e. Batangas Medical Center); Service Level Agreement and Guidelines were developed	CHD4A, Laguna PHO and District Hospital, BatMC
	Establishment of adolescent friendly facilities to provide/strengthen age specific services (adolescent)	CV/WV CHD; POPCOM 6&7; PHOs: Negros Occ, Bohol; LGUs of Mandaue, Lapulapu & Cebu; CHO Tagbilaran City; Lying in Clinics in Bacolod, RHUs of Trinidad, Pilar & San Miguel
	Establishment of ARH-FP integration of services in selected facilities	CV/WV CHD; PHOs Cebu, Bohol, Iloilo, Negros Occ; ; CHOs Cebu City, Tagbilaran & Bacolod:
	Support to the establishment of client satisfaction survey to improve quality services	CV/WV CHDs; PHOs – Cebu, Bohol, Negros Occ, Iloilo; Cebu Tri-Cities; IMAP Lying-In Clinics; Philippine League of Government and Private Midwives Inc. (PLGPMI)
	Establishment of PCPN in Bohol & Cebu	CV CHDs; PHOs Bohol & Cebu; LGUs of Cebu, Mandaue and Lapu-Lapu Cities
	Inter-agency meeting on the establishment of FP Itinerant Team	CV CHDs; POPCOM 7; DOH retained hospitals of Bohol and Cebu Provinces
	Installation of Continuing Quality Improvement (CQI) Initiatives in Health Facilities: Setting up the Client Satisfaction Survey mechanisms	Family Planning Organization of the Philippines, IMAP, Private Hospitals and Private Lying-In Clinics
Objective 3 (Health Systems Strengthening)	Collaboration with PhilHealth in developing self-assisted learning modules on FP/UHC using digital platforms	PhilHealth, DOH – HHRDB, Development Academy of the Philippines
	Collaboration with MTAPS in designing an end-to-end system with a voucher component to address access to FP services and commodity availability at the local level	MTAPS
	Collaboration among IPs under the “one USAID” approach in supporting the implementation of UHC reforms in UIS on three fronts: strengthening cooperative governance, establishing the HCPN and in setting up the SHF.	ProtectHealth, MTAPS, TB Platforms, TB Innovations
	Collaboration with national agencies and IPs in localizing UHC implementation using FP as a tracer program and systematically documenting the process and results through implementation research in South Cotabato.	DOH, PhilHealth, ProtectHealth, MTAPS,
	Collaboration with MTAPS to generate the CYP for 2019 and 2020 using FHSIS and DKT data	MTAPS, DKT

PROJECT TECHNICAL UNIT	ACTIVITY	EXTERNAL COLLABORATORS
	LHS-ML Collective Assessment and UHC Dialogue in Batangas attended by RD Janairo, Gov. Mandanas, PHO Team, PDOHO Team, and USAID IPs on January 27, 2021	CHD4A, USAID IPs (MTaPS, ProtectHealth, TB Platforms), Batangas PHO and PDOHO
	Co-development and Inaugural Meeting of Provider Integration and Engagement System (PIES) on January 20, 2021, and its consultation for possible piloting in Laguna and Batangas on April 8 and 9, 2021	USAID MTAps, CHD4A, Batangas PHO, Laguna PHO
	Preparation for Governor's Dialogue with LCEs of Component LGUs in Laguna, including development and vetting of workshop design on February 26 and March 9, 2021	CHD4A, Laguna PHO
	Consultation and Identification of UHC TA needs for Batangas, and development of collective TA from USAID Batangas Core Group which include possible piloting of Health Enterprise that builds on the existing Hospital Economic Enterprise on February 3, 19, 24 and March 17, 31, 2021	USAID IPs (MTaPS, ProtectHealth, TB Platforms), PHO
	Consultation for and vetting of policy for integrated adolescent health programming in Caloocan; the EO on One Caloocan Convergence for Adolescent Health and Development (OCCA) currently undergoing vetting with CHD-NCR on March 16, 2021	CHD-NCR, Office of the Caloocan City Mayor, Caloocan CHO
	Establishment of telemedicine services in Cebu: Hosting of roundtable discussions; development of concept; consultations with stakeholders; organization of TWG; preparation of work plan; linkage with private sector; contract preparation; preparations for launching	DOH-CVCHD, Xynapx
	Establishment of Regional Laboratory Network for HCPN	DOH-CVCHD HFDU; various public and private laboratories in Cebu
	Consultation on FHSIS for Private LICs	DOH-CVCHD HIRDS, IMAP, LGUs: Bohol, Cebu, Negros Occidental, Iloilo and Cebu Tri-Cities
	Support to LHS-ML assessment and development of technical products for LHS Integration	DOH-CVCHD HSDS, HFDU, HEMS, HIRDS, ICTU, HEPO, LGUs
	Turn-over and commissioning of regional harmonized DOH-POPCOM FP reporting system.	DOH-WVCHD, POPCOM6, Iloilo State College of Fisheries, LGUs
	Konsulta orientation and piloting in Central Visayas	DOH-WVCHD, CVCHD, RLED, HFDU, LGUs
	Crafting of the detailed timetable for the didactics and practicum of the Implementation Research Regular South Cotabato Provincial TWG Meetings	ProtectHealth, Provincial TWG of South Cotabato; Provincial TWG of South Cotabato

PROJECT TECHNICAL UNIT	ACTIVITY	EXTERNAL COLLABORATORS
	<p>Regional technical/ roundtable discussions to harmonize DOH and PhilHealth processes and tools; coordination/ consultative meetings and coaching to support the capacity building on LHS ML; venues for development of policies to support LHS integration (Management support structures, SHF, C/PHO Organizational Structure, etc.)</p> <p>Coordination/ consultative meetings and workshops to come up with the HCPN Guide and TTMF Manual of Operations</p>	<p>CHDs X and XI, PhilHealth X and XI; CHDs IX, X, and XI (LHS Cluster, P/CDOHOs); UHC IS</p> <p>Stakeholders of UHC IS (Technical Working Group, P/CHO. P/CDOHO, CHDs, Councilors on Health, other NGAs)</p> <p>CHD XI (LHS cluster, HFDC, mental Health program manager, P/CDOHO) and CHO Davao City</p>
	Private Sector Orientation on the PCPN in South Cotabato	CHD XII, PhilHealth XII, South Cotabato TWG, component LGUs, Howard Hubbard Memorial Hospital ; South Cotabato Medical Society Members
CCR I (PSE)	FP in the workplace partnership meetings in Luzon and Mindanao	CHD III, POPCOM III, Clark Development Corporation, and 3 private companies; CHD X, POPCOM X, DOLE X; CHD IX, POPCOM IX, DOLE IX, and 6 private companies.
	Innovation challenge and RILAN forums	Villgro Philippines, Duke-GHIC
	Competitive CSO grants	FriendlyCare, PSORHN, SIKAP, Save the Children, FORUM
	Coordinative meeting on the establishment of FP in Male-Dominated Companies in Pampanga last March 19 and 26,20221	Clark Development Council, 3 Male-Dominated Companies (Yokohama, Chitai, Multitek)
	Engagement of private hospitals in the Cities of Cebu, Mandaue and Lapu-Lapu	Private hospital management: Cebu North General Hospital, Cebu Adventist Hospital, Mactan Doctors Hospital, Cortes General Hospital
	Establishment of Family Planning in the Workplace in Mindanao	DOLE IX, X, and XII, Popcom IX, X, and XII, CHDs IX, X, and XII, Private Companies and Private FP Clinics
CCR 2 (Gender)	TA to MHP policy	DOH and POPCOM
	WCPP regular meetings (TWG and regional coordinators)	DOH, Children's Protection Network, UNFPA, UNICEF, Social Watch
	GBV TA to LGUs	Caloocan City LGU, Rizal Provincial LGU, RDC IX, CHD IX, Zamboanga City LGU, CHD XIII, Butuan City LGU
CCR2 (MERLA)	Regional P&R for Central Luzon using M&E Data of ReachHealth, which paved way to discussion on issues with stock out and PhilHealth accreditation on January 19, 2021	CHD3, POPCOM RO3

PROJECT TECHNICAL UNIT	ACTIVITY	EXTERNAL COLLABORATORS
	Regional P&R for CALABARZON using M&E Data of ReachHealth, which paved way to discussion on issues with stock out and PhilHealth accreditation on February 19, 2021	CHD4A, POPCOM RO4A
	Pause and Reflect Session with PHO Bohol	PHO Bohol

## 5.2 LEARNING

### 5.2.1 List of Learning Events

A huge number and variety of learning events were conducted during the quarter, including several webinars and coaching sessions on FP compliance and ICV, and on FP recording and reporting; internal and external pause and reflect sessions to generate learnings from project monitoring data; and the conduct of orientation and planning workshops on areas like the establishment of ARH facilities and HCPNs. Most of these learning activities were conducted online because of COVID, however, the number of in-person activities conducted has been increasing, especially in the Visayas and Mindanao. A detailed listing of these learning activities is shown in Table 11.

**Table 13. List of USAID’s ReachHealth-Facilitated FP Learning Events (Jan-March 2021)**

Learning Event Title (Please record each learning event in a separate row)	Purpose of Event/Activity
<b>Objective 1</b>	
Motivations for FP Use in the Philippines Webinar	<b>Purpose of the Activity:</b> Present the results of our formative research on motivations and barriers to FP use <b>Date conducted: March 4, 2021</b> <b>Type: (In-person/Online) online</b> <b>Number of Participants: 110</b>
<b>Objective 2</b>	
Learning Session on FP Compliance and Informed Choice and Voluntarism	<b>Purpose of the Activity:</b> Conduct an orientation on FP Compliance and Informed Choice and Voluntarism for USAID Implementing Partners <b>Date conducted: February 4, 2021</b> <b>Type: Online</b> <b>Number of Participants: 30</b>
Consultative Meeting with Partners on Policy Review of Administrative Order 2011-0005 or “Guidelines on Ensuring Quality Standards in the Delivery of Family Planning Program and Services through Compliance to Informed Choice and Voluntarism”	<b>Purpose of the Activity:</b> Discuss updates with DOH and BARMMHealth on the implementation of the Policy Review of AO 2011-0005 including the development of the Key Informant Interview Tools to be used for data collection during interviews with members of the National ICV Compliance Committee, Regional ICV Compliance Committee/Regional Validation Team, and Provincial/City ICV Compliance Monitoring Team. <b>Date conducted: February 22, 2021</b> <b>Type: Online</b> <b>Number of Participants: 9</b>

<b>Learning Event Title (Please record each learning event in a separate row)</b>	<b>Purpose of Event/Activity</b>
Utilizing CSS Data for FP Service Delivery Quality Improvement: A Virtual Pause and Reflect Session and Data Utilization Workshop (Mindanao)	<p><b>Purpose of the Activity:</b> The objectives of this activity were 1) to facilitate discussions on the results and learnings from the pilot implementation of CSS for FP in 10 health facilities in Mindanao; and 2) to capacitate FP service providers and other RHU and hospital staff in utilizing CSS data in identifying FP service delivery gaps based on clients' perspective and in addressing these gaps to improve quality of care.</p> <p><b>Date conducted: March 18, 2021</b> <b>Type: Online</b> <b>Number of Participants: 20</b></p>
Utilizing CSS Data for FP Service Delivery Quality Improvement: A Virtual Pause and Reflect Session and Data Utilization Workshop (Luzon)	<p><b>Purpose of the Activity:</b> The objectives of this activity were 1) to facilitate discussions on the results and learnings from the pilot implementation of CSS for FP in 9 health facilities in Visayas; and 2) to capacitate FP service providers and other RHU and hospital staff in utilizing CSS data in identifying FP service delivery gaps based on clients' perspective and in addressing these gaps to improve quality of care.</p> <p><b>Date conducted: March 19, 2021</b> <b>Type: Online</b> <b>Number of Participants: 21</b></p>
Utilizing CSS Data for FP Service Delivery Quality Improvement: A Virtual Pause and Reflect Session and Data Utilization Workshop (Visayas)	<p><b>Purpose of the Activity:</b> The objectives of this activity were 1) to facilitate discussions on the results and learnings from the pilot implementation of CSS for FP in 14 health facilities in Batangas; and 2) to capacitate FP service providers and other RHU and hospital staff in utilizing CSS data in identifying FP service delivery gaps based on clients' perspective and in addressing these gaps to improve quality of care.</p> <p><b>Date conducted: March 19, 2021</b> <b>Type: Online</b> <b>Number of Participants: 15</b></p>
Setting up Adolescent-friendly Health Facility: A Virtual Orientation and Planning Workshop	<p><b>Purpose of the Activity:</b> This activity provided an orientation for AHDP focal persons and HSPs the AFHF criteria and elements to ensure functionality including the use of the rapid psychosocial assessment, reviewed the strengths and gaps of each facility to be certified as AFHF and developed action plans to address the gaps identified using the AFHF assessment tools. The rapid</p> <p><b>Date conducted: March 26, 2021</b> <b>Type: (In-person/Online): Online</b> <b>Number of Participants: 40</b></p>

Learning Event Title (Please record each learning event in a separate row)	Purpose of Event/Activity
<b>MERLA</b>	
Project Mid-term Technical Review	<p><b>Purpose of the Activity:</b> To revisit the purpose of the project including its theory of change and results framework and its indicators to track progress; collectively frame the project's key evidence-based learning to determine why we are achieving success or not achieving as much success in some areas; and to reflect upon the learnings which have been framed, and think of how learnings can be translated into adaptations to achieve even more success</p> <p><b>Date conducted:</b></p> <ul style="list-style-type: none"> <li>• March 3, 2021 (Pause and reflect session on generating learnings from routine monitoring data)</li> <li>• March 5, 2021 (Pause and reflect session on root cause analysis)</li> <li>• March 10, 2021 (Pause and reflect session on turning learnings into action)</li> </ul> <p><b>Type: Online</b> <b>Number of Participants: ~25</b></p>
Meeting on Manila's MI Report with Planning and Coordination Division	<p><b>Purpose of the Activity:</b> Discuss with Manila Health Department (MHD), specifically with the FHSIS point person at the Planning and Coordination Division, some concerns on the MI report of MHD including pointers on how to improve the MI report of MHD.</p> <p><b>Date conducted: January 22, 2021</b> <b>Type: (In-person/Online) Online (Zoom)</b> <b>Number of Participants: 2 from Manila City</b></p>
UHC Dialogue and LHS-ML Review with Batangas	<p><b>Purpose of the Activity:</b> The activity aims to: (1) identify the concrete benefits of UHC to the Batangas; (2) examine the specific challenges to the operationalization of UHC; and (3) Explore opportunities for collaboration between PLGU Batangas, DOH-CHD4A, and USAID Implementing Partners.</p> <p><b>Date conducted: January 26, 2021</b> <b>Type: (In-person/Online) Online (Zoom)</b> <b>Number of Participants: 42 (36 partners)</b></p>
Monthly meeting with the PACT (Partnership among Academes and Communities: Teaming up for Improved FP in Bicol) on FP Ayuda Express	<p><b>Purpose of the Activity:</b> Monthly updating which includes accomplishments from previous month and M&amp;E feedback meeting (sharing of feedback from FP Ayuda Express Chat Moderators and Call Responders, suggestions on how to improve the platform and monitoring mechanism, etc.)</p> <p><b>Date conducted: January 26 and February 23, 2021</b> <b>Type: Online</b> <b>Number of Participants: 25 and 25</b></p>
Regional Pause and Reflect Session with Central Luzon Partners	<p><b>Purpose of the Activity:</b> Presentation of the results of ReachHealth's Oct-Dec 2020 quarterly monitoring for Central Luzon, and to provide updates to CHD3 and POPCOM.</p> <p><b>Date conducted: January 28, 2021</b> <b>Type: (In-person/Online): Online</b> <b>Number of Participants: 17 (9 Partners)</b></p>

<b>Learning Event Title (Please record each learning event in a separate row)</b>	<b>Purpose of Event/Activity</b>
USAID Batangas Core Group Consultative Meeting with PHO Team	<p><b>Purpose of the Activity:</b> The consultative meeting primarily sought to present, discuss, and extract feedback on USAID Batangas Core Group’s proposal on setting up a Health Enterprise, building on the hospital economic enterprise which Batangas PLGU started.</p> <p><b>Date conducted: February 18, 2021</b> <b>Type: (In-person/Online) Online (Zoom)</b> <b>Number of Participants: 23 (18 partners)</b></p>
Regional Pause and Reflect Session with CALABARZON Partners	<p><b>Purpose of the Activity:</b> Presentation of the results of ReachHealth’s Oct-Dec 2020 quarterly monitoring, and to provide updates to CHD4A and POPCOM.</p> <p><b>Date conducted: February 19, 2021.</b> <b>Type: (In-person/Online): Online</b> <b>Number of Participants: 30 (16 Partners)</b></p>
Orientation on AHDP and Establishing an Adolescent Friendly Facility with Dr. Paulino J. Garcia Memorial Regional Medical Center	<p><b>Purpose of the Activity:</b> Oriented the hospital’s technical working group on relevant policies on AHDP. Shared key elements of an adolescent friendly health facility and best practices from other hospitals.</p> <p><b>Date conducted: March 29, 2021</b> <b>Type: (In-person/Online): Online</b> <b>Number of Participants: 22 (17 Partners)</b></p>
<b>Visayas</b>	
Review of Private Sector FP Reporting Policies and Practices in the Visayas	<p><b>Purpose of the Activity:</b> Review of Private Sector FP Reporting Policies and Practices in the Visayas <b>Date conducted: Jan. 28, 2021</b> <b>Type: Online</b> <b>Number of Participants: 287</b></p>
Review of LGU DRRMH Plan Status	<p><b>Purpose of the Activity:</b> Review of LGU DRRMH Plan Status <b>Date conducted: Jan. 29, 2021 (CV); Feb. 1, 2021 (WV)</b> <b>Type: Online</b> <b>Number of Participants: 250</b></p>
Konsulta Registration, Benefits and Availment	<p><b>Purpose of the Activity:</b> Konsulta Registration, Benefits and Availment <b>Date conducted: Feb. 19, 2021 (CV &amp; WV)</b> <b>Type: Online</b> <b>Number of Participants: 123</b></p>
Iloilo Family Planning Program Pause and Reflect Session for the period October-December 2020	<p><b>Purpose of the Activity:</b></p> <ul style="list-style-type: none"> <li>• Present October to December 2020 Performance data</li> <li>• Identify factors affecting LGU performance</li> <li>• Document the concerns/issues raised as well as sharing of lessons learned during the reflection session</li> <li>• Formulate next action steps to address implementation issues and/or remaining gaps to improve FP Program Implementation</li> </ul> <p><b>Date conducted: March 3, 2021</b> <b>Type: Online</b> <b>Number of Participants: 4</b></p>
Health Information Systems Integration and Inter-Operability Approaches in Small Area Settings	<p><b>Purpose of the Activity:</b> Health Information Systems Integration and Inter-Operability Approaches in Small Area Settings. <b>Date conducted: Mar. 4, 2021</b> <b>Type: Online</b> <b>Number of Participants: 11</b></p>

<b>Learning Event Title (Please record each learning event in a separate row)</b>	<b>Purpose of Event/Activity</b>
Focus Group Discussion on Telemedicine and EMR trends and practices in Cebu	<b>Purpose of the Activity:</b> Focus Group Discussion on Telemedicine and EMR trends and practices in Cebu <b>Date conducted: Mar. 9, 2021</b> <b>Type: In-person</b> <b>Number of Participants: 27</b>
Cebu Family Planning Program Pause and Reflect Session for the period October-December 2020	<b>Purpose of the Activity:</b> <ul style="list-style-type: none"> <li>• Present October to December 2020 Performance data</li> <li>• Identify factors affecting LGU performance</li> <li>• Document the concerns/issues raised as well as sharing of lessons learned during the reflection session</li> <li>• Formulate next action steps to address implementation issues and/or remaining gaps to improve FP Program Implementation</li> </ul> <b>Date conducted: March 9, 2021</b> <b>Type: Online</b> <b>Number of Participants: 7</b>
Bohol Family Planning Program Pause and Reflect Session for the period October-December 2020	<b>Purpose of the Activity:</b> <ul style="list-style-type: none"> <li>• Present October to December 2020 Performance data</li> <li>• Identify factors affecting LGU performance</li> <li>• Document the concerns/issues raised as well as sharing of lessons learned during the reflection session</li> <li>• Formulate next action steps to address implementation issues and/or remaining gaps to improve FP Program Implementation</li> </ul> <b>Date conducted: March 15, 2021</b> <b>Type: In-person (PHO Staff) &amp; Online (RH Staff)</b> <b>Number of Participants: 5</b>
Orientation on the AO 2011-0005 (Informed Choice and Voluntarism) Negros occidental	<b>Date conducted: March 29, 2021</b> <b>Type: Online</b> <b>Number of Participants: 66</b>
<b>Mindanao</b>	
Byaheng Butuan: Designing a Roadmap towards engaging and mobilizing the youth during the pandemic”	<b>Purpose of the Activity:</b> Brainstorming/Hackathon with Butuan City SK to generate ideas from the Sangguniang Kabataan to design a roadmap towards engaging and mobilizing the youth during the pandemic <b>Date conducted: Feb 1, 2021, 1-3 PM</b> <b>Type: (In-person/Online): Online</b> <b>Number of Participants: 10</b>
Orientation on the GBV Service Mapping Tool and Orientation on the Anti-Discrimination Ordinance of Zamboanga City conduct of GBV services and facility assessment	<b>Purpose of the Activity:</b> To identify gaps and needs in terms of capacity and functionality of existing VAWC/GBV services. <b>Date conducted: Feb 17, Feb 24, Mar 3 and Mar4, 2021</b> <b>Type: (In-person/Online): face to face</b> <b>Number of Participants: 96 BCPC and VAWC Focal Persons</b>
ZamboPen Demand Generation Consultative Meeting and Workshop	<b>Purpose of the Activity:</b> generate responses from the FP coordinators of Zamboanga Peninsula about existing demand generation activities, IEC/job aids used, target audiences, gaps and proposed solutions <b>Date conducted: Feb 18, 9:00 – 12:20 PM</b> <b>Type: (In-person/Online): Online</b> <b>Number of Participants: 16</b>



<b>Learning Event Title (Please record each learning event in a separate row)</b>	<b>Purpose of Event/Activity</b>
Orientation on Client Satisfaction Survey for Family Planning	<p><b>Purpose of the Activity:</b> This purpose of this activity was to orient 27 health facilities in Mindanao (7 public hospitals, 1 private hospital, 4 CHOs, 10 RHUs, and 5 private LICs) on the ReachHealth-developed client satisfaction survey tool for FP and on the importance of improving quality of care to ensure client satisfaction with FP services.</p> <p><b>Date conducted:</b> February 18, 2021 <b>Type:</b> Online <b>Number of Participants:</b> 36</p>
Local adoption of approved Informed Choice and Voluntarism (ICV), Regional Memorandum No. 2020-67 for Northern Mindanao	<p><b>Purpose of the Activity:</b> Consultation and Dissemination of approved Informed Choice and Voluntarism (ICV), Regional Memorandum No. 2020-67 for Northern Mindanao</p> <p><b>Date conducted:</b> February 26, 2021 <b>Type:</b> (In-person/Online): Online <b>Number of Participants:</b> 21</p>
Learning session on healthy timing and healthy spacing, FP profiling and ReachHealth's TA on FP in the workplace	<p><b>Purpose of the Activity:</b> 1) To conduct FP orientation (HTHS) and 2) Orient the FWC member companies in Zamboanga City on how to strengthen the implementation of FP in the Workplace</p> <p><b>Date conducted:</b> March 5, 2021 <b>Type:</b> (In-person/Online): face to face <b>Number of Participants:</b> 27 FWC members</p>
Pause and Reflect Session on FP Program and ICV Compliance	<p><b>Purpose:</b> Pause &amp; Reflect Session for FP Coordinators of Zamboanga Del Norte, Zamboanga del Sur, and ICV Orientation</p> <p><b>Date Conducted:</b> March 5 &amp; 9, 2021 <b>Type:</b> In-person <b>Number of participants:</b> ZDN-18; ZDS-28</p>
FP in the Workplace Partnership Orientation	<p><b>Purpose of the Activity:</b> 1) To orient companies in Zamboanga del Norte on FP in the Workplace Matching Strategy</p> <p><b>Date conducted:</b> March 10, 2021 <b>Type:</b> (In-person/Online): face to face <b>Number of Participants:</b> 58 pax</p>
Orientation on FP in the Workplace with private companies	<p><b>Purpose of the Activity:</b> 1) to capacitate company nurses and human resources (HRs) of Rural Transit Incorporated and Katipunan Rural Bank in Zamboanga del Norte on FP recording and reporting</p> <p><b>Date conducted:</b> March 17, 2021 <b>Type:</b> (In-person/Online): face to face <b>Number of Participants:</b> 35 (HRs, Company Nurses and DOLE)</p>
FP in the Workplace Partnership Orientation with private SDP and partner companies	<p><b>Purpose of the Activity:</b> 1) To orient GenSan Medical Center, RD Group of Companies and South Cotabato Integrated Ports Services on Strengthening the Implementation of FP in the Workplace</p> <p><b>Date conducted:</b> March 18, 2021 <b>Type:</b> (In-person/Online): face to face <b>Number of Participants:</b> 10</p>

## 5.2.2 List of Learning Products

The learning products developed by the project during the quarter include social media posts, training designs, and data collection tools. These are listed in **Table 13** with the corresponding links to access the e-copies of the learning materials.

**Table 14. List of Learning Products (January–March 2021)**

Learning Product	Product Description
It's OK to Delay campaign social media posts	Social media posts for January through March.
Konektado Tayo campaign social media posts	Social media posts. The campaign started on Feb. 14, 2021
Training design for Capacitating CHWs in Basic Family Planning Service Delivery <ul style="list-style-type: none"> <li>• WRA Master list and service record</li> <li>• FP client registration and screening form</li> </ul>	<p>This is a training design for capacitating CHWs in performing basic family planning service delivery tasks. This design will be pilot tested in the next quarter and shall be enhanced based on the learnings from the pilot implementation.</p> <p>To help CHWs perform their FP tasks, the Project also developed 1) a WRA master list and service record for CHWs; and 2) FP client registration and screening form, which will be used by CHWs in collecting information from the clients they serve, including the information that the midwives will need to update their target client list.</p>
Client Satisfaction Survey Form	This is a survey form that assesses client satisfaction with different aspects of FP service delivery. The tool was pilot-tested in 33 facilities in January – March 2021 and was enhanced based on the learnings from the pilot implementation.
Key Informant Interview Guide Questions for the Policy Review of Administrative Order 2011-0005	Guide questions to be used for interviewing members of the National/Regional/Provincial/City ICV Implementation Team, Regional ICV Compliance Committee, Regional ICV Validation Team, Provincial/City ICV Monitoring Teams
Postpartum Family Planning Protocol	Postpartum Family Planning Protocol to be used as a tracer program for the South Cotabato Implementation Research
Integration of the Family Planning and Adolescent Reproductive Health to FP in Hospitals <ul style="list-style-type: none"> <li>- Activity Design</li> <li>- Workshop materials</li> <li>- Teen Health Card</li> <li>- Rapid Psychosocial assessment Video</li> <li>- TFP-ARH tracking checklist</li> </ul>	The materials were developed to support the workshop which aims to train focal persons in FP and ARH at the regional and provincial/ city level to be capacitated in providing TA on the integration of FP and ARH services in hospitals. In its roll-out, a workshop for pilot facilities will be conducted supported by the trained facilitators.
Presentation on Violence Against Children (VAC): National and Local Landscape	Discussion on two nationwide studies on violence committed against children and VAC reported to the Philippine National Police Agusan del Norte for 2019 and 2020 (Presented during the 4Rs training for Agusan del Norte last April 13-15, 2021)

Learning Product	Product Description
Usapang Barkadahan	Discussion of basic ASRH concepts
Harmonized Household Profiling tool	The harmonized household profiling tool was developed for use of the LGUs to enable them to maximize the process of household profiling, generate data needed by the lead agencies and their systems, and create their master list of different target population.
Training of Facilitators on the Establishment of PCPN <ul style="list-style-type: none"> <li>- Design</li> <li>- Presentation materials</li> </ul>	After the development of the Facilitators' Guide on PCPN establishment, the design and presentation materials for the conduct of the TOF was developed to be used by the project and the CHDs as they cascade the training to P/CDOHOs, P/CHOs and the LGUs.
Capacity Building: coaching sessions designs and presentations for CHDs on the LHS ML  Capacity Building Design on the LHS ML based on CHDs needs <ul style="list-style-type: none"> <li>- CHD IX: modular approach</li> <li>- CHD X and XI: blended learning</li> </ul>	After the conduct of the baseline assessment of the LHS ML with the UHC IS, the CHDs were provided technical assistance in analyzing the results of the assessment. The project developed designs and presentations on coaching sessions with the CHDs on the LHS ML which are focused on understanding policy issuances related to UHC, sample models/ systems and 'how to's" to address concerns on local health systems integration, leadership and governance, strategic health investment planning, and referral system to include primary care network establishment.  As technical assistance providers, the CHDs also expressed their need in crafting TA activities that would support LGUs' progress on LHS integration. Two types of designs/ approaches were crafted. The modular approach is a design where technical assistance by the CHD is provided in modules and would allow LGUs to implement and achieve expected milestones in a certain period of time. Another design is a blended learning where the TA provision is done virtually and in person based on the expected output needed.
Framework and Process of PCPN Establishment for Private Facilities	With the increasing demand of the private sector's involvement in the health care provider network, the framework and process was co-developed with the South Cotabato Technical Working Group. With the process are the designs of workshop activities to be conducted with interested private facilities.
Rapid Service Mapping Tool on Gender-based Violence (GBV) in Region IX	A rapid assessment tool to identify gaps and needs in GBV response and functionality of the Barangay Council for the Protection of Children and VAWC Desk

<b>Learning Product</b>	<b>Product Description</b>
FP Ayuda Express Client Form	This Google form needs to be filled out by FP Ayuda Express Chat and Call Moderators to document the clients who reached out to the platform. This Google form links to a client database. The Project developed this tool to improve the documentation and tracking of FP Ayuda Express clients.
SBC Client Interview Tool	This tool is designed to track what prompted individuals to visit facilities for FP. This will also track how many clients received the method because of FP Ayuda Express.
Pampanga HCPN Referral Manual	A draft referral manual compliant to the HCPN policies of DOH
EO on Reconstituting Caloocan City Local Health Board	A draft of executive policy to reconstitute the Local Health Board of Caloocan City and to provide mechanisms for operation and management to implement UHC
Updated Baseline LHS-ML of Batangas with Notes	An updated LHS ML Tool that serves as monitoring, mentoring, and TA reference of DOH and other partners of Batangas towards integrated province wide health systems
EO on One Caloocan Convergence for Adolescent Health and Development (OCCA)	A draft of executive policy to create the OCCA Council and harmonize governance and service provision for adolescent health related initiatives
Service Level Agreement on the Establishment of Standard Referral Practices Between Laguna Provincial/ District Hospitals and Batangas Medical Center	Draft legal instrument between and among Laguna PLGU managed hospitals and BatMC as apex hospital
Abridged guide for LGUs on DRRMH Plan Development	The guide is designed to provide an in-depth overview of disaster risk reduction management, the practices and experiences applied in times of calamity, presentation of national framework and policies developed by the DOH, as well as introduction of new thinking on vulnerability, risk assessment and resilience.
UHC Implementation Roadmap	The tool aims to provide a framework for LGUs for organizing the mix of requirements for the three dimensions of local health systems integration. It also integrates the key components of the LHS Maturity Level which defines the characteristics that should be exhibited by a LHS across various levels of maturity.
LGU Guide to Konsulta	The guide is a ready resource for LGUs on PhilHealth Konsulta Package. It also serves as a compendium of resources about the package which includes links to all relevant policies, documentary attachments and forms to secure accreditation, and sample contracts and certifications for service delivery support.

<b>Learning Product</b>	<b>Product Description</b>
Stakeholder Mapping and Analysis Guide	The guide is designed to help UIS in understanding their current political landscape and key stakeholders' position on the three dimensions of UHC integration for the purpose of identifying opportunities for cooperation and define evidence-based advocacy strategies based on the results gathered.
HIS Readiness Survey	The HIS Readiness Survey is a tool designed to gather inputs from the LGU necessary to approximate its ability to employ a fully integrated HIS. The tool consolidated HIS related questions captured by PhilHealth, DOH, Department of Information and Communication Technology (DICT), and NTHC as a single repository canvassing the availability of health technology resources available to the LGU.
Policy Support to PhilHealth on Debit Credit Payment Method	Circular No. 2021-0004, also known as The Application Of Debit-Credit Payment Method To Facilitate The Settlement Of Accounts Payable To Healthcare Facility During The State Of Public Health Emergency Due To The COVID-19 Pandemic, was developed with the technical assistance of ReachHealth. The policy offered special provisions revising the rules of disbursement of in-process claims for the explicit purpose of enabling cashflow in cash strapped facilities during the recent surge of COVID-19 cases in the NCR plus area.

**5.3 ADAPTIVE MANAGEMENT**

One of the major activities of USAID ReachHealth during this quarter was the Mid-term Project Technical Review which involved the conduct of several internal pause and reflect sessions among the staff to analyze the monitoring data from 5 key project indicators from baseline up to FY2021, Q2 and do the following: 1) examine important patterns, trends and sub-group differentials; 2) extract lessons learned from the evidence provided by the monitoring data; 3) do a root-cause analysis; and 4) determine adaptive solutions to address the challenges identified. The plans for adaptive management presented below are part of the outputs of that activity.

**Table 15. Plans for Adaptive Management**

Evidence Generated	Planned Application	Stakeholders Involved
<p>The number of private family planning service delivery points (hospitals and lying-in clinics) remain low.</p>	<ol style="list-style-type: none"> <li>1. Conduct quarterly internal and external pause and reflect sessions to reduce missed opportunities by improving in-reach and out-reach, service delivery, and recording and reporting in public hospitals.</li> <li>2. Advocate for the revision of the Performance Indicator Reference Sheets on FP SDP (private hospitals) to require only 3 methods instead of 5 and focus on LARC-PM (IUD, PSI, BTL/NSV).</li> </ol>	<p>Private hospitals and lying-in clinics; FP HSPs in these facilities; clients of these health facilities</p>
<p>Local governments are unclear about the interface arrangements between PhilHealth, DOH, and LGUs in financing, procuring, and contracting the delivery of commodities at the local level during the period of transitioning towards UHC, potentially causing SCM issues in the short and medium term.</p>	<ol style="list-style-type: none"> <li>1. Mapping of existing technologies and modelling a fully integrated and interoperable practice management system in facilitating SCM at the local level (Laguna)</li> <li>2. Increase involvement in the national policy development and evidence generation in DOH, POPCOM, and PhilHealth <ul style="list-style-type: none"> <li>• Recommend to other USAID implementing partners and government agencies to help develop auditing standards for prepayment and prospective payment mechanisms, procurement of IT resources and technology subscriptions, and province-wide subcontracting and consignment.</li> </ul> </li> <li>3. Provide options to improve commodity security at the LGUs level following the Mandanas case ruling.</li> </ol>	<p>LGUs; DOH; POPCOM; USAID IPs</p>

## 6. MANAGEMENT, ADMINISTRATIVE AND FINANCIAL ASPECTS

During Q2 FY 2021, USAID ReachHealth continued to implement activities under two USAID funding streams: for Family Planning, Maternal and Neonatal Health and for COVID-19 Response. \$[REDACTED] was spent for FP and \$[REDACTED] for COVID-19 Response. Together with the accruals, total quarterly expenditure being \$[REDACTED].

The project’s workforce at the end of the quarter consisted of 112 staff and 11 consultants, providing technical assistance, operational support and management.

Procurement and finance units initiated 1,220 financial transactions in January–March 2021 for purchase of goods and services for project implementation.

The project was implementing 15 grants in the beginning of Q2, 2021. Nine of them have ended and are being in the closeout stage as of the end of the quarter, while one new grant was issued to the Forum for Family Planning and Development in February 2021.

USAID ReachHealth recorded in Q2 FY2021 \$[REDACTED] cost share from its government counterparts and private sector partners. 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.

## 8. ANNEXES

### 8.1 FP IN HOSPITALS MONITORING RESULTS

**Table AI.** Presence of FP point persons, hospital core teams, and designated FP clinic for facilities monitored in FY2021 2<sup>nd</sup> Quarter (January – March 2021).

Monitored Facilities	Assigned/ appointed FP point person	FP in the hospital core team organized with defined functions	Presence of designated FP clinic
<b>LUZON</b>			
Luzon Public Facilities (92)	89	61	78
Luzon Private Facilities (14)	14	13	13
Luzon Total Facilities (106)	103	74	91
<b>VISAYAS</b>			
Visayas Public Facilities (34)	34	25	32
Visayas Private Facilities (0)	0	0	0
Visayas Total Facilities (34)	34	25	32
<b>MINDANAO</b>			
Mindanao Public Facilities (14)	14	9	14
Mindanao Private Facilities (2)	0	1	1
Mindanao Total Facilities (16)	14	10	15
<b>ALL REGIONS</b>			
Total Public (140)	137	95	124
Total Private (16)	14	14	14
Total Public and Private (156)	151 (96.79%)	109 (69.87%)	138 (88.46%)



**Table A2.** Policy on discharge and interdepartmental referrals (in-reach activities) for facilities monitored in FY2021 2<sup>nd</sup> Quarter (January – March 2021).

Monitored Facilities	Policy on referral of postpartum women to FP clinic prior to discharge	Policy on interdepartmental referral of potential clients
<b>LUZON</b>		
Luzon Public Facilities (92)	50	47
Luzon Private Facilities (14)	8	14
Luzon Total Facilities (106)	58	61
<b>VISAYAS</b>		
Visayas Public Facilities (34)	17	20
Visayas Private Facilities (0)	0	0
Visayas Total Facilities (34)	17	20
<b>MINDANAO</b>		
Mindanao Public Facilities (14)	10	10
Mindanao Private Facilities (2)	0	1
Mindanao Total Facilities (16)	10	11
<b>ALL REGIONS</b>		
Total Public (140)	77	77
Total Private (16)	8	15
Total Public and Private (156)	85 (54.49%)	92 (58.97%)

**Table A3.** Presence of policies on budget allocation on FP services for facilities monitored in FY2021 2<sup>nd</sup> Quarter (January – March 2021).

Monitored Facilities	Policy on budget allocation for complications	Policy on budget allocation for supplies/commodities and materials
<b>LUZON</b>		
Luzon Public Facilities (92)	30	33
Luzon Private Facilities (14)	11	11
Luzon Total Facilities (106)	41	44
<b>VISAYAS</b>		
Visayas Public Facilities (34)	15	22
Visayas Private Facilities (0)	0	0

Monitored Facilities	Policy on budget allocation for complications	Policy on budget allocation for supplies/commodities and materials
Visayas Total Facilities (34)	15	22
<b>MINDANAO</b>		
Mindanao Public Facilities (14)	5	9
Mindanao Private Facilities (2)	2	1
Mindanao Total Facilities (16)	7	10
<b>ALL REGIONS</b>		
Total Public (140)	50	64
Total Private (16)	13	12
Total Public and Private (156)	63 (40.38%)	76 (48.72%)

**Table A4.** Recording and Reporting for facilities monitored in FY2021 2<sup>nd</sup> Quarter (January – March 2021)

Monitored Facilities	Accomplished FP Form I	Updated Hospital FP client record (HFPCR)	Accomplished FP MI
<b>LUZON</b>			
Luzon Public Facilities (92)	79	68	63
Luzon Private Facilities (14)	13	12	11
Luzon Total Facilities (106)	92	80	74
<b>VISAYAS</b>			
Visayas Public Facilities (34)	34	32	31
Visayas Private Facilities (0)	0	0	0
Visayas Total Facilities (34)	34	32	31
<b>MINDANAO</b>			
Mindanao Public Facilities (14)	14	11	8
Mindanao Private Facilities (2)	1	0	0
Mindanao Total Facilities (16)	15	11	8
<b>ALL REGIONS</b>			
Total Public (140)	127	111	102
Total Private (16)	14	12	11
Total Public and Private (156)	141 (90.38%)	123 (78.85%)	113 (72.44%)

**Table A5.** FPCBT-I training and orientation on FP on hospital staff for facilities monitored in FY2021 2<sup>nd</sup> Quarter (January – March 2020)

Monitored Facilities	Point person trained in FPCBT I
<b>LUZON</b>	
Luzon Public Facilities (92)	87
Luzon Private Facilities (14)	13
Luzon Total Facilities (106)	100
<b>VISAYAS</b>	
Visayas Public Facilities (34)	34
Visayas Private Facilities (0)	0
Visayas Total Facilities (34)	34
<b>MINDANAO</b>	
Mindanao Public Facilities (14)	14
Mindanao Private Facilities (2)	2
Mindanao Total Facilities (16)	16
<b>ALL REGIONS</b>	
Total Public (140)	135
Total Private (16)	15
Total Public and Private (156)	150 (96.15%)

**Table A6.** Presence of FP wall charts in selected areas of the facility for facilities monitored in FY2021 2<sup>nd</sup> Quarter (January – March 2021)

Monitored Facilities	No. of facilities which has OPDs with FP wall charts	No. of facilities which has wards with FP wall charts	No. of facilities which has FP Clinics with FP wall charts	No. of facilities which has other areas with FP wall charts
<b>LUZON</b>				
Luzon Public Facilities (92)	63	38	67	13
Luzon Private Facilities (14)	8	2	9	1
Luzon Total Facilities (106)	71	40	76	14
<b>VISAYAS</b>				
Visayas Public Facilities (34)	18	7	32	5
Visayas Private Facilities (0)	0	0	0	0
Visayas Total Facilities (34)	18	7	32	5
<b>MINDANAO</b>				
Mindanao Public Facilities (14)	9	8	14	0
Mindanao Private Facilities (2)	1	1	1	0
Mindanao Total Facilities (16)	10	9	15	0

Monitored Facilities	No. of facilities which has OPDs with FP wall charts	No. of facilities which has wards with FP wall charts	No. of facilities which has FP Clinics with FP wall charts	No. of facilities which has other areas with FP wall charts
<b>ALL REGIONS</b>				
Total Public (140)	90	53	113	18
Total Private (16)	9	3	10	1
Total Public and Private (156)	99 (63.46%)	56 (35.9%)	123 (78.85%)	19 (12.18%)

**Table A7.** Presence of FP flip charts in selected areas of the facility and directional signages for the FP clinic for facilities monitored in FY2021 2<sup>nd</sup> Quarter (January – March 2021)

Monitored Facilities	No. of facilities which has FP Clinics with FP flip charts
<b>LUZON</b>	
Luzon Public Facilities (92)	66
Luzon Private Facilities (14)	10
Luzon Total Facilities (106)	76
<b>VISAYAS</b>	
Visayas Public Facilities (34)	32
Visayas Private Facilities (0)	0
Visayas Total Facilities (34)	32
<b>MINDANAO</b>	
Mindanao Public Facilities (14)	14
Mindanao Private Facilities (2)	0
Mindanao Total Facilities (16)	14
<b>ALL REGIONS</b>	
Total Public (140)	112
Total Private (16)	10
Total Public and Private (156)	122 (78.21%)

**Table A8.** Personnel trained and certified on LARC and LAPM for facilities monitored in FY2021 2<sup>nd</sup> Quarter (January – March 2021)

Monitored Facilities	Trained personnel in Interval IUD	Certified personnel in Interval IUD	Trained personnel in Postpartum IUD	Certified Personnel in Postpartum IUD	Trained Personnel in BTL-MLLA	Certified Personnel in BTL-MLLA
<b>LUZON</b>						
Luzon Public Facilities (92)	47	28	54	37	40	35
Luzon Private Facilities (14)	8	8	8	8	13	13
Luzon Total Facilities (106)	55	36	62	45	53	48

Monitored Facilities	Trained personnel in Interval IUD	Certified personnel in Interval IUD	Trained personnel in Postpartum IUD	Certified Personnel in Postpartum IUD	Trained Personnel in BTL-MLLA	Certified Personnel in BTL-MLLA
<b>VISAYAS</b>						
Visayas Public Facilities (34)	32	30	32	32	17	17
Visayas Private Facilities (0)	0	0	0	0	0	0
Visayas Total Facilities (34)	32	30	32	32	17	17
<b>MINDANAO</b>						
Mindanao Public Facilities (14)	12	9	13	12	12	9
Mindanao Private Facilities (2)	2	2	2	2	2	2
Mindanao Total Facilities (16)	14	11	15	14	14	11
<b>ALL REGIONS</b>						
Total Public (140)	91	67	99	81	69	61
Total Private (16)	10	10	10	10	15	15
Total Public and Private (156)	101	77	109	91	84	76

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

Objective/Indicator	Baseline Value	FY 2019								FY 2020								FY 2021								Life-of-Activity		
		Total for the Year				Actual by Quarter				Total for the Year				Actual by Quarter				Total for the Year				Actual by Quarter				Target	Actual (As of September 2020)	% Target Achieved
		Target	Actual	% Target Achieved		Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved		Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved		Q1	Q2	Q3	Q4			
<b>Purpose (Outcome): Improved health for underserved Filipinos</b>																												
Indicator 2: Couple years protection (CYP) in US Government (USG-) supported programs		631,580 (for 1 quarter only, updated)	1,511,190	2,877,884	190.4% ±	No Data (Baseline data collection started in Q2)	1,048,857	928,070	900,958	3,435,275	3,593,491	104.6% ±	890,414	947,449	920,900	834,728	3,607,039	1,766,366	49.0% ↑	869,239	897,128	N/A	N/A	16,878,278	8,237,741	48.8% ↑		
<b>Public</b>			1,645,584			638,090	517,303	490,191		2,238,760			551,731	608,767	582,218	496,045	2,117,714	1,021,704		496,907	524,796	N/A	N/A		4,906,048			
<b>Estimated Private</b>			1,232,300			410,767	410,767	410,767		1,354,731			338,683	338,683	338,683	338,683	1,489,325	744,662		372,331	372,331	N/A	N/A		3,331,693			
Public	Urban		966,404			364,371	309,721	292,312		1,288,471			341,750	352,076	322,300	272,345		567,060		279,096	287,965	N/A	N/A		2,821,935			
	Rural		679,180			273,719	207,582	197,878		950,290			209,981	256,691	259,917	223,700		454,643		217,812	236,832	N/A	N/A		2,084,113			
Public	BTL		190,970		-	78,290	64,710	47,970		287,500			76,440	83,220	78,650	49,190		95,290		41,960	53,330	N/A	N/A		573,760			
	NSV		4,000		-	1,370	1,580	1,050		4,010			1,000	1,970	800	240		1,400		790	610	N/A	N/A		9,410			
	Pills		592,289		-	222,617	184,922	184,751		781,867			184,691	205,992	201,668	189,516		389,584		186,729	202,855	N/A	N/A		1,763,740			
	IUD		108,615		-	42,808	34,219	31,588		185,900			48,429	50,632	55,550	31,289		57,252		30,622	26,629	N/A	N/A		351,767			
	Injectables		336,938		-	123,802	106,380	106,756		465,136			111,323	124,934	116,530	112,349		233,924		116,163	117,761	N/A	N/A		1,035,998			
	NFP-CM		8,317		-	3,140	2,627	2,551		9,171			1,902	2,663	2,454	2,153		4,494		2,191	2,303	N/A	N/A		21,982			
	NFP-BBT		1,086		-	269	659	159		1,884			167	282	741	695		1,380		735	645	N/A	N/A		4,350			
	NFP-STM		924		-	461	276	187		1,508			149	340	606	414		920		484	436	N/A	N/A		3,352			
	NFP-SDM		25,760		-	11,234	7,337	7,189		37,873			7,414	11,261	9,872	9,326		20,182		10,113	10,069	N/A	N/A		83,814			
	NFP-LAM		163,747		-	62,985	51,145	49,617		212,272			49,962	61,971	51,855	48,484		100,864		48,663	52,201	N/A	N/A		476,882			
	Condoms		102,993		-	38,260	32,486	32,246		135,723			32,675	36,123	34,520	32,406		66,033		31,699	34,335	N/A	N/A		304,749			
	PSI		109,945		-	52,855	30,963	26,128		115,918			37,580	29,380	28,973	19,985		50,383		26,760	23,623	N/A	N/A		276,245			
<b>Indicator 3: Unmet need for modern FP</b>																												
Status	70,413	Not determined	87,137	No FY1 target	N/A	70,048	45,366	87,137	282,281	59,786	21.2% ↑	111,320	58,318	110,692	59,786	282,281	68,709	24.3% ↑	53,886	68,709	N/A	N/A	180,660	68,709	38.0% ↑			
Cumulative			233,573		N/A	66,632	140,000	26,941		443,397	63.7% *	55,871	79,856	171,645	136,025		864,250	306.2% ±	130,686	733,564	N/A	N/A		1,541,220	853.1% ±			
<b>IR 1: Healthy behaviors (RH-seeking behavior, practicing FP, and making healthy choices) strengthened in underserved populations</b>																												
Indicator 5: Number of modern FP users in USG-assisted sites		2,831,046	3,340,208	2,339,524	70.0% *	No Data (Baseline data collection started in Q2)	2,811,010	2,357,335	2,339,524	3,512,082	2,423,026	69.0% *	2,468,567	2,711,875	2,557,647	2,423,026	3,233,530	2,534,618	78.4% *	2,426,988	2,534,618	N/A	N/A	3,674,441	2,534,618	69.0% *		
	BTL		274,045			321,569	280,553	274,045		271,347			280,838	292,246	282,725	271,347		233,846		266,460	233,846	N/A	N/A		233,846			
	NSV		4,521			7,061	8,193	4,521		4,514			5,654	6,772	4,523	4,514		4,670		4,221	4,670	N/A	N/A		4,670			
	Pills		923,755			1,113,084	924,608	923,755		947,579			923,457	1,029,959	1,008,339	947,579		1,014,275		933,645	1,014,275	N/A	N/A		1,014,275			
	IUD		199,076			250,126	198,963	199,076		211,986			275,635	243,496	223,499	211,986		237,707		214,065	237,707	N/A	N/A		237,707			

Objective/Indicator	Baseline Value	FY 2019								FY 2020								FY 2021								Life-of-Activity		
		Total for the Year			Actual by Quarter				Total for the Year			Actual by Quarter				Total for the Year			Actual by Quarter				Target	Actual (As of September 2020)	% Target Achieved			
		Target	Actual	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4						
Injectables			427,025			495,207	425,521	427,025		449,397		445,293	499,735	466,120	449,397		471,043		464,651	471,043	N/A	N/A		471,043				
NFP-CM			10,202			12,560	10,507	10,202		8,610		7,606	10,651	9,815	8,610		9,213		8,763	9,213	N/A	N/A		9,213				
NFP-BBT			636			1,074	2,634	636		2,780		668	1,126	2,963	2,780		2,579		2,939	2,579	N/A	N/A		2,579				
NFP-STM			747			1,845	1,105	747		1,654		595	1,360	2,423	1,654		1,744		1,936	1,744	N/A	N/A		1,744				
NFP-SDM			28,756			44,934	29,348	28,756		37,302		29,655	45,045	39,488	37,302		40,275		40,451	40,275	N/A	N/A		40,275				
NFP-LAM			198,466			251,941	204,579	198,466		193,936		199,848	247,882	207,421	193,936		208,805		194,651	208,805	N/A	N/A		208,805				
Condoms			128,985			153,041	129,944	128,985		129,622		130,698	144,491	138,081	129,622		137,339		126,794	137,339	N/A	N/A		137,339				
PSI			143,310			158,568	141,380	143,310		164,299		168,620	189,112	172,250	164,299		173,122		168,412	173,122	N/A	N/A		173,122				
Indicator 6: Number of new FP acceptors in USG-assisted sites	125,328 for 1 quarter (125,328 x 4 = 501,312 - estimate of number for 1 year)	701,443	279,253	39.8%↑	No Data (Baseline data collection started in Q2)	119,308	84,023	75,922	737,537	387,165	52.5%*	110,448	106,427	96,791	73,499	487,024	163,148	33.5%↑	79,302	83,846	N/A	N/A	3,051,029	829,566	27.2%↑			
BTL			4,703			2,098	1,377	1,228		8,288		2,548	2,587	1,945	1,208		4,099		1,316	2,783	N/A	N/A		17,090				
NSV			188			75	73	40		143		50	41	36	16		30		6	24	N/A	N/A		361				
Pills			53,175			23,464	15,794	13,917		86,412		24,248	21,208	23,630	17,326		35,451		16,931	18,520	N/A	N/A		175,038				
IUD			7,706			2,851	2,650	2,205		15,128		4,246	4,396	3,926	2,560		4,205		2,304	1,901	N/A	N/A		27,039				
Injectables			47,713			19,141	14,345	14,227		74,078		19,986	19,587	19,714	14,791		33,451		17,197	16,254	N/A	N/A		155,242				
NFP-CM			436			259	114	63		833		68	578	105	82		221		98	123	N/A	N/A		1,490				
NFP-BBT			65			24	20	21		186		11	48	50	77		159		110	49	N/A	N/A		410				
NFP-STM			100			42	45	13		473		52	349	48	24		1,755		33	1,722	N/A	N/A		2,328				
NFP-SDM			4,066			3,319	530	217		2,620		938	945	433	304		927		460	467	N/A	N/A		7,613				
NFP-LAM			131,775			54,684	40,569	36,522		162,570		46,512	47,156	38,115	30,787		67,900		33,365	34,535	N/A	N/A		362,245				
Condoms			11,101			4,771	3,317	3,013		18,104		5,127	4,752	4,948	3,277		7,211		3,187	4,024	N/A	N/A		36,416				
PSI			18,225			8,580	5,189	4,456		18,330		6,662	4,780	3,841	3,047		7,739		4,295	3,444	N/A	N/A		44,294				
<b>Sub-IR 1.1: Improved individual, household, and community FP knowledge and decision-making in underserved populations</b>																												
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)	1,501,044	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,500,000	1,887,170	75.5%*	N/A	N/A	1,520,856	364,584	10,325,000	9,572,929	92.7%*	4,012,505	5,560,424	N/A	N/A	35,049,562	11,462,800	32.7%↑			
Radio	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-	N/A	N/A	-	-	-	-	-	-	-	-	N/A	N/A	-	-	-			
Television	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	-	N/A	N/A	-	-	-	-	-	-	-	-	N/A	N/A	-	-	-			
Electronic Platforms	1,496,008	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,878,839	-	N/A	N/A	1,520,232	358,607	-	9,509,986	-	3,967,209	5,542,779	N/A	N/A	-	-	11,388,827				
Community Group Dialogue	4,528	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,813	-	N/A	N/A	116	967	-	1,229	-	351	878	N/A	N/A	-	-	6,743				
Interpersonal Communication & Counseling	60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60	-	N/A	N/A	60	-	-	1,707	-	1,020	687	N/A	N/A	-	-	1,767				
In print	-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5,010	-	N/A	N/A	-	5,010	-	60,005	-	43,925	16,080	N/A	N/A	-	-	65,015				
Others	448	N/A	N/A	N/A	N/A	N/A	N/A	N/A	448	-	N/A	N/A	448	-	-	-	-	-	-	-	N/A	N/A	-	-	448			

Objective/Indicator	Baseline Value	FY 2019								FY 2020								FY 2021								Life-of-Activity		
		Total for the Year			Actual by Quarter					Total for the Year			Actual by Quarter					Total for the Year			Actual by Quarter					Target	Actual (As of September 2020)	% Target Achieved
		Target	Actual	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4						
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% †	N/A	N/A	N/A	N/A	57,495	63,346	110.2% †	N/A	N/A	6,162	63,346	65,708	76,910	117.0% †	72,375	76,910	N/A	N/A	82,135	76,910	93.6%*			
Male			333		N/A	N/A	N/A	N/A		507		N/A	N/A	61	507		658		566	658	N/A	N/A		658				
Female			48,948		N/A	N/A	N/A	N/A		62,839		N/A	N/A	5,607	62,839		76,252		71,809	76,252	N/A	N/A		76,252				
Sex not specified					N/A	N/A	N/A	N/A		-		N/A	N/A	494	-		-		-	-	-	-		-				
<b>Sub-IR 1.2: Improved individual, community, and local civil society ownership/participation in healthy behaviors</b>																												
Indicator 9: Percent of individuals participating in mobilization activities who adopted FP	93% (based on only 2 provinces)	84%	88.7%	105.6% †	No Data (Baseline data collection started in Q2)	87.7%	90.0%	88.2%	85%	84.9%	99.9%*	79.1%	75.3%	83.6%	99.4%	85%	79.0%	92.9%*	55.6%	88.4%	N/A	N/A	85%	85.3%	100.4% †			
No. of Sessions	18		247		N/A	56	77	114		262		60	102	12	88		98		31	67	N/A	N/A		607				
No. of Participants	166		2,701		N/A	571	834	1296		2,813		738	992	116	967		1,229		351	878	N/A	N/A		6,743				
No. Provided FP Services	154		2,395		N/A	501	751	1143		2,389		584	747	97	961		971		195	776	N/A	N/A		5,755				
<b>IR 2: Quality, client-centered, respectful FP care and services to men, women, and adolescents in underserved areas strengthened and expanded</b>																												
Indicator 10: Percent of USG-assisted service delivery points providing FP counseling and/or services	N: 1523 (74.2%) D: 2053 (74.2%)	N: 1523 (74.2%) D: 2053 (74.2%)	69.5%	93.6%*	No Data (Baseline data collection started in Q2)	74.2%	N/A	85.5%	N: 1655 (80.6%) D: 2053 (80.6%)	58.1%	72%*	93.2%	95.1%	95.3%	96.0%	N: 1627 (85%) D: 1914 (85%)	87.7%	103.2% †	87.4%	96.5%	N/A	N/A	N: 1838 (96%) D: 1914 (96%)	87.7%	91.4%*			
Total Health Facilities			1013 / 1458 (69.5%)		N/A	1523 / 2053 (74.2%)	N/A	613 / 717 (85.5%)		1092 / 1878 (58.1%)		743 / 797 (93.2%)	717 / 754 (95.1%)	1191 / 1250 (95.3%)	1092 / 1137 (96.0%)		1555 / 1773 (87.7%)		1528 / 1748 (87.4%)	1202 / 1245 (96.5%)	N/A	N/A		1555 / 1773 (87.7%)				
Public			613 / 717 (85.5%)		N/A	1123 / 1312 (85.5%)	N/A	613 / 717 (85.5%)		1092 / 1137 (96.0%)		743 / 797 (93.2%)	717 / 754 (95.1%)	1191 / 1250 (95.3%)	1092 / 1137 (96.0%)		1202 / 1245 (96.5%)		1175 / 1220 (96.3%)	1202 / 1245 (96.5%)	N/A	N/A		1202 / 1245 (96.5%)				
Private			400 / 741 (54.0%)		N/A	400 / 741 (54.0%)	N/A	N/A		0 / 741 (0%)		N/A	N/A	N/A	N/A		353 / 528 (66.9%)		353 / 528 (66.9%)	N/A	N/A	N/A		353 / 528 (66.9%)				
RHU/HC			547 / 596 (91.8%)		N/A	1014 / 1060 (95.7%)	N/A	547 / 596 (91.8%)		926 / 938 (98.7%)		632 / 656 (96.3%)	608 / 621 (97.9%)	1007 / 1030 (97.8%)	926 / 938 (98.7%)		95%	1012 / 1027 (98.5%)		996 / 1010 (98.6%)	1012 / 1027 (98.5%)	N/A	N/A	98%	1012 / 1027 (98.5%)	100.6% †		
Public Hospital			66 / 121 (54.5%)		N/A	109 / 252 (43.3%)	N/A	66 / 121 (54.5%)		166 / 199 (83.4%)		111 / 141 (78.7%)	109 / 133 (82.0%)	184 / 220 (83.6%)	166 / 199 (83.4%)		85%	190 / 218 (87.2%)		179 / 210 (85.2%)	190 / 218 (87.2%)	N/A	N/A	90%	190 / 218 (87.2%)	96.8%*		
Private Hospital			6 / 249 (2.4%)		N/A	6 / 249 (2.4%)	N/A	N/A		0 / 249 (0%)		N/A	N/A	N/A	N/A		47%	15 / 110 (13.6%)		15 / 110 (13.6%)	N/A	N/A	73%	15 / 110 (13.6%)	18.7% †			
Private Clinic			394 / 492 (80.1%)		N/A	394 / 492 (80.1%)	N/A	N/A		0 / 492 (0%)		N/A	N/A	N/A	N/A		88%	338 / 418 (80.9%)		338 / 418 (80.9%)	N/A	N/A	100%	338 / 418 (80.9%)	80.9%*			
Clinics			941 / 1088 (86.5%)		N/A	1408 / 1552 (90.7%)	N/A	547 / 596 (91.8%)		926 / 1430 (64.8%)		632 / 656 (96.3%)	608 / 621 (97.9%)	1007 / 1030 (97.8%)	926 / 938 (98.7%)		1350 / 1445 (93.4%)		1334 / 1428 (93.4%)	1012 / 1027 (98.5%)	N/A	N/A		1350 / 1445 (93.4%)				
Hospitals			72 / 370 (19.5%)		N/A	115 / 501 (23.0%)	N/A	66 / 121 (54.5%)		166 / 448 (37.1%)		111 / 141 (78.7%)	109 / 133 (82.0%)	184 / 220 (83.6%)	166 / 199 (83.4%)		205 / 328 (62.5%)		194 / 320 (60.6%)	190 / 218 (87.2%)	N/A	N/A		205 / 328 (62.5%)				
Urban			669 / 991 (67.5%)		N/A	971 / 1327 (73.2%)	N/A	344 / 414 (83.1%)		599 / 1208 (49.6%)		420 / 456 (92.1%)	415 / 440 (94.3%)	672 / 714 (94.1%)	599 / 631 (94.9%)		976 / 1126 (86.7%)		959 / 1112 (86.2%)	676 / 709 (95.3%)	N/A	N/A		976 / 1126 (86.7%)				
Rural			344 / 467 (73.7%)		N/A	552 / 726 (76.0%)	N/A	269 / 303 (88.8%)		493 / 670 (73.6%)		323 / 341 (94.7%)	302 / 314 (96.2%)	519 / 536 (96.8%)	493 / 506 (97.4%)		579 / 647 (89.5%)		569 / 636 (89.5%)	526 / 536 (98.1%)	N/A	N/A		579 / 647 (89.5%)				



Objective/Indicator	Baseline Value	FY 2019								FY 2020								FY 2021								Life-of-Activity		
		Total for the Year			Actual by Quarter					Total for the Year			Actual by Quarter					Total for the Year			Actual by Quarter					Target	Actual (As of September 2020)	% Target Achieved
		Target	Actual	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4						
Indicator 11: Number of functional Adolescent-Friendly Health Service Delivery Points	29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	266	18 / 1772 (1.0%)	6.8%↑	29 / 1730 (1.7%)	18 / 1244 (1.4%)	N/A	N/A	455	18 / 1772 (1.0%)	4.0%↑			
RHU/HC	25		N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		14 / 1026 (1.4%)		25 / 1008 (2.5%)	14 / 1026 (1.4%)	N/A	N/A		14 / 1026 (1.4%)					
Public Hospital	4		N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		4 / 218 (1.8%)		4 / 194 (2.1%)	4 / 218 (1.8%)	N/A	N/A		4 / 218 (1.8%)					
Private Hospital	0		N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		0 / 110 (0.0%)		0 / 110 (0.0%)	N/A	N/A	N/A	N/A	0 / 110 (0.0%)					
Private Clinic	0		N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		0 / 418 (0.0%)		0 / 418 (0.0%)	N/A	N/A	N/A	N/A	0 / 418 (0.0%)					
Indicator 12: Number of Adolescents availed FP-MCH-SRH services in supported Adolescent-Friendly Service Delivery Points	69350	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	80,650	148,568	184.2%↑	69,350	79,218	N/A	N/A	253,782	148,568	58.5%*				
Type of Facility	RHU/HC		N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		114,745		54,514	60,231	N/A	N/A		114,745					
Public Hospital			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		32,922		13,935	18,987	N/A	N/A		32,922					
Private Hospital			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		218		218	N/A	N/A	N/A	N/A	218					
Private Clinic			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		683		683	N/A	N/A	N/A	N/A	683					
Type of Service	FP Information		N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		1,455		1,455					1,455					
HEEADSSS Counselling			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		5,086		877	4,209	N/A	N/A		5,086					
HEEADSSS Other Risks Counselling			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		4,149		1,368	2,781	N/A	N/A		4,149					
FP-SRH Counselling			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		13,479		8,162	5,317	N/A	N/A		13,479					
FP CU			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		87,147		39,932	47,215	N/A	N/A		87,147					
4ANC			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		17,381		8,534	8,847	N/A	N/A		17,381					
Delivery			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		17,444		10,420	7,024	N/A	N/A		17,444					
Managed/Referred			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		2,427		57	2370	N/A	N/A		2,427					
Age	10-14		N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		4,251		1,013	3,238	N/A	N/A		4,251					
15-19			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		144,317		68,337	75980	N/A	N/A		144,317					
Sex	Male		N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		2,010		279	1,731	N/A	N/A		2,010					
Female			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		146,558		69,071	77,487	N/A	N/A		146,558					
Unknown			N/A		N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A		-		-	-	N/A	N/A		-					
Indicator 13: 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	N/A	N/A	N/A	N/A	5/11 CHDs (45%)	0	0.0%↑	N/A	0	0	0	60%	0 / 11 = 0%	0.0%↑	0	0 / 11 = 0%	N/A	N/A	100%	0 / 11 = 0%	0.0%↑			
LGUs with functional ICV Team	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	15/32 LGUs (47%)	0	0.0%↑	N/A	0	0	0	65%	1 / 32 = 3%	4.8%↑	0	1 / 32 = 3%	N/A	N/A	100%	1 / 32 = 3%	3.1%↑			
Sub-IR 2.1: Increased access to quality health services in FP and ASRH through patient-centered approaches																												
Indicator 15: Percent of women with unmet FP identified provided with modern family planning	137%	46%			No Data (Baseline started in Q2)				50%							55%				N/A	N/A	65%						
Status Unmet Need Data			22%	48.3%↑	N/A	16.0%	29.8%	22.2%		37.9%	75.8%*	28.7%	19.8%	34.5%	37.9%		54.4%	98.9%*	32.3%	54.4%	N/A	N/A	54.4%	83.7%*				

Objective/Indicator	Baseline Value	FY 2019								FY 2020								FY 2021								Life-of-Activity		
		Total for the Year				Actual by Quarter				Total for the Year				Actual by Quarter				Total for the Year				Actual by Quarter				Target	Actual (As of September 2020)	% Target Achieved
		Target	Actual	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4						
Numerator (FHSIS NA)			19,360		N/A	11,209	13,532	19,360		22,646		31,969	11,530	38,154	22,646		37,375		17,415	37,375	N/A	N/A		37,375				
Denominator (Unmet Need)			87,137		N/A	70,048	45,366	87,137		59,786		111,320	58,318	110,692	59,786		68,709		53,886	68,709	N/A	N/A		68,709				
<b>Cumulative Unmet Need Data</b>			<b>10.4%</b>	<b>22.7%↑</b>	<b>N/A</b>	<b>2.8%</b>	<b>3.2%</b>	<b>66.8%</b>		<b>22.8%</b>	<b>45.5%↑</b>	<b>45.0%</b>	<b>43.2%</b>	<b>14.3%</b>	<b>12.3%</b>		<b>4.6%</b>	<b>8.3%↑</b>	<b>15.5%</b>	<b>2.6%</b>	<b>N/A</b>	<b>N/A</b>		<b>10.7%</b>	<b>16.5%↑</b>			
Numerator (FHSIS NA)			24,370		N/A	1,838	4,530	18,002		100,966		25,127	34,464	24,605	16,770		39,518		20,236	19,282	N/A	N/A		164,854				
Denominator (Unmet Need)			233,573		N/A	66,632	140,000	26,941		443,397		55,871	79,856	171,645	136,025		864,250		130,686	733,564	N/A	N/A		1,541,220				
<b>Indicator 19: Number of participants who attended in-service training (IST) using non-traditional platforms in FP in USG-Assisted sites</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>60</b>	<b>806</b>	<b>1343.3%↑↑</b>	<b>N/A</b>	<b>N/A</b>	<b>419</b>	<b>387</b>	<b>2680</b>	<b>787</b>	<b>29.4%↑</b>	<b>425</b>	<b>362</b>	<b>N/A</b>	<b>N/A</b>	<b>9075</b>	<b>1593</b>	<b>17.6%↑</b>			
<b>Sub-IR 3.3: FP supply and logistics strengthened in FP activity sites</b>																												
<b>Indicator 26: Average stock-out rate of contraceptive commodities at FP SDPs</b>		<10%	18.8%	53.1%*	No Data (Baseline data collection started in Q2)	23.4%	N/A	6.5%	<10%	2.7%	371.5%↑	3.5%	2.7%	2.9%	1.9%	<7%	7.5%	93.0%*	10.1%	2.7%	N/A	N/A	<7%	8.5%	82.7%*			
<b>All Facilities</b>	<b>Without SDM</b>	21%	19.4%	51.6%*		21.5%		13.5%	10%	16.1%	62.3%*	24.4%	14.7%	13.8%	13.8%		13.3%	52.5%*	14.2%	9.8%				16.0%	43.7%↑			
	<b>With SDM</b>	26%	23.4%			26.2%		14.6%		19.6%		28.0%	20.0%	18.8%	14.3%		14.3%		15.6%	10.0%		V		18.8%				
	<b>Pills</b>	23%	492 / 2612 (18.8%)	53.1%*		446 / 1908 (23.4%)		46 / 704 (6.5%)	3%	106 / 3938 (2.7%)	371.5%↑	28 / 797 (3.5%)	20 / 754 (2.7%)	36 / 1250 (2.9%)	22 / 1137 (1.9%)		209 / 2778 (7.5%)	93.0%*	175 / 1740 (10.1%)	34 / 1245 (2.7%)				807 / 9535 (8.5%)	82.7%*			
	<b>Injectables</b>	18%	397 / 2624 (15.1%)	66.1%*		353 / 1916 (18.4%)		44 / 708 (6.2%)	5%	187 / 3937 (4.7%)	210.5%↑	26 / 797 (3.3%)	27 / 754 (3.6%)	76 / 1250 (6.1%)	58 / 1136 (5.1%)		363 / 2775 (13.1%)	53.5%*	193 / 1737 (11.1%)	170 / 1244 (13.7%)				947 / 9542 (9.9%)	70.5%*			
	<b>Condoms</b>	28%	841 / 2592 (24.7%)	40.4%↑		526 / 1891 (27.8%)		115 / 701 (16.4%)	18%	727 / 3937 (18.5%)	54.2%*	128 / 797 (16.1%)	109 / 754 (14.5%)	262 / 1250 (21.0%)	228 / 1136 (20.1%)		524 / 2772 (18.9%)	37.0%↑	368 / 1734 (21.2%)	156 / 1244 (12.5%)				1892 / 9507 (19.9%)	35.2%↑			
	<b>IUD</b>	14%	148 / 1400 (10.6%)	94.6%*		137 / 983 (13.9%)		11 / 417 (2.6%)	9%	234 / 2519 (9.3%)	107.6%↑	10 / 429 (2.3%)	43 / 479 (9.0%)	69 / 818 (8.4%)	112 / 793 (14.1%)		80 / 1381 (5.8%)	120.8%↑	52 / 892 (5.8%)	28 / 630 (4.4%)				462 / 5441 (8.5%)	82.4%*			
	<b>PSI</b>	24%	400 / 1452 (27.5%)	36.3%↑		242 / 1011 (23.9%)		158 / 441 (35.8%)	45%	1209 / 2683 (45.1%)	22.2%↑	498 / 515 (96.7%)	227 / 518 (43.8%)	257 / 837 (30.7%)	227 / 813 (27.9%)		335 / 1569 (21.4%)	32.8%↑	217 / 958 (22.7%)	118 / 745 (15.8%)				1944 / 5838 (33.3%)	21.0%↑			
	<b>SDM Beads</b>	50%	1010 / 2321 (43.5%)			913 / 1834 (49.8%)		97 / 487 (19.9%)	37%	1433 / 3856 (37.2%)		370 / 797 (46.4%)	350 / 754 (46.4%)	535 / 1228 (43.6%)	178 / 1077 (16.5%)		495 / 2615 (18.9%)		365 / 1597 (22.9%)	130 / 1219 (10.7%)				2938 / 8993 (32.7%)				
<b>Public Facilities</b>	<b>Without SDM</b>	21%	18.4%	54.4%*		21.1%		13.5%	10%	16.1%	62.3%*	24.4%	14.7%	13.8%	13.8%		10.5%	66.9%*	9.2%	9.8%				14.8%	47.2%↑			
	<b>With SDM</b>	27%	22.7%			26.6%		14.6%		19.6%		28.0%	20.0%	18.8%	14.3%		10.7%		9.5%	10.0%				17.5%				
	<b>Pills</b>	24%	352 / 1975 (17.8%)	56.1%*		306 / 1271 (24.1%)		46 / 704 (6.5%)	3%	106 / 3938 (2.7%)	371.5%↑	28 / 797 (3.5%)	20 / 754 (2.7%)	36 / 1250 (2.9%)	22 / 1137 (1.9%)		62 / 2257 (2.7%)	254.8%↑	28 / 1219 (2.3%)	34 / 1245 (2.7%)				520 / 8377 (6.2%)	112.6%↑			
	<b>Injectables</b>	19%	281 / 1987 (14.1%)	70.7%*		237 / 1279 (18.5%)		44 / 708 (6.2%)	5%	187 / 3937 (4.7%)	210.5%↑	26 / 797 (3.3%)	27 / 754 (3.6%)	76 / 1250 (6.1%)	58 / 1136 (5.1%)		251 / 2257 (11.1%)	62.9%*	81 / 1219 (6.6%)	170 / 1244 (13.7%)				719 / 8387 (8.6%)	81.7%*			
	<b>Condoms</b>	27%	400 / 1971 (23.1%)	43.2%↑		341 / 1270 (26.9%)		115 / 701 (16.4%)	18%	727 / 3937 (18.5%)	54.2%*	128 / 797 (16.1%)	109 / 754 (14.5%)	262 / 1250 (21.0%)	228 / 1136 (20.1%)		300 / 2257 (13.3%)	52.7%*	144 / 1219 (11.8%)	156 / 1244 (12.5%)				1483 / 8371 (17.7%)	39.5%↑			
	<b>IUD</b>	13%	101 / 1119 (9.0%)	110.8%↑		90 / 702 (12.8%)		11 / 417 (2.6%)	9%	234 / 2519 (9.3%)	107.6%↑	10 / 429 (2.3%)	43 / 479 (9.0%)	69 / 818 (8.4%)	112 / 793 (14.1%)		65 / 1151 (5.6%)	124.0%↑	37 / 662 (5.6%)	28 / 630 (4.4%)				400 / 4930 (8.1%)	86.3%*			
	<b>PSI</b>	23%	334 / 1202 (27.8%)	36.0%↑		176 / 761 (23.1%)		158 / 441 (35.8%)	45%	1209 / 2683 (45.1%)	22.2%↑	498 / 515 (96.7%)	227 / 518 (43.8%)	257 / 837 (30.7%)	227 / 813 (27.9%)		270 / 1385 (19.5%)	35.9%↑	152 / 774 (19.6%)	118 / 745 (15.8%)				1813 / 5404 (33.5%)	20.9%↑			
	<b>SDM Beads</b>	54%	766 / 1720 (44.5%)			669 / 1233 (54.3%)		97 / 487 (19.9%)	37%	1433 / 3856 (37.2%)		370 / 797 (46.4%)	350 / 754 (46.4%)	535 / 1228 (43.6%)	178 / 1077 (16.5%)		260 / 2202 (11.8%)		130 / 1184 (11.0%)	130 / 1219 (10.7%)				2459 / 7979 (30.8%)				
<b>Private Facilities</b>	<b>Without SDM</b>	23%	22.6%	44.2%↑		22.6%											27.0%	25.9%↑	27.0%	N/A			24.6%	28.5%↑				
	<b>With SDM</b>	26%	25.6%			25.6%											32.0%		32.0%	N/A			28.3%					
	<b>Pills</b>	22%	140 / 637 (22.0%)	45.5%↑		140 / 637 (22.0%)											147 / 521 (28.2%)	24.8%↑	147 / 521 (28.2%)	N/A			287 / 1158 (24.8%)	28.2%↑				

Objective/Indicator	Baseline Value	FY 2019								FY 2020								FY 2021								Life-of-Activity		
		Total for the Year			Actual by Quarter					Total for the Year			Actual by Quarter					Total for the Year			Actual by Quarter					Target	Actual (As of September 2020)	% Target Achieved
		Target	Actual	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (Q1-Q4)	% Target Achieved	Q1	Q2	Q3	Q4	Target	Actual (As of September 2020)	% Target Achieved			
Injectables	18%		116 / 637 (18.2%)	54.9%*		116 / 637 (18.2%)										112 / 518 (21.6%)	32.4%†	112 / 518 (21.6%)	N/A					228 / 1155 (19.7%)	35.5% †			
Condoms	30%		185 / 621 (29.8%)	33.6%†		185 / 621 (29.8%)										224 / 515 (43.5%)	16.1%†	224 / 515 (43.5%)	N/A					409 / 1136 (36.0%)	19.4% †			
IUD	17%		47 / 281 (16.7%)	59.8%*		47 / 281 (16.7%)										15 / 230 (6.5%)	107.3% ‡	15 / 230 (6.5%)	N/A					62 / 511 (12.1%)	57.7%*			
PSI	26%		66 / 250 (26.4%)	37.9%†		66 / 250 (26.4%)										65 / 184 (35.3%)	19.8%†	65 / 184 (35.3%)	N/A					131 / 434 (30.2%)	23.2% †			
SDM Beads	41%		244 / 601 (40.6%)			244 / 601 (40.6%)										235 / 413 (56.9%)		235 / 413 (56.9%)	N/A					479 / 1014 (47.2%)				
<b>Cross-Cutting Result 3: MERLA</b>																												
Indicator 33: Number of Pause and Reflect sessions conducted	0	33	43	130.3% ‡	N/A	2	37	4	66	55	83.3%*	4	7	20	24	125	63	50.4%*	12	51	N/A	N/A	524	161	30.7% †			
Internal			0		N/A	0	0	0		18		3	3	2	10		43		8	35	N/A	N/A		61				
External			42		N/A	2	37	3		31		1	3	16	11		15		4	11	N/A	N/A		88				
Cross Sectoral			1		N/A	0	0	1		6		0	1	2	3		5		0	5	N/A	N/A		12				
Indicator 34: Number of government staff trained in data analysis and/or scientific stature with ReachHealth support	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	30	45	150.0%‡	0	45	0	0	100	0	0.0%†	0	0	N/A	N/A	750	45	6.0%†			
<b>By Gender</b>			N/A		N/A	N/A	N/A	N/A		45		0	45	0	0		0		0	0	N/A	N/A		45				
Male			N/A		N/A	N/A	N/A	N/A		11		0	11	0	0		0		0	0	N/A	N/A		11				
Female			N/A		N/A	N/A	N/A	N/A		34		0	34	0	0		0		0	0	N/A	N/A		34				
<b>By Type of GOP Staff</b>			N/A		N/A	N/A	N/A	N/A		45		0	45	0	0		0		0	0	N/A	N/A		45				
National-level staff			N/A		N/A	N/A	N/A	N/A		5		0	5	0	0		0		0	0	N/A	N/A		5				
Regional-level staff			N/A		N/A	N/A	N/A	N/A		9		0	9	0	0		0		0	0	N/A	N/A		9				
Provincial/City -level staff			N/A		N/A	N/A	N/A	N/A		25		0	25	0	0		0		0	0	N/A	N/A		25				
Facility-level staff			N/A		N/A	N/A	N/A	N/A		6		0	6	0	0		0		0	0	N/A	N/A		6				

\*Colors have been added to highlight the percentage of project indicators met: Yellow is 50% to 99% 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: Green is ≥100% of target have been met

### 8.3 FINANCIAL INFORMATION

A	Total Estimated Cost (\$)	[\$[REDACTED]]
B	Cumulative Obligation	[\$[REDACTED]]
C	Mortgage	[\$[REDACTED]]
D	Cumulative disbursement (as of previous quarter/as of Dec. 2020)	[\$[REDACTED]]
E	Expenditure (for the current quarter, Jan.-March. 2021)	[\$[REDACTED]]
F	Current Pipeline	[\$[REDACTED]]
G	Projected Expenditure (for the next quarter, April-June 2021)	[\$[REDACTED]]
H	Estimated Pipeline	[\$[REDACTED]]

## 8.4 POTENTIAL SUCCESS STORIES

Story Idea	Supporting Information	Contact Person
<p><b>USAID ReachHealth shares research findings on Filipinos' motivations for family planning</b></p>	<p>Approximately six million Filipino women of reproductive age (15-49) have an unmet need for modern family planning. These are women who are sexually active and capable of becoming pregnant, and report not wanting any more children or wanting to delay the next pregnancy but are not using any modern method of contraception. To better understand the barriers and motivations of Filipinos in practicing family planning, USAID, with RTI International, looked into the Filipino perceptions and attitudes toward family planning through a formative research conducted by Johns Hopkins Center for Communication Programs and the Ateneo de Manila University.</p>	<p>[REDACTED]</p>
<p><b>USAID supports hospital to set up teleconsultation services</b></p>	<p>To decongest the Maguindanao Provincial Hospital, USAID helped the facility launch teleconsultation services for its clients. USAID, with RTI International, provided the hospital with a set of mobile phones, laptop, and Wi-Fi units to start up the teleconsultation system intended to serve more than 11,000 individuals from the region. Teleconsultation will enable clients to consult with trained health providers through an online platform and text messaging.</p>	<p>[REDACTED]</p>
<p><b>USAID ReachHealth Project supported the Department of Education's Webinar series on Adolescent Health's episode on Teenage Pregnancy Prevention</b></p>	<p>USAID's ReachHealth Project supported the Department of Education's Webinar series on Adolescent Health, particularly the episode regarding Teenage Pregnancy Prevention. The episode, which tackled the causes and ways to prevent teenage pregnancy in schools and communities, was viewed by more than 1,200 teachers and high school students during its live broadcast.</p>	<p>[REDACTED]</p>

Story Idea	Supporting Information	Contact Person
<p><b>USAID helps adolescents cope with the pandemic through Ako, Tayo, at COVID-19: A Convo Series for Teens by Teens</b></p>	<p>USAID’s ReachHealth Project, in partnership with the Commission on Population and Development (POPCOM), Department of Education (DepEd), Department of Health (DOH), and the Society of Adolescent Medicine of the Philippines (SAMPI) implemented Ako, Tayo, at COVID-19: A Convo Series for Teens, by Teens, with the purpose of disseminating useful information for adolescents in the time of the pandemic, encouraging discussions of the most pressing and relevant topics for adolescents, and providing opportunities for positive coping during the pandemic and beyond.</p>	<p>[REDACTED]</p>
<p><b>USAID’s ReachHealth Project works with DOLE to make Family Planning information and services available in workplaces</b></p>	<p>USAID ReachHealth, in partnership with the Department of Labor and Employment (DOLE) IX and the City Health Office of Dipolog City, conducted a Family Planning (FP) Orientation and Service provision for the company employees of Rural Transit Mindanao Inc. last March 11, 2021. The orientation was done under the FP in the workplace initiative for companies to be matched with private or public FP service providers who will visit the workplace periodically to provide FP services to the employees.</p>	<p>[REDACTED]</p>
<p><b>USAID helps recalibrating Zamboanga City’s approach to Reduction of Unmet Family Planning Needs Through CLA</b></p>	<p>USAID supported the development of Zamboanga City’s acceleration plans to reduce unmet family planning needs, through Collaboration, Learning and Adapting (CLA) approach.</p>	<p>[REDACTED]</p>

## 8.5 CSO QUARTERLY PERFORMANCE

Summary of Q2 Performance					
CSO	Project	Project Areas	Deliverables	Accomplishments (quantify, if possible)	Remarks
Save the Children Philippines	Reducing Early Adolescents' Pregnancy (REAP)	T'boli and Lake Sebu, South Cotabato	Activity 1.1.1 6 Adapted Heart to HEART radio drama episodes in Tboli	Not implemented during the quarter	Deferred (D) - moved to next quarter, pending the onboarding of the communication consultant
			Activity 1.2.1. Organized and trained 50 Trained Kabalikat volunteers (includes coaching of Kabalikat volunteers on the use of existing monitoring tools)	Trained 12 Kabalikat volunteers have this quarter, in addition to the 40 trained volunteers	Fully Completed (FC)
			Activity 2.1.1: Capacitated and conducted supportive supervision on the use of HEEADSSS to 10 health service providers	Conducted coordination meetings with the Municipal Health Office (MHO) of Lake Sebu and T'boli and Integrated Provincial Health Office (IPHO) of South Cotabato	D - moved to 2nd quarter of 2021 due to lack of training on HEEADSSS. SCP will coordinate with the PHO for training.
			Activity 3.1.2 TWG and LGU champions capacitated on ASRH, Gender Equality/Sensitivity, and maternal neonatal, child health, and nutrition	Championed EOs for the creation of the Barangay Council for the Protection of Children (BCPC)  □ EO No. 10 - An order creating the Barangay Council for the Protection of Children (BCPC) at Barangay Salacafe, Tboli EO No. 6 - An order re-organizing the BCPC and integrating therein the Quality Improvement team at Barangay Upper Maculan, Lake Sebu	D - moved the capacity building for health service providers, CSO staff, and youth to April 6 and 7, 2021
			Activity 3.1.3 M/BLGU and CSOs or LGU recognized youth group capacitated on Child Centered Social Accountability	Not conducted during the quarter	D - moved to the next quarter
FriendlyCare Foundation Inc.	Enhancing Family Planning Demand Generation and Outputs through Technology	Caloocan, Manila, and Laguna	Development of e-plano mobile apps for clients and service providers	Launched the mobile app on the Google Playstore and Apple Store; it is now in beta-testing phase  Listed the profiles of 55 out of 83 facilities in pilot sites	Partially Complete (PC) -Launching the App officially in April 2021

Summary of Q2 Performance					
CSO	Project	Project Areas	Deliverables	Accomplishments (quantify, if possible)	Remarks
			Collaboration with stakeholders/partnership meetings	Conducted courtesy visits to the MHOs of Pakil and Bay, City Mayor and CHOs of Biñan  Biñan will replace Majayjay as pilot site because of the unresponsiveness of the LCE/MHO	
Philippine Society of SRH Nurses (PSORHN) Inc.	Sexual and Reproductive Health Information and Services for Deaf Equal Access through Filipino Sign Language (SRH IS for DEAF)	NCR	Collaboration with stakeholders/partnership meetings	Conducted partnership meetings with Benilde Deaf Association and Women with Disability taking Action on Reproductive and Sexual Health (W-DARE)	PC - Conducting the 2nd FSL training next quarter  Postponed IR activities pending institutional review board clearance from RTI
The Forum for Family Planning and Development, (The Forum) Inc.	Reach Youth in the Margins: Improve State of Reproductive Health of Night School Students in Cebu Tri-Cities	Cities of Cebu, Mandaue and Lapulapu	Consensus and Partnership Building	Gained the support and commitment of representatives of DepEd schools division offices and SK Federations in the tri-cities  Conducted coordination meetings with local partners, including the Philippine Nurses Association - Cebu Chapter and the CHOs of Mandaue and Lapulapu cities	
			Building a Knowledge Base	Reviewed and updated the training materials on CSE and RH, developed an online and face-to-face training program for teachers  Developed a pre-test survey for validation	
			Linking Services and Quality of Care	Updated the mapping of health services and facilities	D - completed meetings with Mandaue and Lapulapu but moved meeting with Cebu City in April
			Awareness Raising		



Summary of Q2 Performance					
CSO	Project	Project Areas	Deliverables	Accomplishments (quantify, if possible)	Remarks
Sibog Katawhan Alang sa Paglambo (SIKAP), Inc.	A Performance Accountability Oriented Engagement of Communities and LGUs for a Healthy Buenavista	Municipality of Buenavista, Agusan del Norte	25 Barangay level breakthrough plans implemented	<p>Responded to FP needs of 167 clients in all 25 barangays</p> <p>Total, by type of FP acceptor            New to program: 92            Restart: 19            Shifter: 38            Total: 149</p> <p>Total, by method            IUD: 29            PSI: 66            Pills: 24            DMPA: 16            Condom: 21            Total: 156</p>	FC, but FP service provisions was still provided even after the activity
			150 barangay & municipal officials participated the Evidence-based legislation workshop on FP & GBV;	<p>Conducted a one-day EBL workshop in 3 batches (March 23-25, 2021) for the 25 barangays attended by 122 participants including:            Barangay officials: 67            BHWs: 26            Womens organization representatives: 19            Others: 7</p>	PC - 83 more barangay & officials still to be capacitated
			110 trained Barangay Health Workers	<p>Trained 170 CHWs from the 25 barangays on FP IPC in 8 batches across March 2-5, 2021</p>	FP - exceeded targets
			25 trained auditors on PAS performance audit system	<p>Conducted a Pre-Auditors Orientation/Workshop to develop criteria, indicators and methods conducted in January 14, 2021, attended by 49 participants</p> <p>Trained 24 participants on technical inputs on the training process and the use of Performance Audit Tools on January 28-29, 2021</p>	FP - exceeded targets, post-training meetings were conducted to ensure that the tools and system are prepared
			25 performance audit conducted	<p>Conducted First Cycle PAS Audit for FP only</p> <p>Five teams conducted the PAS audit separately covering 5 barangays</p>	This was scheduled on Nov. in the grantee workplan but was implemented only in this quarter (February 8,9,10,11,15 & 16).

**Summary of Q2 Performance**

CSO	Project	Project Areas	Deliverables	Accomplishments (quantify, if possible)	Remarks
			35 municipal officials and staff; 25 Barangay LGU and 15 personnel from regional and provincial partners utilized audit result	CHD-Caraga trained 12 HRH assigned in GIDA barangays on FPCBT level I last March 8-12, 2021, as a result of audit findings where it was assessed that only half of the HRH assigned in the BHS are capable to provide FP services	PC - Audit result utilization at the barangay level still to be verified