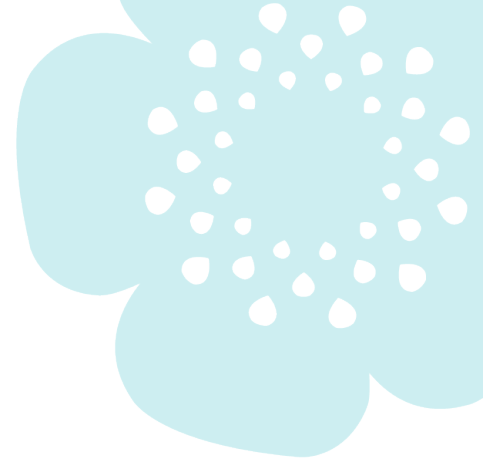




# Implementing Guidelines: Program for Young Parents (PYP)





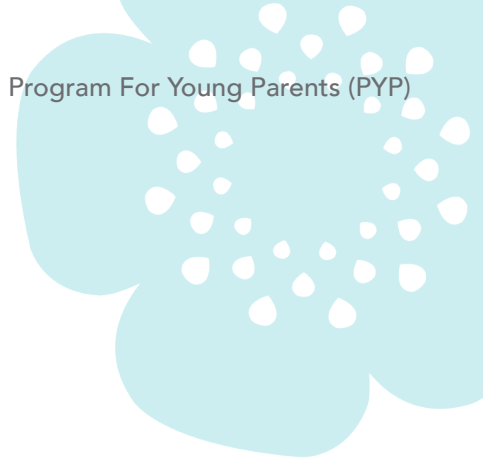


# Implementing Guidelines: Program for Young Parents (PYP)

This document is produced through the generous support of the United States Agency for International Development (USAID). EngenderHealth managed the VisayasHealth project. The contents of this document are the responsibility of EngenderHealth and do not necessarily reflect the views of USAID or the United States government







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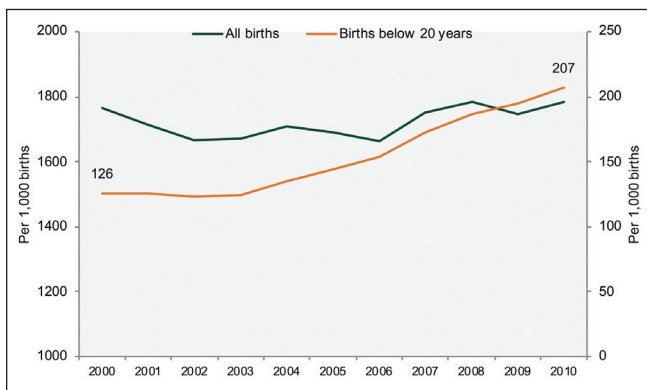
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## PROGRAM FOR YOUNG PARENTS

### Background

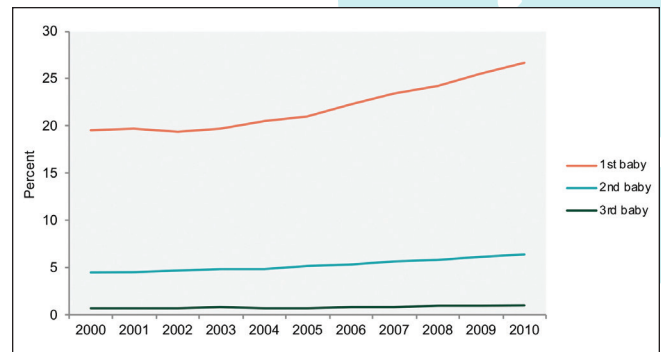
According to the United Nations Population Fund (UNFPA) State of the World Population Report 2017, the Philippines has the third highest adolescent birth rate among 11 Southeast Asian nations (following Laos and Thailand). The Philippine Statistics Authority estimates that one-fifth of the population is comprised of adolescents (aged 10 to 19 years), approximately half of whom are female. From 2000 to 2010, the number of babies born to teenage mothers increased from 7.1% to 11.7% of total births. Consequently, the proportion of maternal deaths among teens doubled from 5% to 10% of all maternal deaths for the same period.



**Figure 1:** Proportion of Births to Women Aged 20 Years and Younger  
Source: Philippine Statistics Authority

Young women are having children at younger ages in the Philippines. In addition, teen mothers tend to become pregnant again soon after the index pregnancy. Approximately one-fourth of teen mothers have a second child within two years of the first birth.

Early pregnancy and childbearing carries inherent risks for the mother and infant. The bodies of teen mothers are not fully ready for the rigors of pregnancy and childbirth, significantly increasing the risk of complications. Children of teen mothers are more likely to be born prematurely



**Figure 2:** Percent of Teenage Mothers Who Gave Birth to their First, Second, and Third Baby  
Source: Philippine Statistics Authority, 2000–2010

and with low birth weight, making them prone to infant death and other health issues, such as blindness and deafness. Early pregnancy and childbirth also bring social and economic risks. Teens who become pregnant are less likely to complete school and consequently less likely to be gainfully employed, thereby perpetuating the cycle of poverty. According to the UNFPA's World Population Prospects (2015), early childbearing may be costing the Philippines PhP33.0 billion annually (approximately one percent of the country's gross domestic product) in foregone incomes.

The Program for Young Parents (PYP) was designed as a response to the problem of increasing teen pregnancies in the Philippines. EngenderHealth designed and implemented the PYP through the VisayasHealth project, which was funded by the United States Agency for International Development (USAID). The PYP seeks to expand access to high-quality, integrated maternal, newborn, and child health and nutrition programming and contraceptive services in order to reduce unmet need for family planning, especially among women under the age of 19 and those in living in poverty. The PYP is an adaptation and expansion of the Teen Moms Program, which was developed by the University of the Philippines–Philippine General Hospital.

The PYP addresses the different components of the VisayasHealth project: encouraging healthy behaviors; strengthening the supply of maternal, newborn, and child health and nutrition programming and family planning services; and improving health policies and systems. It aims to promote key health behaviors, particularly those aimed at reducing unmet need for family planning among youth and building the capacity of health service providers to provide client-focused (including adolescent-friendly) services. In terms of strengthening the supply of maternal, newborn, and child health and nutrition programming and family planning services, the PYP seeks to increase adolescents' access to services. Regarding improvement of health policies and systems, the PYP supports hospital policies for the provision of services to teen mothers.

The Philippines' Department of Health (DOH) mandates that women with high-risk pregnancies—including women aged 19 years old and younger—should deliver in a hospital capable of providing comprehensive emergency obstetric and newborn care. In compliance with this directive, VisayasHealth engaged regional, provincial, and district hospitals with high numbers of deliveries among women aged 19 years and younger. Through the course of implementation, VisayasHealth has engaged 25 hospitals to implement PYP.

VisayasHealth assists PYP centers to comply with key governmental policies, such as DOH Administrative Order 2013-0013: National Policy and Strategic Framework on Adolescent Health and Development and the National Standards and Implementation Guide for the Provision of Adolescent-Friendly Health Services. Hospital management interested in implementing the PYP are required to (1) form a PYP core team



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comprising members from the different hospital departments and (2) identify an area of the facility that can be transformed into an adolescent-friendly space. VisayasHealth trained PYP core teams on serving adolescent clients, using the World Health Organization's Adolescent Job Aid enhanced with sessions on values clarification, gender, and culture. Each PYP core team is responsible for (1) leading efforts to refurbish the area designated as adolescent-friendly space, (2) drafting a hospital PYP protocol detailing procedures to be followed when an adolescent client seeks services in the hospital, and (3) operating the PYP center.

The hospital PYP protocol directs hospital staff to identify clients aged 19 years and younger—especially young pregnant women seeking antenatal care—and to encourage them to participate or enroll in the program. PYP centers offer standard antenatal services, including monitoring weight and blood pressure, conducting laboratory services, and providing relevant immunizations. In addition, the centers facilitate educational sessions for teen mothers, their partners, and significant others. The educational program covers: (1) critical danger signs and symptoms during pregnancy; (2) gender sensitization, including how to differentiate between



gender and sex and the importance of gender equality; (3) decision making, particularly related to healthy timing and spacing of pregnancies; and (4) the importance of breastfeeding. The PYP core team refers youth who complete the health education sessions to partners (such as the Department of Education, the Department of Social Welfare and Development, and the Technical Education and Skills Development Authority) where they can access education and livelihood opportunities after delivery.



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## Objectives of the PYP

The PYP emphasizes joint responsibility and involvement of male partners in ensuring healthy pregnancies and safe deliveries. The PYP seeks to attain the following objectives:

1. Reduce rapid repeat pregnancies and births to women aged 19 years and younger who have already given birth
2. Promote facility-based deliveries, including availing of Philippine Health Insurance Corporation (PhilHealth) benefits
3. Promote breastfeeding for at least six months
4. Increase contraceptive prevalence rates, particularly for long-acting, reversible contraceptives (LARCs)

## Description of the PYP

The PYP promotes joint responsibility between young parents, and emphasizes involvement of male partners in particular, in order to ensure healthy pregnancies and safe deliveries. It addresses young clients' special needs for counseling and education, in addition to the standard weight and blood pressure monitoring, laboratory work, and immunization services. VisayasHealth initially planned educational sessions to coincide with the required four antenatal visits and at least one postnatal consultation visit. Later, PYP clients were encouraged to complete the educational sessions before their pregnancy reached full term by attending sessions separate from scheduled antenatal visits. The PYP core team conducts educational sessions on a designated PYP day each week over the course of a month. For example, if the designated PYP day is Tuesday, the first educational session occurs on the first Tuesday of the month, the second educational session on the second Tuesday of the month, etc. By the end of a month, a client should complete four sessions, as outlined below.

- **Session 1** begins with birth planning and recognizing the danger signs and symptoms of pregnancy complications, including the importance of facility-based birth attendance in compliance with DOH mandates and availability of PhilHealth assistance for maternal and newborn care. The DOH recommends an interval of three to five years between pregnancies.
- **Session 2** highlights issues related to gender that affect health outcomes and promotes healthy timing and spacing of births through use of LARCs. Clients participate in a game that emphasizes gender equality

and encourages couples to make decisions together, particularly in matters that affect family life, such as the use of contraceptives.

- **Session 3** focuses on inclusive decision-making and the benefits of breastfeeding. Following delivery, hospital staff help new mothers start breastfeeding and encourage clients to practice exclusive breastfeeding for at least six months.
- **Session 4** is an orientation on the education and livelihood programs offered by development partners that are available to PYP clients.

Hospital staff record attendance in educational sessions in client enrollment forms retained in the PYP center. The client also receives a card reflecting her attendance. As an incentive for completing the educational sessions, VisayasHealth links PYP clients with institutions like the Department of Education, Department of Social Welfare and Development, and the Technical Education and Skills Development Authority. These agencies have agreed to give PYP clients preferential access to their services and programs (i.e., PYP clients receive priority in availing of programs and services, but other persons are able to participate in these programs, too, space permitting). Partners, parents, and similar key individuals in the lives of the PYP clients who have attended educational sessions are also eligible to participate in these education and livelihoods programs.

## Results

VisayasHealth launched the first PYP center in 2014; since then, VisayasHealth has supported a total of 25 PYP centers. Further, provincial governments are now establishing and

implementing additional PYP centers. Cebu officials requested VisayasHealth’s assistance in strengthening all hospitals within the province to improve maternal health and family planning services for adolescents. There are now PYP centers in Bantayan District Hospital and the Cebu provincial hospitals in Balamban, Bog City, Carcar City, and Danao City. These PYP centers serve their respective hospital’s clients as well as clients referred from all of the other hospitals within the province. Additionally, Leyte province requested that VisayasHealth train hospital staff and establish a PYP in all province-supported hospitals, increasing the number of PYP centers in Leyte to nine.

**Table 1: Number of PYP Centers by Geographic Area, 2014–2017**

| Region/Province                          | 2014     | 2015      | 2016     | 2017     | Total     |
|--|----------|-----------|----------|----------|-----------|
| Region 6                                 |          | 2         |          | 1        | 3         |
| Iloilo                                   | 1        | 1         |          |          | 2         |
| Negros Occidental                        |          | 2         |          |          | 2         |
| Region 7                                 | 2        | 1         |          |          | 2         |
| Bohol                                    |          |           |          |          |           |
| Cebu                                     | 1        | 3         | 1        |          | 5         |
| Tri-Cities (Lapu-Lapu, Mandaue, Talisay) |          | 3         | 1        |          | 4         |
| Region 8                                 | 1        |           |          |          | 1         |
| Leyte                                    | 1        | 1         | 1        |          | 3         |
| Samar                                    |          |           |          | 1        | 1         |
| Southern Leyte                           |          | 1         |          | 1        | 2         |
| <b>Total</b>                             | <b>6</b> | <b>14</b> | <b>3</b> | <b>3</b> | <b>25</b> |

Enrollment of pregnant women aged 19 years and younger in the PYP centers steadily increased during the life of project from 177 in 2014 to 2,980 in 2015, 7,133 in 2016, and 7,603 in 2017, and 5,969 in 2018—thereby reaching a total of 23,862 beneficiaries. The PYP centers have contributed to increases in antenatal care visits, facility-based deliveries, exclusive breastfeeding, and LARC uptake. For example, relative to the total number of deliveries,

deliveries of PYP clients has increased, from 13% in 2014, 15% in 2015, 18% in 2016, 19% in 2017, and 17% in 2018—which is significantly higher than the national average of 10 to 11%.

**Table 2: Performance of PYP Centers, 2014–2017**

| Indicators                                | 2014 | 2015  | 2016  | 2017   | 2018  |
|---|------|-------|-------|--------|-------|
| Deliveries among women aged 19 or younger | 551  | 3,459 | 5,916 | 10,137 | 6,142 |
| Percent of all deliveries                 | 13%  | 15%   | 18%   | 19%    | 17%   |
| PYP Enrollment                            | 177  | 2,980 | 7,133 | 7,603  | 5,969 |
| Antenatal care visits                     | 128  | 2,306 | 3,783 | 7,772  | 3,603 |
| Contraceptive uptake                      | 48   | 266   | 1,387 | 1,608  | 1,729 |

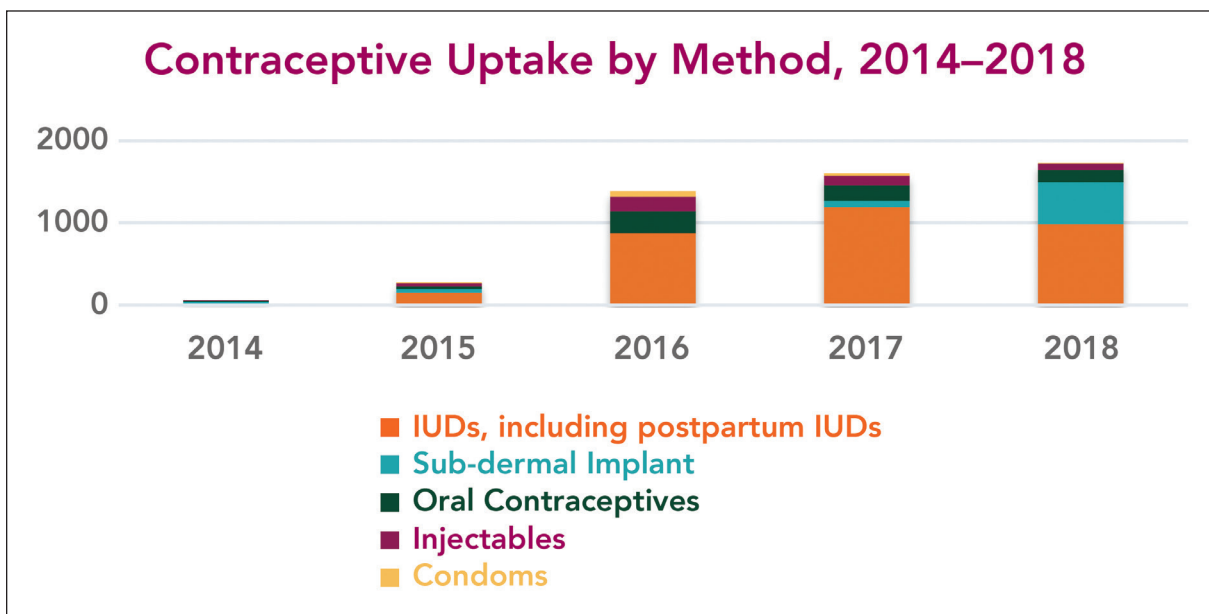
Contraceptive uptake among PYP clients has likewise increased, with the PYP participants favoring LARCs, such as intrauterine devices (IUDs) and progestin sub-dermal implants (except for the period between 2015 and 2016, when progestin sub-dermal implants were restricted by the Supreme Court).

## Conclusions

Through nearly four years of implementation, EngenderHealth has demonstrated that the PYP is a viable, effective, and sustainable intervention.

An assessment conducted by the Health Policy Development Program in 2016 concluded that the PYP meets most of the DOH’s Adolescent-Friendly Health Services standards and noted:

*The PYP provides a clear link between demand generation strategies and service delivery. It supports teenage mothers before, during, and after delivery at different levels of the health system. The hospital where the pregnant adolescent is compelled to deliver provides AYRH [adolescent and youth reproductive health] education, prenatal, natal, and postnatal care including birth spacing and opportunities for a better future. It also collaborates with an Inter-local Health Zone-SDN for demand generation and care for the teenage mothers.”*



In 2017, a third-party evaluation among selected PYP centers showed that pregnant teens enrolled in PYP were 25% more likely to deliver in health facilities than pregnant teens who were not enrolled in the program. Similarly, pregnant teens enrolled in the PYP were 32% more likely to adopt a family planning method than pregnant teens who were not enrolled in the program.

During focus group discussions, teen mothers and their partners recognized the importance of the educational sessions and expressed appreciation for the friendly staff and free services offered in the PYP centers. Health service providers noted they gained deeper understanding of their teen clients as a result of their participation in the PYP. Overall, the study revealed that uptake of maternal and child health and family planning services significantly increased as a result of the PYP implementation.

In 2018, the National Economic Development Authority awarded the Good Practice Award to the DOH, recognizing the PYP as a Best Strategy on Achieving Desired Outcomes.

## Recommendations

1. Scale up the PYP in all government hospitals across the country, especially outside the Visayas area. While similar efforts exist in other areas, the PYP model has been most thoroughly evaluated and documented. VisayasHealth drafted these guidelines for interested hospitals to establish and implement the PYP.
2. Interested hospitals should complete observation and study visits to the PYP demonstration sites to understand how the PYP is implemented. There are demonstration sites in Iloilo Provincial Hospital, Pototan, Iloilo for Region 6; Cebu Provincial Hospital, Danao City for Region 7; and Eastern Visayas Regional Medical Center and Abuyog District Hospital, Abuyog, Leyte for Region 8.
3. Advocate for the DOH to assume oversight of the PYP as part of its Adolescent and Youth Health Development Program to sustain services following the completion of the VisayasHealth project. The PYP centers are currently functioning well, but must be continuously supported and supervised if they are to sustain and expand services.
4. While feedback about the PYP from an independent assessment and third-party evaluation has been generally positive, further studies are needed to assess impact of the PYP's work over the past four years and to inform future activities. Specifically, researchers need to track clients enrolled in the PYP from 2014 to 2016 to determine whether the program has been successful in preventing rapid repeat pregnancies among participating teen mothers.



Photo: ©Carmen Alfafara/EngenderHealth

## Guidelines for Establishing and Implementing the PYP

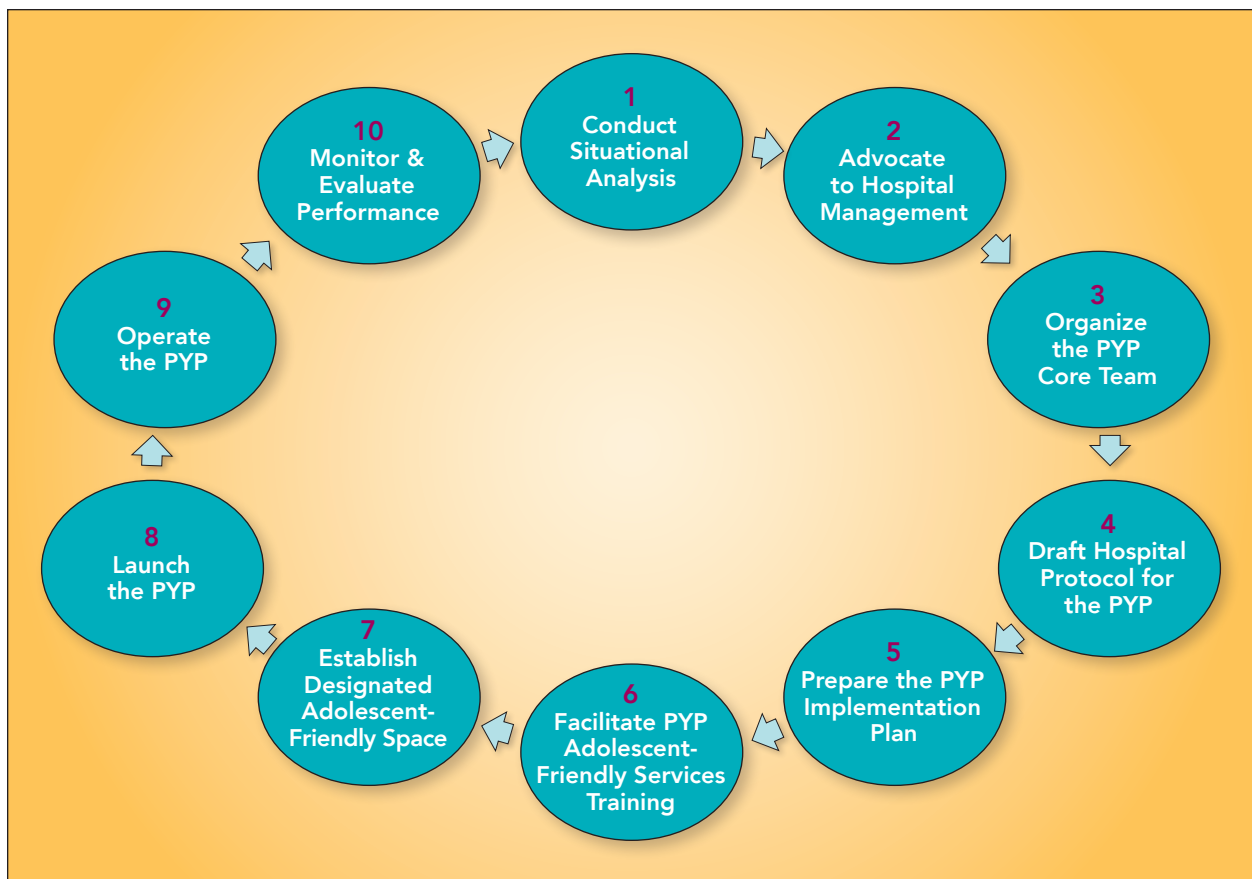
There are 10 steps to establishing and implementing a PYP, as illustrated in the graphic below. The process is cyclical, with deliverables from the last step (i.e., 10. Monitor and Evaluate Performance) serving as inputs to the first step for the next phase.

### 1. Conduct Situational Analysis

The process begins with a situational analysis to establish the need for a PYP in a particular facility. This analysis aims to generate evidence to provide to hospital management and other personnel to demonstrate the need for the program. VisayasHealth developed the

Pre-Engagement Checklist (see Attachment A) to facilitate this analysis. The first part of the checklist examines the number of deliveries, delivery outcomes, and similar data from the hospital, and compares these data with the number of deliveries of women aged 19 years and younger.<sup>1</sup> The second part of the checklist identifies key stakeholders from various departments in the hospital (e.g., gynecology and obstetrics, nursing, pediatrics, social welfare) and resources that can be leveraged for establishing and implementing the PYP. After the analysis is complete, the information

<sup>1</sup> According to the Philippine Statistical Authority, births to women 19 years old and younger constitute 10% to 11% of all births in the Philippines. Deliveries by women aged 19 years and younger in the current PYP facilities are consistently higher than the national average, with some facilities registering 16% or more.



is compiled into a project brief to be presented to hospital management.

## 2. Advocate to Hospital Management

Using the information collected in Step 1, the next step is to schedule an orientation meeting (see Attachment B: Sample PYP Orientation Program) with hospital management to present the results of the situational analysis and to demonstrate the need for the PYP. Management support is critical to successful implementation.

## 3. Organize the PYP Core Team

Once hospital management decides to introduce the PYP, they need to organize an inter-disciplinary PYP core team with members from key departments (as identified in Step 1). This team may comprise as few as five to more than a dozen members. Since the PYP is a multidisciplinary approach to the multifaceted problem of teen pregnancy, broad engagement and participation in the core team is critical (see Attachment C: Sample PYP Core Team Composition).

## 4. Draft Hospital Protocol for the PYP

One of the most important tasks of the PYP core team is to draft the hospital PYP protocol (See Attachment D: Sample PYP Protocol), which serves as a systematic guide to health service

### Illustrative Components of a PYP Protocol

Recognizing many hospitals have constraints related to time, space, and personnel, the PYP core team may decide to designate a specific day each week as the PYP day. By designating a special PYP day, hospital staff can prioritize services for adolescent clients on that day and adolescent clients have the opportunity to seek services in an environment specifically designed to encourage rapport with health providers and peers. Similarly, PYP providers may wear branded t-shirts to welcome youth and so that youth can easily identify them.



Photo: ©Carmen Alfafara/EngenderHealth

providers on serving adolescent clients. This protocol is designed to build upon the unique assets of the facility and respond to the specific needs of local youth (see textbox). The PYP core team then presents the draft protocol to management to approve. Upon approval, all facility staff are required to complete an orientation on the PYP and the new protocol. Through this orientation, staff are instructed to provide adolescent-friendly services. No staff are exempt, as all have a potential role in supporting the PYP. For example, prospective clients may ask security guards to provide directions to the PYP center.

## 5. Prepare the PYP Implementation Plan

Once the protocol is approved, the PYP core team prepares a detailed PYP implementation plan (See Attachment E: Sample Implementation Plan). This task requires two sub-tasks. First, the team completes an analysis of potential helping and hindering factors and their underlying causes and then develops a set of recommendations to optimize helping factors and minimize hindering factors. The PYP core team uses this analysis to prepare the implementation plan. The implementation plan follows a standard format, which includes the following information:

- Objectives
- Activities
- Time Frame
- Responsibility
- Resource Requirements
- Costs
- Source of Funds

## 6. Facilitate PYP Adolescent-Friendly Services Training

All PYP core team members complete the PYP Adolescent-Friendly Services Training (see Attachment F: Sample Training Agenda) in preparation for launching the PYP. This training leverages the DOH’s training on the World Health Organization’s Adolescent Job Aid. VisayasHealth enhanced the DOH’s training by adding sessions on gender and values clarification to emphasize the rights-based service delivery approach. Effective adolescent health services are highly interactive and require a significant amount of time for demonstrations and practice sessions. In 2015, VisayasHealth incorporated technical visits and observation tours of learning sites in Iloilo Provincial Hospital in Region 6, Cebu Provincial Hospital in Danao City in Region 7, and Abuyog District Hospital and Eastern Visayas Regional Medical Center in Region 8, to enable new PYP core team members to observe how a successful PYP operates.



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## 7. Establish a Designated Adolescent-Friendly Space

Once hospital management designate an area for the PYP, the PYP core team members are responsible for transforming that area into an adolescent-friendly environment—for example, by introducing colors designed to appeal to adolescents (and perhaps selected by clients) and creating space for adolescent health information materials. Dedicating a space for teen mothers (and their partners) can help mitigate potential stigma from adult clients, which may deter teens from seeking services at the facility. While some hospitals are able to provide a separate ward for PYP clients, those with limited space may simply assign specific beds.

VisayasHealth encourages PYP centers to adhere to the DOH’s Adolescent-Friendly Health Services Standards (see Attachment G: DOH Adolescent-Friendly Health Services Standards Facility Monitoring Checklist). However, recognizing common constraints related to time, space, and personnel the PYP core team should not be discouraged if they are unable to comply completely. This is one of the reasons for designating a special PYP day each week—the area used for the PYP once a week can be used for other programs on other days and staff required to deliver PYP services can prioritize other services on other days. For example, the designated area of the Iloilo Provincial Hospital offers PYP services on Wednesdays and provides newborn screening, immunization, and breastfeeding services on the other days.

## 8. Launch the PYP

The PYP launch includes a high-profile event (see Attachment H: Sample PYP Launch Program) announcing that the center is ready

to serve clients, particularly underserved and vulnerable populations from across the inter-local health zone (ILHZ). The PYP center is usually housed in an ILHZ referral facility, as the DOH Adolescent-Friendly Health Services Standards specifies that lower-level facilities should refer clients to the PYP center. The PYP lunch also offers national and local government officials an opportunity to publicly pledge their support for the program.

## 9. Operate the PYP

Once the PYP is operational, it offers:

- (1) Standard antenatal services
- (2) Educational sessions (see Attachment I: Teaching and Learning Process Guide for PYP Educational Sessions)
- (3) Opportunities for peer and professional support
- (4) Linkages with development partners for education and livelihood opportunities

In the course of operating the PYP, members of the PYP core team identify clients who are willing to train as peer facilitators and share their experiences, particularly their experience using contraceptives after



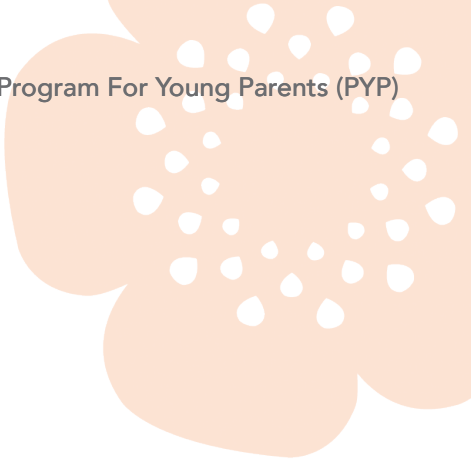
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delivery. Peer facilitators may also perform select tasks, such as taking attendance and helping to facilitate sessions.

## 10. Monitor and Evaluate Performance

VisayasHealth designed a data matrix (see Attachment J: Sample PYP Data Matrix) to monitor the PYP centers' performance. VisayasHealth collects and consolidates data from all supported PYP centers every month. PYP Centers with access to computers receive Point of Care Solution software to facilitate data collection.





# ATTACHMENTS



## ATTACHMENT A: Program for Young Parents (PYP) Pre-Engagement Checklist

1. Data on teen pregnancy (antenatal and delivery for January to December 2017 and January to June 2018).

Name of Facility: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number/s: \_\_\_\_\_

|  | 2017 (January–December) |   |   |   |   |   |   |   |   |   |   |   | 2018 (January–September) |   |   |   |   |   |   |   |   |   |
|--|-------------------------|---|---|---|---|---|---|---|---|---|---|---|--------------------------|---|---|---|---|---|---|---|---|---|
|  | J                       | F | M | A | M | J | J | A | S | O | N | D | Total                    | J | F | M | A | M | J | J | A | S |
| <b>Deliveries</b>  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Total # of deliveries  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Deliveries to women aged 19 and younger                                |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| % of deliveries  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| <b>Normal Spontaneous Vaginal Deliveries (NSVD)</b>                    |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Total # of NSVD  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| NSVD to women aged 19 and younger                                      |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| % of NSVD  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| <b>Cesarean Deliveries</b>   |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Total # of cesarean deliveries   |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Cesarean deliveries to women <19 y.o.                                  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| % of CS deliveries   |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| <b>Pregnancy Complications among Women Aged 19 and Younger</b>         |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Premature rupture of membrane  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Infections   |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Postpartum hemorrhage  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Preeclampsia   |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| <b>Fetal Outcomes among Women Aged 19 and Younger</b>                  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Small for gestational age  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Adequate gestational age   |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| <b>Ageing by Ballard Score of Infants of Women Aged 19 and Younger</b> |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Term   |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Preterm  |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |
| Postterm   |                         |   |   |   |   |   |   |   |   |   |   |   |                          |   |   |   |   |   |   |   |   |   |

**Presence/Absence of Factors**

|  | YES | NO | Remarks  |
|--|-----|----|--|
| 2. Expressed need of hospital management to provide a program for teen mothers   |     |    | <i>Specify the name of a PYP champion and other key proponents</i>   |
| 3. Positive relationship between obstetric and pediatric departments   |     |    | <i>Cite specific observations and pronouncements</i>   |
| 4. Shared vision between obstetric and pediatric departments on the PYP model  |     |    | <i>Cite specifics</i>  |
| 5. Willingness of obstetric or pediatric departments to host the program and to serve as the major program partner   |     |    | <i>Quote statements</i>  |
| 6. Willingness of other departments (see below) to support the program: <ul style="list-style-type: none"> <li>• Nursing Services</li> <li>• Nutrition</li> <li>• Social Welfare</li> <li>• Women and Child Protection Unit</li> </ul> |     |    | <i>Quote statements</i>  |
| 7. Availability of dedicated PYP space within the facility for the provision of counseling services and educational sessions   |     |    | <i>If there is no dedicated space available full-time, explore the possibility of dedicating an area at specific times (for example, Wednesday mornings)</i> |
| 8. Willingness of the staff to attend trainings on gender and adolescent sexual health and rights  |     |    | <i>Quote statements</i>  |
| 9. Expressed interest in conducting research on adolescents, teen pregnancy, etc.  |     |    | <i>Cite potential research topics</i>  |
| 10. Availability of nongovernmental organizations, civic groups, academia, government agencies, etc. to support the program  |     |    | <i>Specify names of organization(s), contact person(s), and contact number(s)</i>  |

## ATTACHMENT B: Sample Orientation Program

### Program for Young Parents (PYP) Orientation

Friday, 23 May 2014

#### Background

The Teen Moms Program was established in the University of the Philippines-Philippine General Hospital in 2000. It applies a multidisciplinary approach to the multifaceted problem of teen pregnancy, with members of the departments of pediatrics, obstetrics and gynecology, social work, nutrition, and education supporting the program. The Teen Moms Program advocates for abstinence for individuals who are not sexually active and contraception for those who are sexually active. For individuals who already have children, the objective is to delay future pregnancies for at least two years. While sexuality education is the key intervention, participating teens and their partners are encouraged to continue studies and/or find employment. The University of the Philippines-Philippine General Hospital serves as a training hospital where the Teen Moms Program objectives included:

- **Service:** Provide quality service for teen mothers (obstetrics and gynecology) and their children (pediatrics)
- **Training:** Give residents and consultants the opportunity to work with teen clients
- **Research:** Encourage research on adolescence health topics

Since it was established in 2000, the Teen Moms Program has:

- Provided antenatal and postnatal care to adolescent clients

- Encouraged facility deliveries
- Detected and treated pregnancy and child birth complications
- Promoted acceptance of family planning
- Prevented subsequent pregnancies from occurring within two years
- Encouraged breastfeeding for at least six months
- Provided pediatric care and immunization services to children of teen mothers
- Provided psychosocial support to teen mothers

Based on the improved health outcomes attained over the past 13 years in which the Teen Moms Program was implemented, VisayasHealth will adapt the Teen Moms Program in health facilities with high volumes of deliveries. VisayasHealth will refer to this initiative as the Program for Young Parents (PYP) in order to underscore the importance of involving men in its effort to address teen pregnancy. PYP will:

1. Promote facility-based deliveries
2. Reduce births to women aged 19 years and below
3. Promote full breastfeeding for at least six months
4. Increase contraceptive prevalence rates, particularly for long-acting methods

#### PYP will:

- *Emphasize joint responsibility and gender sensitivity by referring to this new program as the Program for Young Parents (PYP).*

- **Serve walk-in delivery clients who have not attended any antenatal consultations in the facility.** Previously, young mothers who came to the University Philippines-Philippine General Hospital for antenatal consultations were enrolled in the Teen Moms Program and attended the program’s educational sessions. The VisayasHealth experience has shown that there are many clients who only visit a facility when they are ready to deliver. There is need to reach these clients in the early stages of labor and during the immediate postpartum phase (within 48 hours of delivery) to encourage them to accept family planning, particularly postpartum intrauterine device insertion.
- **Engage partners who accompany their wives/girlfriends to delivery.** Whereas partners are not typically allowed into the labor, delivery, and recovery rooms, they often wait in a designated area. While these men are waiting, staff can use their presence to encourage acceptance of a male contraceptive method (i.e., condoms) or to garner their support for their wives’ use of contraception.
- **Engage other influencers to illicit their support for family planning.** For example, this may include the teen’s and their partner’s mothers, fathers, or other guardians.
- **Emphasize full breastfeeding for at least six months.**
- **Employ interactive educational sessions to reach teen mothers, their partners, and**

**influential adults.** Working in coordination and cooperation with Region 8 facilities, education sessions will be designed to cover: (1) recognition of danger signs and symptoms; (2) preparation of a birth plan (with the participation of their partner and with consideration of PhilHealth requirements); (3) decision making related to postpartum family planning; (4) exclusive breastfeeding for the first six months; and (4) male involvement, with emphasis on correct and consistent use of condoms and joint responsibility.

## Objectives

1. Provide Region 8 stakeholders—particularly the Eastern Visayas Regional Medical Center—with the essential knowledge and information about the University of the Philippines Philippine General Hospital Teen Moms Program
2. Identify features of the Teen Moms Program that can be adapted in the Program for Young Parents (PYP) in Region 8 facilities
3. Identify potential partners—particularly private-sector partners—to support implementation of the PYP
4. Address specific adolescent sexual and reproductive health concerns that may arise as the result of a disaster/emergency

| Time     | Activity   | In-Charge  |
|----------|--|--|
| 8:00 AM  | Registration   | VisayasHealth project staff  |
| 9:00 AM  | <b>Opening Program</b> <ul style="list-style-type: none"> <li>• Invocation</li> <li>• National anthem</li> <li>• Welcome Remarks</li> <li>• Introductions</li> </ul> | <b>Dr. Susana K. Madarieta, MD, MPH</b><br>Deputy Chief of Party, VisayasHealth<br><br><b>Hon. Evangeline Esperas</b><br>Chair, Committee on Health<br><br><b>Sandra D. Solis</b><br>Provincial Coordinator, Leyte   |
| 9:30 AM  | Adolescent Sexual And Reproductive Health (ASRH) Situation in Region 8   | <b>Mr. Val Esteves</b><br>Save the Children  |
| 9:45 AM  | Teenage Pregnancy in Eastern Visayas Regional Medical Center   | <b>Dr. Realino Molina</b><br>Head, Family Planning Clinic, Eastern Visayas Regional Medical Center   |
| 10:00 AM | ASRH in Emergencies (ASRHIE) Response in the Wake of Typhoon Haiyan  | <ul style="list-style-type: none"> <li>• UNICEF</li> <li>• Save the Children</li> <li>• Plan International, Tacloban</li> <li>• World Vision</li> <li>• Lefado</li> </ul>  |
| 10:30 AM | Response to ASRH Concerns in Region 8  | <b>Ms. Fe Modesto</b><br>Regional AYDP Point Person, DOH Regional Office 8   |
| 11:00 AM | Orientation on the Teen Moms Program   | <b>Dr. Ma. Emma A. Llanto</b><br>Teen Moms Program Director, University Philippines-Philippine General Hospital  |
| 11:30 AM | Open Forum   | <b>Ms. Alicia Lourdes De Guzman</b><br><b>Ms. Nitz Bonsubre</b><br>Facilitators, VisayasHealth   |
| 12:00 NN | <b>Closing Program</b> <ul style="list-style-type: none"> <li>• Statement of Commitment</li> <li>• Message of Support</li> </ul>                                     | <b>Dr. Nelita Salinas</b><br>Chair, Pediatrics Department, Eastern Visayas Regional Medical Center<br><br><b>Councilor Jom Bagulaya</b><br>Committee on Women and Children<br><br><b>Ms. Carmela Bastes</b><br>Representative, Women's Shelter/Office of Councilor Cristina G. Romualdez |
|          | Closing Remarks  | <b>Dr. Feliciano John Matibag</b><br>Regional Technical Adviser, VisayasHealth   |
| 12:30 PM | Lunch/Departure  |  |

## ATTACHMENT C: Sample Program for Young Parents (PYP) Core Team Composition

| Iloilo Provincial Hospital in Pototan, Iloilo |                        |                           |                |
|---|------------------------|---------------------------|----------------|
| PYP Day: Wednesday                            | Name                   | Position                  | Contact Number |
| <i>Inter-Local Health Zones (ILHZs):</i>      | Dr. Prem Parcon        | Chief of Hospital, Member | 0xxx xxx xxxx  |
| Pototan                                       | Dr. Lorna Canong       | Co-chairman               | 0xxx xxx xxxx  |
| Mina  | Wilma Ponta-oy         | Member                    | 0xxx xxx xxxx  |
| New Lucena                                    | Nelly Cubita           | Member                    | 0xxx xxx xxxx  |
| Dingle  | Pilar Armada           | Member                    | 0xxx xxx xxxx  |
| Duenas  | Dr. Ma. Elda Facinabao | Member                    | 0xxx xxx xxxx  |
| Zarraga                                       | Dr. Elizabeth Dator    | Member                    | 0xxx xxx xxxx  |
| Leganes                                       | Rosemarie Guillergan   | Member                    | 0xxx xxx xxxx  |
|   | Azel Dayot             | Member                    | 0xxx xxx xxxx  |
|   | Juvel Pro              | Chief Nurse, Member       | 0xxx xxx xxxx  |
|   | Trinidad Capunihan     | Member                    | 0xxx xxx xxxx  |

**ATTACHMENT D:**  
**Sample Program for Young Parents (PYP) Protocol**

**CEBU PROVINCIAL HOSPITAL - DANAOS CITY  
(CPH-DANAOS CITY)**

**PROGRAM FOR  
YOUNG PARENTS (PYP)**

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### Context

Cebu Provincial Hospital, Danaos City (CPH-Danaos City) is located in the northern part of the province, approximately 33 km from Cebu City. It has a total population of 127,647 (as of 2010). The catchment areas compose of Danaos City, Lilo-an, Compostela, and Carmen, otherwise known as "DALICOMCAR" in the Inter-local Health Zone, with the total catchment area population of 339,289(as of 2010).

CPH-Danaos City is a proposed 100-bed capacity provincial hospital, but currently the authorized capacity is 50 beds, level I, PhilHealth-accredited. The hospital is currently in the process of upgrading to a level II hospital, pending the availability of requested equipment and the completion of ongoing infrastructure construction.

### General Objective

To provide comprehensive, one-stop-shop care to pregnant adolescents, partners, and infants

### Specific Objectives

1. Provide comprehensive antenatal, intrapartum, and postnatal care including immunization (Tetanus Toxoid) to the pregnant adolescent
2. Provide postnatal and essential newborn care, including immunization to the baby
3. Promote full breastfeeding up to six months to women aged 19 and younger
4. Reduce pregnancy among women aged 19 and younger
5. Increase family planning acceptance to prevent subsequent unplanned pregnancies
6. Promote active participation of patients' support group (i.e., husbands, partners, parents, guardians, peers) during pregnancy, for care of the newborn and children, and for family planning
7. Prevent and manage sexually transmitted infections among pregnant adolescents and their partners
8. Conduct health education (including Usapan)



## Proponents

- Hospital Management Committee
- Pediatrics Section
- Obstetrics and Gynecology Section
- Women and Child Protection Unit
- Nursing Services
- HIV and AIDS Core Team
- Hospital Training Office
- Medical Social Services
- Support Services (Dietary Section, Dental Services, Pharmacy, Anesthesia Department, Laboratory/Radiology, and Security)
- Breastfeeding Support Groups

## Components

- Services
- Training
- Research

## Services

1. Medical
  - a. Obstetrical care, adolescent health, male partner participation
  - b. Medical and pediatrics care
2. Psychosocial
  - a. Counseling
  - b. Social services
  - c. Women and child protection
  - d. Breastfeeding support group
  - e. Legal services (Public Attorney's Office, women's desk)

3. Health and parenting education
4. Referral services and networking (i.e., legal, police, social services, local government unit, spiritual)
5. Nutrition and dietary service

## Training

- Objectives:
  1. To enhance the skills of hospital staff and residents in dealing with health issues of young parents, in management of pregnant adolescents, and in responding to their reproductive health needs
  2. To develop skills of service providers, specifically the nurses, midwives and social workers in the conduct of health education
- Proposed Training Program:
  1. Adolescent-Friendly Services
  2. Gender
  3. Adolescent-Friendly Health Facility and Adolescent Job Aid
  4. Conduct of Usapan

## Research

- Objective: To encourage research on issues related to adolescent health, such as teenage pregnancy
- Proposed topic: Clinical profiling of teenage mothers with pregnancy-related complications

## Program for Young Parents (PYP) Protocol

### Legend:

- Pink: Obstetric and Gynecology
- Blue: Women and Children Friendly Center
- Orange: Training
- Yellow: Pediatrics

### Step 1: Triage

|   |   |  |   |
|---|---|--|---|
| Client arrives at the registration counter in the Outpatient Department (OPD) lobby | Client arrives at the Emergency Room (ER) with complaints (e.g., labor, vaginal bleeding, abdominal pain) | Client arrives at the Women and Children Friendly Center           | Client arrives with sick child at the OPD, ER, or Pediatrics Ward |
| Collect and forward patient's chart to OPD Room 9                                   | Manage complaints   | Enroll client into the PYP   | Identify if pregnant client is aged 19 or younger                 |
| Identify if pregnant client is aged 19 or younger                                   | Admit client  | Interview client   | Enroll client into the PYP  |
| Enroll client into the PYP  | Enroll client into the PYP  | Complete a physical examination                                    |   |
|   |   | Conduct laboratory test(s)   |   |
|   |   | Counsel client   |   |
|   |   | Refer client to local Department of Social Welfare and Development |   |

### Step 2: Obstetric Evaluation and Care

|   |
|---|
| Direct first-time clients (and their partners or other accompanying persons) who come on the PYP day (Tuesday) to proceed to PYP clinic |
| Direct patients who comes on other days to be seen by the obstetrics resident at the ER and/or OPD                                      |
| Conduct subsequent prenatal checkups every Tuesday at the PYP clinic  |
| Conduct postpartum check-ups together with babies every Thursday  |
| Complete client history and physical examination to identify obstetric and medical/surgical problems                                    |
| Refer client to appropriate services to address specific non-obstetric problems   |
| Conduct routine prenatal labs and imaging   |
| Provide immunization (Tetanus Toxoid) services  |
| Deliver nutrition education and vitamin supplementation   |
| Provide family planning counselling   |
| Recording all findings and recommendations on the patient's chart   |
| Provide information on the danger signs of pregnancy  |
| Agree with client on follow-up activities   |
| Provide take-home information and communication health materials  |

**Step 3: Adolescent Healthcare**

|   |
|---|
| Complete a health assessment:   |
| • Complete client history   |
| • Complete a physical examination   |
| • Complete the risk factors checklist   |
| • Treat medical problems  |
| • Provide referrals (e.g., nutrition, psychological services, substance abuse, social work, women and children’s protection unit) |

**Step 4: Psychosocial Evaluation**

|   |
|---|
| Conduct psychosocial evaluation taking using the HEADSSS ( home, education/employment, activities, drugs, sexuality/sexual activity, suicide/depression, safety) form |
|---|

**Step 5: Health Classes**

|   |
|---|
| Deliver health classes (at the PYP center, OPD, or obstetrics ward) to include: |
| • Family planning *   |
| • Dental care   |
| • Common maternal illnesses (warning signs of pregnancy) *                      |
| • Unang Yakap (essential newborn care)  |
| • Birth practices/birth preparation, including PhilHealth coverage orientation* |
| • Newborn care  |
| • Common newborn illnesses  |
| • Breastfeeding *   |
| • Personal hygiene  |
| • Maternal and infant nutrition   |
| • Warning/danger signs of maternal and infant illnesses                         |
| • Healthy lifestyle   |
| • Importance of antenatal care  |
| • Importance of immunization  |
| • Sexually transmitted infections   |
| • Newborn screening   |
| • Breast examination  |
| • Kangaroo mother care (KMC)  |

\* priority topics

**Step 6: Delivery**

|   |   |
|---|---|
| Provide essential newborn care, including:                                    | Refer clients aged 19 and younger admitted to the ER or obstetrics department for abortion or ectopic pregnancy to the PYP clinic |
| <i>Time-Bound</i>   | Assess clients admitted at the ER or obstetrics department  |
| • Dry the newborn   | Enroll eligible clients to the PYP  |
| • Facilitate skin-to-skin contact   | Secure consent for postpartum family planning from the parent if the client accepts   |
| • Initiate breastfeeding  | Complete hygiene care (e.g., full body bath for selected clients) prior to admission to the ER or obstetrics department           |
| • Clamp the cord  | Complete cardiocography test  |
|   | Collect baseline lab work   |
| <i>Not Time-Bound</i>   | Monitor progress of labor (e.g., serial fetal heartrate monitoring)   |
| • Provide newborn care  | Identify obstetric and non-obstetric problems and refer to appropriate services   |
| • Complete Ballard scoring  | Support delivery (either by vaginal or abdominal route)   |
| • Collect anthropometric measurement  | Provide essential intrapartum care  |
| • Bathe infant (at least six hours after birth)                               | Initiate postpartum family planning   |
| • Complete follow-up check-ups  | Provide postpartum care   |
| • Discharge and refer for future care (e.g., follow-up testing, vaccinations) | Complete internal exam prior to discharge   |
|   | Provide discharge instructions  |
|   | Discharge client  |

**Step 7: Postnatal and Family Planning Services**

|   |
|---|
| Provide postpartum health assessment and follow-up care at PYP clinic within seven days of discharge: |
| • Complete postpartum evaluation  |
| • Provide take-home information materials   |
| • Follow-up on breastfeeding practices  |
| Provide postpartum health assessment and follow-up care six weeks after delivery                      |
| • Deliver family planning counseling and initiation (Tuesdays)  |
| • Provide immunization services (Thursdays)   |
| • Follow-up on breastfeeding practices  |

**Step 8: Referrals to Local Government Unit**

|  |
|--|
| Complete diagnosis and services rendered               |
| Provide specific instructions to the patient           |
| Provide referral slip (except for pathologic patients) |

Note: This can be delivered by either obstetrics or pediatric providers, in the event the mother decides to continue the services.

**Step 9: Adolescent Healthcare**

|   |
|---|
| Provide adolescent healthcare for teenage mothers at the OPD  |
| Provide nutritional counseling by the nutritionist/ dietician at the pediatrics (identify cases for referral)         |
| Provide dental care services  |
| Provide health/healthy lifestyle guidance   |
| Provide immunization services   |
| Provide curative services(e.g., for infectious diseases, sexually transmitted infections, and other medical concerns) |
| Deliver follow-up support for psychosocial and psychosexual concerns  |

**Step 10: Newborn and Infant Care**

|   |
|---|
| Provide follow-up care within seven days, or earlier if discharge is in less than two days                      |
| Provide regular immunization, preventive, and curative care services, including growth monitoring and promotion |

**Step 11: Parenting Classes**

|   |
|---|
| Deliver classes to include:                 |
| • Healthy pregnancy                         |
| • Breastfeeding                             |
| • Newborn and infant care                   |
| • Immunization                              |
| • Child care and positive discipline        |
| • Personal hygiene                          |
| • Responsible parenting                     |
| • Gender sensitization and values formation |
| • Financial management                      |
| • Trauma and injury prevention              |
| • Healthy life practices                    |
| • Environmental sanitation                  |

**Step 12: Personal Advancement and Development Linkages**

|  |
|--|
| Provide referrals to the following:  |
| • Local government unit  |
| • Technical Education and Skills Development Authority (for skills training)                 |
| • Department of Social Welfare and Development (for livelihood opportunities and employment) |
| • Department of Education (for alternative learning system)                                  |

**Step 13: Peer Group Sessions (Optional: Subject to the availability of partnerships with governmental and nongovernmental organizations in the city)**

|  |
|--|
| Identify and network with support groups |
| Train support groups                     |
| Provide referrals to support groups      |
| Monitor and evaluate support groups      |

**Step 14: Referrals for Preventative Services**

|  |  |
|--|--|
| Provide referrals for:   | Provide referrals to:  |
| <ul style="list-style-type: none"> <li>• Family planning services</li> </ul> | <ul style="list-style-type: none"> <li>• Well-baby services</li> </ul> |
| <ul style="list-style-type: none"> <li>• Dental services</li> </ul>          | <ul style="list-style-type: none"> <li>• Immunizations</li> </ul>      |
| <ul style="list-style-type: none"> <li>• Obstetric services</li> </ul>       | <ul style="list-style-type: none"> <li>• Growth monitoring</li> </ul>  |

## ATTACHMENT E: Sample Program for Young Parents (PYP) Implementation Plan

Don Emilio Del Valle Memorial Hospital in Ubay, Bohol

### A. Analysis of Helping and Hindering Factors

| Helping/Hindering Factors   | Causes   | Recommendations   |
|---|--|---|
| Staff constraints   | Limited by 60-bed capacity   | <ul style="list-style-type: none"> <li>• Hire city social worker to support the PYP center</li> <li>• Avail additional assistance from the local government unit to the hospital</li> </ul> |
| Financial support for the PYP clients                                       | PYP clients unable to bear financial burden  | <ul style="list-style-type: none"> <li>• Seek assistance from partner organizations (e.g., private sector partners)</li> </ul>  |
| Dedicated area for the PYP  | Increasing number of clients   | <ul style="list-style-type: none"> <li>• Designate an area for the PYP in the new building under construction</li> </ul>  |
| Acceptability of family planning (FP) service and related healthy behaviors | <ul style="list-style-type: none"> <li>• Cultural beliefs</li> <li>• Family influences and expectations</li> </ul> | <ul style="list-style-type: none"> <li>• Strengthen education campaign</li> </ul>   |

### B. Activity and Financial Plan

| Objectives                                    | Activities  | Party Responsible   | Time     | Resource Needs  | Cost (in PHP)     | Fund Source  |
|---|---|---|----------|---|-------------------|--|
| Increase FP acceptance                        | <ul style="list-style-type: none"> <li>• Provide IEC materials</li> <li>• Deliver Usapan</li> <li>• Share experiences</li> <li>• Deliver lectures</li> </ul>                        | <ul style="list-style-type: none"> <li>• «FP coordinator</li> <li>• «Peer facilitators</li> <li>• «LHZ representatives</li> </ul>     | All year | <ul style="list-style-type: none"> <li>• FP commodities</li> <li>• IEC materials</li> <li>• Transportation</li> </ul> | 50,000<br>300,000 | <ul style="list-style-type: none"> <li>• DOH Gender and Development (GAD)</li> </ul>   |
| Strengthen linkages with development partners | <ul style="list-style-type: none"> <li>• Hold stakeholder consultations</li> <li>• Sign of memorandum of agreement</li> <li>• Link PYP clients with development partners</li> </ul> | <ul style="list-style-type: none"> <li>• PYP coordinator</li> <li>• VisayasHealth (VH) staff</li> <li>• Other stakeholders</li> </ul> | All year | <ul style="list-style-type: none"> <li>• Meeting expenses</li> </ul>  |                   | <ul style="list-style-type: none"> <li>• VH</li> </ul>   |
| Establish peer counselors                     | <ul style="list-style-type: none"> <li>• Train trainers</li> <li>• Train PYP team</li> <li>• Train peer facilitators</li> </ul>   | <ul style="list-style-type: none"> <li>• PYP coordinator</li> <li>• Peer facilitators</li> </ul>                                      | Q1 & Q2  | <ul style="list-style-type: none"> <li>• Venue</li> <li>• Materials</li> </ul>  |                   | <ul style="list-style-type: none"> <li>• VH</li> <li>• GAD</li> </ul>  |
| Enhance PYP centers                           | <ul style="list-style-type: none"> <li>• Provide IEC materials</li> <li>• Provide computers</li> </ul>  | <ul style="list-style-type: none"> <li>• PYP core team</li> <li>• Hospital technology team</li> </ul>                                 | All year | <ul style="list-style-type: none"> <li>• IEC materials</li> <li>• Computers</li> <li>• Office supplies</li> </ul>     | 200,000           | <ul style="list-style-type: none"> <li>• Hospital</li> </ul>   |
| Monitor clients and partners                  | <ul style="list-style-type: none"> <li>• Conduct home visits</li> <li>• Update records</li> </ul>   | <ul style="list-style-type: none"> <li>• Hospital health education and promotion team</li> </ul>                                      | All year | <ul style="list-style-type: none"> <li>• Transportation</li> <li>• Office supplies</li> </ul>                         | 100,000           | <ul style="list-style-type: none"> <li>• Hospital</li> <li>• DOH Dept. of Social Welfare and Development</li> <li>• GAD</li> </ul> |

## ATTACHMENT F: Sample Training Agenda

### VisayasHealth Project

#### Program for Young Parents (PYP) Adolescent-Friendly Services Training

#### Samar Provincial Hospital and Tacloban City Hospital

27–30 March 2017

| Time                                | Activity   | In-Charge  | Resources Needed   | Methodology                   |
|-------------------------------------|--|--|--|-------------------------------|
| <b>Day 1: Monday, 27 March 2017</b> |  |  |  |                               |
| AM                                  | Travel time for Samar Provincial Hospital participants   | Samar Provincial Hospital  | Transportation   |                               |
| 12:00                               | <b>Lunch</b> (Hotel Lorenza, Tacloban City)  |  |  |                               |
| 2:00 PM                             | Travel Time to Abuyog  | VisayasHealth  | Transportation   |                               |
| 4:00 PM                             | Arrival and billeting  | Arianne Keith Tomas  | <ul style="list-style-type: none"> <li>• Attendance sheet</li> <li>• Guest list</li> <li>• Room assignments</li> <li>• Kits with books, name tags, training agenda, notebooks, pens</li> </ul> |                               |
| 5:00 PM                             | Opening program: <ul style="list-style-type: none"> <li>• Invocation</li> <li>• National anthem</li> <li>• Welcome remarks</li> </ul>  | <ul style="list-style-type: none"> <li>• Arianne Keith Tomas</li> <li>• Merlyn Rodriguez</li> </ul>    | <ul style="list-style-type: none"> <li>• Laptop and projector</li> <li>• Invocation</li> <li>• National anthem</li> </ul>  | Plenary                       |
| 5:30 PM                             | Pretest  | Arianne Keith Tomas  | Pretest and answer key   | Individual work               |
| <b>Module 1: Opening Session</b>    |  |  |  |                               |
| 6:00 PM                             | <b>Module 1.1</b> (1 hour): <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Leveling of expectations</li> <li>• House rules</li> <li>• Host teams</li> </ul> | <ul style="list-style-type: none"> <li>• Odette M. De Guzman</li> <li>• Arianne Keith Tomas</li> </ul> |  | Structured learning exercises |
|                                     | <b>Module 1.2</b> (1 hour):<br>Familiarization with workshop flow and Adolescent Job Aid (AJA) manual  | <ul style="list-style-type: none"> <li>• Odette M. De Guzman</li> <li>• Arianne Keith Tomas</li> </ul> | <ul style="list-style-type: none"> <li>• AJA manual</li> <li>• AJA PowerPoint presentation</li> <li>• Training program/agenda</li> </ul>   | Demonstration                 |
| 7:30 PM                             | <b>Dinner</b>  |  |  |                               |



| Time                                 | Activity  | In-Charge   | Resources Needed  | Methodology |
|--------------------------------------|---|---|---|-------------|
| <b>Day 2: Tuesday, 28 March 2017</b> |   |   |   |             |
| 6:30 AM                              | <b>Breakfast</b>  |   |   |             |
| 7:30 AM                              | Travel to Abuyog District Hospital (ADH)  | <ul style="list-style-type: none"> <li>Arianne Keith Tomas</li> <li>Host team 1</li> </ul>  | Transportation  |             |
| <b>Observation and Study Tour</b>    |   |   |   |             |
| 8:00 AM                              | Opening program: <ul style="list-style-type: none"> <li>Invocation</li> <li>National anthem</li> <li>Welcome remarks</li> <li>Orientation on the PYP in ADH</li> <li>Briefing on the educational sessions</li> </ul>  | <ul style="list-style-type: none"> <li>Host team 1</li> <li>Dr. Felicidad Sales (Chief, ADH)</li> <li>Dr. Maria Lea Justo (obstetrics and gynecology consultant)</li> <li>Thelma Estremos (PYP focal person)</li> </ul> | <ul style="list-style-type: none"> <li>Laptop and projector</li> <li>Invocation</li> <li>National anthem</li> <li>PowerPoint presentations</li> </ul> | Plenary     |
| 10:00 AM                             | Observation of educational sessions: <ul style="list-style-type: none"> <li>Group 1: Danger signs and symptoms of pregnancy complications, birth planning, PhilHealth</li> <li>Group 2: Healthy timing and spacing</li> <li>Group 3: Breastfeeding</li> </ul> | ADH PYP team  | Session guides  |             |
| 11:00 AM                             | Processing of observations educational session  | Odette M. De Guzman   |   |             |
| 12:00                                | <b>Lunch</b>  |   |   |             |
| 1:00 PM                              | Facility tour   | Thelma Estremos   | Facility observation checklist  |             |
| 2:00 PM                              | Travel to Tacloban City   | <ul style="list-style-type: none"> <li>Arianne Keith Tomas</li> <li>Host team 1</li> </ul>  | Transportation  |             |
| 3:30 PM                              | Arrival and billeting   | Hotel Lorenza   |   |             |
| 4:00 PM                              | Processing of observations facility tour  | Odette M. De Guzman   |   |             |
| 4:30 PM                              | Preparation for return demonstration of educational sessions  |   |   |             |
| 6:00 PM                              | <b>Dinner</b>   |   |   |             |

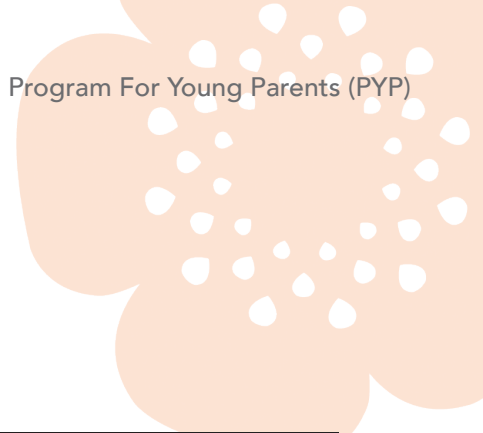
| Time   | Activity   | In-Charge   | Resources Needed  | Methodology  |
|--|--|---|---|--|
| <b>Day 3: Wednesday, 29 March 2017</b>   |  |   |   |  |
| 6:30 AM  | <b>Breakfast</b>   |   |   |  |
| 8:00 AM  | Recap  | Host team 2   |   |  |
| 8:30 AM  | Return demonstration: <ul style="list-style-type: none"> <li>• Group 1: Danger signs and symptoms of pregnancy complications, birth planning, PhilHealth</li> <li>• Group 2: Healthy timing and spacing</li> <li>• Group 3: Breastfeeding</li> </ul> | <ul style="list-style-type: none"> <li>• Training team</li> <li>• ADH PYP team</li> </ul> |   |  |
| 10:00 AM   | <b>Module 1.3a:</b> Gender sensitization   | Odette M. De Guzman   | <ul style="list-style-type: none"> <li>• PowerPoint presentation</li> <li>• Training paper</li> <li>• Pens</li> </ul>   |  |
| 11:00 AM   | <b>Module 1.3b:</b> Values clarification   | Odette M. De Guzman   | <ul style="list-style-type: none"> <li>• UN Convention on the Rights of the Child</li> <li>• PowerPoint presentation</li> <li>• Lots</li> <li>• Training paper</li> <li>• Pens</li> </ul> | Structured learning exercises  |
| 12:00  | <b>Lunch</b>   |   |   |  |
| <b>Module 2: The Filipino Adolescent</b>   |  |   |   |  |
| 1:00 PM  | <b>Module 2.1:</b> The Filipino teenager in Region 8   | Odette M. De Guzman   | <ul style="list-style-type: none"> <li>• Young Adult Fertility Study 4</li> <li>• PowerPoint presentation</li> </ul>  | <ul style="list-style-type: none"> <li>• Structured learning exercises</li> <li>• Interactive session</li> </ul>                         |
| 1:30 PM  | <b>Module 2.2:</b> Data from facilities  | Odette M. De Guzman   |   | Group presentations  |
| <b>Module 3: Adolescent-Friendly Health Services</b>   |  |   |   |  |
| 2:00 PM  | Processing of facility observation: <ul style="list-style-type: none"> <li>• Characteristics of adolescent-friendly health facilities</li> <li>• Characteristics of adolescent-friendly health services</li> </ul>                                   | Odette M. De Guzman   | <ul style="list-style-type: none"> <li>• AJA Manual</li> <li>• National Standards and Implementation Guide for the Provision of Adolescent-Friendly Health Services Checklist</li> </ul>  | <ul style="list-style-type: none"> <li>• Group work: Self-assessment (15 minutes)</li> <li>• Interactive session (20 minutes)</li> </ul> |
| <b>Module 4: Working with Teens</b>  |  |   |   |  |
| 3:00 PM  | <ul style="list-style-type: none"> <li>• Stages of growth and development</li> <li>• The teen brain</li> <li>• Adolescent-friendly clinic visit</li> </ul>   | Dr. Dainah C. Fajardo   | <ul style="list-style-type: none"> <li>• Dealing with Teens (Viner)</li> <li>• PowerPoint presentation</li> </ul>   | Interactive session  |
| <b>Module 5: Privacy and Confidentiality</b>   |  |   |   |  |
| 4:00 PM  | <ul style="list-style-type: none"> <li>• Legal basis</li> <li>• Common scenarios</li> </ul>  | Odette M. De Guzman   |   |  |
| <b>Module 6: Addressing Client History with HEADSS (i.e., home, education, activities/employment, drugs, suicidality, and sex)</b> |  |   |   |  |
| 5:00 PM  | <ul style="list-style-type: none"> <li>• Using HEADSS</li> <li>• Asking sensitive questions</li> <li>• Active listening</li> </ul>   | Odette M. De Guzman   | <ul style="list-style-type: none"> <li>• HEADSS (short version)</li> <li>• PowerPoint presentation</li> </ul>   |  |
| 6:00 PM  | <b>Dinner</b>  |   |   |  |

| Time  | Activity  | In-Charge   | Resources Needed  | Methodology   |
|---|---|---|---|---|
| <b>Day 4: Thursday, 30 March 2017</b>       |   |   |   |   |
| 7:00 AM                                     | <b>Breakfast</b>  |   |   |   |
| 8:00 AM                                     | Recap   | Host Team 3   |   |   |
| <b>Module 7: The Pregnant Teenager</b>      |   |   |   |   |
| 8:30 AM                                     | <ul style="list-style-type: none"> <li>Statistics</li> <li>Impact on mother and infant</li> <li>Holistic approach to management of teen pregnancy</li> </ul>  | Dr. Dainah C. Fajardo   | <ul style="list-style-type: none"> <li>PowerPoint presentation</li> <li>Video</li> <li>Journal of the ASEAN Federation of Endocrine Societies</li> <li>Aruda</li> </ul> | Interactive session   |
| <b>Module 8: Healthy Timing and Spacing</b> |   |   |   |   |
| 9:30 AM                                     | <ul style="list-style-type: none"> <li>Impact of short birth intervals; factors that predispose repeat pregnancies; preventing a pregnancy using long-acting reversible contraceptives</li> <li>Contraceptive counseling for adolescents</li> </ul> | Dr. Dainah C. Fajardo   | <ul style="list-style-type: none"> <li>Elsevier</li> <li>GATHER tool</li> <li>ICV chart</li> </ul>  | <ul style="list-style-type: none"> <li>Interactive session</li> <li>Demonstration role play</li> </ul>                    |
| <b>Module 9: Patient Contact Experience</b> |   |   |   |   |
| 10:30 PM                                    | Preparation for group presentations   |   | <ul style="list-style-type: none"> <li>Case Scenarios</li> </ul>  | <ul style="list-style-type: none"> <li>Group work</li> <li>Role plays</li> </ul>  |
| 12:00                                       | <b>Lunch</b>  |   |   |   |
| 1:00 PM                                     | <ul style="list-style-type: none"> <li>Presentations (10 minutes/group)</li> <li>Processing (10 minutes/group)</li> </ul>   | VisayasHealth training team   | <ul style="list-style-type: none"> <li>Case Scenarios</li> </ul>  | <ul style="list-style-type: none"> <li>Interactive Session</li> <li>Small group discussion</li> <li>Role plays</li> </ul> |
| 3:00 PM                                     | <ul style="list-style-type: none"> <li>Posttest</li> <li>Training Evaluation</li> </ul>   | Dr. Dainah C. Fajardo   | <ul style="list-style-type: none"> <li>Posttest and answer key</li> <li>Training evaluation</li> </ul>  | Individual work   |
| 4:00 PM                                     | Closing Program: <ul style="list-style-type: none"> <li>Responses from the participants</li> <li>Closing message</li> <li>Awarding of certificates</li> </ul>   | <ul style="list-style-type: none"> <li>Host Team 3</li> <li>Merlyn Rodriguez (Regional Technical Adviser, VisayasHealth project)</li> </ul> | Certificates  |   |
| 5:00 PM                                     | <b>Departure</b>  |   |   |   |

**ATTACHMENT G:**  
**Department of Health (DOH) Adolescent-Friendly Health Services**  
**Facility Monitoring Checklist**

Monitoring Tool 1. Facility Monitoring Checklist

| <b>Standard 1. Adolescents in the catchment area of the facility are aware of the health services it provides and find the health facility easy to reach and to obtain services from it.</b> |                        |                        |                        |
|--|------------------------|------------------------|------------------------|
| <b>Item</b>  | <b>Self-Assessment</b> | <b>Assessment Team</b> | <b>Recommendations</b> |
| <b>Signage</b>   |                        |                        |                        |
| Welcome signage  |                        |                        |                        |
| Schedule of clinic hours (day and time)  |                        |                        |                        |
| Health services  |                        |                        |                        |
| Clinical guidelines  |                        |                        |                        |
| <b>Documents</b>   |                        |                        |                        |
| Action plan for information dissemination  |                        |                        |                        |
| Policy regarding flexible time schedule  |                        |                        |                        |
| Policies for provision of services   |                        |                        |                        |
| Policies for payment schemes   |                        |                        |                        |
| Plan for outreach program  |                        |                        |                        |
| Registration logbook containing the list of clients who consulted and received services  |                        |                        |                        |



**Standard 2. The services provided by health facilities to adolescents are in line with the accepted package of health services and are provided on-site or through referral linkages by well-trained staff effectively.**

| Item  | Self-Assessment | Assessment Team | Recommendations |
|---|-----------------|-----------------|-----------------|
| <b>Documents</b>  |                 |                 |                 |
| National standards for adolescent service package   |                 |                 |                 |
| List of services provided by the facility   |                 |                 |                 |
| Stock cards showing the delivery and utilization of medicines and other commodities for adolescent healthcare                                     |                 |                 |                 |
| Certificates for the minimum training courses prescribed by the DOH for adolescent focal persons and other providers                              |                 |                 |                 |
| Protocols and guidelines for patient interaction  |                 |                 |                 |
| Clinical management guidelines and Adolescent Job Aid   |                 |                 |                 |
| Individual treatment records that shows the client's primary complaint, findings from examination, clinical impression, and management of clients |                 |                 |                 |
| Directory of organizations (name, address, services provided, contact person and number )   |                 |                 |                 |
| Referral logbook (name, age, address, clinical impression, referral entity, reason for referral, result of referral)                              |                 |                 |                 |
| Referral forms  |                 |                 |                 |

| <b>Standard 3. The health services are provided in ways that respect the rights of adolescents and their privacy and confidentiality. Adolescents find surroundings and procedures of the health facility appealing and acceptable.</b> |                 |                 |                 |
|---|-----------------|-----------------|-----------------|
| Item  | Self-Assessment | Assessment Team | Recommendations |
| <b>Facility</b>   |                 |                 |                 |
| Patient flow from admission to delivery of services, including average time for each step, posted in strategic places   |                 |                 |                 |
| Confidentiality policies posted   |                 |                 |                 |
| Privacy policies posted   |                 |                 |                 |
| Individual records kept in separate envelopes   |                 |                 |                 |
| Records kept in a safe place (preferably in a separate room or a locked filing cabinet)   |                 |                 |                 |
| Designated person with access to records  |                 |                 |                 |
| Designated admission and waiting areas  |                 |                 |                 |
| Separate rooms for consultation, treatment, and counseling (or there are at least curtains to separate each provider/client)  |                 |                 |                 |
| Suggestion box available  |                 |                 |                 |
| Conversation between provider and client cannot be heard by others  |                 |                 |                 |
| Peer educators assist in clinic operations and provide services (lectures, counseling, etc.)  |                 |                 |                 |
| Adolescent use materials in the facility  |                 |                 |                 |
| <b>Documents</b>  |                 |                 |                 |
| Standard operating procedure for maintenance of facility  |                 |                 |                 |
| Policies and procedures to ensure confidentiality   |                 |                 |                 |
| Policies and procedures to ensure privacy   |                 |                 |                 |
| Protocol and procedures for patient-provider interaction  |                 |                 |                 |
| Minutes of working group meetings   |                 |                 |                 |

| <b>Standard 4. An enabling environment exists in the community for adolescents to seek and utilize the health services that they need and for the health care providers to provide the needed services.</b> |                        |                        |                        |
|---|------------------------|------------------------|------------------------|
| <b>Item</b>   | <b>Self-Assessment</b> | <b>Assessment Team</b> | <b>Recommendations</b> |
| Leaflets containing the clinic schedule and services available for clients/ community members to bring home and share with others   |                        |                        |                        |
| Information, education, and communication (IEC) materials related to programs/services available (e.g., maternal care, family planning, etc.); including a directory of referral agencies/organizations     |                        |                        |                        |
| IEC plan  |                        |                        |                        |
| Copy of the local development plan  |                        |                        |                        |
| Advocacy plan   |                        |                        |                        |
| Action plan showing agency participation (name of the agency, resources/assistance available, person's responsible)   |                        |                        |                        |
| Accomplishment report showing the services provided at the public health facility and those given by other agencies, individuals, and peer counselors   |                        |                        |                        |

**ATTACHMENT H:**  
**Sample Program for Young Parents (PYP) Launch Program**

Launching the Program for Young Parents (PYP)  
 Vicente Sotto Memorial Medical Center, Cebu City

04 March 2014

|   |  |
|---|--|
| <b>Ribbon Cutting</b>                           | <p><b>Roque Antonio R. Paradela, MD, FPCS</b><br/>                 Head of Medical Division<br/>                 Vicente Sotto Memorial Medical Center</p> <p><b>Paulyn Jean B. Rosell-Ubial, MD, MPH</b><br/>                 Assistant Secretary<br/>                 Department of Health</p> <p><b>Reed Aeschliman</b><br/>                 Deputy Mission Director<br/>                 United States Agency for International Development</p> <p><b>Pamela W. Barnes, MBA</b><br/>                 President and Chief Executive Officer<br/>                 EngenderHealth</p> <p><b>Jaime S. Bernadas, MD</b><br/>                 Director<br/>                 Department of Health,<br/>                 Center for Health Development, Region VII</p> |
| <b>Blessing of the Center for Young Parents</b> | <p><b>Emmanuel Cabahug</b><br/>                 Chaplain<br/>                 Vicente Sotto Memorial Medical Center</p>  |
| <b>National Anthem</b>                          | <p>Pediatrics Department<br/>                 Vicente Sotto Memorial Medical Center</p>  |
| <b>Welcome Remarks</b>                          | <p><b>Roque Antonio R. Paradela, MD, FPCS</b></p>  |
| <b>Overview of the PYP</b>                      | <p><b>Ramon V. Najarro, MD</b><br/>                 Chief of Pediatrics<br/>                 Vicente Sotto Memorial Medical Center</p>   |
| <b>Messages</b>                                 | <p><b>Paulyn Jean B. Rosell-Ubial, MD, MPH</b></p> <p><b>Pamela W. Barnes, MBA</b></p> <p><b>Reed Aeschliman</b></p>   |
| <b>Closing Remarks</b>                          | <p><b>Jaime S. Bernadas, MD</b></p>  |

Program Host: **Dr. Annabelle Fuentes**, Head, Wellness Center Vicente Sotto Memorial Medical Center



## ATTACHMENT I: Teaching and Learning Process Guide for Educational Sessions

| Teaching and Learning Process Session Guide—PYP Session 1  |                           |  |
|--|---------------------------|--|
| <ul style="list-style-type: none"> <li>• Identification of Danger Signs and Symptoms of Pregnancy Complications</li> <li>• Birth Planning</li> </ul>   |                           |  |
| <p><b>Resource Materials:</b></p> <ol style="list-style-type: none"> <li>1. Department of Health (DOH), National Nutrition Council (NNC), UNICEF: 2012 Gabay sa Pagpapasuso at Pagpapakain ng Sanggol at Bata (Infant and Young Child Feeding/IYCF)</li> <li>2. DOH, United States Agency for International Development (USAID): CHANGE 2014 Integrated Desk Flip Chart</li> <li>3. DOH, World Health Organization (WHO), Australian Agency for International Development (AusAID), UNICEF: 2011 Mother and Child Book</li> <li>4. Philippine Health Insurance Corporation (PhilHealth): PhilHealth Circular No. 022-2014</li> </ol> <p><b>Notes:</b><br/>Before each session, please review the reminders for facilitators found at the beginning of the resource materials:</p> <ol style="list-style-type: none"> <li>1. 2012 Gabay sa Pagpapasuso at Pagpapakain ng Sanggol at Bata (IYCF)</li> <li>2. CHANGE 2014 Integrated Desk Flip Chart</li> </ol> <p>Discussion guides for each visual are found in the panel facing the facilitator. Study the specific portions of the resource materials that you will be discussing with your clients in:</p> <ol style="list-style-type: none"> <li>1. CHANGE 2014 Integrated Desk Flip Chart</li> <li>2. 2011 Mother and Child Book</li> <li>3. PhilHealth Circular No. 022-2014</li> </ol> |                           |  |
| Time Allocation  | Activity / Topic          | Instructions   |
| 5 minutes  | Opening and Introductions | <ol style="list-style-type: none"> <li>1. Introduce yourself and the other members of the PYP team.<br/><i>My name is _____ and with me are _____ and _____. We are here to conduct this Usapan session with you.</i></li> <li>2. Request participants to introduce themselves by stating their name, age, and number of children or pregnancies.</li> <li>3. Request accompanying persons to also introduce themselves by stating their name and relationship to the young mother.<br/><i>Now, we will ask you to share some personal information about yourself, so that we can get to know each other and be more comfortable with each other.</i></li> </ol>   |
| 10 minutes   | Discussion on PhilHealth  | <ol style="list-style-type: none"> <li>1. Thank participants for sharing personal information with the group.<br/><i>Thank you very much for sharing that information with us. We assure you that we will not be sharing this information with anyone else.</i></li> <li>2. Introduce the Usapan session to the participants.<br/><i>Today we will be talking about family matters that affect each of us.</i></li> <li>3. Introduce the first topic of the session. If possible, request a PhilHealth officer to explain the requirements/conditions for accessing PhilHealth benefits. Ask participants:<br/><i>Are you familiar with PhilHealth?<br/>What do you know about Philhealth?</i></li> <li>4. If available, give the participants leaflets, flyers, or brochures pertaining to PhilHealth benefits or any PhilHealth information necessary for accessing its benefits. Explain the benefits and the requirements for accessing PhilHealth.<br/><i>Now let me give you information about PhilHealth requirements and its benefits:</i><br/><b>Requirements:</b> PhilHealth form, attachments as required, and payment<br/><b>Member:</b> Must have paid contributions for at least one quarter before confinement. If not, pay contributions for the last quarter and the remaining quarters of the year.<br/><b>Non-Member:</b> Apply for membership at the point of care through the medical social worker.<br/><b>Dependent:</b> If the client is covered, but the baby is not, the client should apply for membership at the point of care through the medical social worker.</li> </ol> |

| <b>Teaching and Learning Process Session Guide—PYP Session 1 (continued)</b><br>• Identification of Danger Signs and Symptoms of Pregnancy Complications<br>• Birth Planning |                                |   |
|--|--------------------------------|---|
| Time Allocation  | Activity / Topic               | Instructions  |
| 10 minutes   | Discussion on PhilHealth       | <ol style="list-style-type: none"> <li>Encourage clients to verify the status of their PhilHealth membership after the session.<br/>Please check the status of your PhilHealth membership so that you can access the benefits.</li> <li>Make sure that all participants are following the discussion.</li> <li>Encourage participants to share opinions and experiences throughout the discussion.</li> <li>Allow participants to ask questions, if any.</li> </ol>   |
| 15 minutes   | Birth Planning                 | <ol style="list-style-type: none"> <li>Introduce the second topic of the session. Ask participants to divide into two groups, list what they should plan before giving birth, and post the list on the wall:<br/><i>In this activity, you will be divided into two groups (ask the participants to count off so that all number 1s will be grouped together and all number 2s will be grouped together)</i><br/><i>Now list all the things that you should plan before giving birth (Ano ano ang dapat mong paghandaan bago manganak?) and post your list on the wall.</i></li> <li>Ask each group leader to report and explain the lists they posted.</li> <li>Process the answers and discuss about the importance of having a birth plan. Using the Integrated Desk Flip Chart, go to the section on Maternal, Newborn, and Child Health and Nutrition. Discuss the following cards:<br/>Card No. 2: <i>Maghanda Nang Mabuti</i><br/>Card No. 5: <i>Ang Ligtas na Panganganak</i><br/>Card No. 4: <i>Alagaan ang Sarili</i></li> <li>Give the participants the birth planning forms to fill out.</li> <li>Make sure that all participants are following the discussion.</li> <li>Encourage participants to share opinions and experiences throughout the discussion.</li> <li>Allow participants to ask questions, if any.</li> </ol>  |
| 15 minutes   | Identification of Danger Signs | <ol style="list-style-type: none"> <li>Introduce the third topic of the session. Using the same groups, explain the next activity of the session.<br/><i>In this activity, we will play a game called charades. Staying in your groups, group members will guess the actions of their co-member based on what they have drawn from the fish bowl. The group with the more number of correct guesstimates will win. Are you ready?</i></li> <li>Discuss about the danger signs of pregnancy complications. Using the Integrated Desk Flip Chart, go to the section on Maternal, Newborn, and Child Health and Nutrition. Discuss the following cards:<br/>Card No. 1: <i>Importante ang Antenatal Check-Up</i><br/>Card No. 4: <i>Alagaan ang Sarili</i><br/>Card No. 3: <i>Emergency Signs</i></li> <li>Emphasize:<br/><i>Go to the hospital or health center immediately if you experience any of these signs and symptoms.</i></li> <li>For added emphasis, assuming Mother and Baby Books are available, show and discuss the following pages with clients:<br/>Page 5: <i>Warning Signs During Pregnancy</i><br/>Page 9: <i>Some Helpful Tips I Should Remember</i></li> <li>Repeat:<br/><i>Go to the hospital or health center immediately if you experience any of these signs and symptoms.</i></li> <li>Make sure that all participants are following the discussion.</li> <li>Encourage participants to share opinions and experiences throughout the discussion.</li> </ol> <p>Allow participants to ask questions, if any.</p> |

| Teaching and Learning Process Session Guide—PYP Session 1 (continued)  |                  |   |
|--|------------------|---|
| <ul style="list-style-type: none"> <li>• Identification of Danger Signs and Symptoms of Pregnancy Complications</li> <li>• Birth Planning</li> </ul> |                  |   |
| Time Allocation  | Activity / Topic | Instructions  |
| 5 minutes  | Closing          | <ol style="list-style-type: none"> <li>1. Ask if anyone has questions or need clarifications. Ask:<br/><i>Are there any more questions or clarifications about what we have discussed?</i><br/>Answer questions or ask PYP team members to answer questions.</li> <li>2. After answering questions, thank participants for their time and encourage them to visit the PYP center for any health concerns, especially concerns about their pregnancy. Say:<br/><i>Thank you all very much for taking the time to join us for this discussion. You know our PYP team members _____, _____, etc. You can come see them about your health concerns, especially about your pregnancy.</i></li> </ol> |

| Teaching and Learning Process Session Guide—Session 2   |                           |   |
|---|---------------------------|---|
| Family Planning and Gender Sensitization  |                           |   |
| <p><b>Resource Materials:</b></p> <ol style="list-style-type: none"> <li>1. Gabay sa Pagpapasuso at Pagpapakain ng Sanggol at Bata (IYCF)</li> <li>2. CHANGE 2014 Integrated Desk Flip Chart</li> <li>3. 2011 Mother and Child Book</li> <li>4. ICV Wall Chart</li> <li>5. Usapan Action Card</li> </ol> <p><b>Notes:</b><br/>Before each session, please review the reminders for facilitators found at the beginning of the resource materials:</p> <ol style="list-style-type: none"> <li>1. 2012 Gabay sa Pagpapasuso at Pagpapakain ng Sanggol at Bata (IYCF)</li> <li>2. CHANGE 2014 Integrated Desk Flip Chart</li> </ol> <p>Discussion guides for each visual are found in the panel facing the facilitator. Study the specific portions of the resource materials that you will be discussing with your clients in:</p> <ol style="list-style-type: none"> <li>1. CHANGE 2014 Integrated Desk Flip Chart</li> <li>2. 2011 Mother and Child Book</li> </ol> |                           |   |
| Time Allocation   | Activity / Topic          | Instructions  |
| 5 minutes   | Opening and Introductions | <ol style="list-style-type: none"> <li>1. Introduce yourself and the other members of the PYP team.<br/><i>My name is _____ and with me are _____ and _____. We are here to conduct this Usapan session with you.</i></li> <li>2. Request participants to introduce themselves by stating their name, age, and number of children or pregnancies.</li> <li>3. Request accompanying persons to also introduce themselves by stating their name and relationship to the young mother.<br/><i>Now we may ask you to share some personal information about yourself so that we can get to know each other and be more comfortable with each other.</i></li> </ol>   |
| 40 minutes  | Discussion                | <ol style="list-style-type: none"> <li>1. Thank participants for sharing personal information with the group.<br/><i>Thank you very much for sharing that information with us. We assure you that we will not be sharing this information with anyone else.</i></li> <li>2. Introduce the Usapan session to the participants. Introduce the first topic of the session. Distribute the Usapan action cards and pens to the participants. Using the action cards provided, facilitate the discussion by asking participants to read the items on the action cards.<br/><i>Today, we will be talking about family matters that affect each of us. Okay let's begin; can you please read the first item on the Usapan action card? What is your answer?</i></li> <li>3. After the participants answer the item number 3 on the action card, introduce the first activity of the session. Give participants the meta cards and marker pens for the activity.<br/><i>Today, we will discuss about the importance of planning your family. Let's begin by writing down your insights regarding the advantages and disadvantages of the different family planning methods. Using the meta cards, write down what you know about that FP method and post it on the wall in line with the name of that FP method.</i></li> </ol> |

| Teaching and Learning Process Session Guide—Session 2 (continued)<br>Family Planning and Gender Sensitization |                  |   |
|---|------------------|---|
| Time Allocation   | Activity / Topic | Instructions  |
| 40 minutes  | Discussion       | <p>4. Read all the postings, process the answers, clarify and correct misconceptions, and introduce the different family planning methods using the ICV wall chart and/or sample of an FP method.</p> <p><i>It is important for you to safeguard your health, that of your baby, and your entire family. The Department of Health recommends a gap of three to five years between births to recover from the rigors of pregnancy and childbirth. Spacing births will give time for yourself and your family.</i></p> <p><b>Note:</b> Avoid lengthy explanations about the different family planning methods. Simply say:</p> <p><i>There are many family planning methods that couples can choose from, depending on whether you want to stop having children or delay having the next child. These include:</i></p> <ul style="list-style-type: none"> <li>• <b>Permanent methods:</b> Bilateral tubal ligation for women, no scalpel vasectomy for men</li> <li>• <b>Long-acting and reversible contraceptives:</b> intrauterine devices and implants</li> <li>• <b>Other reversible methods:</b> Condoms, Injectables, Pills</li> <li>• <b>Fertility-based methods:</b> Lactational amenorrhea method, standard days method, billings ovulation method, basal body temperature, and sympto-thermal method</li> </ul> <p><i>We can provide details for any method you and/or your partner are interested in.</i></p> <p>5. Ask participants if they have questions.<br/><i>Do you have any questions at this point?</i></p> <p>6. If there are no more questions, introduce the gender sensitivity topic and its corresponding activity. Give the gender meta cards to the participants for the activity.<br/><i>Now, we will have an exercise. Please look at the meta cards provided. Decide where the meta cards should be placed. Is it in the column for men? For women? Or for both?</i></p> <p>7. Process the answers and emphasize the importance of the session.<br/><i>The session emphasizes gender equality and the fact that men and women should be equal in terms of decision-making. Having a joint decision in the family is important in minimizing conflict and in achieving better health outcome for the whole.</i></p> <p>8. Invite a PYP graduate/satisfied family planning user to talk about their experience and the importance of having a plan before delivery and in using a family planning method.<br/><i>Experiences about the PYP graduates will include experiences from the entire pregnancy, labor, and childbirth. They will also discuss:</i></p> <ul style="list-style-type: none"> <li>• <i>Why they decided to use family planning</i></li> <li>• <i>How they accessed services</i></li> <li>• <i>What was the effect of their use of family planning</i></li> </ul> <p>9. Encourages questions and moderate the discussion<br/><i>Do you have any questions or clarifications?</i></p> <p>10. Return to the Usapan action cards and finish the remaining items by asking the participants to read the remaining questions aloud.<br/><i>Please return to the Usapan action card and read question number 4 aloud. What is your answer to this question?</i></p> <p>11. Allow participants to write their family planning method of choice after reading question number 5.</p> <p>12. Emphasize:<br/><i>Family planning methods are safe and effective if correctly and consistently practiced. There is a family planning method that is right for you and your particular family situation.</i></p> |

| Teaching and Learning Process Session Guide—Session 2 (continued)<br>Family Planning and Gender Sensitization |                  |  |
|---|------------------|--|
| Time Allocation   | Activity / Topic | Instructions   |
| 40 minutes  | Discussion       | <p>13. Answer questions and clarify concerns about specific family planning methods. Use the family planning section of the Integrated Desk Flip Chart in addition to the ICV Wall Chart.<br/><i>Do you have any questions or clarifications?</i></p> <p>14. Repeat:<br/><i>Family planning methods are safe and effective if correctly and consistently practiced. A family planning method is right for you and your particular family situation.</i></p> <p>15. Make sure all participants are following the discussion.</p> <p>16. Encourage participants to share opinions and experiences throughout the discussion.</p> <p>17. Allow participants to ask questions, if any.</p>                                 |
| 5 minutes   | Closing          | <p>1. Ask if anyone has questions or need clarifications.<br/><i>Are there any more questions or clarifications about what we have discussed?</i> Answer questions or ask the members of the PYP team to answer questions.</p> <p>2. After questions have been answered, thank participants for their time and encourage them to visit the reproductive health unit for any health concerns or needs, especially those related to family planning. Say:<br/><i>Thank you all very much for taking the time to join us for this discussion. You know our PYP team members _____, _____, etc. You can come to see them about your health needs and concerns, especially your family planning needs and concerns.</i></p> |

| Teaching and Learning Process Session Guide—Session 3<br>Life Skills and Breastfeeding  |                           |   |
|---|---------------------------|---|
| <p><b>Resource Materials:</b></p> <ol style="list-style-type: none"> <li>2012 Gabay sa Pagpapasuso at Pagpapakain ng Sanggol at Bata (IYCF)</li> <li>CHANGE 2014 Integrated Desk Flip Chart</li> <li>2011 Mother and Child Book</li> <li>Life Skills Case Study</li> <li>Dolls (for breastfeeding)</li> </ol> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>Before each session, please review the reminders for facilitators found at the beginning of the resource materials:</li> <li>2012 Gabay sa Pagpapasuso at Pagpapakain ng Sanggol at Bata (IYCF)</li> <li>2014 Integrated Desk Flip Chart</li> </ol> <p>Discussion guides for each visual are found in the panel facing the facilitator. Study the specific portions of the resource materials that you will be discussing with your clients in:</p> <ol style="list-style-type: none"> <li>2012 Gabay sa Pagpapasuso at Pagpapakain ng Sanggol at Bata (IYCF)</li> <li>2014 Integrated Desk Flip Chart</li> <li>Commission on Population (POPCOM) 2016 SHAPE resource book</li> </ol> |                           |   |
| Time Allocation   | Activity / Topic          | Instructions/Spiel  |
| 5 minutes   | Opening and Introductions | <ol style="list-style-type: none"> <li>Introduce yourself and the other members of the PYP team.<br/><i>My name is _____ and with me are _____ and _____. We are here to conduct this Usapan session with you.</i></li> <li>Request participants to introduce themselves by stating their name, age, and number of children or pregnancies.</li> <li>Request accompanying persons to also introduce themselves by stating their name and relationship to the young mother.<br/><i>Now we will ask you to share some personal information about yourself so that we can get to know each other and be more comfortable with each other.</i></li> </ol> |

| Teaching and Learning Process Session Guide—Session 3 (continued) |                             |  |
|---|-----------------------------|--|
| Life Skills and Breastfeeding                                     |                             |  |
| Time Allocation   | Activity / Topic            | Instructions/Spiel   |
| 20 minutes  | Discussion on Life Skills   | <ol style="list-style-type: none"> <li>1. Thank participants for sharing personal information with the group.<br/><i>Thank you very much for sharing that information with us. We assure you that we will not be sharing this information with anyone else.</i></li> <li>2. Introduce the Usapan session to the participants.<br/><i>Today we will talk about family matters that affect each of us.</i></li> <li>3. Introduce the session topic and the activity for this session. If possible request a POPCOM officer or Department of Social Welfare and Development officer to discuss the topic of life skills.<br/><i>Now we will have a short exercise on life skills. We will divide the group into smaller groups, please group yourself into 3 groups (assuming 15 total participants).</i></li> <li>4. Give each group a copy of the case to read and study. Provide meta cards/ manila paper and marker pens to the participants.<br/><i>We will be giving you 10 minutes to read and discuss the case among your group. Using the Meta cards/ Manila paper provided, please write down your insights and answers to the case study. You will select a rapporteur in your group.</i></li> <li>5. Ask participants to post their answers and present it to the big group.<br/><i>Now, you will present your answers to the whole group. Remember that there are no right or wrong answers in this exercise, rather we are here to share and learn from everyone's unique experiences.</i></li> <li>6. Process the answers by using the key learning points.<br/><i>Decision-making is a process that we all go through every day. Decisions may be simple or complex, easy or difficult. To make a sound decision, you must SELECT:</i> <ul style="list-style-type: none"> <li>• <i>S: Step back from the situation and give yourself some time to think and define the problem or issue</i></li> <li>• <i>E: Explore all angles of the situation and gather information, talk to people</i></li> <li>• <i>L: Look for alternatives; identify as many alternatives as possible</i></li> <li>• <i>E: Examine consequences of each alternative (e.g., the pros and cons) and think of ways to minimize negative consequences and enhance positive ones</i></li> <li>• <i>C: Identify the best alternative, the one with the most positive results and least negative consequences</i></li> <li>• <i>T: Take action to implement your decision; including undertaking activities to counteract negative consequences or negotiate your decision</i></li> </ul> <i>Negotiating skills. Since most decisions involve other people, we need to learn how to negotiate effectively, including how to talk with other people in order to agree on a decision.</i><br/> <i>Refusal skills. While we need to be open to new ideas, some decisions we make must remain non-negotiable--particularly decisions that place our safety, health, and/or personal well-being at risk. In some instances, there is a need to say "no" to people and refuse options that might put us in risky situations.</i> </li> <li>7. Ask participants if they have any questions or clarifications so far.<br/><i>Do you have any questions or clarifications at this point?</i></li> </ol> |
| 20 minutes  | Discussion on Breastfeeding | <ol style="list-style-type: none"> <li>1. Introduce the second topic and the activity for the session. Introduce the importance of breastfeeding.<br/><i>The most valuable gift a mother can give is the gift of life. Second only to life is sustenance in the form of breast milk. Only a mother can give birth and only a mother can breastfeed, so it is critical for the mother to receive support through pregnancy, delivery, and nurturing of the baby.</i></li> <li>2. Supervises as participants write on meta cards the advantages of breastfeeding and disadvantages on not breastfeeding and post them on the wall.<br/><i>Now we will give you meta cards; please list your thoughts and insights on the advantages of exclusive breastfeeding and disadvantages on not practicing exclusive breastfeeding on a card and post it on the wall.</i></li> </ol>   |

| Teaching and Learning Process Session Guide—Session 3 (continued) |                             |  |
|---|-----------------------------|--|
| Life Skills and Breastfeeding                                     |                             |  |
| Time Allocation   | Activity / Topic            | Instructions/Spiel   |
| 20 minutes  | Discussion on Breastfeeding | <p>3. Read the postings, clarify and correct misconceptions, and discuss about the importance of breastfeeding.<br/> <i>Discuss the importance of breastfeeding using the following cards from Gabay sa Pagpapasuso at Pagpapakain ng Sanggol at Bata (IYCF Counseling Cards)</i><br/>                     Card No. 4: <i>Kahalagahan ng eksklusibong pagpapasuso</i><br/>                     Card No. 1: <i>Wastong nutrisyon para sa mga buntis at nagpapasusong ina</i><br/>                     Card No. 13: <i>Malinis na pangangatawan</i></p> <p>4. Demonstrate the proper correct infant latch-on position while explaining the details of it by reviewing the four signs of good attachment and proper positioning and showing the pictures.<br/> <i>Using the Gabay sa Pagpapasuso at Pagpapakain ng Sanggol at Bata (IYCF Counseling Cards) discuss on the proper positioning and good attachment:</i><br/>                     Card No. 6<br/>                     Card No. 7</p> <p>5. Emphasize:<br/> <i>Breast milk is best for baby. Breastfeed exclusively for the first six months.</i></p> <p>6. Ask the participants to select partners for the return demonstration.<br/> <i>Okay, now let's practice breastfeeding using the baby dolls provided. You will choose a partner and take turns practicing.</i></p> <p>7. Supervise while the participants take turns demonstrating correct infant latch-on position and giving feedback and corrections on the action.</p> <p>8. Ask the participants what they have learned in the session and clarify any concerns.<br/> <i>What have you learned on this session? Do you have any questions or clarifications?</i></p> <p>9. If there are no more questions or concerns, wrap up the session and repeat emphasis:<br/> <i>Breast milk is best for baby. Breastfeed exclusively for the first six months.</i></p> <p>10. Make sure that all participants are following the discussion.</p> <p>11. Encourage participants to share opinions and experiences throughout the discussion.</p> <p>Allow participants to ask questions, if any.</p> |
| 5 minutes   | Closing                     | <p>1. Ask if anyone has questions or need clarifications.<br/> <i>Are there any more questions or clarifications about what we have discussed?</i><br/>                     Answer questions or ask members of the PYP team to answer questions.</p> <p>2. After answering questions, thank participants for their time and encourage them to visit to the PYP center for any health concerns, especially concerns related to breastfeeding. Say:<br/> <i>Thank you all very much for taking the time to join us for this discussion. You know our PYP team members _____, _____, etc. You can come to see them about your health concerns, especially concerns about breastfeeding.</i></p>   |

## ATTACHMENT J: Sample Program for Young Parents (PYP) Data Monitoring Matrix

| Saint Anthony Mother And Child Hospital,<br>Cebu City  | 2018 |   |   |   |   |   |   |   |   |   |   |   | Total |
|--|------|---|---|---|---|---|---|---|---|---|---|---|-------|
|  | J    | F | M | A | M | J | J | A | S | O | N | D |       |
| <b>Facility-Based Deliveries</b>   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| Total # of deliveries  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| # of deliveries to women aged 19 years and younger   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| <b>Natural Spontaneous Vaginal Deliveries (NSVD)</b>   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| Total # of NSVD  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| # of NSVD to women aged 19 years and younger   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| <b>Cesarean Deliveries</b>   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| Total # of cesarean deliveries   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| # of cesarean deliveries to women aged 19 years and younger  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| <b>Total # of Clients Enrolled in the PYP</b>  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| <b>Clients Who Completed Antenatal Care</b>  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| Total # of clients who completed antenatal care  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| # of women aged 19 years and younger who completed antenatal care  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| <b>Acceptance of Family Planning</b>   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| Total # of Family Planning Acceptors (specify method)  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| <ul style="list-style-type: none"> <li>• No scalpel vasectomy</li> <li>• Tubal ligation</li> <li>• Intrauterine device</li> <li>• Implants</li> <li>• Oral contraceptives</li> <li>• Injectables</li> <li>• Condoms</li> <li>• Lactational amenorrhea method</li> <li>• Fertility-based methods</li> </ul> |      |   |   |   |   |   |   |   |   |   |   |   |       |



| Saint Anthony Mother And Child Hospital,<br>Cebu City (continued)            | 2018 |   |   |   |   |   |   |   |   |   |   |   |       |
|--|------|---|---|---|---|---|---|---|---|---|---|---|-------|
|  | J    | F | M | A | M | J | J | A | S | O | N | D | Total |
| <b>Acceptance of Family Planning</b>   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| # of family planning acceptors aged 19 years and younger<br>(specify method) |      |   |   |   |   |   |   |   |   |   |   |   |       |
| • No scalpel vasectomy   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| • Tubal ligation   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| • Intrauterine device  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| • Implants   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| • Oral contraceptives  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| • Injectables  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| • Condoms  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| • Lactational amenorrhea method  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| • Fertility-based methods  |      |   |   |   |   |   |   |   |   |   |   |   |       |
| <b>Breastfeeding Initiated</b>   |      |   |   |   |   |   |   |   |   |   |   |   |       |
| Total # of Mothers Initiated on Breastfeeding                                |      |   |   |   |   |   |   |   |   |   |   |   |       |
| # of mothers aged 19 years and younger initiated on<br>breastfeeding         |      |   |   |   |   |   |   |   |   |   |   |   |       |



