Consolidated Annual Report on Activities Implemented under the Joint Programme "Strategy to Improve Maternal and Neonatal Health in the Philippines"

Report of the Administrative Agent
for the period 1 January - 31 December 2013

Multi-Partner Trust Fund Office
Bureau of Management
United Nations Development Programme
GATEWAY: http://mptf.undp.org

31 May 2014

PARTICIPATING ORGANIZATIONS

United Nations Population Fund (UNFPA)

United Nations Children's Fund (UNICEF)

World Health Organization (WHO)

CONTRIBUTORS

Australian Agency for International Development

Table of Contents

EXECUTIVE SUMMARY

This 2013 Annual Progress Report under the Joint Programme, "United Nations Joint Programme Strategy to Improve Maternal and Neonatal Health in the Philippines" covers the period from 1 January to 31 December 2013. This report is in fulfillment of the reporting requirements set out in the Standard Administrative Arrangement {SAA} concluded with the Donor. In the Memorandum of Understanding {MOU} signed by Participating UN Organizations, the Annual Progress Report is consolidated based on information, data and financial statements submitted by participating organizations. It is neither an evaluation of the Joint Programme nor an assessment of the performance of the Participating Organizations. The report is intended to provide the Steering Committee with a comprehensive overview of achievements and challenges associated with the Joint Programme, enabling it to make strategic decisions and take corrective measures, where applicable.

The programme year has encountered implementation challenges relative to the changing sociopolitical landscape in project sites, but nevertheless executed significant gains in the attainment of the objectives of the Joint Programme. The challenges aforementioned include the (i) national elections last May; (ii) Mindanao conflict situation by August; and (iii) suspension of regular program work by both the Department of Health and the UN, owing to disaster response initiatives related to tropical storm Haiyan.

On the other hand, the current year's gains remained aligned to the three-pronged strategy of the national government to reduce maternal and neonatal deaths, which includes access to skilled birth attendance, emergency obstetric and neonatal care, and family planning services. Highlights of achieved outputs from program activities include:

- ✓ for ***plans and policies*** in place : (a) Reproductive Health {RH} Law passed, (b) local government units {LGUs} assisted in localizing sexual and reproductive health {SRH} in policy agenda, (c) Technical Assistance on development of DoH Minimum Initial Service Package {MISP} policy and (d) Logistics Management policies and standards;

- ✓ for ***platforms and mechanism established*** : (e) roll out of the Logistics Information Management System (NOSIRS), (f) maternal death review regularly conducted in 3 provinces, (g) real-time Community Health Information and Tracking System {rCHITS} electronic medical records set up in health centers and mobile access with barangay community health teams {CHTs}, (h) rCHITS linkage of the vital registration system, and (i) use of Surveillance in Post Extreme Emergencies and Disasters {SPEED} in maternal and newborn death reporting;

- ✓ for ***tools/guidelines developed*** : (j) Intrapartum Care Clinical Practice Guideline, (k) Maternal, Neonatal and Child Health & Nutrition {MNCHN} Monitoring Tool, (l) harmonized basic emergency obstetrics and newborn care {BEmONC} module for midwives, and (m) manuals of MNCHN-EINC in hospitals;

- ✓ for ***capacities strengthened*** : (n) implemented essential intrapartum and newborn care {EINC} in primary level birthing facilities, (o) curriculum integration of MNCHN-EINC in midwifery and nursing schools, (p) utilization of MNCHN Monitoring Tool in project site Centers for Health and Development {CHDs} and LGUs, (q) BEmONC training done for midwives in project sites, (r) undertaken Communication for Development Planning and Design for LGU health programs, and (s) use of electronic medical records;

- ✓ ***enhanced access to basic goods and services*** through: (t) Advocacy on Philhealth accreditation of LGU health facilities, (u) Provision of MNCHN commodities and supplies (i.e. FP commodities, iron-folate tablets, RH kits, hygiene kits), (v) FP outreach missions conducted, (w) Demand generation activities for FP outreach missions conducted, (x) Reaching Urban Poor (RUP)[1], (y) Health Leadership and Governance Program for local chief executives;[2] and

- ✓ contributed to ***knowledge management*** through (z) young adult fertility and sexuality survey {YAFSS}, (aa) Baseline municipal-level indicator survey {MIS} data in 3 JPMNH LGUs, (ab) Urban survey of informal settlers, (ac) MCH essential and life-saving medicines procurement options, (ad) Evaluation of MNCHN-EINC medical curriculum integration.

The Multi-Partner Trust Fund Office {MPTF Office} of the United Nations Development Programme {UNDP} serves as the Administrative Agent of the Joint Programme. The MPTF Office receives, administers and manages contributions from the Donor, and disburses these funds to the Participating UN Organizations in accordance with the decisions of the Steering Committee. The Administrative Agent {AA} is responsible for consolidation of the individual annual narrative and financial progress reports submitted by each Participating Organization. Transparency and accountability of this Joint Programme operation is made available through the Joint Programme website of the MPTF Office GATEWAY at http://mptf.undp.org/factsheet/fund/JPH00.

The report is presented in two parts. Part I is the Annual Narrative Report and Part II is the Annual Financial Report. The attached Annex A provides drill down data on the status of various project activities.

[1] RUP is a strategy to address urban health inequities among the urban poor and increase their access to basic health services. It is guided by the principles of inter-sectoral action, community partnership, social cohesion and empowerment. The sites use survey data to improve their Health Information System and to target more clients to increase their coverage for MCH services, particularly epidemiology, vitamin A, child nutrition, as well as prenatal and postnatal care.

[2] HLGP provides leadership training for mayors, municipal health officers and officials of the Department of Health (DOH) and its affiliate offices. The objectives include: make the municipal local health system responsive, equitable, sustainable and effective in generating desired health outcomes especially for the poor; strengthen effectiveness of collaborative action among various stakeholders through the promotion of transparency and accountability between and among health partnerships; and, replicate and expand emerging best practices in public healthcare through successful models of innovation in the six pillars of universal healthcare — governance, financing, service delivery, human resources, medicines and information.

PART I: ANNUAL NARRATIVE REPORT

Programme Title & Project Number

- Programme Title: United Nations Joint Programme Strategy to Improve Maternal and Neonatal Health in the Philippines
- Programme Number *(if applicable)*
- MPTF Office Project Reference Number: 00083660

Country, Locality(s), Priority Area(s) / Strategic Results

Country/Region: Philippines- Metro Manila Area, General Santos City, Provinces of Eastern Samar, Ifugao, Lanao del Sur, Maguindanao, North Cotabato and Sarangani

Priority area/ strategic results

Participating Organization(s)

- United Nations Population Fund
- United Nations Children's Fund
- World Health Organization

Implementing Partners

- Department of Health-Philippines

Programme/Project Cost (US$)

JP Contribution from AUSAID (pass-through):	$ 9,101,663
• *by Agency (if applicable)*	
Agency Contribution	
• *by Agency (if applicable)*	
Government Contribution *(if applicable)*	
Other Contributions (donors) *(if applicable)*	
TOTAL: $ 9,101,663	

Programme Duration

Overall Duration	22 months
Start Date	27 August 2012
Original End Date	31 December 2012
Current End date	30 June 2014

Programme Assessment/Review/Mid-Term Eval.

Assessment/Review - if applicable *please attach*
☐ Yes ■ No Date: *dd.mm.yyyy*
Mid-Term Evaluation Report – *if applicable please attach*
☐ Yes ■ No Date: *dd.mm.yyyy*

Report Submitted By

- Name: Arvi P. Miguel
- Title: JPMNH Programme Coordinator
- Participating Organization (Lead): UNCO
- Email address: arvi.miguel@one.un.org

ACRONYMS

ADPCN	Association of Deans of Philippine Colleges of Nursing
AMTSL	Active Management of the Third Stage of Labor
APSOM	Association of Philippine Schools of Midwifery
AWP	Annual Work Plan
ARMM	Autonomous Region of Muslim Mindanao
BEMONC	Basic Emergency Obstetric and Neonatal Care
CBO	Community Based Organizations
CHD	Center for Health and Development
CHITS	Community Health Information and Tracking System
CHT	Community Health Team
DOH	Department of Health
DRRM	Disaster Risk Reduction and Management
EINC	Essential Intrapartum and Newborn Care
EmONC-FA	Emergency Obstetrics and Newborn Care – Facility Assessment
FHSIS	Field Health Services Information System
FP	Family Planning
GIDA	Geographically Isolated and Disadvantaged Area
ICT	Information and Communication Technology
IMAP	Integrated Midwives Association of the Philippines
IUD	Intra Uterine Device
IP	Intra Partum
JPMNH	Joint Programme on Maternal and Neonatal Health
LGU	Local Government Unit
MCP	Maternity Care Package
MDR	Maternal Death Review
MIS	Municipal-level Indicator Survey
MISP-RH	Minimum Initial Service Package for Reproductive Health
MNCHN	Maternal, Newborn, Child Health and Nutrition
NICU	Neonatal Intensive Care Unit
NOSIRS	National Online Stock Inventory and Reporting System
PP	Post Partum
PPP	Public-Private Partnerships
rCHITS	Real-time Community Health Information Technology System
RMNH	Reproductive, Maternal and Newborn Health
RP/RH	Responsible Parenthood/ Reproductive Health
RUP	Reaching the Urban Poor
SIM	Self-Instructional Module
SPEED	Surveillance in Post Extreme Emergencies and Disasters
UNCO	United Nations Coordination Office
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UY	Unang Yakap
WHO	World Health Organization
YAFSS	Young Adult Fertility and Sexuality Survey

I. PURPOSE

- To improve the provision of a continuum of quality care and services from pre-pregnancy, antenatal, intra-partum, post-natal and neonatal care based on agreed national standards adapted to local conditions;
- To increase equitable access to and utilization of RH/maternal and newborn information, goods and services in the JPMNH priority areas; and
- To enhance the effectiveness of national and sub-national support to local planning, implementation, and monitoring of the MNCHN strategy.

II. RESULTS

i) Narrative Reporting on Results

Using the three-pronged strategy to reduce maternal and neonatal deaths as a framework for program implementation outputs, the 2013 Joint Programme activities were able to achieve the following in the targeted sites:

- For Improved Quality of Facility-Based Intrapartum {IP} and Post-Partum {PP} Care:
  - Post intervention evaluation in the incorporation of EINC protocols in the curricula of 37 medical institutions has been completed, but the resulting report is pending.
  - The Association of Deans of Philippine Colleges of Nursing {ADPCN} has formed 94 out of the 94 targeted core trainers from targeted nursing faculties nationwide.
  - The Integrated Midwives Association of the Philippines {IMAP} and the Association of Philippine Schools of Midwifery {APSOM} has trained 32 out of 32 targeted core trainers.
  - The deployment of the EmONC- functionality assessment {FA} was delayed by some implementing partner's contractual procedures. Suggestions of truncating the study's duration to less than 6 months will accordingly compromise its quality. The activity has been considered for re-programming by the 1st half of 2014.
  - 18 Municipal Mayors from JPMNH sites expected to complete their Health Leadership and Management Training in 2014
- For Demand Generated for IP, PP and FP:
  - In 2013, 302 out of targeted 295 health workers across the country were trained on delivering safe and quality care for mothers and their newborns
  - In 2013, 549 out of targeted 240 primary health workers in eight targeted LGUs were trained on EINC. Although the participants attended the JPMNH-scheduled EINC Training, non-JPMNH are either sponsored by other development organizations, by the LGUs and by the hospitals from where these pax are working; hence the high volume of trained HSPs vs the target.
  - 9 out of targeted 9 sites are partnering/mobilizing community-based organizations {CBOs}, corporate and civic organizations to provide support to RUP activities3; 7 out of targeted 7 sites in Metro Manila have integrated RUP strategies in their annual operation plans.
- For Improved Availability of Good Quality FP Services:
  - Continued distribution of family planning {FP} commodities (e.g. 1,179,000 injectable vials4 and 170,000 hormonal implant rods5,) to target municipalities and cities in the Philippines.

[4] These injectables will be able space pregnancies for 294,750 women for a period of one (1) year.
[5] These hormonal implants will be able to space pregnancies for 170,000 women for a period of three (3) years.

    - In 2013, 37 out of targeted 37 Rural Health Units {RHUs} and 9 out of 9 targeted government hospitals have sufficient stocks of at least three modern contraceptives (pills, condoms, injectable)
- For Joint Program Area Health Systems Strengthened in Support of Intrapartum and Postpartum:
    - 8 out of targeted 8 JPMNH LGU health workers trained in Community Health Information Tracking System (CHITS);
    - 8 out of targeted 8 LGUs engaged to install CHITS system
    - Training and piloting of the MNDRS given the project sites would be completed by the 1st half of 2014.
    - Implementation of the rCHITS would be completed by 1st half of 2014.
    - Completion of the baseline and endline quantitative data on selected sentinel sites would be completed by June 2014.

It is worth noting that a joint study conducted by WHO and DOH (in 2009) revealed that the upscale implementation of EINC protocol has contributed to a 75% decrease in admission to neonatal intensive care units {ICUs}, reduced neonatal sepsis rate, lower maternal and newborn deaths, and increased awareness and uptake from the health professionals on the protocols. Subsequent interventions on EINC were undertaken in selected National Capital Region {NCR} hospitals, Eastern Visayas Regional Medical Center {EVRMC}, Cotabato Regional Medical Center and Gen. Santos was implemented by WHO, under the JPMNH.

Delays and challenges in implementation

For the year in review, the project has encountered 3 major challenges:

- National elections last May. The momentum of implementation was stalled a couple of months before and after the election as local political activities diverted much needed continued support and buy-in of LGUs to most development initiatives, JPMNH included.
- Mindanao conflict on the 3rd quarter. The conflict has compromised the security conditions of most of Mindanao. As such, the deployment of personnel in project sites in the region was curtailed, cognizant of corresponding security risks.
- Suspension of regular program by the 4th quarter. The disaster wrought by TS Haiyan has prompted the Department of Health to issue a directive halting regular project work in favor of disaster-response initiatives devoted to address the calamity. The project sites in Region 8 were affected.

On risks, the temporary-restraining order {TRO} imposed on the implementation of the Reproductive Health Law resulted to delays in the roll-out of the national government's activities related to family planning services. However, the design of JPMNH enabled to continue the activities at the sub-national level by providing technical assistance and conducting advocacy work for the passage of local governments' RH codes.

Partnership Strategies

Notwithstanding the above challenges, the Joint Programme was able to exhibit a working relationship that conveys the UN's *delivering as one* approach. Better alignment and complementation took place as each project activity was undertaken by at least 2 participating agencies. This included joint planning sessions with project partners (e.g. DoH, Philhealth, etc.) and the Donor; and finalization and roll out of the MNCHN monitoring tool, among others.

Novel partnerships with the private sector were maintained, such as that of professional societies and academe, inasmuch as scaling up the adoption of EINC in the academic curricula of health professionals (e.g. midwifes and nurses).

Further details on the status of project activities are to be found in Annex A.

ii) Indicator Based Performance Assessment:

	Achieved Indicator Targets	**Reasons for Variance with Planned Target (if any)**	**Source of Verification**
Outcome 1: Improve Access to Quality Continuum of Care and Services to Mothers and Neonates in Identified JPMNH Sites			
Output 1.1: Advocacy for Policy/ Standards			
Indicator: Multi-stakeholder legislative policy agenda with special focus on MNCHN is made available Baseline: 2 Target: 2 (national) 3-5 local	5 LGU and 1 national Monitoring and Advocacy on PhilHealth Accreditation of LGU Health Facilities conducted with PHILHEALTH's assistance.		Minutes of meeting and documentation of activities from PHILHEALTH
	3 LGU Advocacy and monitoring of Utilization of PhilHealth benefits by poor done.		
	Scale-up support for MNCH monitoring tool adoption and utilization of BEmONC services in Quezon City, NCR and in General Santos City, Region 12.		
Output 1.2: Increase use of the health sector of available and appropriate ICT tools and frameworks for health policy development, improvement of service delivery			
Indicator: Availability of an ICT/ Knowledge management support to improve MNCHN service delivery performance, with special focus on vulnerable communities (e.g. adolescence, GIDAs, urban poor) Baseline: 0 Target: 1	Policy and capacity development in the implementation of the internal validation system of the LGU scorecard		Monitoring progress report
Output 1.3: Evidence-based practices on Maternal-Newborn Health Implemented and Institutionalized			
Indicator: Number of evidence-based clinical practice Standards for MNH are developed and disseminated Baseline: 0	302/295 health workers across the country were trained on delivering safe and quality care for mothers and their newborns		Training attendance sheets; training report
	ADPCN has produced 94/94 core		Monitoring progress report

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Target: 2	trainers from targeted nursing facilities nationwide.		
	IMAP and APSOM has trained 32/32 core trainers on EINC.		Monitoring progress report
	Post intervention evaluation of 37/37 medical institutions, incorporating EINC has been completed.		Monitoring progress report
Indicator: Number of Public Private Partnership models for MNCHN service delivery for scale-up Baseline: 0 Target: 3	Scale-up of Logistics Management Information system (NOSIRS)	roll-out of NOSIRS to provincial and municipal LGUs by JPMNH-trained CHD and CO staff still to be done	UNFPA Quarterly Work Plan Monitoring Tool (QWPMT) http://memphis7.unfpa.org.ph/
Indicator: % of facilities without stock outs of essential RMNH commodities Baseline: 53% Target: 75%	Continued distribution of FP commodities (e.g. 1,179,000 injectable vials and 170,000 hormonal implant rods) to target municipalities and cities.		UNFPA Quarterly Work Plan Monitoring Tool (QWPMT) http://memphis7.unfpa.org.ph/
	37/37 Rural Health Units and 9/9 targeted government hospitals have sufficient stock of at least three modern contraceptives (e.g. pills, condoms, injectable).		UNFPA Quarterly Work Plan Monitoring Tool (QWPMT) http://memphis7.unfpa.org.ph/
Outcome 2: Increased Access and Utilization of Core RHMNH Services in Geographically Isolated or Economically Depressed Areas of JPMNH Sites.			
Output 2.1: Improved LGU support in the provision of responsive RMNH services in GIDA/urban poor areas			
Indicator: % of LGU with mechanisms for the provision of responsive RMNH services	549/240 primary health workers in 8 target LGUs were trained on EINC.		Training attendance sheets; training report
	8/8 LGU health workers trained in		

	Achieved Indicator Targets	**Reasons for Variance with Planned Target (if any)**	**Source of Verification**
Baseline: Target:	CHITS		
	8/8 LGUs engaged in installing the CHITS system		Monitoring progress report
Output 2.2. Addressing Social Determinants of RHMNH			
Indicator: Number of partner LGU supporting GIDAs/Urban Poor vulnerable communities with interventions to address social determinants of RMNH Baseline: 4 (WHO-2009) Target: 10 (WHO-2015)	9/9 sites are partnering/mobilizing CBOs, corporate and civic organizations to provide support to RUP activities		RUP reports and documentation; LGU reports(CIPH with AOPs, rCHITS, FHSIS)
	7/7 sites in Metro Manila have integrated RUP in their annual operation plans.		

iii) A Specific Story

EVIDENCED-BASED PLANNING (EBAP)

The JPMNH complemented another initiative funded by the Australian government in the Philippines -- Evidence-Based Planning (EbAP) for selected pilot areas. The EbAP initiative aims to capacitate beneficiary LGUs in rationalizing prioritization of various health programs in its portfolio vis-à-vis the documented impact of these programs, cognizant of the local investments made therein. One of the project sites of this endeavor is Quezon City, which is included in the JPMNH beneficiaries for Phase 2. As such, this technical assistance is envisioned to help make the case for the City Health Office of Q.C. towards furthering investments in addressing maternal and newborn health (MNH).

EBaP in Quezon City is implemented in cooperation with the University of Queensland (UQ) and the University of the Philippines Center for Leadership, Citizenship and Democracy (UP-CLCD) at the National College of Public Administration and Governance (UP-NCPAG). UQ provides technical assistance and supervision to its local partner/counterpart, UP-CLCD, which in turn is responsible for the implementation of EBaP in Quezon City. In the different stages of the EBAP implementation in Quezon City representatives from various offices, agencies and stakeholders participated: Vice Mayor's Office, City Council, City Planning and Budget Office, City Health Office, District II Health Office, District II Health Center Doctors and other stakeholders.

Identified Bottlenecks, structural challenges and proposed strategies
During a workshop, the participants identified reasons for bottlenecks seen in a bottleneck graphs.
For four different health interventions - Antenatal Care, Under-5 Pneumonia, Exclusive Breastfeeding, and Diarrhea - the participants came up with bottlenecks and underlying structural challenges to efficient health care delivery. Following the identification of bottlenecks, the workshop participants identified and prioritized strategies based on following four criteria: feasibility, value for money, alignment with policy, and target inequity and disadvantaged groups.

Three groups conducted the bottleneck analysis and the identification of strategies separately and came up with a large number of interventions. The complete bottleneck analysis can be found in the comprehensive city report.

Common health care bottlenecks
- Human resources are critical and also a common problem for all the health centers. The current number of health personnel is below the ideal ratio for practically all types of health personnel (e.g. nurses, BHWs, doctors, etc.).
- Access was seen as having not only physical/geographical dimension but also economic and social dimensions, e.g. poverty, literacy, livelihood.
- Supply constraints are aggravated by problems of delay in procurement and untimely delivery.
- Constraint in continuity in delivering services has both contextual-cultural-economic dimensions particularly among the informal settlers. This also results from a poor or non-functional referral system.
- Quality of service requires factual evidence from the health centers as conscious action imbedded in the delivery of services, and requires better systems of tracking the information.

AOP writeshop
During the AOP writeshops, health center managers drafted AOPs for their health centers based on the outputs of the bottleneck and strategy identification workshop. Afterwards, a separate writeshop focused on the district-level. The strategies for AOP 2014 at the District II and CHO level to support the health centers to achieve high performance in coverage and quality in 2014 are the following:

- Human resources
  - Update present organizational structure to respond to the demands
  - Hire more health workers based on population ratio: CHO to advocate to Mayor‟s office for increased number

of contractuals; increase rate of contractuals similar to permanent salaries, even without benefits
  - Training Needs Assessment (TNA) of Health HR for private and public staff
  - Capability building using IMCI training revised modules/eIMCI and IYCF package for MOs and RNs. Develop Quezon City trainers instead of relying on external providers.

- Commodities supply
  - Profile the increase/discrepancies in population estimates to advocate for a higher budget allocation on essential medicines to LGU and DOH – relate to sin tax.
  - CHO sit as member of BAC
  - Integrate CHITS into logistics management. Front end- CHITS, back end- supply officer, pharmacy for automatic requests to central office, sharing of stocks among HCs, open access to inventory data, medicine deliveries tracking system.
  - Provide training and regular support to health staff.
  - Disaggregate recording system by prescribed / half dose / full dose treatment for MCH services
  - Buffer stock to be held at district level for flexibility

- Service delivery
  - Stricter implementation and monitoring of the milk code
  - EINC regulation of private lying in clinic and birth facilities
  - Develop a functional two-way referral system with follow up (public and private)
  - Liaise with companies/businesses to increase more breastfeeding stations in the workplaces
  - Enforce mandate of CHTs and expand beyond CCT

At the end of the meeting the group had completed the final AOP for submission.

The Road Ahead
The Annual Operations Plan (AOP) 2014 of the City Health Office has been submitted to its city budget processes and is currently awaiting final approval from the City Council and the City Mayor, which is expected by November 2013.

Furthermore, possibilities of expanding EBaP to the rest of Quezon City, after the process has been refined, are explored.

PROJECT EFFORTS DESPITE EMERGENCY RESPONSE DURING TS HAIYAN

TS Haiyan brought about a disruption of most regular development project activities during its onslaught and aftermath during the 4th quarter of the year in review. Although some of JPMNH's activities were sidetracked, several of which still pushed through as the corresponding interventions espoused by such initiative were very much relevant for disaster response purposes.

There activities/initiative include (but are not limited to) the following:

Monitoring of implementation of curriculum integration of EINC (Medical)
Despite of the TS Yolanda disaster, the consultant contracted for this project continued the research, requesting for a month's extension only because one of the medical schools which she was to evaluate was located within the devastated area, hence she had to look for another hospital to evaluate as a replacement. Initial report was submitted on the second week of December.

Production and Distribution of Self-instructional Module for EINC
Revision and improvement of the Filipino Version of the EINC-SIM was completed, final product and report

submitted on 02 December 2013.

Economic analysis on EINC
The initial report was submitted in December and a progress report was submitted on 17 February 2014. The lead research convener informed WHO-Phl that they will submit the final report by EO February 2014.

Figure 1: Unang Yakap training for primary health facilities in Northern and Central Luzon

Adaptation of EINC at primary facilities
In 2009-2012, EINC Training was conducted only among tertiary and secondary hospitals. In the late 2012(November), WHO and DOH proposed to conduct training in primary health facilities, especially in those that attend to birth and delivery, hence the series of training, monitoring and supervision of EINC in primary facilities. Although there were minor problems and slight delays encountered due to TS Yolanda, the activities were able to move on.

Post-EINC Training Monitoring Visits
In North Cotabato, second round of monitoring visits were done last November 6 (Aleosan and Midsayap) and December 20 (Arakan, President Roxas and Midsayap). On December 10, a Consultative Meeting was successfully completed with the EINC service providers and LGU counterparts of North Cotabato and Sultan Kudarat. In this meeting, commitment to sustain EINC was secured


Figure 2: Monitoring visit at Quezon City

Rounds of monitoring visits were likewise conducted in Malungon, Sarangani last November 7 (Malungon Poblacion Birthing Center, Datal Batong, Datal Bila) and on December 19 which also coincided with a Buntis Congress wherein the firm participated as resource speakers. In the same project site, a second batch of EINC Quality Assurance workshop was done last November 26, 2013. The day after on November 27, a Consultative Meeting with Malungon Municipal Health Officer and representatives from surrounding birthing homes was completed. During this discussion, issues on way forward for EINC implementation were tackled.

Final rounds of monitoring visits were also done in Quezon City last November 18 and 19. A Consultative Meeting for Quezon City Health Office and lying-in representatives provided a venue to specify how the LGU plans to sustain EINC implementation.


Figure 3: A midwife from one of the health centers in Paranaque City providing prenatal care to a woman who is unable to go to the health facility

Intra-city geographic scale-up of good practices on Reaching the Urban Poor (RUP) for improved RMNH utilization/ Partnerships with Civil Society Organizations/ People's Organizations on Community-Centered Capacity Development Initiative for MNCH initiatives

Tacloban City is one of the RUP areas (all 24 RUP barangays were affected by Yolanda), so activities for the scale-up were disrupted. WHO asked the partner

NGO, PHANSuP, and the Tacloban City Health Office to realign the funds to cover their planned relief interventions for the affected barangays. The CHO used the JPMNH funds to purchase emergency kits for mothers and children and emergency medicines. With the assistance of the NGO partner, the City Health Office set up clinics using the facilities of said NGO.

rCHITS activities

From October - November 2013, a total of 275 public health workers from 9 UNICEF partner sites were trained on rCHITS. Five training sessions were held: two in General Santos and Davao cities respectively and one in Puerto Princesa City, Palawan.

The rCHITS training package was initially conducted among the 27 public health workers of Malungon on October 8 – 11, 2013 at Sarangani Highlands, General Santos City. To improve the training design, this first run was formatively evaluated through focus-group discussion and survey questionnaires. The training program resumed on November 4, 2013. The first batch was conducted on November 4 – 8, 2013.

Figure 4: Community Health Volunteers were trained on non-health topics such as leadership and cooperative development to improve their capacity to actively participate in the management of health concerns in their communities

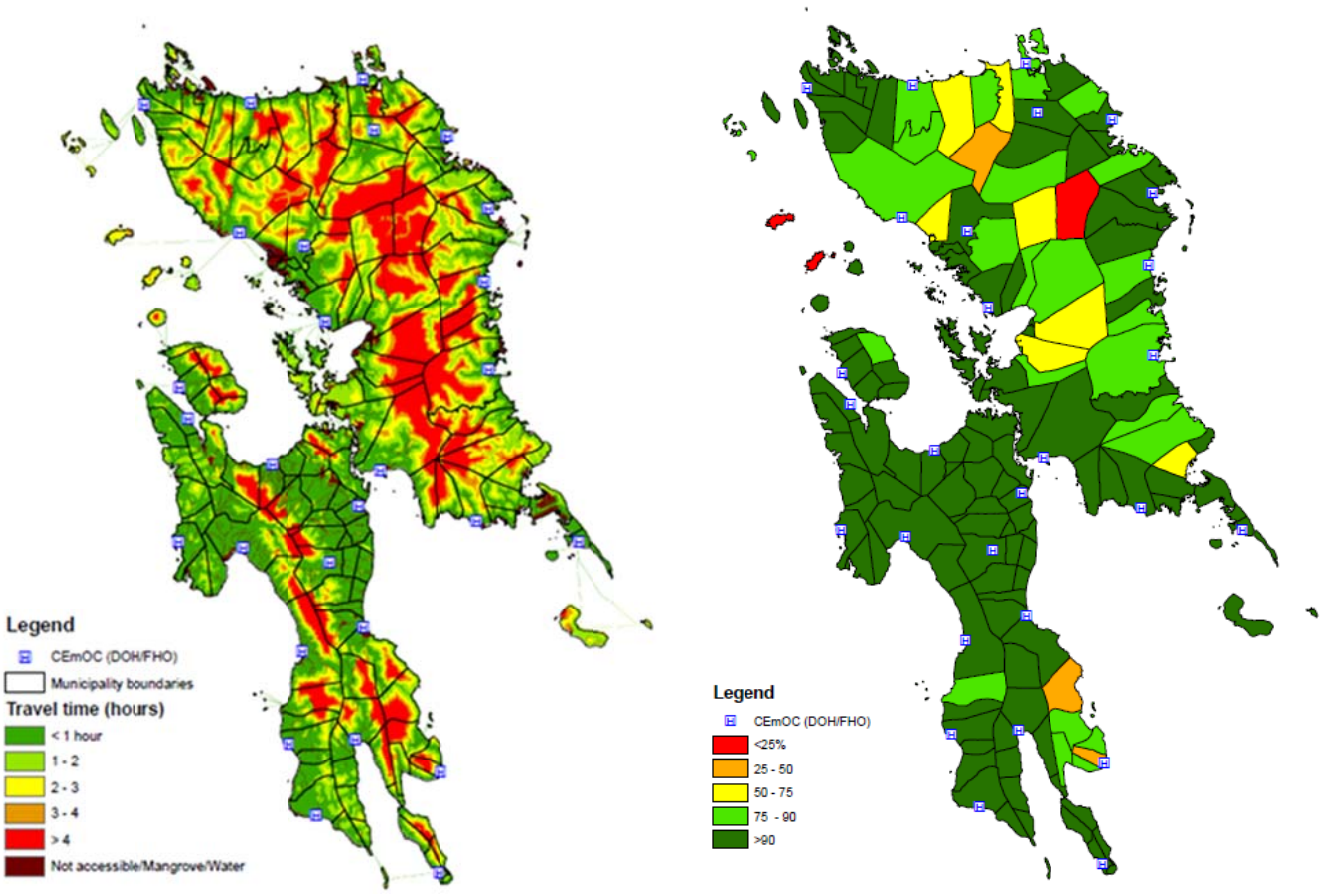
Ninety-three (93) public health workers from the municipalities of Aleosan, Arakan, Midsayap and President Roxas attended the training. The second batch followed on November 11 – 15, 2013 with 81 participants from municipalities of Kalamansig and Lebak in Sultan Kudarat and Buhangin District in Davao City. Both trainings were held at Royal Mandaya Hotel in Davao City. On November 18 – 20, 2013, another round of mReports training was held at Sarangani Highlands in General Santos City for the remaining 17 RHMs of the Municipality of Malungon that have not been part of the training last October. rCHITS training concluded at Sunlight Guest Hotel in Puerto Princesa City, Palawan where 57 public health workers participated.

The JPMNH has developed various tools, which were relevant and utilized during the disaster response to TS Haiyan. These are as follows:

Geographic Accessibility to PhilHealth Maternity Care Package (MCP) - Accredited Facilities Analysis for Mindanao

This was done using a freely available GIS extension developed by WHO called AccessMod, in combination with statistical data from existing sources (household surveys, national and local data). The analyses looked at

- Accessibility coverage: Measure of the proportion of births taking place within 2 hours of travel time of a facility providing MCP;
- Geographic coverage: Proportion of birth within 2 hours of travel time of a MCP with enough capacity to cover all births if normal delivery; and
- Service utilization: Comparison between the accessibility/geographic coverage analysis and data on actual service utilization



This kind of analyses was well appreciated by DOH EXECOM and had requested to do the same analyses in other areas of the country, particularly to assess how accessible MCP accredited facilities are to NHTS-PR registered beneficiaries (members and dependents) of PhilHealth. Presently, this geographic accessibility analyses is being done in the typhoon affected areas in Region VIII.

The EINC Guidelines and learning tools

These are being adopted by other development partners such as the USAID (Luzon Health, Visayas Health and Mindanao Health), IMAP, Johnson and Johnson Philippines, and the Ministry of Health- Lao PDR.

PART II: ANNUAL FINANCIAL REPORT

DEFINITIONS

Allocation
Amount approved by the Steering Committee for a project/programme.

Approved Project/Programme
A project/programme including budget, etc., that is approved by the Steering Committee for fund allocation purposes.

Contributor Commitment
Amount(s) committed by a donor to a Fund in a signed Standard Administrative Arrangement (SAA) with the UNDP Multi-Partner Trust Fund Office (MPTF Office), in its capacity as the Administrative Agent. A commitment may be paid or pending payment.

Contributor Deposit
Cash deposit received by the MPTF Office for the Fund from a contributor in accordance with a signed Standard Administrative Arrangement.

Delivery Rate
The percentage of funds that have been utilized, calculated by comparing expenditures reported by a Participating Organization against the 'net funded amount'.

Indirect Support Costs
A general cost that cannot be directly related to any particular programme or activity of the Participating Organizations. UNDG policy establishes a fixed indirect cost rate of 7% of programmable costs.

Net Funded Amount
Amount transferred to a Participating Organization less any refunds transferred back to the MPTF Office by a Participating Organization.

Participating Organization
A UN Organization or other inter-governmental Organization that is an implementing partner in a Fund, as represented by signing a Memorandum of Understanding (MOU) with the MPTF Office for a particular Fund.

Project Expenditure
The sum of expenses and/or expenditure reported by all Participating Organizations for a Fund irrespective of which basis of accounting each Participating Organization follows for donor reporting.

Project Financial Closure
A project or programme is considered financially closed when all financial obligations of an operationally completed project or programme have been settled, and no further financial charges may be incurred.

Project Operational Closure
A project or programme is considered operationally closed when all programmatic activities for which Participating Organization(s) received funding have been completed.

Project Start Date
Date of transfer of first instalment from the MPTF Office to the Participating Organization.

Total Approved Budget
This represents the cumulative amount of allocations approved by the Steering Committee.

2013 FINANCIAL PERFORMANCE

This chapter presents financial data and analysis of the JP "Strategy to Improve Maternal and Neonatal Health in the Philippines" using the pass-through funding modality as of 31 December **2013**. Financial information for this Fund is also available on the MPTF Office GATEWAY, at the following address: http://mptf.undp.org/factsheet/fund/JPH00.

1. SOURCES AND USES OF FUNDS

As of 31 December **2013**, one contributor has deposited US$ **16,774,400** in contributions and US$ **19,435** has been earned in interest, bringing the cumulative source of funds to US$ **16,793,835** (see respectively, Tables 2 and 3).

Of this amount, US$ **9,101,663** has been transferred to three Participating Organizations, of which US$ **6,863,639** has been reported as expenditure. The Administrative Agent fee has been charged at the approved rate of 1% on deposits and amounts to US$ **167,744**. Table 1 provides an overview of the overall sources, uses, and balance of the JP as of 31 December **2013**.

Table 1. Financial Overview, as of 31 December 2013 (in US Dollars)*

	Annual 2012	Annual 2013	Cumulative
Sources of Funds			
Gross Contributions	9,193,600	7,580,800	16,774,400
Fund Earned Interest and Investment Income	4,612	14,823	19,435
Interest Income received from Participating Organizations	-	-	-
Refunds by Administrative Agent to Contributors	-	-	-
Fund balance transferred to another MDTF	-	-	-
Other Revenues	-	-	-
Total: Sources of Funds	**9,198,212**	**7,595,623**	**16,793,835**
Uses of Funds			
Transfers to Participating Organizations	9,101,663	-	9,101,663
Refunds received from Participating Organizations	-	-	-
Net Funded Amount to Participating Organizations	**9,101,663**	**-**	**9,101,663**
Administrative Agent Fees	91,936	75,808	167,744
Direct Costs: (Steering Committee, Secretariat...etc.)	-	-	-
Bank Charges	101	328	429
Other Expenditures	-	-	-
Total: Uses of Funds	**9,193,700**	**76,136**	**9,269,836**
Change in Fund cash balance with Administrative Agent	**4,512**	**7,519,487**	**7,523,999**
Opening Fund balance (1 January)	-	4,512	-
Closing Fund balance (31 December)	**4,512**	**7,523,999**	**7,523,999**
Net Funded Amount to Participating Organizations	9,101,663	-	9,101,663
Participating Organizations' Expenditure	848,091	6,015,548	6,863,639
Balance of Funds with Participating Organizations			**2,238,024**

* Due to rounding of numbers, totals may not add up. This applies to all numbers in this report.

2. PARTNER CONTRIBUTIONS

Table 2 provides information on cumulative contributions received from all contributors to this Fund as of 31 December **2013**.

Table 2. Contributors' Deposits, as of 31 December 2013 (in US Dollars)*

Contributors	Prior Years as of 31-Dec-2012	Current Year Jan-Dec-2013	Total
Australian Agency for International Development	9,193,600	7,580,800	16,774,400
Grand Total	**9,193,600**	**7,580,800**	**16,774,400**

3. INTEREST EARNED

Interest income is earned in two ways: 1) on the balance of funds held by the Administrative Agent ('Fund earned interest'), and 2) on the balance of funds held by the Participating Organizations ('Agency earned interest') where their Financial Regulations and Rules allow return of interest to the AA. As of 31 December **2013**, Fund earned interest amounts to US$ **19,435** and there is no interest received from Participating Organizations. Details are provided in the table below.

Table 3. Sources of Interest and Investment Income, as of 31 December 2013 (in US Dollars)*

Interest Earned	Prior Years as of 31-Dec-2012	Current Year Jan-Dec-2013	Total
Administrative Agent			
Fund Earned Interest and Investment Income	4,612	14,823	19,435
Total: Fund Earned Interest	**4,612**	**14,823**	**19,435**
Participating Organization			
Total: Agency earned interest	**-**	**-**	**-**
Grand Total	**4,612**	**14,823**	**19,435**

4. TRANSFER OF FUNDS

Allocations to Participating Organizations are approved by the Steering Committee and disbursed by the Administrative Agent. As of 31 December **2013**, the AA has transferred US$ **9,101,663** to three Participating Organizations (see list below).

Table 4 provides additional information on the refunds received by the MPTF Office, and the net funded amount for each of the Participating Organizations.

Table 4. Transfer, Refund, and Net Funded Amount by Participating Organization, as of 31 December 2013 (in US Dollars)*

Participating Organization	Prior Years as of 31-Dec-2012			Current Year Jan-Dec-2013			Total		
	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded	Transfers	Refunds	Net Funded
UNFPA	5,294,423	-	5,294,423	-	-	-	5,294,423	-	5,294,423
UNICEF	2,364,388	-	2,364,388	-	-	-	2,364,388	-	2,364,388
WHO	1,442,852	-	1,442,852	-	-	-	1,442,852	-	1,442,852
Grand Total	**9,101,663**	**-**	**9,101,663**	**-**	**-**	**-**	**9,101,663**	**-**	**9,101,663**

5. EXPENDITURE AND FINANCIAL DELIVERY RATES

All final expenditures reported for the year **2013** were submitted by the Headquarters of the Participating Organizations. These were consolidated by the MPTF Office.

5.1 EXPENDITURE REPORTED BY PARTICIPATING ORGANIZATION

As shown in table 5 below, the cumulative net funded amount is US$ **9,101,663** and cumulative expenditures reported by the Participating Organizations amount to US$ **6,863,639**. This equates to an overall Fund expenditure delivery rate of **75** percent. The agency with the highest delivery rate is UNFPA (83%), followed by UNICEF (66%) and WHO (64%).

Table 5. Net Funded Amount, Reported Expenditure, and Financial Delivery by Participating Organization, as of 31 December 2013 (in US Dollars)*

Participating Organization	Approved Amount	Net Funded Amount	Expenditure			Delivery Rate %
			Prior Years as of 31-Dec-2012	Current Year Jan-Dec-2013	Cumulative	
UNFPA	5,294,423	5,294,423	719,452	3,664,959	4,384,410	82.81
UNICEF	2,364,388	2,364,388	7,461	1,546,701	1,554,162	65.73
WHO	1,442,852	1,442,852	121,179	803,888	925,066	64.11
Grand Total	**9,101,663**	**9,101,663**	**848,091**	**6,015,548**	**6,863,639**	**75.41**

5.2 EXPENDITURE REPORTED BY CATEGORY

Project expenditures are incurred and monitored by each Participating Organization and are reported as per the agreed categories for inter-agency harmonized reporting. In 2006 the UN Development Group (UNDG) established six categories against which UN entities must report inter-agency project expenditures. Effective 1 January 2012, the UN Chief Executive Board (CEB) modified these categories as a result of IPSAS adoption to comprise eight categories. All expenditures incurred prior to 1 January 2012 have been reported in the old categories; post 1 January 2012 all expenditures are reported in the new eight categories. The old and new categories are noted to the right.

Table 6 reflects expenditure reported in the UNDG expense categories. Where the Fund has been operational pre and post 1 January 2012, the expenditures are reported using both categories. Where a Fund became operational post 1 January 2012, only the new categories are used.

In **2013**, the highest percentage of expenditure was on Supplies, commodities and materials (57%). The second highest expenditure was on Contractual services (14%), and the third highest expenditure was on Transfers and grants (11%).

2012 CEB Expense Categories

1. Staff and personnel costs
2. Supplies, commodities and materials
3. Equipment, vehicles, furniture and depreciation
4. Contractual services
5. Travel
6. Transfers and grants
7. General operating expenses
8. Indirect costs

2006 UNDG Expense Categories

1. Supplies, commodities, equipment & transport
2. Personnel
3. Training counterparts
4. Contracts
5. Other direct costs
6. Indirect costs

Table 6. Expenditure by UNDG Budget Category, as of 31 December 2013 (in US Dollars)*

Category	Expenditure			Percentage of Total Programme Cost
	Prior Years as of 31-Dec-2012	Current Year Jan-Dec-2013	Total	
Supplies, Commodities, Equipment and Transport (Old)	-	-	-	
Personnel (Old)	-	-	-	
Training of Counterparts(Old)	-	-	-	
Contracts (Old)	-	-	-	
Other direct costs (Old)	-	-	-	
Staff & Personnel Cost (New)	9,417	150,214	159,631	2.49
Suppl, Comm, Materials (New)	114,908	3,445,884	3,560,791	55.50
Equip, Veh, Furn, Depn (New)	1,276	10,189	11,465	0.18
Contractual Services (New)	84,569	858,862	943,431	14.71
Travel (New)	76,300	80,537	156,837	2.44
Transfers and Grants (New)	-	675,096	675,096	10.52
General Operating (New)	506,245	402,089	908,334	14.16
Programme Costs Total	**792,714**	**5,622,871**	**6,415,585**	**100.00**
Indirect Support Costs Total	55,378	392,676	448,054	6.98
Total	**848,091**	**6,015,548**	**6,863,639**	

Indirect Support Costs: The timing of when Indirect Support Costs are charged to a project depends on each Participating Organization's financial regulations, rules or policies. These Support Costs can be deducted upfront on receipt of a transfer based on the approved programmatic amount, or a later stage during implementation.

Therefore, the Indirect Support Costs percentage may appear to exceed the agreed upon rate of 7% for on-going projects, whereas when all projects are financially closed, this number is not to exceed 7%.

6. COST RECOVERY

Cost recovery policies for the Fund are guided by the applicable provisions of the JP Project Document, the MOU concluded between the Administrative Agent and Participating Organizations, and the SAAs concluded between the Administrative Agent and Contributors, based on rates approved by UNDG.
The policies in place, as of 31 December **2013**, were as follows:

- **The Administrative Agent (AA) fee:** 1% is charged at the time of contributor deposit and covers services provided on that contribution for the entire duration of the Fund. In the reporting period US$ **75,808** was deducted in AA-fees. Cumulatively, as of 31 December **2013**, US$ **167,744** has been charged in AA-fees.
- **Indirect Costs of Participating Organizations:** Participating Organizations may charge 7% indirect costs. In the current reporting period US$ **392,676** was deducted in indirect costs by Participating Organizations. Cumulatively, indirect costs amount to US$ **448,054** as of 31 December **2013**.
- **Direct Costs:** The Fund governance mechanism may approve an allocation to a Participating Organization to cover costs associated with Secretariat services and overall coordination, as well as Fund level reviews and evaluations. These allocations are referred to as 'direct costs'. In **2013**, there were no direct costs charged to the Fund.

7. ACCOUNTABILITY AND TRANSPARENCY

In order to effectively provide fund administration services and facilitate monitoring and reporting to the UN system and its partners, the MPTF Office has developed a public website, the MPTF Office Gateway (http://mptf.undp.org). Refreshed in real time every two hours from an internal enterprise resource planning system, the MPTF Office Gateway has become a standard setter for providing transparent and accountable trust fund administration services.
The Gateway provides financial information including: contributor commitments and deposits, approved programme budgets, transfers to and expenditures reported by Participating Organizations, interest income and other expenses. In addition, the Gateway provides an overview of the MPTF Office portfolio and extensive information on individual Funds, including their purpose, governance structure and key documents. By providing easy access to the growing number of narrative and financial reports, as well as related project documents, the Gateway collects and preserves important institutional knowledge and facilitates knowledge sharing and management among UN Organizations and their development partners, thereby contributing to UN coherence and development effectiveness.

ANNEX A

Output Indicator	UN Agency	Activities	Physical Targets for 2012	Implement-ing Partner	Implementation Status To Date
Outcome 1: Improve Access to Quality Continuum of Care and Services to Mothers and Neonates in					
Output 1.1: Advocacy for Policy/ Standards					
Multi-stakeholder legislative policy agenda with special focus on MNCHN is made available B:2 T:2 (national) 3-5 local	UNFPA	Lobbying on Executive Order on Life Saving Drugs	1 EO	DoH/ PLCPD	Issued by DOH
	UNFPA	Advocacy on the amendment of the Midwifery Law and approval of RH bill	2 Laws	BoM/ DoH/ PLCPD	RH Bill passed into Law
	UNFPA	Advocay on local RH Codes	2 Provincial/ 5 Municipal	LGUs/ PLCPD	New sets of local legislators were elected in 2013. LGUs were assisted in including SRH in local policy agenda
	WHO	Technical Support on the LGU Implementation of MNCH MOP using UHC six strategic instruments	50% of beneficiaries	DoH (NCR/ BLHAD)	A firm has been chosen and APW is currently being processed.
	WHO	Monitoring and Advocacy on PhilHealth Accreditation of LGU Health Facilities	100% of JPMNH areas	PhilHealth	completed
	ALL	Advocacy and monitoring of Utilization of PhilHealth benefits by poor	% PhilHealth benefits utilized	LGUs, PhilHealth	completed
	UNICEF-Lead	Scale-up support for MNCH monitoring tool adoption and utilization of BEmONC services		NCDPC	All planned activities has been completed with regard to capacity building of health workers on the use of the tool
	ALL	Technical Support on essential and life saving medicine for MCH listing, financing, procurement and distribution options	At least 2 technical briefs on MNCH essential medicines	DoH (NCPAM, PhilHealth, MMD, NCDPC)	ongoing
	ALL	Partnership with Civil Society/Advocay to leverage LGU budget for RHMNH commodities and services	50% of JPMNH sites	Local NGOs, Center for Health and Dev't	Governors, Mayors, PHOs and MHOs enroled in Health Leadership and Management for the Poor Programme
	Sub-Totals: Output 1.1				
Output 1.2: Increase use of the health sector of available and appropriate ICT tools and framworks for					
Availability of an ICT/ Knowledge management support to improve MNCHN service delivery performance, with special focus on vulnerable communities (e.g. adolescence, GIDAs, urban poor) B: 0 T: 1	WHO-lead	Consultation forum on CRVS	Number of discussion for a on strengthening of vital registration	DoH (NEC), NSO	cancelled due to TS Yolanda disaster --- the consultation forum will push through this April to May 2014.
	UNICEF-Lead	Integrated Community Health Information Tracking System (CHITS) implementation in GIDAs		National Telehealth Center	* Launch of rCHITS in Davao City * Training of health workers of the project sites in CHITS and mReports
	WHO-lead	Modeling ICT for Quality MNH Services at primary level facilities in Metro Manila	1 City-wide ICT for Quality MNH Services established	National Telehealth Center	Contract is for issuance.
	UNICEF	Policy and capacity development in the implementation of the internal validation system of the LGU scorecard			* Final MOP endorsed by DOH * Administrative Order on the Institutional Data Validation System for the LGU Scorecard submitted to DOH

Output Indicator	UN Agency	Activities	Physical Targets for 2012	Implement-ing Partner	Implementation Status To Date
	UNICEF	Yearly monitoring in selected sentinel sites for UN JPMNH			* Training of enumerators and conduct of actual survey postponed to 1st quarterof 2014
	UNICEF-Lead	Support of scale-up of NSO Barangay Civil Registry system for GIDAs (in coordination with Move-It project)			
	WHO-lead	ICD Orientation for MHO/CHO	At least 50% of MHOs and CHOs		postponed due to TS Yolanda disaster --- this is for implementation on April 2014.
	Sub-Totals: Output 1.2				
Output 1.3: Evidence-based practices on Maternal-Newborn Health Implemented and Institutionalized					
Number of evidence-based clicinal practice Standards for MNH are developed and disseminated B: 2 (UNFPA) T: 2	UNFPA	Assessment and updateing of FP in the midwifery, nursing and medical curriculum	1 updated curricula	CHED/ APSOM	discontinued; this activity is covered by UNICEF-led enhancement of pre-service curricula
	UNFPA	Partnership with FP Society and POGS and Fabella on FP, BEmONC training including post training assessment	At least 50% of trained providers	DoH, FP Society	programme reviews and policy consultations done in 2013 on FP and BEMONC post-training evaluation.
	UNICEF	Partnership with APSOM, PRC boards and ADPCN for pre-service training mentoring			* ADPCN has completed trainings of targeted nursing faculties nationwide * IMAP/APSOM has trained almost 85% of their faculties, monitoring of schools wity trained faculties has been started
	WHO	Monitoring of implementation of curriculum integration of EINC (Medical)	3 Medical Schools	DOH, Association ofPhilippine Medical	ongoing -to be concluded by 15 February 2014
	WHO	Training certification, Production and Distribution of Self-instructional Module for EINC	Finalized SIM for production	DOH	completed
	WHO	Economic analysis on EINC	at least 3 Hospitals	DOH	ongoing
Number of Public Private Partnership models for MNCHN servicer delivery for scale-up B: 1 (UNFPA); 0 (WHO) T: 3 (consolidated for all)	WHO	Adaptation of EINC at primary facilities	Primary facility adaptation of EINC	DOH	ongoing/ the contracting firm submitted the draft EINC training manual
	WHO-lead	PPP for EINC scale-up nationwide	At least 1 partner on EINC scale up established	DOH	ongoing: project will be finished by January 2014
	WHO	Advocacy, Public-Private Partnership and technical support for Maternal-Neonatal Service Delivery Network	1 SDN	Private Facilities and Practitioners, NGOs, DoH, LGUs	ongoing: Manual of MNCHN-EINC Implementation in Hospitals finalized, printed and distributed.
	All	Policy Development, Capacity Development Scale-up on the implementation of Minimum Initial Services Package for Maternal, Neonatal and Child Health in Emergencies	2 provincial/4 municipal MISP Policy Integration	NDRRMO/ PDRRMC/ MDRRMC	overtaken by Yolanda priorities of the DOH
	UNFPA-lead	Support to implementation of warehousing standards and practices including capacity building on forecasting	1 central warehouse	DoH/ CHDs/ LGAs	assessment and planning done for the 16 chds and central office

Output Indicator	UN Agency	Activities	Physical Targets for 2012	Implement-ing Partner	Implementation Status To Date
		Scale-up of Logistics Management Information system (NOSIRS)	At least 35% of LGUs	LGUs/ DoH	roll-out trainings done in 2013
% of facilities without stock outs of essential RMNH commodities B: 53% T: 75%	UNFPA	Technical support to local governments in forecasting RH commodities using consumption data	At least 50% of trained supply officers	LGUs/ DoH	roll-out of NOSIRS to provincial and municipal LGUs by JPMNH-trained CHD and CO staff
	UNFPA-lead	Augmentation of FP-MNH supplies/commodities/drugs and procurement and distribution of emergency RH kits	100% of commodities procured and distributed for 2012	DoH/ CHDs/ LGAs	1,179,000 injectables were procured to benefit 294,750 women for one year or 98,250 women in 3 years; 170,000 rods of hormonal implants were procured to benefit 170,000 women for three years
	UNFPA	Monitoring, tracking and reporting on distribution of FP-MNH commodities	100% of distributed commodities monitored at least	LGUs/ DoH/ CHDs	TA to DOH in tracking and monitoring FP commodities
	Sub-Totals: Output 1.3				
Outcome 2: Increased Access and Utilization of Core RHMNH Services in Geographically Isolated or					
Output 2.1: Improved LGU support in the provision of responsive RMNH services in GIDA/urban poor areas					
% of LGU with alternate	UNFPA-lead	Training of Maternal Death Review Teams at the LGU level and orientation of CHT members	2 Provincial/ 12 Municipal MDR Teams	DoH	MDR consultations conducted for national and regional stakeholders
	UNFPA-lead	Technical assistance and support to the conduct of MDR at the LGU level	2 Provincial/ 12 Municipal reviews per quarter	PHO/ MHO	Maternal Death Reviews regularly conducted in three provinces
	UNFPA-lead	Conduct of EmONC-functionality assessment (FA) of facilities and dissemination of key findings to stakeholders	2 Province-wide EmONC FA	DoH	not conducted due to falure of procurement process of the DOH in engaging a consultant
	UNFPA-lead	Training of SBAs on BEmONC for midwives (LSS/MDG Countdown training)	27 SBAs/batch x 6 batches = 162 SBAs	POGS/ DoH	BEMONC trainings conducted for midwives and BEMONC teams (doctors, nurses, midwives) in JPMNH provinces
	UNFPA-lead	Training on MISP for RH	25 pax/batch x 3 batches = 75 RH workers	HEMS	not done in 2013
	UNFPA-lead	Procurement and provision of RH and Hygiene kits	12 sets RH kits/5,000 hygiene kits	NDRRMO	partial procurement in 2013
	UNFPA-lead	Support to CHT mobilization, to include MD reporting and IEC on ASRH	30 CHTs	DoH/ CHD	provided TA in the assessment of CHTs and development of recommendations and action points
	UNFPA-lead w/ WHO	PPP on BTL and NSV services	5,000 BTL/ 400 NSV	FP Consortium	FP outreach missions conducted
	UNFPA	Training of BHWs on the use of Community-Based Decision Making tool on FP	30,000 New clients from 1,500 BHWs	FP Consortium	demand generation on-going for FP outreach missions
	UNICEF-lead; WHO	Caring of the Newborn and mothers at Community Level			*Completed QA workshops of health workers in Quezon City, North Cot, SK, Sarangani and CHD 12 * Monitoring of trained health workers done
	UNICEF w/ WHO	Implementation of the Community Integrated Management of Childhood and Newborn Illnesses (IMNCI)			
	All	Support to CHT mobilization			

Output Indicator	UN Agency	Activities	Physical Targets for 2012	Implement-ing Partner	Implementation Status To Date
	UNICEF	Review and Enhance FFL tools; scale-up			
	Sub-Totals: Output 2.1				
Outputs 2.2. Addressing Social Determinants of RHMNH					
Number of partner LGU supporting GIDAs/Urban Poor vulnerable communities with interventions to address social determinants of RMNH B: 4 (WHO-2009) T: 10 (WHO-2015)	WHO	Intra-city geographic scale-up of good practices on Reaching the Urban Poor (RUP) for improved RMNH utilization	6 LGUs	DOH, LGUs	6/9 LGUs have completed the implementation of the RUP approach in their cities 2/9 LGUs wrapping up their implementation and are expected to complete all activities by May 2014 Tacloban LGU has redirected efforts and resources from the JPMNH to purchase supplies (MISP kits and basic medicines) for the 24 RUP communities affected by Typhoon Yolanda. LGU (with NGO Partner PHANSuP) will come up with a revised proposal for the utilization of the remaining funds.
	UNICEF	Partnerships with CSOs/ Pos on Community-Centered Capacity Development Initiative for MNCH initiatives			
	WHO-lead, UNFPA	Advance implementation of Adolescent-Friendly Health Services with special focus on pregnant teens in JPMNH areas		LGUs/ NGOs	The 2 activities were combined, the TP summit and research forum was moved to january from November because almost all participants are either victims or responders of the TS Yolanda disaster; and DOH imposed a moratorium for DOH-related activities. provinces assisted in developing provincial ASRH plans and trained in providing ASRH-friendly services
	WHO-lead	Research forum on adolescent health		Research institutions/ NGOs	
	UNFPA-lead	Support on the integration of RMNH into the elementary and secondary education	At least 3 provinces of JPMNH implementing the integrated curricula	LGUs/ DepED	put on hold pending the pilot-testing of the Youth Hub by the Population Commission
		Implementation of CSE in GIDAs	2 Youth camps conducted	LGUs/ NGOs	put on hold pending the pilot-testing of the Youth Hub by the Population Commission
		Hiring of international and national consultant	1 international/ 1 national consultant		