

# POST-TYPHOON YOLANDA REPRODUCTIVE HEALTH AND GBV ASSESSMENT: FOCUS GROUP DISCUSSIONS AMONG ADOLESCENT GIRLS AND PREGNANT AND LACTATING WOMEN

USC-Office of Population Studies Foundation, Inc.



## FGD REPORT

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# SUMMARY OF OBSERVATIONS

## A. Adolescent Girls (15-19 years old)

**1a. Schooling.** For adolescent girls across sites, the consequences and the heavy financial burden brought about by super typhoon “Yolanda” to their families are formidable. They share the young people’s concerns regarding how the event has adversely affected schooling (e.g. the massive destruction of houses and other community structures, death of a family member, displacement of families, injuries, damages caused to schools/classrooms and learning resources, use of schools as evacuation centers, absence of electricity, the limitation of transportation, the reported twofold increase in transportation expenses, lack of financial resources, and other discomforts). Evident from their stories is the concern for schooling not just of their own but other families, relatives and significant others in the community in which they live. As implied by adolescents, providing for education, after the typhoon, is a great challenge to many of the parents in the affected areas because, considering the economic implications of the event, priority will need to be given to the provision of basic needs, including shelter.

**1b. Provision of Basic Needs.** As borne-out by the data, providing for their basic needs is another formidable challenge faced by adolescent girls and their families in the Haiyan-affected sample sites. Essential concerns mentioned include: lack of food, water, shelter and clothing, and absence of electricity. They recount the difficulties encountered, the struggle they went through, and their disappointments. Amidst the conditions that confront them and the difficulty brought about by the harrowing event, some adolescents confess to having looted food, goods, clothes, and other needs. Apart from the relief goods, donations, and other forms of assistance given them, their stories point to various survival strategies (e.g. use of coconut juice for drinking and cooking rice, use of sea water for cooking rice and noodles, eating uncooked noodles, giving biscuits only to the children) they have to resort to just so they and their family would stay alive.

**1c. Access to Health and Reproductive Health Services.** In this aspect, the adolescents in the sample, across sites, are replete with stories not only of their own but of others in their community. There is a consensus among them that access to health services, particularly for families who were seriously injured, was inadequate. The limitation of transportation (for those who live far from the service delivery points, or because vehicles could not pass through due to the many objects which are blocking the road) and the lack of health providers severely constrained them from accepting proper treatment of the illnesses/injuries experienced. Such view is also shared by adolescents who are married or pregnant and who needed medical attention - during and after the typhoon.

Many of them complain that access to reproductive health services was made available only a few weeks after the typhoon. They appreciate the help extended by the medical missions and other concerned agencies. Complaints arising from the failure of some providers to look

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after their needs are cited, although many of them have assumed an understanding attitude of the situation saying that families of the health providers in their community were also affected. Interestingly, there are adolescents who imply that, compared to before (or, before “Yolanda”), health care services for mothers and pregnant women/adolescents have become more evident, or available, in their community – with the visit of health providers, public and private, from various institutions.

- 2. Main Problems (post-typhoon).** Judging from the responses of adolescent girls in the FGDs across sites, it is clear that six aspects of life (i.e. food (hunger), water, shelter, money/work/livelihood (loss of income), absence of electricity, lack of medical assistance) have caused their difficulty during and after the typhoon incident. They imply that the event was a traumatic experience which affected their health and well-being. The lack of financial resources or means of livelihood is cited as having severely constrained them from making both ends meet. Hence, they say that had it not been for the immediate assistance provided them, life would have been more intolerable.
- 3. Age of Marriage (pre- and post-typhoon).** Responses to the question on age at first marriage do not vary significantly among the adolescent participants. The ages mentioned range from 14 to 18 years old, and they are in general agreement that the pattern is the same even before “Yolanda.” A few responses are, however, obtained regarding some young people marrying at an early age after “Yolanda” - implying that the absence of electricity, or because “it is dark,” provides opportunity for sexual encounters. Also, they think that, after the typhoon, some adolescents are thinking of getting married early for fear that another calamity might occur and marriage might no longer be an option to them. Poverty is also cited by this group of participants as a possible reason for early marriage. For the others, the perceived association between sex and having friends who are frequently under the influence of alcohol is implied.
- 4. Source of Information about Sex/Sexuality.** Young females generally turn to their friends or *barkada* as their source of information about sex and sexuality. They feel more comfortable with friends than others and they imply that rich interaction on sex can best occur when they are with their friends/peers. Although the school is also cited as a source of information among adolescent girls in the sample, responses that relate to mass media (e.g. Internet, cellular phones, text messaging, “sex on text,” television, movies) appear to be more pronounced. The danger here is that, clarification of issues may not be properly addressed particularly if information learned is simply about the many pleasures that one can get from having sex. A suggestion was made on incorporating sexuality education in related subjects, e.g science and health, to prevent and correct misconceptions and disinformation.
- 5. Access to Family Planning Supplies.** There are adolescent girls in the sample aged 15-19 years old who are generally of the opinion that Family Planning is not for young people like them but for married couples only, or for young adults who have children. Hence, they imply that they have less experience insofar as accessing FP methods/supplies is concerned. Such view indicates their lack of knowledge of FP and the tendency to associate this only with

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preventing and spacing pregnancies among adults and/or those who are married. Or, it could also be taken to mean that they have been made to believe that obtaining or availing of FP supplies and services is not for young people – the reason why they are barred from accessing these. Those who are married, however, see use of family planning methods as necessary (to delay or prevent a pregnancy, to control the number of children among those who already have many children, or to space births).

The adolescent girls, across sites, are not keen on mentioning the methods. Only pills, ligation, injection, and use of condoms are ever mentioned. While some of them have used any one or two of these methods (e.g. the pill, condom), the others have only heard about FP from friends and relatives. They know that FP supplies can be obtained from the local health facility (with more views implying that these are for adults only) and/or from the drugstore/pharmacy. Interestingly, there are adolescent participants in the FGDs who confess that they do not know about what FP supplies mean and where these could be availed of.

- 6. How to Prevent Unwanted Pregnancies.** Adolescent girls in the sample have many things to say about ways to prevent unwanted pregnancy. Factors such as physical intimacy, influence of alcohol, lack of self-discipline, lack of parental guidance, use of mass media (i.e. cellphone) for sex-related information and activities, lack of knowledge of sex/sexuality or sex education, and lack of knowledge on contraceptive use are among those cited as contributory to early marriage or unwanted pregnancy. Data obtained also point to the use of contraceptives such as condoms and pills, as well as the method of withdrawal (coitus interruptus), as a preventive measure. While some of them admit to having used condoms and pills, the others are replete with stories of other adolescents whom they know are engaged in sex and are using contraceptions.

There are adolescents who recommend the use of contraceptives and there are also those who think that these should be avoided by young people - saying that they are not mature enough to use FP. From the stories, it is clear that misconceptions exist (e.g. use of antibiotic (Amoxycillin), drinking the juice extracted from mahogany leaves, or jumping off the stairs after having sex) regarding how pregnancy can be prevented. Significantly, adolescent girls believe that if parents assume an understanding and friendly attitude toward their children, early marriages and/or unwanted pregnancies are not likely to happen. Intervention responses for adolescent girls must therefore focus not only on increasing their access to health and reproductive health services, but also in addressing the misconceptions before these lead to more serious health challenges.

## **B. Pregnant and/or Lactating Women (20-49 years old)**

- 1. During or shortly after the typhoon: (1a) immediate needs, (1b), (1b) assistance received, and (1c) assistance provider.** Judging by the responses obtained, important considerations are given by PLW to food, water, clothing, shelter, and electricity as their immediate needs during and after the typhoon. We also note other mentions which, from the point of view of the women, are equally important. These include: the need for fruits and vegetables saying that “relief goods are not healthy for them,” immediate care for PLW, pre-natal check-ups, vitamins, milk for infants, and in one instance, a nebulizer [because her children have asthma]. In addition, we take note of their impression that loss of income is a serious concern because relief goods and other donations, according to them, will eventually come to an end. Providing therefore for their basic needs is a great challenge if the income issue is not addressed. What will happen to them and their families is foremost in the minds of the PLW.

As far as assistance received is concerned, the most common response we find is “relief goods.” Mentions for rice, noodles, sardines and other canned goods are more pronounced, and several complaints arising from failure to avail of these are cited by some women. While others received these two to three days after the typhoon, in other places, no relief goods reportedly have reached their area. Another form of assistance received is on “health care,” e.g. pre-natal check-ups, health promotion campaigns or lecture-seminars for lactating mothers, provision of vitamins and medicines including iron supplements, care for women with special needs, vaccination services, and injections for anti-tetanus. [In particular, the UNFPA was cited by participants from Tacloban, Leyte as the agency that initiated pre-natal care services in their area and distributed iron supplements.] Noteworthy is the complaint of women in other sites that only after the third day of the typhoon were they able to avail of pre-natal check-ups, while for the others, after one week. Also deserving of mention are the donations of several institutions/agencies which include, among others, mosquito nets, batteries, clothes, kerosene, roofing materials, toiletry, slippers, diapers and other baby supplies.

What seems obvious from the responses in the FGDs is the assistance received not only from government agencies (e.g. DSWD, Red Cross), City government, the local health center (the community midwife in particular), Municipal Health Center, St. Luke’s Hospital, and local barangay officials but also from NGOs, media (e.g. ABS-CBN, GMA), foreign agencies (e.g. UNFPA, ACF, UNICEF) and other volunteers and those who were part of the medical mission teams. [It will be well to advise the users of this report that only the agencies/institutions mentioned by the PLW are included herein. Hence, it does not mean to say that there are no other donors. Apparently, the majority of the PLW-participants do not know exactly the affiliations of everyone who provided them some form of assistance.] Understandably, the women in almost all sites express appreciation for the efforts put forward by local barangay officials not only in facilitating the distribution of relief goods but also for taking time to move around to distribute personal donations and for assisting those with medical conditions.

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2. **[For pregnant women] - Has the following services changed since the typhoon? (2a) pre-natal check-up, (2b) who does the check-up and where, and (2c) iron supplements and vitamins.** At the barangay level, the midwife, assisted by Barangay Health Workers, conducts pre-and post-natal check-ups, and other services such as information-education (e.g. breastfeeding, family planning, health promotion), FP counseling, infant vaccination, and those that relate to infant health e.g. weighing. After the typhoon, and because the responsibility for health care in general was given to the Municipal Health Center or other government-run facilities [because many of the BHC's have also been severely damaged], the PLW had the opportunity to be served by other midwives, hospital-based doctors, and other medical specialists (volunteers, medical mission).

The advantage they saw, as a result of the typhoon, is that health-care providers (consisting of midwives, nurses, doctors, other specialists) have become more evident - either as part of the medical mission teams/foreign experts, City/Municipal government, and volunteers from the private sector. It may be safe to assume that this is the reason why, for most of the PLW, nothing has changed after the typhoon insofar as pre-natal services and, in general, health maintenance, is concerned. Further, they are of the opinion that vitamins and iron supplements are readily available and accessible after the typhoon. [Note: some women in the focus groups complain about vitamins not being available at the BHC before "Yolanda" and that only iron supplements are given free to PLW]

On the other hand, some women have expressed dissatisfaction in this regard saying that pre-natal care services are not the same as before. Such response is quite predictable because the situation in their barangay is such that, either the midwife went on calamity leave, the BHC is used as an evacuation center, or the structure is there but medicines, FP supplies, equipment, medical facilities, information materials and others have been "washed-out" by the typhoon. In a nutshell, provision of health services, including pre-natal check-ups, was temporarily disrupted.

3. **[For delivery services] - Has the following services changed since the typhoon? (3a) who attended delivery and where, (3b) post-natal check-up, (3c) breastfeeding and feeding supplements used, if any, (3d) infant vaccination, and (3e) infant health (e.g. weight).** Before "Yolanda," the Municipal Health Center also functions as birthing center with midwives and doctors. In some areas, deliveries are referred to the City Health Office, the Memorial Hospital, or the Provincial Hospital. Although the midwife is the primary health-care provider in the barangay where she is assigned, she is not allowed to perform any childbirth delivery functions at the BHC. The *hilots*, according to PLW, are also not allowed to perform such functions. This study, however, has not established whether, despite the prohibition, there are women who have availed of childbirth delivery services from *hilots* – before the typhoon. At the time of the assessment, there was no one from among the women-participants who gave birth. Hence, the question on who attended the delivery could not be addressed. Mentions are, however, made for post-natal check-ups [for those who gave birth shortly after the typhoon] which were done in assigned service

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delivery points, and where the facilities and expertise are assured. There are women in the focus groups who aver that the equipment brought by the medical mission teams are advanced or, in their words, “high-tech.” From their stories, breastfeeding is considered crucial by PLW even before the occurrence of “Yolanda.” For the many of them, breastfeeding is the practice – before and after the typhoon. They add that, during the typhoon, it was the only option left given the reported inaccessibility and the lack of financial resources to buy milk (for bottle feeding).

- 4. [FP Services] - Has the following services changed since the typhoon? (4a) access to information and source, (4b) FP counseling services, (4c) use of modern FP and type, and (4d) use of modern FP after delivery and type.** Their knowledge of modern FP methods is insufficient or limited only to the use of oral contraception (the pill), condom, intrauterine device (IUD), ligation, and to some extent, the injectables. From their stories, it could not be established whether many of the PLW participants are current modern FP acceptors. It is clear, however, that they have heard about these from the midwife and barangay health workers assigned in the local health facility, through the seminars/lectures/FP counseling services initiated primarily by the Barangay Health Center, from hospital-based doctors, from the City Health Office, and from relatives who are acceptors of FP.

Data on use of modern FP, after delivery, are also insufficient or could not be established from the stories. There are some indications, however, regarding a plan to undergo ligation. Interestingly, a PLW from Tacloban, Leyte, who claims to have 12 children at the time of the assessment, reveals that during her 7<sup>th</sup> pregnancy she decided to undergo ligation but the midwife advised her to use only the natural FP method. Similarly, lack of knowledge on where to get information about ligation was cited by another woman. She has six children and has a strong desire for ligation. Data obtained also point to women’s knowledge of the calendar-based method and the LAM), both natural FP methods. As implied in the focus groups, the natural FP methods are also given of equal importance in lectures initiated for women-mothers in the local health facility.

- 5. Three most important problems accessing RH services –before and after the typhoon.** Lack/Limited Supplies at the BHC. Before “Yolanda,” access to reproductive health services is made available to the PLW in government-run health facilities. The women are of the opinion that they should visit a health facility for regular check-up, and they prefer a health facility that offers the lowest cost alternative. Generally, their impressions regarding seeking reproductive health services are positive and there appears to be an openness among them in this regard. However, the majority response from all focus groups with regard to problems in accessing RH services is lack or limited supplies (medicines, vitamins, FP supplies) at the local health facility. Even before the typhoon, supplies are limited – as expressed by PLW across sites.

Absence of Birthing Home in the Barangay. As implied, having to travel to the health facility, or to the birthing home at the Municipal Health Center or other government-run facilities, is considered a problem by PLW. Considerations are given not just in relation to financial



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aspects (e.g. transportation costs, food requirements) but also to the difficulty that one will need to go through, particularly the pregnant woman, before she reaches the facility. Although their stories generally point to travel costs and proximity of the health facility to their domicile, the real problem here is presumed to be the *absence of a birthing home in the barangay*. This is a concern, however, which was articulated by other women in the focus groups in relation to the issue raised on travel costs.

Financial Capability. A third concern raised by women across the sample sites has something to do with financial capability. While the others are of the opinion that, even before “Yolanda,” money was already a serious concern, the situation became worse after the typhoon because of loss of income. Hence, there are mentions for “no money to avail of RH services.” Such concern is also presumed to be related to travel costs and the need to purchase medicine/vitamins/FP supplies should these be not accessible to PLW at the local health facility.

Other notable concerns include the lack of service providers or health personnel. Even before “Yolanda,” only the midwife performs the function as main health-care provider in the community. Although the women expressed no disappointments with regard the capacity of the midwife (and, the Barangay Health Workers) to handle their concerns, they are generally in agreement that other health-care providers (doctor, nurse, or another midwife) and additional BHWs be made available. Interestingly, mentions were also made for lack of information about FP supplies and services and where these could be availed of - saying that if their knowledge of FP is insufficient, they would not know what method to use.

- 6. How to improve RH service delivery during calamities.** In general, the women use their experiences during “Yolanda,” with the local health center and other government-run health institutions as a gauge to determine how reproductive health services can be improved and what they expect from a health facility during calamities. Across the sample FGD sites, five notable recommendations have been obtained: (i) ensure that health facilities are provided with sufficient supplies (e.g. medicines, vitamins, iron supplements, family planning supplies, immunization vaccines, feeding supplements) for health care (mother and child) as well as equipment and other facilities (e.g. BP apparatus, beds, chairs, electric fan, weighing scale, toilet, childbirth delivery kits, nebulizer, dupler). Further, they suggest that, during calamities, (ii) medical assistance to PLW must be given at the barangay hall instead of having PLW go to the City Health Office or other service delivery points. A third recommendation is to (iii) ensure that there are more than one midwives and doctors who will attend to the immediate needs of PLW. A fourth concern is (iv) to put up a drugstore/pharmacy in the barangay to ensure that requirements for medicine and other aspects of health-care are readily available when the need arises. Other suggestions include: (v) provision of information regarding Family Planning methods and services and other equally significant aspects of maternal care. The women say that it is best that PLW are made aware in this regard so they would know what to do in the event that another calamity like “Yolanda” will occur.

# 1. The Study Design

## INTRODUCTION

- 1.1 In December 2013, the United Nations Population Fund (UNFPA) has commissioned the University of San Carlos (USC) - Office of Population Studies (OPS) to carry out a rapid assessment of health facilities and clients' access to reproductive health services in 23 municipalities and cities most affected by super typhoon "Yolanda" (international name, Haiyan) in Eastern and Western Visayas, Philippines. While the first aspect of the rapid assessment (facility survey) is designed to elicit pre- and post-typhoon data regarding the status of reproductive health facilities in the target areas, the second component (focus group discussions with adolescents and pregnant and lactating women) is intended to gather insights and impressions and/or draw out consensus on reproductive health-related issues. The FGD is deemed crucial not only in supplementing information generated from the facility survey but also in determining adolescent girls' and PLW's felt needs insofar as reproductive health services are concerned. Basic information obtained will serve as preliminary basis for the UNFPA towards developing intervention responses aimed at rehabilitating reproductive health and protective services for adolescent girls (15-19 years old) and women (20-49 years old) in Haiyan-affected sites.
- 1.2 This report is, however, confined to the presentation of the FGD data. Owing to the qualitative nature of this component, the outcome is inconclusive and limited only to the primary data obtained from the sample populations. The results, therefore, do not necessarily reflect the views of all adolescents and pregnant and lactating women in the 23 priority areas.

## METHODOLOGY

- 1.3 The Research Sites. The focus group discussions were carried out in seven pre-identified areas severely affected by typhoon "Yolanda" in Region 6 (Western Visayas: Kalibo, Aklan; Roxas City, Capiz; Cadiz City, Negros Occidental; and Carles, Iloilo) and in Region 8 (Eastern Visayas: Tacloban, Leyte; Palo, Leyte; and Guiuan, Samar). More precisely, priority sites were chosen on the basis of what the key informants (e.g. Municipal/City Health Officer, Rural Health Unit Officer, or the Municipal Social Welfare and Development Officer) consider as most affected by "Yolanda." In each identified site, another set of key informants (i.e. midwife, barangay health workers, barangay officials) were located and requested to help recruit eligible participants or those who fall within the inclusion criteria.
- 1.4 Inclusion Criteria. Two groups of participants were recruited and convened for this purpose. Group 1 represented adolescent girls between the ages of 15 to 19 years old who were non-pregnant or lactating. On the other hand, Group 2 was made up of PLWs or pregnant and/or lactating women (within 6 months postpartum) aged 20-49. From each of the study area, four FGD separate sessions (2 adolescents, 2 PLW) were conducted - for a total of 28 FGDs. Twelve sessions were conducted in Ilonggo/Hiligaynon, four in Cebuano, and another 12 sessions in Waray, with each session having nine to 10 participants. Only adolescent girls and PLWs who fall within the criteria for selection and who were willing and gave their informed consent to

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participate in the FGD were invited to join the sessions. Participation in the study was voluntary, and names recorded are not included in this report.

- 1.5** The FGD Team. One FGD team comprised a trained moderator/facilitator and an experienced documenter/note-taker, both of which are residents in their area of assignment, and are thoroughly familiar with the language used in the community. Prior to deployment, training was carried out and utmost effort was taken to ensure that the FGD moderator and note-taker have a thorough understanding of the objectives of the qualitative component of the project. The two sets of topic guides, each with an information sheet, were reviewed (one for adolescent, one for PLW), discussed in their original English format, and subsequent verbal translations in Ilonggo/Hiligaynon, Cebuano, and Waray were done. Further, mock interviews were conducted to gauge the moderators' and note-takers' grasp of the questions, and suggestions were solicited prior to considering these final and ready for implementation. Emphasis was placed on avoiding biases and on the most appropriate way of asking the questions given the fact that the target participants come from Haiyan-affected areas and may still be suffering tremendously from the incident.

## 2. Findings of the Rapid Assessment

### GROUP 1: Adolescent Girls (15-19 years old)

- 2.1 Introduction.** This section presents the information obtained from the focus group discussions among adolescent girls which were held in eight areas in Regions 6 (Western Visayas) and six areas in Region 8. It will be well to advise the users of this report that the data contained herein do not reflect quantifiable values but rather, the qualitative aspects - as expressed by participants, individually or as a group. The data presented therefore reflect the views of all 14 groups which participated in the FGDs. No distinctions were drawn between information obtained from one group vis-à-vis the other, rather, data were consensual across all groups unless strongly contradictory information was elicited from a particular group or individual. *The presentation of the findings starts with the profile of study participants, and proceeds in accordance with and in the order of the key indicators set by the UNFPA.*
- 2.2 Profile.** Table 1 shows that the ages of adolescent-participants range from 15 to 20, with a little over 50 percent of them in the 15-17 age group, followed by those within 18-20 (47.1%) years old. The mean age of the adolescents is 17. Most of them are currently in school (69.8%), never married (92.6%), and have reached or completed high school education (65.2%). Those who have had some form of college education account for 29.6 percent of the sample. Among the nine adolescents who have been pregnant (6.6%), only one of them comes from Eastern Visayas while the other eight, Western Visayas. On average, the number of persons living in a household across the two groups is 7. When asked about the estimated monthly income of their household before “Yolanda,” the majority of adolescent-participants gave a monthly household income of less than P5,000 (55.2%), followed by those who admit to having an estimated monthly household income within the range of P5,000 to P9,999 (23.5%).
- 2.3** In Tables 2 and 3, one can see the disaggregated data for Region 6 and Region 8, respectively. Each group in Region 6 had 10 participants (n=80) while in Region 8, nine to 10 girls (n=56), for a total of 136 adolescent girls spread over 14 sample sites.

**Table 1. FGD participants' profile by Region: Adolescents (15-20; non-pregnant/non-lactating)\***

Characteristics	Region 6 (Western Visayas) n=80	Region 8 (Eastern Visayas) n=56	ALL n=136
Number of FGD sessions (2/barangay)	8	6	
Age	17.3 ± 1.4	16.9 ± 1.4	17.1 ± 1.4
Age categories:			
15-17	39	33	52.9%
18-20	41	23	47.1%
Currently enrolled in school	48	47	69.8%

Characteristics	Region 6 (Western Visayas) n=80	Region 8 (Eastern Visayas) n=56	ALL n=136
Highest grade completed:			
No formal schooling(vocational)		2	1.5%
Elementary (graduate or not)	5	0	3.7%
High school (graduate or not)	57	31	65.2%
College (graduate or not)	18	22	29.6%
Currently working for pay	7	10	12.5%
Marital status:			
Never married	71	55	92.6%
Legally married	3	0	2.2%
Not legally married (cohabiting)	6	1	5.2%
Ever been pregnant (each w/ 1 preg.)	8	1	6.6%
Number of persons living in HH	7.0 ± 2.8	7.0 ± 2.6	7.0 ± 2.7
Monthly household income before "Yolanda"			
< P5,000 per month	48	27	55.2%
Between P5,000-P9,999	17	15	23.5%
Between P10,000-P19,999	10	2	8.8%
Between P20,000-P29,999	3	3	4.4%
Between P30,000-P39,999	1	1	1.5%
Between P40,000-P49,999	0	0	0.0%
P50,000 or more	1	0	0.7%
Doesn't know	0	8	5.9%

\*presented as Mean±SD, frequencies or percentages

**Table 2. FGD participants' profile in REGION 6 by Barangay: Adolescents (15-20; non-pregnant/non-lactating)\*\***

Characteristics	Kalibo, Aklan		Roxas City, Capiz		Cadiz City, Negros Occidental		Carles, Iloilo	
	Bakhaw N. n=10	Mobo n=10	Culasi n=10	Dumolog n=10	Daga n=10	Tinampaan n=10	C. Pequeño n=10	Tarong n=10
Age	17.7 ± 1.2	17.1 ± 1.4	17.2 ± 1.5	17.2 ± 1.6	17.5 ± 1.1	17.5 ± 1.6	17.2 ± 1.5	17.1 ± 1.8
Age categories:								
15-17	5	5	5	5	5	4	5	5
18-20	5	5	5	5	5	6	5	5
Currently enrolled in school	3	10	4	6	5	4	8	8
Highest grade completed:								
No formal schooling (voc.)	0	0	0	0	0	0	0	0
Elementary (graduate or not)	2	0	0	0	1	2	0	0
High school (graduate or not)	5	10	7	7	5	8	9	6
College (graduate or not)	3	0	3	3	4	0	1	4
Currently working for pay	1	0	1	0	1	3	1	0
Marital status:								
Never married	6	10	10	10	10	5	10	10
Legally married	2	0	0	0	0	1	0	0
Not legally married (cohabiting)	2	0	0	0	0	4	0	0

Characteristics	Kalibo, Aklan		Roxas City, Capiz		Cadiz City, Negros Occidental		Carles, Iloilo	
	Bakhaw N. n=10	Mobo n=10	Culasi n=10	Dumolog n=10	Daga n=10	Tinampaan n=10	C. Pequeño n=10	Tarong n=10
Ever been pregnant-1 preg. each	4	0	0	0	0	3	0	1
Number of persons living in HH	6.9 ± 2.3	7.0 ± 3.3	8.3 ± 2.7	5.2 ± 1.2	8.4 ± 3.2	6.3 ± 3.2	8.2 ± 2.7	5.6 ± 1.6
Monthly household income before "Yolanda"								
< P5,000 per month	8	10	3	3	5	8	5	6
Between P5000-P9,999	1	0	3	2	5	1	3	2
Between P10000-P19,999	1	0	1	4	0	1	2	1
Between P20000-P29,999	0	0	2	1	0	0	0	0
Between P30000-P39,999	0	0	1	0	0	0	0	0
Between P40000-P49,999	0	0	0	0	0	0	0	0
P50000 or more	0	0	0	0	0	0	0	1
Doesn't know								

\*\*presented as Mean±SD, frequencies or percentages

**Table 3. FGD participants' profile REGION 8 by Barangay: Adolescents (15-20; non-pregnant/non-lactating)\*\***

Characteristics	Tacloban, Leyte		Palo, Leyte		Guiuan, Samar	
	San Jose n=10	Sagkahan n=10	San Fernando n=9	Candahug n=9	Pagnamitan n=9	Sapao n=9
Age	16.9 ± 1.0	16.4 ± 1.5	16.4 ± 1.3	17.3 ± 1.3	17.1 ± 1.8	17.3 ± 1.3
Age categories:						
15-17	7	7	6	5	4	4
18-20	3	3	3	4	5	5
Currently enrolled in school	6	8	7	8	9	9
Highest grade completed:						
No formal schooling(voc.)	1	0	0	1	0	0
Elementary (graduate or not)	0	0	0	0	0	0
High school (graduate or not)	6	10	7	2	4	2
College (graduate or not)	2	0	2	6	5	7
Currently working for pay	2	5	3	0	0	0
Marital status:						
Never married	10	9	9	9	9	9
Legally married	0	0	0	0	0	0
Not legally married (cohabiting)	0	1	0	0	0	0
Ever been pregnant (1 preg. each)	0	1	0	0	0	0
Number of persons living in HH	7.3 ± 3.0	6.1 ± 1.2	7.6 ± 2.1	7.9 ± 2.3	6.6 ± 4.1	6.9 ± 2.1
Monthly household income before "Yolanda"						
< P5,000 per month	3	6	3	5	5	5
Between P5,000-P9,999	2	0	5	4	1	3
Between P10,000-P19,999	1	0	0	0	1	0
Between P20,000-P29,999	0	0	1	0	1	1
Between P30,000-P39,999	0	0	0	0	1	0
Between P40,000-P49,999	0	0	0	0	0	0
P50000 or more	0	0	0	0	0	0
Doesn't know	4	4	0	0	0	0

\*\*presented as Mean±SD, frequencies or percentages

## 2.4 Findings and Selected Participant-Quotes

### KEY INDICATOR 1a. *How “Yolanda” has affected their schooling*

- Adolescent girls in the sample spoke at length about what happened and are in general agreement that the unprecedented events, the massive destruction of houses and other community structures, death of a family member, displacement of families, injuries, damages caused to schools/classrooms and learning resources, use of schools as evacuation centers, absence of electricity, the limitation of transportation, the twofold increase in transportation expenses, lack of financial resources, and other discomforts have affected their schooling. Across sites, there seems to be a consensus among the study sample in this regard.
- In some areas, classes were already suspended even before the incident because the schools were prepared by the local government unit as evacuation centers. Classes in many schools remained suspended for several weeks after the typhoon due to the many unforeseen damages, e.g. classrooms were smashed, learning resources were wiped-out, and school uniforms were washed out. Most of the schools were still used as evacuation centers even after the typhoon, hence, classes could not be held. Some students and families came to school to help clean-up the mess and collect whatever learning materials could still be saved and used. Added to these is the burden of having no electricity, local transportation became severely rare, and transportation expenses have doubled – making it more difficult for students to go to school. Participants who have returned to school after that, due to the limitation of transportation, they either take a small boat or pass through a river.
- A college student from Cadiz City narrates that she was not able to enroll in the second semester because the money supposedly set aside for enrollment was used to repair their severely-damaged house. Another adolescent from Kalibo, Aklan had to stop schooling because her grandfather, the person supporting her studies, died during the typhoon. Similarly, a young female from Kalibo Aklan had to move in with an aunt because her parents could no longer afford the school expenses.
- On the whole, the adolescent participants share the observation that the difficulty in meeting school expenses is a problem that they and their parents faced as a result of the typhoon because the provision of basic needs must be given the priority.
- Selected quotes:

*“...may plano ako mag-eskuyla sa 2nd sem kaya lang nag-abot ang calamity na si Yolanda nagdecide na lang sila Mama ug Papa na mastop na lang ko anay kay akong enrollment ipaayo anay sa among balay kay among balay nawasak gid...Amo na financial gyud amo problema hasta subong.”* [I have plans of enrolling in the 2<sup>nd</sup> semester, but when Yolanda struck my parents have decided that I stop schooling because our house was destroyed and we needed the money for enrollment to repair the house. We are faced with financial problems] – Daga, Cadiz City, Negros Occ.

*“...sa skwelahan namun kay ang mga gamit bala nabasa...ang kurente namun kay mabudlay kay wala pa suga...”* [The things in our school were wet...absence of electricity is a difficulty] - Dumulog, Roxas City, Capiz

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*“...ang aming school supplies kay nangabasa, di na magamit ba.”* [our school supplies have been wet and could no longer be used] - Daga, Cadiz City, Negros Occ.

*“...waray pa klase kay waray nman amun classroom kay tungod nga naguba amon mga eskwelahanna nauntugan.”* [no classes yet, no classrooms, the classrooms were destroyed] – Sapao, Guiuan, Samar

*“...mga kabataan nga ilog sakun nga studyante kag sa iban man elctricity gid akun problem kay kung may study ka dabi...hindi ka gid ya ka dali-dali ya man internet, kay kung mag internet ka na gani subong mahina ang connection kag ang ila sukot mahal pa per hour.”* [For students like me, electricity was a problem because there was no Internet connection, and for those who were able to access, the connection was slow and the rate charged by the hour was expensive] - Dumulog, Roxas City, Capiz

*“...financial kay pareho namo, eskuyla mi, walay makuhaan para sa mga gamiton sa eskuyla. Ang uban sa amoa moabsent gyud, maglisod na mi.”* [Financial, because those who are in school like us do not have the resources we need for school...some of us would be absent from classes, we are financially hard up] - Daga, Cadiz City, Negros Occ.

*“...una ang problema gid ya nakon kag ninyo tana kwarta eh, tapos pagkatapos sang Yolanda nagkalaguba ang classroom...ang mga facilidad sang eskwelahan... kon paano nila makaya sang mga teacher bala kay guba ang mga classroom...”* [First of all, the problem of money, then after Yolanda the classrooms were destroyed...the school facilities...what the teachers will do about these because the classrooms were destroyed] - Tarong, Carles, Iloilo

#### **KEY INDICATOR 1b. How “Yolanda” has affected the provision of basic needs**

- When asked about how the typhoon has affected the provision of basic needs in affected communities, adolescent girls in the sample sites share the observation that lack of food, water, shelter and clothing, and absence of electricity are amongst the most essential issues faced not just by adolescents, but various families, during and after the typhoon.
- They welcome the reliefs good donated by various agencies (local, national and international) and say that these have significantly addressed their basic needs. There are young participants, however, who opined that, in some areas, relief goods are not sufficient and not immediately made available to affected residents. Those who have family members/relatives working abroad have sought assistance for food and other immediate needs.
- While some families experienced not having any food to eat for two days, the others had to contend with rice cooked with coconut juice or sea water. Drinking water was in short supply and coconut juice became the temporary solution for some families. While there are study participants from Tacloban, Leyte who admit to having looted food and other needs from a warehouse, there are also adolescents from Cadiz City, Guiuan Samar, and Palo Leyte who admit to having stolen clothes.



- And because most of the houses were destroyed, some adolescents stayed in their friend's and/or relative's house. The others have availed of the tents donated during the relief operations. Amidst the economic condition that their family is facing, the adolescents in the FGDs aver that they need money, and therefore, a means of livelihood. The prices of commodities in their area, including construction materials, have gone up. Hence, they say they need to find work to be of help to their family particularly in the reconstruction of their damaged houses.
- Selected quotes:

*"...nangangailangan kami ng bigas, pagkain, damit kasi nabasa, relief goods, medicines, gamot sa mga may sakit, tirahan kasi nasira sa bagyo ang ilang bahay, tubig."* [We needed rice, food, water, and clothing because our clothes were wet, relief goods and medicines for the sick, shelter because some houses were damaged, and water] - Tinampaan, Cadiz City, Negros Occ.

*"...ang barangay, ang gobyerno nagdonate ng mga sin, mga kinahanglanon at materials sa balay...me ara man mga nagdonate ng pera..."* [The barangay, government donated galvanized iron sheets and housing materials...others gave money] - Daga, Cadiz City, Negros Occ.

*"...pati noodles na hilaw kinakaon na ke kagutuman naman ke paghupa...an biscuit ginhatag han kabataan ke para mkakuan kay an mga kabataan pinan gugutom..."* [We ate uncooked noodles due to hunger...biscuits were given to the children because they were hungry] - Sapao, Guiuan, Samar

*"...ga bagyo bala mam kinanglan gid namun ya ang anu pagkaon kay syempre nag evacuate hay hindi kami preparado ... wala man didto naghatag samun mga relief goods nga kung anu muna pati kwarta kailangan man namun kay wala man kami kwarta."* [During the typhoon we badly needed food because we evacuated and we were not prepared...no one gave us relief goods and we needed money because we had no money] - Dumulog, Roxas City, Capiz

*"...pagkaon kag kurente kay kung kis-a gani nbudlayan kami mag anu kay wala kami kuryente...ang pakaisa ko nga puya kung ga-e dabi gabutaw sya nabubudlayan siya."* [food and electricity, it was difficult for us because there was no electricity...my cousin has a child and it was difficult for her] - Dumulog, Roxas City, Capiz

*"...nan looting kami han bodega ha may airport. naglooting kami. mga duha ka adlaw kami naglooting.* [We looted in one of the warehouses near the airport. We looted for two days] - San Jose, Tacloban, Leyte

*"...an bugto niya an agarun kay genpakadto kami ha sagkahan gentagan hira mama hin pagkaon mga bado..."* [We went to the employer of my sibling and they gave us food and clothes] - San Jose, Tacloban, Leyte

### **KEY INDICATOR 1c. How “Yolanda” has affected access to health services**

- The young participants in the FGDs generally agree that access to health services, particularly after the typhoon incident, was a serious problem in their area. Because everybody was affected, a mechanism that addresses the issue of health care was not in place. They are wanting of health services in their community but the problem is the lack or absence of essential drugs, medical services and facilities, and more importantly, the lack or absence of a health provider in certain areas.
- Adolescents from Kalibo Aklan, Cadiz City, and Palo Leyte, for instance, reveal that the lack of medical assistance in their area has left several persons with untreated ailments and wounds. In two instances, participants from Kalibo Aklan and Roxas City have also expressed dissatisfaction with the health care provider saying that the doctor just came and looked around but no assistance or check-ups were done to residents in need.
- Added to these is lack of financial resources to seek medical help or to go to a health facility, and the fact that vehicles could not pass through the roads which were either full of objects which are blocking the roads, or because the water was still high and vehicles could not pass through. They narrate that the families of the health providers (e.g. nurse, midwife, doctor, barangay health worker) in their community were also affected, hence they understand the difficulty.
- In some areas, residents have availed of the services of medical mission teams only four days after the typhoon incident while in others, two weeks. Although the medical mission teams are appreciated for their efforts and are believed to have greatly contributed to their families' need for health care, there are still those who say that, in some areas, much leaves to be desired in this regard.
- A young woman who was pregnant narrates that she sought help only from a midwife in the community as there was no doctor available. She expressed satisfaction when the Red Cross arrived because her needs were attended to by doctors and several other people have availed of the free medical check-ups. Another adolescent from Tarong, Carles, Iloilo implies that reproductive health services before the typhoon was scarce in their area, and such became apparent only after the typhoon.

- Selected quotes:

*“...naa may naglibot na mga doctors and nurses pag after sa bagyo. Mora naa may niadto sa schools, sa nag-evacuate gipang-adto man nila ang mga mabdos taga St Anne.”* [There are doctors and nurses who went around after the typhoon. Providers from St. Anne's hospital also came and looked after the needs of pregnant women] - Daga, Cadiz City, Negros Occ.

*“...may pumunta dito pero tumingin lang sa paligid (nagtan aw pero wala gid may nagkadto nagtan aw lang sa paligid.”* [There was someone who came but only watched the surroundings] - Bakhaw Norte, Kalibo, Aklan

*“...may nagmasakit gin pa chek up nagkadto na sa doktor nagtabok sa suba. wala may nagkadto kami na lang nagtabok, nagtabok lang gid.”* [Someone got

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sick so we went to a doctor...we had to pass through a river, no one came so we decided to go to the health facility] - Bakhaw Norte, Kalibo, Aklan

*"...parang 4-5 days umabot adto an nurse kasi kay an nagpa inject han akon ate kay nahubag kay na anu hya naman..."* [Only after 4-5 days when the nurse came to treat the swollen wounds of my sister...] - Pagnamitan, Guiuan, Samar

*"...iya kuya may samad did han tiil tapos tuhod nakikit-an na an tul-an nagbabaktas la ngadto ke waray man liwat nakakaagi na honda kay dako pa an tubig... pero pira ka simana mayda man kinanhi."* [Her older brother was severely wounded on the feet...he walked on foot to the town proper to get medical help because no motorized vehicle can enter our barangay...after a week someone came] - Sapao, Guiuan, Samar

*"...ako nasamaran, after 1 week pa myda kumanhi nag dressing han mga samad."* [I was wounded, after a week someone came to treat the wounds] - Pagnamitan, Guiuan, Samar

*"...kay waray kasi nakaka agi na mga motor an akon ate ngani humubag waray."* [We did nothing regarding my sister's swollen wounds because no vehicle can pass through in our area] - Pagnamitan, Guiuan, Samar

*"...private hospital adto an nag papabayad, an public waray man mag ooperate."* [We went to a private hospital and we paid, because the public facilities were not in operation...] - Sapao, Guiuan, Samar

*"...actually antes sang bagyo nagabusong na ko,tapos ang pagkabalo ko lang di ya midwife lang ang ari di ,wala di doctor,la di nurse , la na di ya, gaano man sila, nagakadto sa banwa kon diin ang doctor, kon diin ang balay sang doctor , kon diin naassign ang doctor, na didto na sila nagakadto kay wala di may nagakadto, subong nga kon diin pa nabagyohan... may mga doctor na didto sa Red Cross nagapa check up ang mga tawo pro sang wala pa bagyo - wala eh!"* [actually before the typhoon I was already pregnant, as far as I know we only have a midwife here, no doctor, no nurse, people go to the town where a doctor is available, or go they to the house of the doctor... After the typhoon, there were doctors from the Red Cross who came and who provided free check-ups...But before the typhoon, these were not available] - Tarong, Carles, Iloilo

*".. daw waay kay wala man may nagkadto nga ma check up abi mga siguro mga one week after nga may nagkadto to didto..."* [No one came to provide check-ups, only after one week] - Dumulog, Roxas City, Capiz

*"...an ibanagpa inject.mga 1 week ada...more than 1 week after."* [Others were injected, it took them more than one week] - San Fernando, Palo, Leyte

## KEY INDICATOR 2. *Main problems faced (post-typhoon)*

- Consistently, adolescents in the FGDs, across sites, aver that lack of food (hunger), water, shelter, money (loss of income/work), absence of electricity, and lack of medical assistance are the main problems they face after the typhoon. Those who are married recount the difficulties encountered and the emotions they felt as mothers whose husbands are left with no work or means of livelihood to support their family - hence the difficulty in making both ends meet.
- Although they say that government has taken essential steps to address the needs of residents, there are young participants who have strongly expressed dissatisfaction of government's efforts. Despite the relief goods and other forms of assistance extended to them and their families, there are adolescents who have expressed a few disappointments with government's "lack of action plan" and the delay in addressing the problem of absence of electricity. In Palo Leyte, for instance, a participant narrates that the absence of electricity has caused many residents in their community to fear for the safety of their family members particularly because prisoners, reportedly, have gone out of prison.
- Complaints arising from failure to consider that, in the relief goods, sardines are mostly given them are also cited by adolescent participants. They needed food at that time, but they also got tired of eating sardines.
- Selected quotes:

*"...ako po dati mayron trabaho, after sa bagyo wala na dahil nahinto dahil sa bagyo."* [I had work before but, after the typhoon, I had to stop working] - Tinampaan, Cadiz City, Negros Occ.

*"...naapektohan gid ang obra sa akong bana, kay wala naman ma bulig sa amoa kay syempre kay siya ra man makaayo sa amung balay."* [The work of my husband was affected, he has to stop working because he has to repair our house] - Tinampaan, Cadiz City, Negros Occ.

*"...pagkatapos ng bagyo nagugutom ang mga bata na katulad namin. Grabe yong problema yong pag bagyo na, kasi mahirap na katulad ng problema sa balay walang pagkain at kuryente...kahirapan ang problema namin."* [After the typhoon, we experienced hunger. The experience was more difficulty after the typhoon, there was no food and electricity. Poverty is our problem] - Tinampaan, Cadiz City, Negros Occ.

*"...health, kay may phobia na ako, may trauma na. Kung mag kusog ang ulan nakulbaan bala."* [Health, because I now have phobia, trauma. When it rains hard, I get scared] - Daga, Cadiz City, Negros Occ.

*"...3 problema na hinaharap, walang kuryente, pagkain, yun iba lang may pagkain ung iba walang kuryente."* [3 problems we faced, absence of electricity and food, others had food while others had no electricity] - Bakhaw Norte, Kalibo, Aklan

*"...trabaho, pang eskwela, pamilya, kun anu na it amun kabubuwason, anu it kakaunon kun waray na relief, panu kami makakabangon, panu kami makaka*

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*pagpatayo hit amun mga balay, panu mababalik it amun pangabuhian, nagtikamahal an paraliton.*” [Livelihood, education, family, what will happen to us in the future, what will we eat if there are no more relief goods anymore, how can we rebuild our homes, how will we regain our means of livelihood, the prices of commodities have gone up] - Sapao, Guiuan, Samar

*“...para sa akon financial, education kg medicine...shelter mamo na ang kinahanglan sang tawo.”* [For me financial, education, and medicine, and shelter are what the people need] - Tarong, Carles, Iloilo

*“...sa akon financial man gihapon...indi makakadto sa baybay, indi makapanalaba , ...indi sila maka obra subong kay tapos sang bagyo guba man ang ano sang baybay, guba man ang palangitn an, mga punot, wala na sila sang makuhaan nabudlayan na gid sila magkuha sang ila mga kinahanglanon.”* [For me, financial...could no longer gather oyster to sell because the seashore was destroyed, the source of income was destroyed, fishpens, we have no source of livelihood] - Tarong, Carles , Iloilo

*“...may tatlo man ko mam nga na problemahan diri namun subong anu gid “...kwarta,pagkaon kag kuryente kay hindi man mam permi masalig ka sa relief goods nga gina hatag kay hindi man permi makabaton ikaw so kailangan mo gid sang kwarta nga bisan wala ikaw may mabaton may ipang hula-hulag ka sa pang adlaw-adlaw mo... ang kuryente nman kailangan gid namun mam as students kay syempre naga skwela kami nagatuon kami hindi na kami ka makatuon kung gab-e kay tungod wala kami kuryente...”* [Money, food and electricity because we cannot depend on relief goods all the time...we need money for our daily needs...we need electricity as students because we need to study at night...] - Dumulog, Roxas City, Capiz

*“...bado, underwear (kay an mga relief waray man, balay, pagkain (permi nala sardinas), Vitamins (para anemic), Iron.”* [clothes, underwear (because it’s not included in the relief), housing, food (we always eat sardines), Vitamins (for anemic), Iron] - San Jose, Tacloban, Leyte

*“...trauma. bisan guti-giuti na pag – uran baga makulba dayon, it iba dire pa natatangal in trauma.”* [Trauma, with a little rain we become afraid, others are still in trauma] - San Fernando, Palo, Leyte

### **KEY INDICATOR 3. Age of marriage in the community (pre- and post-typhoon)**

- Responses given to the question on age at first marriage in the community range from 14 to 18 years old. They share the observation that, before and after the typhoon, the pattern has remained the same. There is one female, however, who say that after the typhoon, she thinks that there are adolescents who may have thought of getting married early. Such decision is rooted in their belief that another calamity like “Yolanda” might occur and these adolescents might not be given the chance to get married anymore.
- In another instance, a young female narrates that she knows of someone who got pregnant at an early age but did not live together with her partner. After the typhoon, she found that they were already living together. Interestingly, there is one adolescent who implies that the

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number of young females who get pregnant has increased after the typhoon because the absence of electricity has given them the opportunity to engage in sex.

- While there are those who say that poverty is the main reason why some young females marry at an early age, the others imply that there is an association between the kind of friends that one has and the practice of drinking alcoholic beverages as factors which could lead to early marriage.
- Selected quotes:

*“...mga 14 edad karamihan nag- asawa, kasi sa amin marami po mga bata pa nag- asawa na, nag- asawa dahil sa kahirapan.”* [At age 14 most people marry, in our place many of the young people are already married, they marry early because of poverty] - Tinampaan, Cadiz City, Negros Occ.

*“...paghuman sa bagyo, wala man nausab, wala may naminyo ug sayo, naminyo ug dugay. Mao ra gihapon, 17.”* [After the typhoon, it has not changed, no one married earlier or later. Still the same, at 17] - Daga, Cadiz City, Negros Occ.

*“...edad magpangasawa antis yolanda 14, 16, 17 years old, pgkatapos wala man pag bag o amu japon ang edad amu lang gihapon.”* [Before Yolanda, people get married at age 14, 16, and 17 years old, after Yolanda, it is still the same age] - Bakhaw Norte, Kalibo, Aklan

*“...mga 18 above sugad hito.”* [About 18 years old] - Sapao, Guiuan, Samar

*“...before sang Yolanda pag estimate ko guro mga 18 years old above, after sang Yolanda la lang ko kabalo.”* [Before Yolanda my estimate is 18 years old and above, after Yolanda, I am not certain] - Tarong, Carles, Iloilo

*“...before sang yolanda daw diutay pa lang ang gabusong, after sang Yolanda nagdmu kay madulom.”* [Before Yolanda only few got pregnant, after Yolanda the number has increased because it is dark] - Tarong, Carles, Iloilo

*“...15 up... ang iban nga gina anu man sila mga ginikanan waay man sila ga tuman kay ga pabaya na kung kis-a ang gina hambal sila mga mama ka papa waay man nila kung kis-a kung gab-e galakat kung kis-a ga takas man sila kung diin sila makadto sa mga banwa ga inum-inum upod sang mga barkada.”* [15 up... the others do not listen to their parents...sometimes, at night they drink liquors with friends] - Dumulog, Roxas City, Capiz

*“...16 up hay kay ang iban accidental lang bala nga nag inum-inum tapos may natabo na dason na malain sa ila bala barkada bala oh nga daw na dadala lang sila.”* [16 up, the others got pregnant accidentally, they drink liquors with friends, and something happened] - Dumulog, Roxas City, Capiz

*“...kadam-an, mga 15 to 17 years old nag-aasawa.”* [most get married at 15-17 years old] - Sagkahan, Tacloban, Leyte

*“...pero kadam an nag aasawa hra 16.”* [but most of them are 16] - San Jose, Tacloban, Leyte

#### KEY INDICATOR 4. *Source of information about sex/sexuality*

- When it comes to the discussion of source of information about sex and sexuality-related concerns, the major source of information of adolescents who participated in the FGDs across sites are their “friends or *barkada*.” “School” is also prominently mentioned although, aside from teachers, it is also possible that the adolescents are referring to their friends or classmates at school. Also worth noting is the mention of “text messaging” and/or “sex on text” through cellular phones, and “Internet” – all of which have something to do with friends.
- Interestingly, in Roxas City, a mention for “teacher” whom she labeled as indecent, lewd, or unbecoming is made by one adolescent. Other mentions include: “pornographic video materials”, “television”, “movies.” In Carles Iloilo, a young participant narrates that a midwife and a barangay health worker in their community provide seminars on sex education but such activities are not meant for young people.
- Selected quotes:

*“...sa seminar na mag family planning para di mag damo yong bata namin, seminar sa di pa maminyo.”* [From seminars about use of family planning method...a seminar prior to getting married] - Tinampaan, Cadiz City, Negros Occ.

*“...sa school...tinuturo yun eh,sa mga binatilyo, sa video, sa cellphones.”* [in school, it is being taught in school, from male teenagers, video, cellphones] - Bakhaw Norte, Kalibo, Aklan

*“...ha center mayda napakada na mga nurse gn kukuan how to use condoms.”* [at the health center...the nurse would lecture about the use of condom] - Pagnamitan, Guiuan, Samar

*“...sa frat makasulod ka my sex involved di sa sex inang sisterhood kag brotherhood...”* [In fraternity...when you join there is sex involved, it is called sisterhood and brotherhood ...] - Culasi, Roxas City, Capiz

*“...tv, sa mga teleserye, pelikula...”* [Television, soap opera, movies...] - Dumulog, Roxas City, Capiz

*“...naagi-an naman iton hin kabarkada ansya gintutudluan kami. gen tututdo man gehap ito ha eskwelahan, ha values education nga subject.”* [our friends have experienced having sex, thus, they teach us. it is also taught in school, in values education subject] - Sagkahan, Tacloban, Leyte

*“...cellphone...nasing tak mga sangkay mayda hira, katext nga adik puro la SOT “sex on text.”* [Cellphone...my friend told me that they have textmates who are addicts and who have “sex on text”] - San Fernando, Palo, Leyte

*“...Internet...usahay nakukuan gihap ito ha iskwelahan natotopic Science...on reproductive system.”* [Internet ... and sometimes in school, Science class, on reproductive system...] - Candahug, Palo, Leyte

#### KEY INDICATOR 5. *Adolescents' access to FP supplies (Where?)*

- The question on whether adolescents are able to get family planning supplies generated fewer responses from the study sample across sites. Many of them share the observation that, in the community in which they live, adolescents who are below the age of 18, or who are not married, are not allowed or given access to FP - even before the occurrence of the typhoon. There are a few of them, however, who admit that, in their community, young people are not prohibited from buying contraceptive methods (e.g. pills) from the drugstore.
- Only condoms, pills, ligation, and injectables are ever mentioned. While others say that condoms can be obtained from friends or can be purchased from the drugstore, the others also say that the pill and other FP supplies (except for modern FP) can be obtained from the barangay health center –although one would need to buy these from the drugstore should the BHC run out of supply. Again, they reiterate that FP supplies at the BHC are not for adolescents like them. Interestingly, there are participants from Kalibo, Aklan, Roxas City, Palo, Leyte and Tacloban, Leyte who confess that they do not know about what FP supplies mean.
- Selected quotes:

*“...pills, condom, ligation, injection ang contraception amo nadunggan. mora guro sa underage ang contraception, dili available. mapalit sa botica. Puede man magbakal.”* [We have heard of pills, condom, ligation, injection, but it seems that these are not for the “underage,” can be bought from the pharmacy] – Daga, Cadiz City, Negros Occ.

*“...sa amiga tagaan o bigyan ka nang kaibigan mo nang condom di man makakuha sa sentro kon bata pa.”* [From friends you can get the condom, you cannot get it from the health center if you are still young] – Tinampaan, Cadiz City, Negros Occ.

*“...pwede man makabakal pills sa sentro, bisan diri sa barangay gina panghatag.”* [You can buy pills at the health center, even in our barangay it is given] - Tinampaan, Cadiz City, Negros Occ.

*“...nahuya na guro ang mga lalaki wala man gapangayo. kami na lang gabakal pills...kasi di naman ako humihingi wa man gapangayo.”* [It seems that men are ashamed to ask, we buy pills, we do not ask] - Bakhaw Norte, Kalibo, Aklan

*“...depende kung may 4 Ps ka gapa inject man ko 150 peo depende kung gapadede 150 din...wala man sila gapanghatag subong.”* [It depends if you are a member of the 4Ps, you are given an injection at P150, and perhaps for those who are breastfeeding they also need to pay P150, recently they are not giving this] - Bakhaw Norte, Kalibo, Aklan

*“...sa mga contraceptives ga tabang man sila kung bibigyan or libre ikaw muna yung magtatanong kung may pills...”* [On contraceptives they help you if you ask, if pills are available] - Bakhaw Norte, Kalibo, Aklan

*“...naghahatag gad bsta kami waray mana dre kmi nkakarawat ha mercury drug ginpapakeanhan kun pira na it edad dere pag below, minor de edad deri ginbabaligyaan.”* [It is given although we have not received, at the Mercury



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Drug store they will you about your age, if you are a minor they will not allow you to buy] - Pagnamitan, Guiuan, Samar

*“...daw wala man.... sa drugstore ang pills na sa drugstore gid na ya.”* [None that I know of, but I know that these pills are available in the drugstore] - Cabilao Pequeno, Carles, Iloilo

*“...wala ko kabalo a, basta bal an ko sang gamay pa ko ang tatay kag nanay ko ginhataga an ka condom, family planning kuno.”* [I do not know, all I know is that when I was still young, my father and mother were given condoms, for family planning] – Tarong, Carles, Iloilo

*“...sa akon nabal an guro damu gid naga engage sa premarital sex kag mostly gid ya guro nga mga teen agers naga use sang condom para maka avoid sang pregnancy dayon wala lang ta kabalo kon may naga panghatag or wala.”* [As far as I know, maybe there are many who are engaged in premarital sex and they are mostly teenagers who use condom to avoid a pregnancy, I do not know if someone is giving them] – Tarong, Carles, Iloilo

*“...may mga pills ya nga ga baligya sa mga tyangge pero daw wala man kami na allow or gina bawalan syempre kung ikaw malang ya may tindahan ya ngaa mag balibad nga magbakal ang isa ka puya kay wala man diri ya order ang brgy. nga bawalan magbakal ang puya.”* [Pills are sold in the market...they allow young people to buy, it is not prohibited in our barangay] – Dumulog, Roxas City, Capiz

*“...indi man open sa mga bata sa mini drugs o mini grocery...indi sila aware magbaligya...may resita nga daan indi mn pwedi sa mga bata ky ginapangitaan sang resita...wala di sa brgy”.* [Young people are not allowed to buy these in the drug store or grocery...unless you have a doctor’s prescription...not available in our barangay] - Culasi, Roxas City, Capiz

*“...ako kay natrabaho man ako ha usa nga pharmacy, an mga kabataan nakakapalit man hira.* [I work in a pharmacy, young people can buy these] - San Jose, Tacloban, Leyte

*“...ha amun lugar mayda ito ha barangay health center...it nakaka avail la hito an mga edaran la gehapon.”* [We have in our barangay health center...but only adults can avail of these] - San Jose, Tacloban, Leyte

*“...sa City Health ang mga family planning.”* [at the City Health, one can ask about family planning] - Sagkahan, Tacloban, Leyte

*“...diri. kay uyab pa lang. Pag-control man iton. Dapat amy asawa ka na bago ka hatagan hin pills.”* [no - if you are not married, it is for control purposes, you must be married before you can be given pills] - Sagkahan, Tacloban, Leyte

*“...ito nga condom dire ak hito tipalit kay makarawud masiring pala e2 nga hin-o tim gingugulang, pero pills nakakaplit ha mga pharmacy ha botika.”* [I am ashamed to buy condom because they might ask what will I use it for, but pills can be bought from the pharmacy] - Candahug, Palo, Leyte

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*“...waray kami heto mga idea kun hain ito guinpapalit. maaram la kami heto kun an usa mam nga con an pills,ha palo ha mga drug store.”* [We have no idea where to buy these, we only know that the pills are available in the Palo drug store] - San Fernando, Palo, Leyte

#### **KEY INDICATOR 6. *Insights on how to prevent unwanted pregnancy***

- Responses to the question on how unwanted pregnancy can be prevented vary. Many of these points to an understanding that one must be responsible, must have self-discipline, must constantly seek their parents' guidance, must not enter into an intimate relationship if she is not prepared to face the responsibilities of marriage and of raising a child, must choose friends of good character, must avoid friends who are always under the influence of alcohol and other vices, and must avoid the use of cellphone for sex-related information and/or activities.
- There are those who also say that lack of parental guidance can contribute to the phenomenon of unwanted pregnancy. They add that it is important for parents to be friendly to their children, to be able to understand their needs as adolescents, and have constant communication with them particularly regarding relationships so that they will not be prone to temptations.
- Use of contraceptives (e.g. condom, pill, and withdrawal) is also cited as a way to prevent unwanted pregnancy, although such response is prominent only among adolescents from Kalibo Aklan, Cadiz City, and Palo and Tacloban Leyte. Adolescents from Roxas City are likely to mention seminars/symposia that increase young people's awareness, scholarships for out-of-school youths, and involvement of young people in community projects or LGU projects for the youth. These prevent them from going out late with friends and avoiding adverse consequences. Surprisingly, an adolescent from Carles, Iloilo think that unwanted pregnancy can be avoided if the parents are strict.
- In Taclocan, Leyte, there is a mention regarding teachers not discussing about sex and sexuality in class. Adolescents consider this a reason why they have many misconceptions about pregnancy and family planning. A story worth noting is the experience shared by a Cadiz City participant regarding a friend who, to prevent a pregnancy, takes two Amoxycillin capsules after having sex with her boyfriend. The same group shares what they have heard from others regarding drinking the juice extracted from mahogany leaves after having sex. The others say that they have also heard that jumping off the stairs after having sex can prevent a pregnancy.
- Selected quotes:

*“...naa man guy uban nga mosulod sa ingon ana nga dili pa ready nga magmabdos, so dapat ato sab pamimsaron nga kun nahimo na man gyud nimo kun gipaminsar nimo kaugmaon nimo dapat gamit gyud ka para maprevent nimo ba nga mamabdos ka...”* [There are those who have sex but are not ready

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for pregnancy, we need to think that if we are doing it we should think of our future, that we should use contraception to prevent a pregnancy...] – Daga, Cadiz City, Negros Occ.

“...mag family planning para di mabuntis, malikayan ang pag damu sa bata.” [Use family planning so as not to get pregnant, having many children can be prevented] – Tinampaan, Cadiz City, Negros Occ.

“...sa lalaki gamit gid condom, pills, withdrawal...wla may napang hatag sa center... dati wala bawal .huo ginahatagan lang , (arguing ,debating wether the condom and pills are given for free )wag ,meron,meron dati.” [Men use condom, pills, withdrawal, condoms and pills are not given free by the Center, although before we know that these are for free] - Bakhaw Norte, Kalibo, Aklan

“...condom gapang hatag sa centerdati, ngayon wala na. pagktapos sang yolanda wala.” [Condoms are distributed at the Center before but now no more, after Yolanda] – Bakhaw Norte, Kalibo, Aklan

“...ah iwasan yung pagtextmate, mga inuman at sa mga barkada.” [Avoid having text mates, drinking alcoholic beverages, and friends (mga barkada)] – Mobo, Kalibo, Aklan

“...malikawan ang pagbusong paagi sa paghalong.” [Pregnancy can be avoided by being careful] – Tarong, Carles, iloilo

“...makontrol ina ang early pregnancy nga ginatawag kung ang local government may iyatag bala sila nga projects...”[Early pregnancy can be prevented if the local government will provide projects to teenagers...] – Culasi, Roxas City, Capiz

“...guidance sang parents... ang ginikanan mo kailangan man maging friendly sa bisan puya ka niya maging friendly sa sa imu hindi man kailangan striktuhan gid sang subra dapat lang limitado lang para ikaw man nga puya hindi ka man magpanumdum sang malain hindi ka lang mag rebelled...diciplina mismo simu kaugalingon...sang barkada pilion mo ang barkada nga good influence...” [Guidance from parents...parents need to be friendly to their children, no need for them to be very strict...self discipline...choosing friends of good influence] – Dumulog, Roxas City, Capiz

“...symposium man para sa mga youth nga anu mga kung baga mga para mapa intindi bala nga muni ang himuon kag ang hindi dapat himuon kinanglan lang bala mam para sa kabataan kag subong pagpa intindi.” [Symposium to inform the youth of practices which should be avoided] – Dumulog, Roxas City, Capiz

“...uu kun magamit hin contraceptives. it akon sangkay 15 years old pala, nag sex hira han iya boyfriend gumamit hira hin contraceptive syahan condom tapus nag withdrawal, tapus nag bulag hira, waray man hiya mag burod.” [Yes, if one uses contraceptives, my 15 year-old friend had sex with her boyfriend, at first they used condom, then withdrawal, they eventually broke up, but she did not get pregnant] - San Jose, Tacloban, Leyte

“... magcontrol lang. diri magamit pill, condom. control la sa lalaki. natural. waray ginsidngan kun paano pagcontrol.” [The males just need to control their

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urges, should not use pills or condom. just the natural method] – Sagkahan, Tacloban, Leyte

*“...amo na iton na magamit hin condom, pills para diri maburud.”* [you can use condom and pills to prevent a pregnancy] – Sagkahan, Tacloban, Leyte

*“...campaign, para ha amon nga teenager ma orient sugad heto ipapaunawa kun anu an anu ba it epekto han pag-aasawa dayon, an side effect like dis advantage ngan advantage.”* [Campaigns, to inform teenagers and to us the effects of early marriage, the advantages and disadvantages] - San Fernando, Palo, Leyte

*“...kun dire ka magbubuhay hito dire ka magbuburod...mayda naman mga kuan contraceptives asya nga baga napreprevnt oo, cge kay nakukuanan man ini napreprevent...bagat dire ka magbuhay hito para secure ka...”* [If you will not do it, you will not get pregnant...there are contraceptives to prevent a pregnancy, yes it can be prevented...but if you do not do it – you are secure] – Candahug, Palo, Leyte

## GROUP 2: Pregnant and/or Lactating Women (20-49 years old)

- 2.5 Introduction.** This section discusses the data generated from the focus group discussions among pregnant and/or lactating women held in eight areas in Regions 6 (Western Visayas) and six areas in Region 8 (Eastern Visayas). Similar to the previous section, the presentation of the findings herein starts with the profile of the women, and proceeds in accordance with the key indicators set by the UNFPA.
- 2.6 Profile of PLW.** In Table 4, one can see that the mean age of PLW-participants is 29. Over 60 percent of them have reached or completed high school education. Those who have had some form of college account for only 19 percent of the FGD sample. In reference to marital status, Close to 60 percent of them are cohabiting while the 38 percent of PLW claim to be legally married. Less than 10 percent of the 139 women are working for a pay at the time of the assessment. Thirty-five of the 79 women in Region 6 and 27 of the 60 women in Region 8 are pregnant. On the whole, the pregnant women account for 45 percent of the PLW sample in the FGD. On the other hand, 40 and 31 women are lactating in Region 6 and Region 8, respectively, accounting for 51 percent (n=71) of the FGD sample. Of the 71 women, 63 of them have been breastfeeding for 0-6 months. On average, the number of persons living in a household across the two regions is 6. The income data, as shown in the same Table, reveal that the majority of PLW-participants have a monthly household income of less than P5,000 (80%) – before “Yolanda”, and this is followed by those who admit to having an estimated monthly household income within the range of P5,000 to P9,999 (18%).
- 2.7** In Tables 5 and 6, one can see the disaggregated data for Region 6 (Western Visayas) and Region 8 (Eastern Visayas), respectively. Each group in Region 6, except Daga, Cadiz City, Negros Occidental, had 10 participants (n=79), while in Region 8, nine to 11 women (n=60), for a total of 139 PLW spread over 14 sample sites.

**Table 4. FGD participants’ profile by Region: Pregnant and/or Lactating Women\***

Characteristics	Region 6 (Western Visayas) n=79	Region 8 (Eastern Visayas) n=60	ALL n=139
Number of FGD sessions (2/brngy)	8	6	
Age	28.7 ± 9.3	28.8 ± 9.3	28.7 ± 8.4
Age categories:			
<20	18	9	19.4%
20-29	26	25	36.7%
30-39	17	18	25.2%
>=40	18	8	18.7%
Highest grade completed:			
No formal schooling(voc.)		1	0.7%
Elementary (graduate or not)	13	11	17.3%
High school (graduate or not)	52	36	63.3%
College (graduate or not)	14	12	18.7%
Currently working for pay	6	6	8.6%
Marital status:			
Never married		4	2.9%
Legally married	32	21	38.1%

Characteristics	Region 6 (Western Visayas) n=79	Region 8 (Eastern Visayas) n=60	ALL n=139
Not legally married (cohabiting)	47	33	57.6%
Widowed		2	1.4%
Currently pregnant	35	27	44.6%
Number of pregnancies	3.2 ± 2.4	3.8 ± 2.5	3.5 ± 2.5
Currently lactating	40	31	51.1%
No. of months lactating			(n=71)
0-6 months	37	26	63
7-12 months	3	0	3
>12 months	0	3	3
No response		2	2
<i>Note: there were 3 who were both pregnant and lactating</i>			
Number of persons living in HH	5.8 ± 2.6	6.2 ± 3.4	6.0 ± 3.0
Monthly household income <u>before</u> Yolanda			
< P5,000 per month	65	46	79.9%
Between P5,000-P9,999	12	13	18.0%
Between P10,000-P19,999	2	1	2.2%
Between P20,000-P29,999	0	0	0.0%
Between P30,000-P39,999	0	0	0.0%
Between P40,000-P49,999	0	0	0.0%
P50,000 or more	0	0	0.0%

\*presented as Mean±SD, frequencies or percentages

**Table 5. FGD participants' profile in REGION 6 by Barangay: Pregnant and/or Lactating Women\*\***

Characteristics	Kalibo, Aklan		Roxas City, Capiz		Cadiz City, Neg Occ		Carles, Iloilo	
	Bakhaw N. n=10	Mobo n=10	Culasi n=10	Dumolog n=10	Daga n=9	Tinampaan n=10	C. Pequeño n=10	Tarong n=10
Age	27.9 ± 10.1	28.4 ± 11.0	27.9 ± 7.5	27.7 ± 8.5	27.3 ± 9.9	27.8 ± 8.9	31.3 ± 9.4	32.1 ± 10.7
Age categories:								
<20	2	3	1	2	3	3	2	2
20-29	4	3	5	5	3	2	2	2
30-39	2	2	3	1	1	4	2	2
>=40	2	2	1	2	2	1	4	4
Highest grade completed:								
No formal schooling(voc.)	0	0	0	0	0	0	0	0
Elementary (grad. or not)	0	0	1	2	1	1	5	3
High school (grad. or not)	4	7	8	8	7	9	3	6
College (graduate or not)	6	3	1	0	1	0	2	1
Currently working for pay	0	2	0	2	0	1	1	0
Marital status:								
Never married	0	0	0	0	0	0	0	0
Legally married	4	4	3	3	4	4	6	4
Not legally married (cohabiting)	6	6	7	7	5	6	4	6
Widowed	0	0	0	0	0	0	0	0
Currently pregnant	4	4	5	5	3	5	4	5

Characteristics	Kalibo, Aklan		Roxas City, Capiz		Cadiz City, Neg Occ		Carles, Iloilo	
	Bakhaw N. n=10	Mobo n=10	Culasi n=10	Dumolog n=10	Daga n=9	Tinampaan n=10	C. Pequeño n=10	Tarong n=10
Number of pregnancies	1.8 ± 0.6	1.9 ± 0.9	3.0 ± 1.5	3.1 ± 1.7	3.8 ± 3.4	3.9 ± 2.6	4.7 ± 2.8	3.9 ± 3.6
Currently lactating	3	5	5	5	6	5	6	5
No. of months lactating								
0-6 months	3	5	4	5	6	5	5	4
7-12 months	0	0	1	0	0	0	1	1
Number of persons living in HH	5.1 ± 2.2	5.6 ± 2.6	6.7 ± 4.1	5.5 ± 2.3	7.3 ± 3.2	5.8 ± 2.1	6.0 ± 2.4	5.0 ± 2.0
Monthly household income before Yolanda								
< P5,000 per month	9	10	6	8	8	7	7	10
Between P5,000-P9,999	1	0	3	2	1	2	3	0
Between P10,000-P19,999	0	0	1	0	0	1	0	0
Between P20,000-P29,999	0	0	0	0	0	0	0	0
Between P30,000-P39,999	0	0	0	0	0	0	0	0
Between P40,000-P49,999	0	0	0	0	0	0	0	0
P50,000 or more	0	0	0	0	0	0	0	0

\*\*presented as Mean±SD, frequencies or percentages

**Table 6. FGD participants' profile in REGION 8 by Barangay: Pregnant and/or Lactating Women \*\***

Characteristics	Tacloban, Leyte		Palo, Leyte		Guiuan, Samar	
	San Jose n=10	Sagkahan n=10	San Fernando n=9	Candahug n=10	Pagnamitan n=10	Sapao n=11
Age	23.3 ± 7.0	28.3 ± 9.2	29.3 ± 6.6	30.8 ± 6.1	31.2 ± 11.6	29.7 ± 8.4
Age categories:						
<20	4	2	0	0	2	1
20-29	4	4	5	3	5	4
30-39	1	2	3	7	0	5
≥40	1	2	1	0	3	1
Currently working for pay	2	1	1	2	0	0
Highest grade completed:						
No formal	0	0	0	1	0	0
schooling(vocational)	2	4	1	1	2	1
Elementary (graduate or not)	8	3	4	5	8	8
High school (graduate or not)	0	3	4	3	0	2
College (graduate or not)						
Marital status:						
Never married	3	1	0	0	0	0
Legally married	1	2	2	5	4	4
Not legally married (cohabiting)	6	7	7	5	4	7
Widowed	0	0	0	0	2	0
Currently pregnant	9	3	4	3	4	4
Number of pregnancies	3.4 ± 3.7	3.8 ± 2.5	3.9 ± 2.9	3.9 ± 1.9	4.1 ± 2.6	3.7 ± 2.1
Currently lactating	4	7	5	7	3	5
No. of months lactating						
0-6 months	2	5	5	6	3	5
>12 months	2	1	0	0	0	0
No response		1		1		
Number of persons living in HH	6.1 ± 3.8	4.9 ± 2.0	8.6 ± 4.7	8.0 ± 3.8	4.8 ± 2.0	5.2 ± 2.2

Characteristics	Tacloban, Leyte		Palo, Leyte		Guiuan, Samar	
	San Jose n=10	Sagkahan n=10	San Fernando n=9	Candahug n=10	Pagnamitan n=10	Sapao n=11
Monthly household income <u>before</u> Yolanda						
< P5,000 per month	9	4	7	7	8	11
Between P5,000-P9,999	1	5	2	3	2	0
Between P10,000-P19,999	0	1	0	0	0	0
Between P20,000-P29,999	0	0	0	0	0	0
Between P30,000-P39,999	0	0	0	0	0	0
P50,000 or more	0	0	0	0	0	0

\*\*presented as Mean±SD, frequencies or percentages

## 2.8 Findings and Selected Participant-Quotes

### KEY INDICATOR 1. *During or shortly after the typhoon*

#### 1a. Immediate Needs

- Now we turn to the responses of the PLW when asked to cite their immediate needs during or shortly after the typhoon. Notable responses coming from pregnant and lactating women across sites include: food, water, clothing, shelter, electricity, medical assistance (referring to immediate care for PLW and pre-natal check-ups), medicines, and vitamins. Responses that relate to money were also cited. They express disappointments regarding their husbands' loss of income and the fact that they need money for house repair. From their stories, one can say that their views are not at all different from those expressed by adolescent girls. Mentions for vegetables and other nutritious food for breastfeeding women and milk for babies were also made.
- To address the problem of lack of water, some PLWs resorted to coconut juice as a substitute for drinking water and for cooking rice. Some of them also used sea water in cooking rice as there was no alternative available. Childrens and adults experienced diarrhea, or became sick, because of the unsafe water. A mother who was in dire need of a nebulizer because her two children have asthma, and because the Barangay Health Center was also hit by the typhoon, was left with no option. Across sites, the women are in general agreement that the absence of electricity has made it more difficult for families - particularly the PLW.
- From the discussions, the women imply that, during and after the typhoon, PLW did not have a safe place to stay. Nutritious foods and vitamins were not readily available, and the absence of immediate assistance and lack of medicine for those who were seriously injured have added to their feelings of discomfort.
- Selected quotes:

*"...kinailangan namin ng mga pagkain, damit, tubig. One week walang tubig. Me ara tubig pero higko ang tubig nanggawas, hugaw. Nangangailangan din ng tulugan. Mga bayo, mga damit kay nangabasa ang uban."* [We needed food,



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clothes, water. For one week there was no water. The water was dirty. We also needed shelter, and clothes because some of these were wet] – Daga, Cadiz City, Negros Occ.

“...pagkaon man, vitamins, gatas...”[foods, vitamins, milk are...] – Bakhaw Norte, Kalibo, Aklan

“...gatas kag makaon tinola kay gapa tete, pagkon nga may sabaw.” [Milk, soup because we were breastfeeding] – Bakhaw Norte, Kalibo, Aklan

“...problema namun hadto tubig pag inom - maasin an tubig.” [Our problem was drinking water - the water was salty] – Sapao, Guiuan, Samar

“...myda kan-on na linagtok kaon la gihap bis maasin, kay dagat naman an sabaw.”[We ate salty rice, cooked with seawater...] –Sapao, Guiuan, Samar

“...mga bulong sang mga bata.” [Vitamins for the children] – Cabilao Pequeno, Carles, Iloilo

“...subong yah daw wala ka na gid...maski utanon wala na...dati sang wala pa si Yolanda damo pa utan sa ugsaran.” [We have nothing, even vegetables, before Yolanda vegetables were abundant in our yard] – Cabilao Pequeno, Carles, Iloilo

“...laswa-laswa lang anay kag todohan pa titi sa bata.” [Vegetables...because I am breastfeeding] – Cabilao Pequeno, Carles, Iloilo

“...pagkaon, tubig...kuryente, mga bata nga daan tubig gid ang kinahanglanon, wala kami satu kabaton yah mga 3 pa kaadlaw bag-o sila nagpanghatag.” [Food, water...electricity, the children needed water...we have not received anything, only after three days] – Culasi, Roxas City, Capiz

## 1b. Assistance Received

- **Relief Goods.** While in some areas relief goods were made available to affected residents three to four days after the calamity, the others complain that these came only after one week. The relief goods received include: rice, sardines/canned goods, water and noodles. In few cases, and where reliefs good were insufficient, some husbands, as reported by PLW, had to steal food. Other donors gave clothing, toothbrush, slippers, baby supplies, diapers for infants, mosquito net, medicine and vitamins. In addition to the goods received, a few mentions were also made by women for batteries and kerosene.
- The PLW are grateful to the efforts exerted by local barangay officials in ensuring their food requirements and in coordinating with various donors, although there are PLW who say that they, and their young children, needed fresh vegetables and fruits and that the relief goods (referring to noodles, sardines and other canned goods) are not healthy for them because they are pregnant and the others are lactating).

- Health Care. Several medical mission teams (e.g. St. Luke's Hospital: Sapao, Guiuan, Samar, UNFPA: Sagkahan, Tacloban, Leyte, private sectors, NGOs, ABS-CBN, GMA, DSWD and various foreign agencies) conducted medical missions in affected areas. Vitamins for PLW and their young children as well as iron supplements were distributed, medical check-ups and health promotions were done, mothers and babies were provided vaccination services and anti-tetanus injections.
- Lecture-Seminars for Lactating Mothers, Health Promotion Campaigns. According to the some women, the lectures were initiated by the DSWD and the ACF.
- Selected quotes:

*"...sumakit na kasi yung tiyan ko, akala ko manganak na ako, okey man lng pag pre natal ko pagkatapos sa bagyo. Yung nurse na lalaki ang nag prenatal sa akin dito sa health center namin. Wala man kausaban sa serbisyo sa mga staff. Wala man problema. A ra man vitamins..."* [I felt pain in my stomach, I thought I would be giving birth, I had my prenatal check up after the typhoon and the results were okay. A male nurse conducted the prenatal check up at the health center. There are no changes with regard the services of the staff. Vitamins are available] –Tinampaan, Cadiz City, Negros Occ.

*"...after sa Yolanda, nakareceive, nakainom man ako vitamin/iron. wala ra man deperensiya sa supply after sa Yolanda. Gitagaan ra man gihapon ko ug folic acid."* [After Yolanda, I received and was able to take vitamin/iron. Even after Yolanda supplies were available. I was given folic acid] – Daga, Cadiz City, Negros Occ

*"...me ara nagtulong . Nagcheck-up sila, tapos naghatag bulong. Me ara nag-anha sa eskuylahan, nagcheck-up. Sa gobyerno, basin sa City Health kato sila."* [There were those who helped. They conducted check-ups and gave medicines. There were those who went to the schools and conducted check-ups, it seems that they were from the City Health, from the government] – Daga, Cadiz City, Negros Occ.

*"...nawalan ng stocks sa government nireresitahan kami na lang bumibili."* [Government run out of stocks, we were given prescriptions and we bought the medicines we needed] – Bakhaw Norte, Kalibo, Aklan

*"...assistance nga nabaton sang wala pa si yolanda sa mga gabusong kag gapa tete kg antis vitamins gaha tag sila...ferrous sulphate ang binibigay mga anti tetanous, dire sa center."* [Assistance given to pregnant and lactating women by the health center - before Yolanda -were vitamins, ferrous sulphate, anti-tetanus] – Bakhaw Norte, Kalibo, Aklan

*"...pagkatapos meron din before and after Yolanda nagbibigay din."* [Before and after Yolanda, assistance are given us] –Bakhaw Norte, Kalibo, Aklan

*"...prenatal wala pa - 1 week na... c mam vergie nakakalamity leave ang midwife...wala na nagbalik gds a health center..."* [I have not had prenatal for one week now because Virgie, the midwife, has not come back to the health center yet] –Mobo, Kalibo, Aklan

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*“...vitamins wala wala sa busong wala wa man gd vitamins, ferrous lang out of stock wala gd japon, kung magbakal ka ina my ara bibili ka sa botika meron personal, pero di libre...”* [No vitamins, ferrous sulphate only, vitamins are out of stock at the center, you can buy from the pharmacy but these are not for free, you can buy your personal needs...] –Mobo, Kalibo, Aklan

*“...pero vitamins han burod waray. kay amon mga vitamins ginhi anod... waray para ha burod.”* [There are no vitamins for pregnant women because these were carried away by the typhoon...none for the pregnant] – Pagnamitan, Guiuan, Samar

*“...misan mga medicina han baby, nagpipila kami didto... pa anxa danay an ginhahatag na medicina, embes para sipon gintatagan para uro-uro.”* [Even medicines for kids, we needed to fall in line... sometimes they gave the wrong medicine, instead of medicine for cold they gave the medicine for LBM] – Sapao, Guiuan, Samar

*“...after 2 days mayda kumanhi na doctor.”* [Only after 2 days - a doctor came] – Pagnamitan, Guiuan, Samar

*“...ako ya sa espiritista ako nagbata...30 minutes lang nagbata na ko.”* [I delivered my baby with the assistance of a “spiritualist”...I delivered my baby in only 30 minutes] –Tarong, Carles, Iloilo

*“...Ferrous sulfate man lang ang ginapanghatag sang wala pa kag pag halin si Yolanda, kada bulan asta nga makabata ang nagbusong.”* [Ferrous sulfate is given to pregnant women - before and after Yolanda - every month until you give birth] –Tarong, Carles, Iloilo

*“...sang pag-abot ni Yolanda damo medical mission...pero sang wala pa si Yolanda...wala... amu man gihapon ang serbisyo.”* [When typhoon Yolanda happened, there were many medical missions, but before Yolanda, none...the services are the same] – Cabilao Pequeno, Carles, Iloilo

*“...magbata ma'am didto sa Centro. didto sa banwa pero subong nga naguba didto na kami gina refer sa Malbog.”* [One goes to the Center to give birth but because the Center was destroyed we are referred to the Malbog facility] – Cabilao Pequeno, Carles, Iloilo

*“...pag bagyo sa center diri man pwede man di mam onces a week lang,huo,huo may gakatdo di ya mam, mga taga cityhall naga free anu sila ga libre bala check-up, medical mission... kwan mam once a week...”* [During the typhoon, free check-ups are done at the Center once a week, from the City Hall, medical missions...even before free check-ups are also done weekly...] – Dumulog, Roxas City, Capi

*“...o may nagvolunteer man na magpacheck up ha mga burud pati lactating mom. UNFPA nagcheck up ha mga burud. gintagaan kami medisina. mga ferrous. gin-ubo man ako, gintagaan ako syrup para ubo. mga vitamins na B Complex, nanghatag balde na may taklap, maternity napkin, panty na siyam...”* [Yes. There were volunteers from UNFPA who came to check on the pregnant and lactating women. UNFPA gave medicines and vitamins like B complex, . they gave pails with cover, maternity napkins, and 9 pieces of underwears]

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– Sagkahan, Tacloban, Leyte

*“...waray kami ig check up kay waray kuno kami ha listahan han interview hasta yana mag 2 weeks na waray pa ako ka check up takay mag 2 months na it ak tiyan.”* [We were not included in the list of pregnant women who were interviewed, that is why they did not examine us, but I have been pregnant for 2 months now] – San Jose, Tacloban, Leyte

*“...may nan check up han mga burod dayon han ika tulo ka adlaw, an ACF ada adto, hygiene promotion, gen check up an akon ihi, ngan gentagan ako hin vitamin, an iron max ngan folic acid, tapos mga toothbrush, colgate, napkin, tuwalya, arenola basta usa adto ka balde kanan hygiene.”* [ACF conducted medical check-up for pregnant women on the 3<sup>rd</sup> day. hygiene promotion, they checked my urine, they also gave vitamins, iron max and folic acid, included in the things that they gave were toothbrush, toothpaste, napkin, towel, urinal placed in a pail marked as hygiene kit] – San Jose, Tacloban, Leyte

*“...an DSWD...guin siminar an mga burud, guin siminar an nag papasusu.”* [DSWD conducted seminars for pregnant and lactating mothers] – San Jose, Tacloban, Leyte

*“...mga vitamins, iron max, folic acid an nahatag, iba iba man an amun,may mga vitmins han baby. mga multi vitamins.”* [Vitamins, Iron max, folic acid, we received different medicine - vitamins for babies and multivitamins] – San Jose, Tacloban, Leyte

*“...mga high tech ira dara gamit pagkadi nira. pangkuha heart beat ha bata. gincheck amon ihi. urine test. mga spesyalista ,man.”* [The equipment and supplies they brought with them are “high tech.” They have an equipment to check the heart beat of the fetus. We also underwent urinalysis. I think they are specialists] – Sagkahan, Tacloban, Leyte

*“...ginsukul akon tiyan sa midwife, gin check kun may heart beat an bata gamit an stethoscope. didto ha health center.”* [My fundal height was measured, the midwife also checked the heart beat of the fetus using a stethoscope] – Sagkahan, Tacloban, Leyte

### 1c. Assistance Provider

- Assistance providers mentioned by participants include: community midwife, local barangay officials, the City government, staff from St. Luke’s Hospital, City Health Office, Barangay Health Workers, Municipal Health Center, DSWD, ABS-CBN, NGOs, UNFPA, Red Cross, ACF, UNICEF, and other foreign/donor agencies, and volunteers from the private sector. [It may be well worth to note here that the majority of the PLW-participants do not know exactly the names/affiliations of some people who went to their area to provide various forms of assistance.]
- In particular, the Guiuan, Samar (Pagnamitan) women express disappointments regarding the absence of medical assistance in their area - during and after the typhoon. This is mainly due

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to the objects which are blocking the road, making it difficult for vehicles to pass. They say that only after a week were they able to avail of the services provided by the medical missions. The Guiuan, Samar (Sapao) participants also recount the difficulties encountered by PLW who have suffered from injuries, skin rashes, and other ailments after the typhoon. No medical assistance, according to them, was immediately available, and only after two weeks were there concerns addressed when the medical mission from St. Luke's Hospital arrived.

- Across sites, the women narrate that, before the typhoon, the midwife and barangay health workers would regularly visit them in the community - for consultation, information dissemination and counseling. After the typhoon, they have to put forth extra effort go to the Municipal Health Center, the Memorial Hospital, the Provincial Hospital, or to the area where the medical mission teams are stationed.

- Selected quotes:

*"...after sa bagyo, pag gab-i sa eskuylahan, naay nanghatag pagkaon, bugas... private sector, GMA, nanghatag pagkain. DSWD nanghatag bugas, barangay kagawad nangita sponsor. "* [After the typhoon, food and rice were given... from the private sector, GMA, DSWD, a Barangay Councilor who solicited from sponsors] – Daga, Cadiz City, Negros Occ.

*"...me ara nagtulong. Nag check-up sila, tapos naghatag bulong...sa gobyerno, basin sa City Health kato sila."* [There were those who helped, they conducted check-ups, gave us medicines... it seems they were from the City Health, from the government] – Daga, Cadiz City, Negros Occ.

*"...may nagbigay ng relief goods, private ang iba, GMA, ABS CBN, gatas, noodles, tinapa, sardinas, pagkain, tubig, damit. materials bala, sin, bigay sang private, sa Bacolod."* [Relief goods were given, from the private sector, GMA, ABS-CBN, milk, noodles, sardines, food, water, clothes. Housing materials, galvanized iron sheets were also given by a private donor from Bacolod] – Daga, Cadiz City, Negros Occ.

*"...mga barangay calamity, bulong, pancit canton, vitamins...goods, mga paracetamol, sa gabusong may ara pagkatpos sang yolanda."* [Barangay calamity assistance such as medicine, pancit canton, vitamins, goods, paracetamol, services for pregnant women were available even after Yolanda] – Bakhaw Norte, Kalibo, Aklan

*"...an brgy captain naki usap ha munisipyo kun myda rasyon."* [The Barangay Captain asked for relief from the municipality] –Pagnamitan, Guiuan, Samar

*"...after 2 days mayda kumanhi na doctor."* [After 2 days a doctor came] – Pagnamitan, Guiuan, Samar

*"...3 to 4 days sanu umulpot an relief."* [It took 3 to 4 days before the relief came] –Sapao, Guiuan, Samar

*"...first barangay tapos meron nang nagsidating abs, gma ,dswd at saka british hindi ko alam kung ano."* [First the barangay gave assistance, then ABS-CBN,

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GMA, DSWD, a British company] –Tarong, Carles, Iloilo

*“...DSWD, Red Cross, ACF, UNCHR.”* [DSWD, Red Cross, ACF, UNCHR] – San Jose, Tacloban, Leyte

*“...an DSWD bumulig gihapon... nag hatag liwat hygiene kit, guin siminar an mga burud, guin siminar an nag papasusu.”* [DSWD also helped us, they gave us hygiene kits, conducted seminars for pregnant and lactating mothers] –San Jose, Tacloban, Leyte

*“...UNICEF, may balde nga blue. may sabon, personal hygiene, malong, toothbrush, nail cutter, kabo, napkin, waray panty...”* [UNICEF. They gave us blue pails which contained personal hygiene kit, soap, malong, toothbrush, nail cutter, dipper and napkin, but no underwear] – Sagkahan, Tacloban, Leyte

*“...UNFPA nagcheck up ha mga burud. gintagaan kami medisina. mga ferrous. gin-ubo man ako, gintagaan ako syrup para ubo. mga vitamins na B Complex, nanghatag balde na may taklap, maternity napkin, panty na siyam..”* [UNFPA came to check on the pregnant and lactating women. UNFPA gave medicines and vitamins like B complex, . they gave pails with cover, maternity napkins, and 9 pieces of underwears] – Sagkahan, Tacloban, Leyte

*“...DSWD an namamahala ngan na assist halimbawa ha burod, pag atender han mga burod, tapos ha mga nag papasusu,kun anu an tama na pag pasusu, siminar kun anu ba an bawal ngan diri.”* [We always attend every seminar conducted here; The DSWD assisted one agency that conducted seminars among pregnant and lactating women. It was about pregnancy care and breastfeeding. It was about what to do and what not to do] – San Jose, Tacloban, Leyte

## **KEY INDICATOR 2. [For pregnant women] - Has the following services changed since the typhoon?**

### **2a. Pre-natal check-up**

### **2b. Who does the check-up and where**

### **2c. Iron supplements and vitamins**

- Before “Yolanda,” many of the pregnant women in the focus groups, across sites, are of the opinion that pre-natal check-ups are regularly conducted by the midwife assigned in their local health facility, assisted by barangay health workers. Schedules are set for pre-natal, post-natal, and immunization/vaccination. Some women, however, complain that a problem they can think of is that vitamins are not available at the BHC and that only iron supplements e.g. Ferrous Sulphate are given free. Such situation is not the case in other places where the PLW can avail of both vitamins and iron supplements.
- After “Yolanda,” pre-natal check-ups, as reported, had continued, although in facilities severely damaged by the typhoon, services are conducted at the MHC, evacuation area, or in other community facilities e.g. covered gym. The women say that iron supplements as well as

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vitamins for women and their children are readily available and accessible during this period. With regard the service providers, the PLW are in agreement that more of them are available after the typhoon, referring to doctors and nurses at the MHC and other specialists from the medical mission teams. In a few instance, however, some women admit to not having availed of pre-natal check-ups after the typhoon.

- Selected quotes:

*“...kanina lang nakaprenatal ko...sa health center na midwife...mga estudyante sa University of Negros State College (Nursing school) sa Sagay, after sa Yolanda, nakareceive, nakainom man ako vitamin/iron, wala ra man deperensiya sa supply after sa Yolanda, gitagaan ra man gihapon ko ug folic acid.”* [I had my prenatal today at the health center, the midwife was assisted by nursing students of the University of Negros State College, even after Yolanda I have availed of services, I am able to take my vitamins and iron supplements...nothing has changed about the services and supplies, I have also received folic acid] – Daga, Cadiz City, Negros Occ.

*“...daw wala man kalahian serbisyo bisan before and after sa Yolanda, daw di sila (health center) nakaranas ng bagyo.”* [It seems that there are no changes insofar as service delivery is concerned - before and after Yolanda – as if the health center had not experience the typhoon] – Daga, Cadiz City, Negros Occ.

*“...meron din before and after Yolanda nagbibigay din...sa health center...midwife”* [Before and after Yolanda services are available at the health center, through the midwife] – Mobo, Kalibo, Aklan

*“...vitamins wala...wala sa busong sa center...wala wa man gd vitamins ferrous lang, out of stock wala gd jpon, kung magbakal ka ina my ara bibili ka sa botika...”* [No vitamins, ferrous sulphate only...but you can buy from the drug store...] – Mobo, Kalibo, Aklan

*“...midwife man gihapon ang naga check up, sa centro gid kami...sa centro pagkatapos Yolanda ara gihapon...pagkatapos Yolanda nagdugang pa gid.”* [The midwife conducts the check-up at the center, even after Yolanda...after the typhoon, there are more service providers...] – Cabilao Pequeno, Carles, Iloilo

*“...pag bagyo sa center, pwede man di mam once a week lang, huo,huo may gakadto di ya mam mga taga city hall naga free anu sila ga libre bala check-up, medical mission, mga one week, nagkadto sila medical mission, one week gid man to...”* [After the typhoon, check-ups are still done once a week at the center, people from the City Hall also came and gave free check-ups, there were medical missions for almost one week...] – Dumulog, Roxas City, Capiz

*“...an iba 3 days after an iba 1 week after pa.”* [Others had a pre-natal check up 3 days after the typhoon, the others - one week after] – San Jose, Tacloban, Leyte

*“...mga vitamins, iron max, folic acid an nahatag, iba iba man an amun,may mga vitmins han baby. mga multi vitamins.”* [Vitamins, Iron max, folic acid, we received different medicine - vitamins for babies and multivitamins] – San Jose, Tacloban, Leyte

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**KEY INDICATOR 3. [For delivery services] - Has the following services changed since the typhoon?**

- 3a.** Who attended delivery and where
- 3b.** Post-natal check-up provider and location
- 3c.** Breastfeeding and feeding supplements used, if any
- 3d.** Infant vaccination
- 3e.** Infant health (e.g. weight)

- Before “Yolanda,” the midwife, assisted by Barangay Health Workers, is the main health service provider in the community where she is assigned. She conducts pre-and post-natal check-ups, and other services such as information-education (e.g. breastfeeding, family planning, health promotion), FP counseling, infant vaccination, and those that relate to infant health e.g. weighing. No childbirth delivery functions, however, can be performed by the midwife at the BHC. The Municipal Health Center is the birthing facility, although in some areas, patients are referred to the City Health Office or the Memorial and Provincial Hospital where services and facilities are assured. There are those who say, however, that they had to deliver at home, with the assistance of the community midwife, because even the abovementioned facilities were either inoperational or full of patients after the typhoon, and their needs could not be attended to. The absence of electricity was a serious concern in the visited facilities.
- Although breastfeeding has always been considered crucial by PLW in the sample sites, even before the occurrence of “Yolanda,” they narrate that it was the only choice left for them at that time. Not only is milk (for bottle feeding) inaccessible after the typhoon, the lack of financial resources was a primary concern among the PLW. After the typhoon, and because of the medical missions and other volunteers, vaccination services, including infant vaccination, were continued, and other services related to infant care.
- Selected quotes:

*“... sa Emergency po ako nanganak, naka check up na ako human panganak sa emergency sa Cadiz, nagpasuso din ako, nabakunahan na ang baby ko, ok man yong timbang.”* [I gave birth at the “Emergency” in Cadiz I had my postnatal check up after giving birth, I am breastfeeding my baby, the baby has been vaccinated and weighed...] – Tinampaan, Cadiz City, Negros Occ.

*“...pag-adto nako sa Emergency after sa bagyo, gubota sang emergency, daghan tawo, na-estoryahan lang ko na naay nibalik sa bahay kay waay kuryente...nibalik sa ilang balay, didto na nagbata...”* [When I went to the hospital after the typhoon, everything was in chaos, there were many people, I was told that a mother scheduled for delivery had to go back home, there was no electricity...she gave birth at home] – Daga, Cadiz City, Negros Occ.

*“...sang wala pa si Yolanda sa centro, pero subong kay naguba sa may Malbog na kami gina refer, wala kami nagapa check-up....wala kabaton post-natal check-up sang pagkatapos namon bata, wala sa akon gina inject pagkatapos bata,nagapa breastfeed sang wala pa si Yolanda kag sang pagkatapos ni*



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*Yolanda...kanugon pa ibakal gatas.*” [Before Yolanda services were available at the center, but now that it has been destroyed we are referred to the Malbog facility, we have not had any check-up now, no post-natal check-up after giving birth, I have been breastfeeding even before Yolanda...instead of buying milk] – Cabilao Pequeno, Carles, Iloilo

*“...ha city hospital kunta pero ha EVRMC nala kay damo pa man patay didto, ang siring diri pa operational, EVRMC man la daw open.*” [i planned to give birth at the City hospital but i was informed that many have died there because of Yolanda, it is still not operational, so I went to EVRMC] – Sagkahan, Tacloban, Leyte

*“...waray ha amon nanganak kahuman han bagyo. before han bagyo man ako nanganak mga 4 days pala adto hiya han pagbagyo, waray vaccine tam mga anak kay nagkaguguba man an mga hospital, mayda gad yana hospital an ha LPH pero masakay pa ha chopper para hingadto ha barko nga hospital, mga Amerkano man ngan mga Chinese an mga doctor, Oo nagpapasoso kami kay waray man mapapalitan han gatas.”* [None of us gave birth after the typhoon, I gave birth 4 days before the typhoon, the LPH (Leyte Provincial Hospital) is in operation now but you need to ride in a helicopter to get there, foreign doctors – Americans and Chinese are there...Yes, we are all breastfeeding, because milk for bottle feeding is not available...] – San Fernando, Palo, Leyte

*“...burod ako...syempre kailangan ko gud talaga ma check-up...adto nga panahon waray gud, waray mo gud makakadtuan, waraya gud kay bisan LPH (Leyte Provincial Hospital) gin kuan nga close talaga hiya бага hin gin-abandon talaga hiya hadto mismo nga kahuman han bagyo, makuri gud talaga, bisan private, nasiring man hira St Pauls gihap kuno ng-abandon, Bethany, waray mo talaga makakadtuan hadto talaga kahuman han bagyo.”* [I was pregnant hence I needed a check-up...during and after the typhoon, there was no one to go to, even the LPH was closed...St. Paul’s was abandoned...Bethany was also closed...there was no facility to go to...] – Candahug, Palo, Leyte

*“...immunization, ang vaccination sang mga bata nag bag o pagkatapos sang Yolanda amu man gihapon...mga bata gina kilo ma pakatapos sang yolanda amu japon wala pinag bag o same japon...”* [Imunizations were done to children before and after Yolanda...infants are weighed even after the typhoon, the situation is the same] – Bakhaw Norte, Kalibo, Aklan

*“...an didto ha ospital gen IE ako tapus gen urinalysis, tapus gen schedule an akon baby pag newborn screening ngan bakuna gen papabalik kami hit january 15.”* [They performed IE (internal examination) for my post natal check up, then did laboratory test for my urine, then they scheduled the newborn screening and vaccination by January 15] – San Jose, Tacloban, Leyte

*“...ako manganak sana sa center kaso lang na alanh\ganin ako sa motor hindi na ako naka abot sa center pero gusto ko sa center ako, sa kapit bahay po ako nanganak ,hindi na ako dinala sa center ang bata nalang, stay na lang ako sa bahay na pinanganakan ko.”* [I wanted to deliver at the center only that it was too late, I give birth at my neighbor’s house near the center, they brought the baby to the center while I stayed at my neighbor’s house] – Tarong, Carles, Iloilo

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*“...nag breastfeed ako, huo sa iloy gid gadidi...in vaccine kami pagkabata palang, ginakilo man tapos ginapaborn screening tapos gina bloodtype pa na blood cell...”* [I am breastfeeding...vaccination is given to the baby after delivery, the baby is also weighed, born screening is done, then the blood type is determined] – Culasi, Roxas City, Capiz

*“...adi nga akon baby waray pa kabakunahi sano mag bagyo pero pagkauman han bagyo nabakunahan na gehap hiya.”* [My baby had no vaccination before Yolanda...but after, he was vaccinated] – San Jose, Tacloban, Leyte

*“...waray akon baby pa ini hiya ka timbanga.”* [My baby has not been weighed] – San Jose, Tacloban, Leyte

*“...usa ka bulan na an akon bata pero waray pa naimmunize...guba na ang city hospital.”* [My baby is one-month old and has not received any vaccination yet] – Sagkahan, Tacloban, Leyte

#### **KEY INDICATOR 4. [FP services] - Has the following services changed since the typhoon?**

**4a.** Access to information and source

**4b.** FP counseling services

**4c.** Use of modern FP and type

**4d.** Use of modern FP after delivery and type

- Women participants from among the PLW groups generally have learned about Family Planning methods from the midwife and barangay health workers in lectures primarily initiated by the Barangay Health Center, or during FP counseling services. While the others have heard about it from hospital-based doctors and City Health Office, relatives who are FP acceptor-users are also considered a source of information.
- Modern FP methods cited include: the pill, condom, intrauterine device (IUD), ligation, and the injectables. There are women who express desire to use a method to space births or because they think that the current number of children they have is more than what they can support. There are also women who admit that they have heard about FP but do not have any plans of using any of the methods. Significantly, a woman from Tacloban, Leyte was found to be interested in undergoing ligation because she already has many children i.e. 6. She confesses, however, that she does not know where to go for information. Mentions for calendar-based method, a natural FP method, were also made. They claim that such is included in the lectures they have participated in at the local health facility and from other sources of information.
- Selected quotes:

*“...narinig, nalaman sa mama, tita na naggamit din ng pills, sa mga bayaw, (in-laws), sa BHW, midwife sa health center, seminar, mga doctor, calendar method, nag-estorya akong mama.”* [Heard/learned from mother, aunt who is using pills, in-laws, BHW, midwife of health center, seminar, hospital doctors]

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– Daga, Cadiz City, Negros Occ.

*“...diri ako maaram kun ano an ako gagamiton kay may sakit ako ha kasing kasing tapos may high blood. karuyag ko magpaligate kay unom na ang akon anak. diri ako maaram hain magpaligate. “ [I do not know which method to use because i have a heart condition and my blood pressure is high. I want to be ligated because i already have 6 children but i do not know where to go for ligation] – Sagkahan, Tacloban, Leyte*

*“...mga family planning katulad nang pills, IUD, condom...” – Tinampaan, Cadiz City, Negros Occ.*

*“...an midwife po ang nagturo sa akin, sa Health Center sa Cadiz nagpunta ako doon. IUD po ang ginamit ko noon.” [I learned about it from the midwife, I went to health center in Cadiz, I have used IUD before] – Tinampaan, Cadiz City, Negros Occ.*

*“...nag seminar dun sa center last year pa yun, calendar method mga couple husband and wife nagconduct sang seminar... pagkatapos sang yolanda wala na seminar, pagkatapos bata wala na family planning.” [A seminar was conducted at the Center last year, they taught us about the calendar-based method...after Yolanda there was no seminar conducted, after I gave birth I have used no FP method] –Bakhaw Norte, Kalibo, Aklan*

*“...after yolanda, dida ha centro naaru, mga BHW, pills na pwede mag pasusu, nag gamit ako injectables pero inanu ku hea enistop kay malipong ha ulo...” [After the typhoon we asked the BHW at the Center, they say that pills could be used for breastfeeding mothers, I used injectables but I had stop using it because I experienced headache...] –Sapao, Guiuan, Samar*

*“...sa akon bala nagapamangkot ko kay Ma’am Norma sa ligation kay gusto ya sa amon maggamit pills, ang miga ko nga 6 na iya bata gust ya iligate gaking nahadlok sya mag pa opera the wala sya knowledge kon ano ang ligate, siling ko p ligate ka, siling ko anon i ang ligate man? Ginasugo lang ko nila mapa ligate po wala ko kabalo kon ano na, kon ano iya effet, kon pwede ka kapamug...” [I asked Ma’am Norma, the midwife, about ligation, she wants us to use the pills, my friend has 6 children and she wants ligation but she is afraid because of her lack of knowledge about it, its effects, if she can engage in heavy work...] – Tarong, Carles, Iloilo*

*“...naka schedule na ang ako nga mapa ligate galing nag-abot si yolanda wala nadayon....ambot kung padayonon.” [I was scheduled for ligation but was postponed due to Yolanda, I am not sure if I will push through] – Cabilao Pequeno, Carles, Iloilo*

*“...sa center man kung gusto namun bala ya namun mam mag family planning makadto malang kami to sa ila.” [At the Health Center we can go there if we want to use FP] – Dumulog, Roxas City, Capiz*

*“...sa city health kami nakabati, calendar, pills...kalabanan pills... dependi simu ah...” [We heard about it from the City Health Office, on the calendar method, pills...usually about pills...it all depends on you...] – Culasi, Roxas City, Capiz*

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*“...han una nakabati na ako ha health center pero waray ako mag gamit.”* [I heard about it from health center but I have not used any of the methods] – San Jose, Tacloban, Leyte

*“...ako waray natural la, kay dati nagpapaligat ako bangin kuno ako mamatay kay mga bata pa daw kuno an ako mga anak kay mabubughat daw kuno ako, dida ini han ika 7 nga akon pag burod hasta nga nag damu nag usa ka dosena.”* [I will only use natural family planning method...before I planned to undergo ligation but the staff told me that my kids were still young yet that was during my 7<sup>th</sup> pregnancy. Now I have 12 children] – San Jose, Tacloban, Leyte

*“...didto ha ano ha Samar Sta. Rita, sugad mga injectables, pills, IUD, damo nga klase it mga family planning, an gin-kuan ha akon an doctora didto ha baras pills...an ginkuan ha akon pills, gintagan la ako hin usa ka-box na pills...”* [I heard about it in Samar, Sta. Rita...injectables, pills, IUD, and many others, the doctor recommended that I use pills, she gave me one box...] – Candahug, Palo, Leyte

#### **KEY INDICATOR 5. *Three most important problems accessing RH services - before and after typhoon***

- In terms of important problems faced by PLW in accessing RH services, we take note of the following responses expressed generally by women in the FGDs across sites: (i) lack/limited supplies at the BHC, (ii) absence of birthing home in the barangay, and (iii) financial capability. By “lack/limited supplies,” the women point to medicines, vitamins, FP supplies (before and after the typhoon). On the other hand, they express disappointments regarding the proximity of health facilities, e.g. MHC, to their homes, the travel costs and food requirements, and other hardships that pregnant women will need to go through - particularly after the typhoon. Such concern is taken to mean as referring to the problem of “absence of a birthing home in their locality.” Lastly, financial capability refers to their lack of resources to avail of RH services due to loss of income and the damages that “Yolanda” has caused their families. Other concerns noted are: lack of service providers or health personnel - even before “Yolanda,” lack of information on FP supplies and services, and where these could be availed of.

- Selected quotes:

*“...sa bahay kami ng mga anak ko nagkasakit kami lahat...yung Mama ko pumunta dito sa barangay kay may ipinamimigay na mga gamut at bigas sabay din ako...naka pa check up ako minsan lang dito sa sentro, nagka problema din sa pamasaha papunta city hall para makahingi lang ng mga gamot.”* [In the house, All of us in the family got sick...my mother and I went to the barangay hall to avail of free medicine and rice, we had no money to pay for the fare in going to the City Hall to get medicine...] – Tinampaan, Cadiz City, Negros Occ.

*“...hindi ako naka prenatal kasi, katulad din nila nagkaskit ako pagkatapos sang bagyo, kasi basang basa ako sa ulan, hindi ako nakapunta dito kasi ayaw nang asawa ko binabantayan ako ng asawa ko di nya rin ako maiwan kasi dalawa lang kami kaya hindi na kami nakapanghingi ng gamot non ayaw niya*

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*talaga akong iwan kasi ina apoy na talaga ako ng lagnat sa time ng bagyo.”* [I have not gone for a pre-natal check-up at the center because, just like the others, I got sick after the typhoon... I could not go to the center because my husband would not allow me, he could not also leave me behind to ask for medicine because my fever was very high] – Tinampaan, Cadiz City, Negros Occ.

*“...insufficient ang bulong, kun wala bulong, kami ang magbakal sa gawas, problema sa plite, sakay sang tricycle, plite...unya pag-abot sa doktor, way tambal.”* [The medicines are insufficient, if not available - we have to buy it ourselves from the pharmacy, the problem is we have no money for transportation...then - when you get to the doctor, no medicine is available] – Daga, Cadiz City, Negros Occ.

*“...ang nakalisod lang didto sa Centro magkasamok lang ang mga tawo kun dili mosunod sa patakaran sa centro, kinahanglan bag-o ka magkadto sa centro mangayo ka sang referral para ma-entertain ka dayon sa mga staff didto sa centro, kun wala kang requirements nga hinihingi sa iyo hindi ka agad maserbisyon, kahit nauna ka sa line, di kumpleto imong referrals ginaano sa imo na mga requirements, di ka ma-entertain.”* [The problem is that, after the typhoon, the Center is full of people and there are those who do not follow the rules, before you go - you should bring with you a referral slip so you would be entertained, otherwise – with no referral and other requirements – they will not entertain you - even if you got there first] – Daga, Cadiz City, Negros Occ.

*“...supply xa electricity wala sa health center, walay water...nadamage yung sa center, mga record na wash out... mga medicine na wash out yolanda.”* [Absence of electricity at the health center, no water, the center was damaged, records and medicines were washed out by Yolanda] - Mobo, Kalibo, Aklan

*“...sa mga gabusong kulang food supplements, vitamins, dasun wala vitamins mga ferrous sulphate lang.”* [For pregnant women, food supplements are lacking, no vitamins, only ferrous sulphate is given] – Bakhaw Norte, Kalibo, Aklan

*“...tapos sang yolanda amu ni japon ya ang sa pregnant amu man japon wala man kay may kapid sang midwife, dapat himuan siya kapid - dugangan gid may isa para rotation lang sila, dapat isa barangay, isa ka midwife, kag usa ka nurse...”* [In our center, the situation is the same after Yolanda... only the midwife...one barangay must have 1 midwife and 1 nurse...] –Bakhaw Norte, Kalibo, Aklan

*“...kulang ang mga cr, atop kulang, feeding area, kulang sang prenatal room, yan ung wala d sa amun. BHW isa lang, walang gd may ga bata noh sa hospital gid pa kalibo gid, bawal ang hilot, nag bag o man ang source pagkatapos sang yolanda parehos japon, rural health unit.”* [Inadequate comfort rooms, roofing materials were damaged, lack of feeding areas, lack of pre-natal rooms...only the barangay health workers are present – no doctor/midwife to assist in the delivery, you have to go to the hospital in Kalibo because the hilots are prohibited, before and after Yolanda the rural health unit provides the services] – Bakhaw Norte, Kalibo, Aklan

*“...wala BP apparatus, pirmi lang guba.... nagpangako man sila nga dugangan man ang BP....pero amu na amat-amat lang kung may budget sila....sa subong*

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*damo pa unahon.*” [No BP apparatus, it is always unusable...they promised to buy the BP apparatus...but for now, after Yolanda, they say they have other priorities] –Cabilao Pequeno, Carles, Iloilo

*“...damu sila di nga mga BHW, amu na supply, kulang gid yah...kulang gid mga bulong sa puya, kay dire sa amun sa center wala kay maparoxas ka gid kun kis a waay waay gid kami mam, kay baklon mo man gid, kay resitahan ka malang tapos imu baklon, wala sa brgy health center.”* [There are many Barangay Health Workers but supplies are inadequate, not enough, medicine for children are lacking, you need to go to Roxas City to buy because there are no medicine at the Barangay Health Center] – Culasi, Roxas City, Capiz

*“...sang una pills hay yanda mam waay na, nauntat kay waay pa ang bagyo nauntat na to ya paghatag sang mga pills, gabakal nalang kami.”* [Before pills are available but they do not have these anymore even before the typhoon...we buy our own] – Dumulog, Roxas City, Capiz

*“... financial - kay waray pakabuhi, wray kwarta ibarayad para hit serbisyo, dire na nakakapag pa pre- natal ngan post natal kay tungod han bagyo naruba an health center, hirayo an center, tapos waray na supply pagkdto - danay nauubosan hin supply.”* [Financial because we do not have any source of income, no money to pay for the services, we have a damaged health facility, distance to the health facility is a problem, and limited supplies] – San Jose, Tacloban, Leyte

#### **KEY INDICATOR 6. *How to improve RH service delivery during calamities***

- In general, the women use their experiences during “Yolanda,” with the local health center and other government-run health institutions as a gauge to determine how reproductive health services can be improved and what they expect from a health facility during calamities.
- Across the sample FGD sites, five notable recommendations have been obtained: (i) ensure that health facilities are provided with sufficient supplies (e.g. medicines, vitamins, iron supplements, family planning supplies, immunization vaccines, feeding supplements) for health care (mother and child) as well as equipment and other facilities (e.g. BP apparatus, beds, chairs, electric fan, weighing scale, toilet, childbirth delivery kits, nebulizer, dupler). Further, they suggest that, during calamities, (ii) medical assistance to PLW must be given at the barangay hall instead of having PLW go to the City Health Office or other service delivery points. A third recommendation is to (iii) ensure that there are more than one midwives and doctors who will attend to the immediate needs of PLW. A fourth concern is (iv) to put up a drugstore/pharmacy in the barangay to ensure that requirements for medicine and other aspects of health-care are readily available when the need arises. Other suggestions include: (v) provision of information regarding Family Planning methods, more importantly on equally significant aspects of maternal care. The women say that it is best that PLW are made aware in this regard, ahead of time, so they would know what to do in the event that another calamity like “Yolanda” will occur.

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• Selected quotes:

*“...iyong sa pag immunize ng mga bata minsan ang DPT1 schedule ma delay... kasi pag anhi mo tuwing huwebes minsan walang gamut, ma delay yung ano pag immunize ng mga bata, delay ang immunization.”* [On immunization, sometimes the DPT vaccine is not available, DPT immunization of the child is delayed] –Tinampaan, Cadiz City, Negros Occ.

*“...wala pera kay may bayad man magbata, mahal ang bayad. Sang una donation man, karon di na, ilbalik lang sang donasyon, kun pila ang kwarta , mao lang na.”* [No money to pay, fees are now required for delivery, it is expensive, before it can be done through donations, but now donations are no longer accepted, we have to pay, maybe we can go back to the donation system, whatever we can afford to give] – Daga, Cadiz City, Negros Occ.

*“...kulang gid vitamins sa bata kag gabusong, kung wala gina resitahan lang, kung wala money. Kuha na lang ng talbos ng kamote para kakuha vitamins.”* [Lack of vitamins for children and for lactating mothers, if these are not available prescriptions are given but what if the mother does not have money? Sometimes mothers get vitamins from eating the leaves of sweet potato] – Bakhaw Norte, Kalibo, Aklan

*“...vitamins pra aa gabosong, bulong, financial assistance sa amun health center sana pra kung anu yung kilangan namin mga anu medicine bulong kulang ang bulong, dapat libre ang mga pills.”* [Vitamins for pregnant women, medicines...financial assistance for our Health Center...the vitamins are insufficient, we hope that the pills are given free to us] – Mobo, Kalibo, Aklan

*“...radiograph para sa buntis...dupler, pulungkuan, wheelchair, bangko, table, higaan ng buntis.”* [Radiograph for pregnant women...dupler, chairs, wheelchairs, chairs and table, bed for pregnant women] – Bakhaw Norte, Kalibo, Aklan

*“...dati libre...kasi gusto ko unta nga ma bigyan kami dito ng facilities na pra kahit dito nalang sila manganak yung mga lying-in amu na sana para tawhay lying-in ang ginapangayo namin lying in kasi meron malayo sa bayan sa ospital natin meron eh kug paanu kung lalabas na yung bata.”* [It used to be free... I would have wanted that our barangay is provided with facilities such as a lying-in clinic, it would be convenient for us - because the hospital is far...] – Mobo, Kalibo, Aklan

*“...it amun na maiinom gatas ke para hit bata para may masusususu ...”* [We need to drink milk because we are breastfeeding...] – Sapao, Guiuan, Samar

*“...pagpa upay pasilidad.”* [Improve facilities] – Pagnamitanm, Guiuan, Samar

*“...hatag vitamins...puro nala sardinas.”* [Give vitamins...they always give us sardines] – Pagnamitan, Guiuan, Samar

*“...bulong, mga vitamins para sa bata, para sa nanay, para sa tanan, para kung sin-o nagakinahanglan, kung kis-a wala kami baklan bulong, madalagan ka pa yah kung diin.”* [Medicines, vitamins for the children, for the mother, for all, for those who are in need, sometimes we have nowhere buy the medicine]

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we need...] – Cabilao Pequeno, Carles, Iloilo

*“...patindog sang botika para sa barangay para lapit diri ka na lang bakal.”*  
[Put up a pharmacy in the barangay so you do not have to go far to buy] – Cabilao, Pequeno, Carles, Iloilo

*“...wala BP apparatus, pirmi lang guba.... nagpangako man sila nga dugangan man ang BP....pero amu na amat-amat lang kung may budget sila...sa subong damo pa unahon.”* [No BP apparatus, it is always unusable...they promised to buy the BP apparatus...but for now, after Yolanda, they say they have other priorities] –Cabilao Pequeno, Carles, Iloilo

*“...maghatag training about family planning method.”* [Give seminar/training about family planning methods] –Tarong, Carles, Iloilo

*“...tapos may salakyan nga in case of emergency may sakyan ang pasyente, may nanganak nga namatay kay nahubsn dugo kay wala salakyan pakadto sa centro.”* [A vehicle to transport patients is needed - in case of emergency, a woman who was about to give birth died because of loss of blood...there was no transportation available to take her to the center] –Tarong, Carles, Iloilo

*“...daw wala man, bulong lang, kay dati sa center pwedi kapaanak subong wala na, kay kun alang-alangon kabala, kun pwedi bala may ari dire, kay nagpamangkot ko kung pwedi kaanak indi na kuno pwedi kay indi sila kompleto sa mga gamit... kay indi pwedi kaya didto ko sa Roxas City..”* [They have nothing except medicine, in previous years you are allowed to give birth at the birthing clinic but now no more...when I asked them why they say that the facilities are inadequate...because it is no longer allowed I went to Roxas City] – Culasi, Roxas City, Capiz

*“...dati may checkups subong wala na, dati may ara bala nga ila balay atu sa bukid hay sa traysikle palang nagbata na siya naalang alangan siya kay layu daan bala sa amun ang center...”* [There used to be regular check-ups but the practice has been stopped, a mother residing on the mountain gave birth inside the tricycle because she did not expect to give birth on that day and the local health center is far...] – Culasi, Roxas City, Capiz

*“...ang anu tani may attending physician gid kami dire sa barangay kay syempre may mga bata kami, dapat may ari gid dire sa amun center, bisan mga generics lang nga bulong...kun tapos ka bala anak dapat may kwan man sila inang kwan may reproductive pills man sila inang tun-an ka para indi mag-ikit- ikit imu bata, dapat may pills sa center dapat mga IUD, pills kay pila na nga daan ang pills subong, wala di sa center...tani man ma ara sila inang daw may seminar sa mga mother daw livelihood...”* [We hope to have an attending physician here in our barangay because we have children, we hope to have one here, we also need medicine – even if generics...mothers after giving birth should have access to pills, IUD, because pills are expensive and we don’t have it in our center...seminars for mothers pertaining to livelihood] – Culasi, Roxas City, Capiz

*“...seminar parte hito nga family planning para dire mag burod, tapus an mga nagpapasusu ngan nanganak kinahanglan gud magpasusu kay makuri an gatas ngan waray tubig...dapat an medical check up ada dayon dire...”* [Seminar



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about family planning to prevent pregnancy, to inform mothers that it is important to breastfeed their infants because bottle-feeding is difficult if water is not available...it is important that medical check-ups are done immediately] – San Jose, Tacloban, Leyte

“...importante na mahatagan pagkaon...tapos nagpasusu pa.” [It is important that we are provided with food...I am breastfeeding too] – Sagkahan, Tacloban, Leyte

“...tubig na malipyo. mineral. pareha ha akon kay nadehydrate ako kay nakainom ako na diri mineral. naguro uro ako.” [Clean/safe drinking water, mineral water, i experienced dehydration...] – Sagkahan, Tacloban, Leyte

“...importante ang midisina while burud tapos after manganak. makainom dapat gamot para diri mabughat kun bago panganak.” [Medicines are important for pregnant women during and after delivery so we will not experience bughat (relapse)] – Sagkahan, Tacloban, Leyte

“...nebulizer ngan generator, nebulizer talaga, amo talaga it importante kay mga asthmatic kami tanan, hi ako ngan tak duduha, kun waray nebulizer bisan la it pump.” [nebulizer and generator, nebulizer is really important because we have asthma - me and my two children...] – Candahug, Palo, Leyte

“...kun hain it free yana hito nga kanan panganak...” [Where the birthing services are given free] – Candahug, Palo, Leyte

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### 3. Conclusion

In a situation motivated mainly by the desire to survive, responses shared with regard how each of them, and their families, have been affected by the disaster do not vary significantly. Evidence gathered from the FGD data shows that the target populations in this study, both adolescent girls and pregnant and/or lactating women, have experienced physical, emotional, and psychological fatigue as a result of super typhoon “Yolanda.” Under such condition, which they consider “traumatic,” responses from among the two groups, in terms of how the typhoon has affected the various aspects of their life, are quite predictable. The lack of food, water, clothing, medicine/vitamins, medical assistance, and source of electricity are amongst the most pressing concerns mentioned. It is therefore not surprising why, despite the focus on reproductive health questions, including Family Planning, the study participants from both groups have the tendency to repeatedly recount the problematic situations and difficulties encountered during and after the typhoon. Their statements could be interpreted as expressions of frustrations and negative feelings about their present condition, although optimism, or a positive attitude, is noticeable among some of them albeit to a limited extent. Despite the limitations and the difficulties brought about in a harsh environment, the immediate end of cooperation and helping each other still stands out. The relief goods, medical assistance, financial donations and other forms of assistance (housing materials, health promotion) provided by various agencies have made it possible for the many of the adolescent girls and pregnant and/or lactating women to put back experiences of fatigue and hardships, and make the reality a tolerable condition.

On reproductive health, we see a discernible acceptance among adolescents and PLW with regard the role that health practitioners play in reproductive health maintenance. If they would have it their way, they would avail of services that are free, that provide free medicine and vitamins, and where the expertise to make well is assured. The responses of PLW indicate an awareness of the health services offered at the local health facility - even before “Yolanda.” They had many experience to share which also implies that they seek health information, or they utilize the health services in the facility more often. The situation among adolescents is, however, different when it comes to matters about family planning methods. In this study, there are important findings from the minority opinions that point to their belief that FP is not for young people, unless one if married/cohabiting. It may be safe to assume that such impression could be attributed to their being barred from using an FP method, or to their lack of knowledge of reproductive health, or simply to factors that relate to local cultural traditions.

Apart from reproductive health issues, the results of this rapid assessment point to many important concerns that need to be addressed immediately by policy makers and program implementers, local government units, health service providers, and development planners. Foremost of these is the need to think of intervention responses that address the participants’ desire, both adolescents and pregnant and/or lactating mothers, to have income-generating activities that will allow them, and their families, to regain what they have lost. Participants are of the opinion that loss of income/work/livelihood and other basic necessities need to be the priority as these have greatly affected their health in general. Where such problems occur, even their need for Family Planning and other reproductive health services is temporarily set aside.

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## **ANNEX**

# **FGD Summary of Findings**

## ADOLESCENT GIRLS (15-19 years old)

Key Indicator #1: How Yolanda affected schooling	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Difficulty in meeting school expenses: breadwinner in the family died in the typhoon	√						
Displaced: had to move in with an aunt to continue schooling	√						
Not affected: they were advised about the typhoon	√√						
Classes have resumed			√	√			
Difficulty in traveling to school	√					√	
No classes even before Yolanda: school used as evacuation center		√					
Delayed exams/ lessons in class are behind schedule		√		√			
No classes/delayed classes: Damaged schools/classrooms			√	√√	√	√	√√
Damaged school materials/lack of school supplies		√		√√	√		
Athletic meet was postponed because of impending typhoon		√					
No electricity	√	√					
No electricity: you have to study earlier in the day (dark at night)		√					
Slow internet connection: a problem when you are in school		√					
No classes	√	√	√		√√	√	√√
Can't meet school expenses/need money for fares to school	√			√	√	√	
Washed out uniforms					√		
Teachers also affected by typhoon							√√
A participant postponed plan to enroll for the second semester because money for enrollment was used for house repair				√			
Schools are not yet ready, still cleaning the area and conducting a headcount of their students							√
Difficulty in meeting school expenses - no more allowance due to the loss of parents' means of livelihood			√				

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #2: How Yolanda affected provision of basic needs</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Lack of food/not able to eat for two days, no place to buy food		√	√	√√	√	√	
Lack of food: breadwinner in the family died in the typhoon	√						
Lack of food: displaced from homes		√		√			
How they coped with lack of food: relied on relief goods	√√	√	√	√	√	√	√√
How they coped with lack of food: family members living abroad sent food	√						
How they coped with lack of food: cooked rice, used coconut juice			√		√√	√	
Even if they had rice some of them did not have viand. They were able to eat plain rice (w/out viand)... rice already had a salty flavor from the sea water					√		
No problem with food: prepared for the typhoon	√			√			
No water/not enough water		√		√√			
Coping with lack of water: relied on fire trucks to provide water		√					
Coping with lack of water: drank coconut water					√√		
No electricity		√	√				
Lack of shelter: no roof, washed out houses/damaged houses		√		√	√√	√	
Coping with problem with shelter: staying in other people's houses	√			√			
Coping with problem with shelter: received tents from relief operations						√	
Need construction materials for damaged homes		√					
Need cash		√					
No means of livelihood			√√	√√			
Prices of commodities increased		√	√				
Clothes: Wet clothes; they gathered scattered clothes to wash so that they had something to wear. Looted for clothes to wear				√√	√√	√	
Need for jobs/need info on jobs						√	
Took goods from warehouses and storage near their place						√	√√
Relief goods are not sufficient and were not immediately available. Goods cam on the third day after the storm				√			√√
Government and Non government agencies provided support for the affected families. Most of the assistance came from foreign agencies.							√
School supplies				√			

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

Key Indicator #3: How Yolanda affected access to health services	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Difficulty in buying medicines: pharmacies closed, no money to buy meds	√			√			
Unable to go to health provider: injured father could not walk	√					√	
Unable to go to health provider: no money for fare to health center (living far from health center)	√						
Hesitant to visit health center to avail of services...not for young people	√						
Absence of health provider: doctor did not visit their barangay	√√						
No health practitioner visits in barangay– even before typhoon			√	√√			
Lack of medical assistance: untreated sick persons; untreated wounds	√√					√	
Dissatisfaction with health care provider: doctor came but just looked around, no one conducted check-ups	√	√					
Dissatisfaction with health care provision: to be treated they had to go to the main health center (for children's illnesses like diarrhea and vomiting)	√√			√√			√
Inequality in providing medicines: only persons close to providers got medicines							
Health care provided by medical missions; It was 4 days (2 weeks in some) after Yolanda, before a medical mission team arrived at the barangay, <i>(I was already pregnant before the typhoon. As far as I know only midwife was here, there was no doctor. After the typhoon, it is very very good because there is Red Cross, doctors came here and people were checked-up)</i>		√√	√√	√	√√	√	√√
No access to health services because the roads were not passable for motored vehicles during the first week:					√		
There was no one to tend to the injured because the nurse who was living in the barangay was herself injured					√		
It was 4 days before a nurse from downtown was brought to the barangay with some medicines/took a week for someone to come to dress wounds					√		
No hospitals were open because of damage					√		
Infants in particular were vulnerable during the typhoon but could not get medical help.					√		
Basic health services were paralyzed due to the destruction of the health facility. The the health care providers were also affected thus making it difficult for them to provide care.							√√
Limited supplies and facilities				√			√

<b>Key Indicator #3: How Yolanda affected access to health services</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
One participant thinks otherwise, that access will not be affected, and some agreed. A participant has a friend who was able to visit a health facility and service was okay.				√			
No change to access to health services				√			
Treated their own wounds – no one came to help	√						
Crossed the river just to get to the health center, to ask for medicines/check up for sick persons	√						
Medical mission – gave medicines and free check-ups for pregnant women and senior citizens		√	√√			√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

Key Indicator #4: Main problems faced post-typhoon	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Lack of food	✓	✓✓	✓	✓			✓✓
Lack of food: reliance on relief goods	✓	✓✓	✓		✓		✓
Lack of water/lack of unsafe water	✓	✓	✓				
Lack of Shelter: damaged homes	✓	✓	✓		✓		✓✓
Lack of Shelter: need construction materials to fix damaged homes		✓					
Lack of medical assistance: untreated sick persons	✓	✓					
No money/needs money		✓✓	✓✓	✓✓	✓		
Needs means of livelihood. <i>After typhoon, all sources of livelihood from the sea were destroyed</i>			✓	✓	✓✓		
Facing their future					✓		
Can't meet school expenses/need money for fares to school	✓		✓✓	✓	✓✓	✓	
Washed out uniforms					✓		
No electricity		✓✓		✓		✓✓	✓
No electricity: dangerous to leave the house at night/ danger at night	✓					✓	
No electricity: can't watch news	✓						
No electricity: children can't sleep at night because it is too hot; tired of fanning children	✓						
No electricity: you have to study earlier in the day (DARK AT NIGHT)		✓					
Slow internet connection: a problem when you are in school		✓					
Dissatisfaction with government on lack of electricity: government officials not doing anything; no plans or actions taken	✓						
Feeling unsafe because of prisoners at large in area						✓	
No CR – safe place to take a bath						✓	
Fumes from burning garbage affected those with health problems like asthma						✓	
Trauma from the typhoon; trauma when it rains hard				✓		✓	
Needs clothing			✓				✓✓
Vitamins			✓				✓
Difficulty in finding jobs/lack of work			✓	✓✓			
School supplies: washed out by the typhoon		✓		✓			
Favoritism: some get relief goods twice, some can't even have one.		✓					
Classrooms were destroyed			✓				
Needs money for transportation expenses				✓			



A participant postponed plan to enroll for the second semester because money for enrollment was used for house repair.				√			
Price hike					√		

(√ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

Key Indicator #5: Age of marriage in the community pre- and post-typhoon	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Before typhoon: age 14; after typhoon: no change	√√						
Age 16 because of “barkada”; then age 15 (due to lack of parental attention)		√					
Age 15 (because they are not yet matured); at age 16 (accidental pregnancies after drinking with friends)		√	√				
Some marry at a young age of 15, 16 and some are 18; no change after typhoon		√			√		
Age 18 – no change in age					√		
Age 15-17 (after Yolanda: more are living-in because “no light in the barangay”		√	√				
Before Yolanda a lot of girls get pregnant at age 14, 15; don’t know if this changed after typhoon			√				
Age of marriage in the community is 16 before Yolanda. Participant said that the girls who’s very young got pregnant but they don’t live in together but after Yolanda they are now living-in together.						√	
Age 17 – not changed by typhoon				√		√	
Pre typhoon: Most adolescent marry at the age of 16. Post typhoon: Most of the adolescents think of getting married even at a young age because it is what is the practice in their community. They will still get married at a young age because they think that if another calamity strikes, they might not be able to get married anymore.							√√
Age 14 most people marry. In our place many young people got married already, because of poverty.				√			
Mostly people In their place, get married by the age of 14-15 years old.				√			

<b>Key Indicator #6: Source of information about sex/sexuality</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Schoolmates, classmates	√						
From a teacher who was “bastos” or lewd		√					
School; <b>discussed in class</b>	√		√√	√√	√√	√	√√
Novels				√	√		
Friends “barkada”	√√	√√	√	√√	√	√	√√
Through text messaging “sex on text”/cellphones	√√	√√		√√	√	√	
BHW			√				
Parents/older persons		√	√	√√			
Video/pornographic video	√	√√					
TV/”teleserye”	√	√	√	√√			
Internet		√√		√√		√	
INFO OBTAINED From being curious/street knowledge		√			√	√	
Movies/Imitating movie stars they idolize		√				√	
Midwife conducts a seminar in the barangay but not meant for adolescents			√				
One participant said that technology is the primary source of information for sex and many agreed.		√		√			
<b>From fraternity initializations, sex is involved</b>		√					
DOH			√				
<b>Seminars; Family planning seminar before getting married, NSTP seminars</b>				√	√		
<b>Advertisements; Radio/TV</b>			√			√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

Key Indicator #7: Are adolescents able to get FP supplies? Where?	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
NO		✓	✓✓		✓		
Can't get FP supplies; just medicine for children		✓					
Can't buy FP supplies without doctor's prescription		✓					
Don't know about FP supplies	✓	✓	✓		✓	✓	✓
Pills can be obtained at the health center	✓✓	✓		✓			
Pills bought in the drugstores			✓	✓✓		✓	✓
Adolescents get FP supplies in private pharmacies							✓
Condoms not available at health center		✓		✓			
Fp supplies are not available to adolescents		✓✓		✓			✓✓
Ligation and injectables are through doctors. They are available to the young if she has already many children		✓		✓			
There are pills you can buy from the market		✓					
You give a donation when you get supplies; some given for free	✓						
You get all the supplies from the health center; if it runs out then you have to buy from the drug store							
Favoritism: for some supplies are given for free; some have to pay	✓						
There is no order from the barangay disallowing adolescents from buying FP	✓	✓					
Even before the typhoon, they were not able to get FP supplies because minors (younger than 18 years) were not allowed to buy supplies like condoms in the drug store. The Mercury Drugstore had condoms but minors were not allowed to buy					✓		
No modern FP supplies given in health center			✓		✓		✓
<i>nobody here engage in sex but if ever there is, they bought it from drugstore</i>			✓				
<i>As far as I know, maybe there are many teenagers who engage in premarital sex because maybe there are plenty who use condom to avoid pregnancy. We just don't know if there is really somebody who goes out to get condoms</i>			✓				
Knows about FP supplies because she buys pills for her mother at the botica						✓	
Can't get FP supplies; should be married before you can be given pills							✓

Key Indicator #8: Insights on how to prevent unwanted pregnancies	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Need to avoid texting; avoid using cellphones in ways that would cause harm to themselves	✓						
Need to avoid drinking with friends	✓		✓		✓		
Select your friends/ avoid “barkadas”	✓✓	✓	✓				
Use condoms	✓			✓			✓
Use pills	✓	✓		✓			
Practice withdrawal	✓			✓			
Depends on the person, if you want it (meaning, sex) to happen/want freedom	✓		✓✓	✓	✓	✓✓	✓
Early pregnancy can be prevented if local government provides projects/engage adolescents in activities to keep them from being with their male friends		✓					
Conduct seminars/symposiums to increase awareness among teenagers; teach teenagers about the effects of early marriage		✓✓				✓	
Symposiums about drugs		✓					
Scholarships for out-of-school youth to avoid early pregnancy		✓					
They are still not thinking seriously about getting pregnant					✓		
Be responsible, don’t engage in romantic relationships when not ready, should think of their families. <i>If you don’t do “it” you won’t get pregnant</i>			✓	✓✓	✓	✓✓	
Avoid having boyfriends			✓		✓	✓✓	
Unwanted pregnancies can be avoided by being careful			✓				
Can be avoided if parents are strict			✓				
Contraception can prevent pregnancy; Condom ( if support is available, this should be readily available)				✓✓			✓✓
Teachers do not discuss about sexuality thus students have misconceptions on pregnancy and family planning							✓
A participant shared that her friend takes 2 Amoxycillin tablets after sex, another participant heard that mahogany leaves and jumping in the stairs will prevent pregnancy.				✓			
Self-discipline and be obedient to your parents, be responsible		✓✓	✓				
Put up an organization to hold activities that encourage the youth to join and do outreach programs for the barangay		✓					

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Family planning				√			
IUD				√			
Injection				√			
Medicines (tablet)				√			
Avoid having sex		√	√		√	√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

## PREGNANT AND LACTATING WOMEN (20-49 years old)

Key Indicator #1: Immediate needs during and after Yolanda	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Water/clean water; received water on the 3 <sup>rd</sup> day; water became salty; unsafe to drink – babies and adults had diarrhea; used coconut water for drinking and cooking rice		√√	√	√√	√√	√√	√√
Food: ate looted noodles and sardines, local rice mill gave out rice which was wet; received food from relief operations on 3 <sup>rd</sup> day; relief rice arrived a week later; husbands resorted to looting for food	√	√√	√	√√	√√	√√	√√
They lacked fresh food like vegetables, fruits to help them gain a healthy life so with their babies , especially for lactating and pregnant women. Relief food is very unhealthy for them.						√	
Clothing/ clothes were wet or washed out	√			√√	√√	√√	√
Clothes for the children		√					
For pregnant women immediate care such as pre natal check up should be made available							√
During the typhoon had enough food and water but needed a safe place to stay because they were pregnant	√						
After the typhoon needed vitamins and food especially the breastfeeding mothers	√						
Medicines – for sick children	√						
Electricity/needs generators or solar system (babies can't sleep well at night because of the heat)	√	√		√		√	
Shelter	√		√√	√√	√√		
Vitamins for the baby			√	√			
Milk for babies	√√				√		
Nebulizer for asthmatic baby						√	
Money						√	
Work for their husbands				√		√	
<b>Housing materials to repair houses</b>	√			√		√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #2: Assistance received during and after the typhoon</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Prenatal check up provide by UNFPA and one local health center staff							√
The same level of care provided to the pregnant women before and after Y.							√√
Medical missions conducted in the evacuation center/barangay			√	√	√	√	√√
Health promotions through group discussions were done by government agencies, NGOs and foreign agencies							√√
Foreign agencies provided vitamins and medicines							√√
Pregnant women who had special needs were attended and admitted to health facility and monitored							√
Provided Prenatal check up on the 3rd day and some after one week							√
During the typhoon they had their own stock of food; didn't receive any assistance from the barangay	√						
After the typhoon they were given foods and medicine at the health center; health center also provided vaccination and anti-tetanus INJECTIONS	√						
Received diapers, mosquito nets, medicines, vitamins, food and battery during the typhoon	√						
After the typhoon: gasoline, clothes, rice, medicine and canned goods	√						
Received canned goods, sardines, noodles, rice	√	√√		√√			√
Financial assistance		√			√		
Delayed assistance: It took 3 days after the typhoon for relief goods to reach us; They received no assistance for 2 days. After two days they walked to the municipal hall to get relief goods.		√		√	√	√√	√
After the typhoon barangay officials contributed food to be given to the people			√				
Donations received from ABS-CBN, GMA, DSWD and foreign agencies			√√	√			
Received roofing materials				√			
Did not receive any assistance				√			
Relief goods included toothbrush, slippers, and supplies for babies.					√		√
Participants stated that before the typhoon there were personnel who were asking their names to list down for the food assistance during the typhoon but they never received any						√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #3: Assistance provider during and after the typhoon</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Government agencies such as DSWD, NGOs and foreign agencies provided check up for pregnant and lactating women			√			√	√√
Midwife						√	√
During the typhoon, the health center provided assistance such as goods, vitamins and medicines	√						
After the typhoon, the health center ran out of stock; they had to buy their own medicines	√						
Vitamins were given to breastfeeding mothers	√						
The barangay provided for their needs during and after the typhoon, particular food and water.	√	√	√	√			
Some help came from the government/medical check up and medicines		√		√			
From family members living abroad		√					
From donors like TFC (THE FILIPINO CHANNEL) subscribers abroad		√					
Barangay captain and officials provided immediate assistance; went around the area and gave food/provided assistance		√	√√	√√	√	√	
Medical mission		√					
Donations received from ABS-CBN, GMA, DSWD, Red Cross, foreign agencies			√	√√			√
No one came to provide assistance for them immediately after the typhoon because of the many things that were blocking the road. Weeks later medical missions came to provide.		√			√		
Before the typhoon, a midwife from the municipal health center would visit the barangay and look to the needs of pregnant and lactating women. A BHW also assisted in the provision of services. After the typhoon, pregnant and lactating women have to go to the main health center at the town proper to have their health and medical needs attended to. Foreigners (with translators) were also in the municipal health center to provide assistance. Although the BHW is still around, the barangay health center has no more stocks available because these were all washed out.					√		
One of the participant stated that she gave birth 2 days after Yolanda while they were in evacuation center in Dep Ed. A midwife helped her delivery.						√	

(√ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)



<b>Key Indicator #4: Has pre-natal services for pregnant women changed since the typhoon</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
The same level of care given to pre natal check up but with different setting. (Before at Health station now at evacuation centers)			✓				✓✓
Pre natal checkups provided by NGOs and other foreign groups							✓✓
No changes in prenatal care service; still ongoing even after the typhoon; still the same schedules observed (3 <sup>rd</sup> week of the month for prenatal checkups in barangay)	✓	✓	✓	✓✓		✓	
Pre-natal services stopped for almost a week after the typhoon because the midwife was not in the barangay health center (went on calamity leave)	✓		✓			✓	
Pre-natal services were delayed because some evacuees stayed at the health center		✓					
A big change took place after Yolanda. Before the typhoon, they were receiving pre natal services and vitamins from the midwife assign to their barangay. Now they have not yet received pre natal services and vitamins.					✓		
Before the typhoon, the BHW conducted prenatal services for pregnant women in the barangay health center. After the typhoon no more prenatal services given in the barangay- these were conducted at the municipal health center.					✓		
Participants were not able to answer because none of the pregnant participants saw a doctor or health center after the typhoon. There were no available doctors or health facility. Although health centers are now open, they never tried going there. These health centers are run by foreigners.						✓	
<b>It seems there's no change in the service even before and after Yolanda, it seems the health center did not experience the typhoon</b>				✓			
<b>Not able to have prenatal check up after the typhoon, the maternity clinic was damaged.</b>						✓	

( ✓ elicited in 1 session; ✓✓ in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #5: Has service provider for pregnant women (e.g. doctor, nurse, midwife, hilot) changed since the typhoon</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
The same level of care given to pre natal check up but with different setting (Before at Health station now at evacuation centers) and different health care providers (majority are foreigners)			✓				✓✓
Provided pre natal checkups. Given by NGOs and other foreign groups			✓	✓			✓
Before the typhoon, doctors visited the barangay health center; after the typhoon no doctors came	✓						
There is only one midwife at the center	✓						
No change – the midwife maintained regular schedule, still the main provider		✓	✓✓				
Services were delayed because some evacuees stayed at the health center		✓					
Midwife's visits to barangay scheduled once every month							
Service providers remain the same after the typhoon. The participants still go to the same health facility since the location did not change.				✓✓			
Before Yolanda, there was a midwife assigned as service provider for pregnant women in the barangay. After Yolanda, the midwife had not yet been able to conduct pre-natal services. (Note: Their Health Center was destroyed and the midwife was busy with medical missions in the main municipal health facility)					✓		
Before the typhoon, the main service provider for pregnant women was the visiting midwife assisted by the BHW at the barangay health center. Since the typhoon washed out the barangay health center, the women now had to go to the main municipal health center to have their needs served.					✓		
Participants stated that there was a big change with prenatal check-ups. Right after the typhoon there were no doctors yet providing them the service they need esp. Leyte Provincial Hospital has been damaged as well. They went to Barangay Baras for prenatal but the attending physician wasn't the same as before. Some are private physicians who were rendering free service.						✓	
Participants said it has changed because after the typhoon there were no doctors available in the facility. The facility itself was destroyed by the typhoon. They know of the Schistosomiasis Hospital in Palo, Leyte. It is in a different barangay.						✓	
<b>Their midwife was also affected, and still staying in their house.</b>		✓					
<b>There's an increase in number of service providers after the typhoon</b>			✓				

<b>Key Indicator #6: Has access to iron supplements and vitamins for pregnant women changed since the typhoon</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Iron supplements were provided by foreign agencies such as UNFPA							√
Before the typhoon, supplies were limited							√
Provided by GOs and NGOs for pregnant and lactating women							√
Ferrous sulfate and vitamins were provided by barangay health center before and after Yolanda – no change in access	√	√	√	√			
Did not receive iron supplements and vitamins for pregnant women even before the typhoon	√	√				√	
Nothing free in health center	√						
If you have the means, then you just buy these	√√						
Medical mission after the typhoon gave out vitamins		√	√				
Iron supplements and vitamins provided before the typhoon: since the typhoon the barangay/midwife has not given them their supplies			√				
There are no changes experienced by the pregnant participants with regard to supplements/vitamins as they still get them for free at the health center during their prenatal check-up.		√		√√			
Before Yolanda, the pregnant women in the barangay were able to receive iron supplements and vitamins from the midwife. These are not anymore available as the supplies which were stored at the Barangay Health Center were washed out by the typhoon.					√		
Before the typhoon, the visiting midwife and the BHW were the ones providing iron supplements to pregnant women at the barangay health center. After the typhoon, they have not yet received iron supplements and vitamins. The barangay health center was destroyed.					√		
Participants stated that they were still able to receive iron supplement and vitamins after the typhoon, that is only if they go the medical health facility in Barangay Baras, Palo, Leyte						√	
<b>They give out vitamins and supplements after prenatal check-up</b>					√	√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #7: has the provider of the childbirth delivery services (e.g. doctor, nurse, midwife, hilot) changed since the typhoon?</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Some facilities for delivery were destroyed - making it hard to operate							√√
Staff of the hospital (EVRMC and Bethany hospital) were also affected thus making it hard for the operation to resume with local manpower, and so assistance from other agencies and groups were needed for the facility to operate. There were foreign staff holding the hospital operational (3 women delivered at EVRMC after Yolanda)							√√
There is no lying-in clinic in their area; deliveries done in the provincial hosp.	√√						
The birthing center was not operational even before Yolanda – all deliveries are referred to city health or memorial hospital		√					
Even before the typhoon: midwife not performing deliveries at the center		√					
Midwife remains the only service provider before and after typhoon			√√				
The participants insisted that there are no changes with regard to provider for child birth delivery services. The provider is the same before and after Y.				√			
A participant who had just given birth said the service of the childbirth delivery provider is still the same. She gave birth at the Emergency birthing center and she thinks the services did not change since the typhoon				√			
Even before the typhoon, hilots were already prohibited to deliver childbirth at the houses. There were no childbirth delivery services at the barangay. The women had to go to the town proper where the main municipal health center and midwives to assist them. This situation did not change after the typhoon.					√		
Before Yolanda, women were advised by the visiting midwife to go to the municipal health center to give birth. After Yolanda, women still go to the municipal health center to give birth. [Note: The municipal health center also functions as birthing center with midwives and doctor. At the time of the FGD, foreign doctors were also assisting the municipal health center provide medical services to the people]					√		
Participants said everything has changed. And there is one participant who gave birth 2 days after the typhoon but she only gave birth in the place they have evacuated as there were no facilities yet						√	
No one gave birth after the typhoon. So participants can't tell. There is one participant who have birth 3 days before the typhoon						√	

<b>Key Indicator #8: Has the location of childbirth delivery services (e.g. hospital, birthing centers, house) changed since the typhoon?</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Birthing units were not readily accessible and functional for birthing because these were destroyed/ <b>no electricity</b>				✓			✓
Deliveries were done only at EVRMC							✓
No change because their health center and homes were not damaged	✓						
Location of the health center has not changed; they were the ones who changed location/moved out of their homes/evacuated	✓						
The birthing center was not operational even before Yolanda – all deliveries are referred to city health or memorial hospital	✓	✓					
Birthing center in the barangay no longer allowed to operate for lack of birthing equipment; all deliveries are referred to city health or memorial hospital	✓	✓					
Before Yolanda, pregnant women gave birth at the RHU; after the typhoon, deliveries were referred to district hospital because the RHU was destroyed			✓✓				
Location of child birth delivery services has not changed. According to the participants the health facilities were not damaged by the typhoon.				✓✓			
Even before the typhoon, giving birth at the houses is not allowed. Women had to go to the main municipal health center at GUIUAN proper to deliver their babies. This situation did not change after the typhoon except that now, some of the women wanted to deliver their babies at the municipal hospital (not the health center) because of the free gift of a pail containing baby supplies like clothes and soap. (NOTE: The GUIUAN MUNICIPAL HOSPITAL IS CURRENTLY BEING AIDED, POST-TYPHOON, by the medicine some Frontiers, a medical relief organization)					✓		
Before the typhoon, women go to the municipal health center before the typhoon. This situation did not change after the typhoon because women still have to go to the municipal health center to give birth.					✓		
Participants said it has a huge change already because there is one participant who gave birth after Yolanda. She gave birth without any other instruments used except for cutting the baby's umbilical cord and no vaccines given to participant's newborn child, as she gave birth in the evacuation center						✓	
Location is the same, services have changed. No doctors, lack of meds.						✓	

<b>Key Indicator #9: Have post natal check up services changed since typhoon</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Due to lack of health facility in the barangay, post natal check up services were done at EVRMC and Bethany hospital							✓✓
Some of the women find it hard to go back to the hospital that they delivered due to financial constraints							✓
Women relied on foreign volunteers who go to the evacuation center for their post-natal check-up							✓
Post natal check-up services at the center continued - even after the typhoon	✓						
Midwife at the center went on calamity leave; they received care when she returned the following week	✓						
No change – still same schedules observed before and after Yolanda		✓					
I came back to the health center after Y. – they were not giving check-ups		✓					
No post natal checkups given even before the typhoon			✓✓				
According to some participants they did not avail of post natal check-up services. They think that there are no changes to the post-natal services before and after the typhoon.				✓✓			
A participant said that they only have their check-up in the health center because they don't have money for transportation expenses going to other facilities in Cadiz City.				✓			
Before the typhoon, post-natal check-ups were conducted by the midwife from the municipal health center assigned to the barangay. After Yolanda, no post-natal check has been made. (Note: The Barangay Health Center was destroyed by the typhoon. Also no childbirth has yet occurred since Yolanda)					✓		
Before the typhoon, the visiting midwife and the BHW conducted post-natal services at the barangay health center. After the typhoon, no one had yet gone to the barangay to conduct any post-natal check-up services. [Note: The barangay health center was destroyed and no one had yet given birth since Y.]					✓		
Post-natal services changed after Yolanda. All the hospitals and health center nearby were washed out specially the equipments used. But because there are medical mission as of this time it's not that hard for them that much.						✓	
None of the participants went for a consultation after giving birth. But they mentioned Schistosomiasis located in Palo, Leyte also - in a different brngy.						✓	

<b>Key Indicator #10: Have breastfeeding and feeding supplements used changed since the typhoon?</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Exclusively breastfed because they had no money to buy milk			✓✓	✓		✓	✓
Did not exclusively breastfeed because I had Bonnamil; only BF at night bec. I had to leave the house; gave the baby pacifier and left baby with mother							✓
Even before Yolanda, no feeding supplements were given to lactating mothers; mothers personally purchase these themselves (if they have money)	✓						
Vitamins not given; mothers found ways to supplement their diets with vegetables rich in vitamins to continue breastfeeding	✓						
Breastfeeding mothers received vitamins before typhoon; stopped receiving after the typhoon	✓						
Women continued to breastfeed even if not given vitamins	✓						
We just ate vegetables with lots of broth to increase amount of breast milk because we were breastfeeding	✓						
Women breastfed before the typhoon and continued to do so after		✓✓	✓	✓			
Before the typhoon, women were advised to BF; after the typhoon, there are more reasons to BF, particularly because of financial problems			✓✓			✓	
The participants who have babies 6 months and below said they were feeding them with breast milk with no other milk as supplement. They said that there are no changes in their feeding.				✓			
Some participants mentioned there are changes with regard to feeding their infants because sometimes supply of infant milk is insufficient.				✓			
No changes because they are exclusively breast feeding and they don't use feeding supplement. This is the situation before and after the typhoon.					✓		
Both before and after the typhoon, the women were in full breast-feeding. However, after the typhoon their problem was that the mothers could not drink enough liquids (like coffee) that they needed to produce breast milk. For instance, there was not enough coffee for the whole family, the children would often grab their mother's coffee cup. They also resorted to adding more water to sardines so that it would help to produce breast milk.					✓		

<b>Key Indicator #10: Have breastfeeding and feeding supplements used changed since the typhoon?</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Breastfeeding has not changed as they stated specially the lactating participants that they were purely breastfeeding even before Yolanda, or even on their firstborn. And participants also said that specially now that everything is hard to find, they will surely focus on breastfeeding.						√	
All of the lactating participants are purely breastfeeding. Now they will keep breastfeeding because there are no powdered milk and feeding bottles available.						√	
<b>It has changed after the typhoon due to lack of food supply, I intake less food, and then the baby also gets less amount of milk.</b>						√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)



<b>Key Indicator #11: Have infant vaccination services changed since the typhoon?</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Provision of vaccines are not available at the health centers. Women need to go to EVRMC for vaccination							√
Provision of vaccines at city hospital and other health facility are the same and in accordance with the schedule for the vaccine	√		√				√√
Infant vaccination was given before the typhoon; none was given after Y.	√						
Infant vaccination continued to be given on Wednesdays, even after Y.	√		√√				√
No infant vaccination done in barangay because of lack of facilities; vaccinations referred to city health		√					
Vaccinations were given at the hospital		√					√
Some participants said that their infant vaccination is already scheduled thus there were no changes with the vaccination services before and after the typhoon. A participant said that she experienced in the past that sometimes there were no available vaccines but they said that it is the same as now.				√			
They agreed that after the typhoon Yolanda, the scheduling is quite delayed than before the typhoon. The scheduled date was not followed.				√			
As of this time there's no record of giving birth at the barangay. There was one childbirth shortly before the typhoon but the woman gave birth to a hospital at the town proper and have not yet returned to the barangay. Before Yolanda, the import vaccination services were conducted by a visiting midwife from the Municipal Health Center.					√		
Before the typhoon, the barangay health center provided infant vaccination services. After the typhoon, no infant vaccination service has yet been conducted. [Note: The barangay health center was destroyed]					√		
Infant vaccination services changed as there is no facility and no vaccines available.				√		√	√
It changed a lot especially now. The babies they brought TO THE FGD SESSION have not been vaccinated yet.						√	
<b>No Infant vaccination done, vaccines are out of stock, even before the typhoon.</b>				√			

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #12: Have infant health services (e.g. weighing) changed since the typhoon?</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Weight of the infants were monitored and the babies have gained weight				√			√√
Some of the children got the same routine for weighing but some did not.							√
No change in infant health services - weight, length still measured; temperature checked	√√	√	√√	√			
Barangay health center does not have a weighing scale (even before typhoon)		√					
The infant health services before Yolanda were conducted at the barangay health center but the health center was destroyed by the typhoon. So the facility was not anymore there.					√		
Before the typhoon, infant health services like weighing were held at the barangay health center. After the typhoon, the health center and all its facilities were destroyed. Therefore, no more infant health services were available at the barangay.					√		
Participants said that there was a big change in infant services because of the lack of facilities. For the participant who gave birth after the typhoon, her baby wasn't able to receive any vaccines						√	
Yes, they have changed. The participants don't know where to bring their babies for check-up because the facilities are gone.						√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #13: Has access to FP information changed since the typhoon?</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Before FP information and provision of supplies were provided by health center and after the typhoon information dissemination and supplies were initiated by foreign agencies							√√
FP information were provided by some NGOs in the evacuation center							√
Health center provided information for community people before the typhoon			√				√
A seminar on Calendar Method was conducted before the typhoon	√						
No family planning here – even before the typhoon	√	√					
Access to FP information has not changed		√√					
No FP information provided even before typhoon		√	√				
Before typhoon midwife provided FP information; after typhoon we don't know how this will change		√√	√		√		
The participant get their knowledge of family planning from midwives, relatives and friends and the media. Access to FP information has changed according to some participants because before the typhoon they can talk about family planning with their friends or their own mother. After the typhoon the people were only focused on the damaged brought by the typhoon. Other participants said that they can still get information on FP from TV, radio and health centers.				√			
The participants insist that nothing has changed with regard to access to FP information before and after Y. None of the participants were using FP.				√			
Before Yolanda, the visiting midwife was the one giving FP information. After the typhoon, no FP information has been provided. (NOTE: The visiting midwife is currently engaged in medical relief operations at the main municipal health center where foreign organizations have set up medical missions.)					√		
Before the typhoon, they got FP information from the visiting midwife at the BHC. After the typhoon, no FP information had yet been given.					√		
Access to FP information changed after Y. as all of the facilities were gone.						√	
Not all participants are using family planning. Access to FP information is not that clear or they are not well-informed about it.	√		√	√	√	√	

<b>Key Indicator #14: Have the FP counseling services changed since the typhoon?</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Counseling and information regarding family planning were initiated by foreign agencies. It used to be provided by local health staff							√√
Some of the health care providers are not well trained for family planning counseling							√
Counseling about FP was no longer given after the typhoon	√						
Before the typhoon, someone came to talk to us about family planning and how to avoid dengue; after the typhoon no one came	√						
FP counseling services have not changed		√√					
If you are young you are required to use FP		√				√	
No FP counseling provided even before typhoon			√				
FP counseling provided by midwife			√				
There are no changes with regard to family planning counseling services after and before the typhoon. Some participants were given seminars by the doctors. Others were given FP counseling/seminars before their wedding.				√			
Only one of the participants had availed of FP counseling service from a church. The others don't know if FP counseling service has changed since the typhoon.				√			
Before Yolanda, the visiting midwife was the one giving FP counseling services. After the typhoon, no FP counseling has yet been provided.					√		
Before the typhoon, the visiting midwife did FP counseling services at the barangay health center. After the typhoon, no FP counseling has been conducted.					√		
There is no FP counseling after Yolanda struck. Before Yolanda, the FP counseling they received was not that serious or not well implemented.						√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #15: Have the sources of FP supplies changed since the typhoon?</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Limited sources since the health center is non-functional.							√√
Supplies are given by the foreign agencies such as UNFPA							√
They rely on agencies which visit the evacuation center							√
No changes; they still obtain pills, condoms and injectibles from the BHC	√√						
Even before the typhoon came, we were buying FP SUPPLIES		√√					
Before they gave out pills, now they no longer do this		√					
Barangay health center gives out 3 packs of pills (requiring recipient to give a donation) for as long as available			√				
Before the typhoon health center gave out supplies (as long as available); after typhoon no supplies given			√				
The participants said that pills are available in their health centers. There are no changes before and after the typhoon. They can still get supplies for family planning in the health centers.				√			
There are no changes with regard to sources of family planning supplies as the participant said that these can be availed in the health centers and stores. None of the participants are currently using FP.				√			
Before Yolanda, they get FP supplies from the barangay health center. The typhoon and storm surge washed out the supplies and destroyed the health center. Now, the women have to go to the main municipal health center to get FP supplies.					√		
Participants stated that after Yolanda no family planning supplies given. One participant said that she has a 1 year supply of FP pills but it was washed out when Yolanda struck and until now she hasn't received any. But there is one participant as well who went to have a check-up on the medical mission and she was given FP pills.						√	
Yes. There is no source of FP supplies						√	
Some participants use modern FP methods. Now that Yolanda destroyed everything, they don't know where can they get FP supplies						√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #16: Have the use of modern FP methods changed since the typhoon?</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Most of the pregnant women wanted to use FP method after pregnancy. Women wanted to access FP services but they do not know where to avail the service. When asked by the moderator who among the pregnant women wanted to use FP method after pregnancy, 3 wanted to use pills, 5 preferred ligation, 1 wanted injectable							√√
Some who were not using FP method before pregnancy used pills after pregnancy							√
Some wanted to use pills but a few did not prefer this method							√
They continue to use pills and condoms given by the health center; if the center runs out of stock they buy these on their own	√						
No change – they still use pills and condoms	√		√				
They were using pills even before the typhoon		√√					
They continue to use withdrawal and calendar method			√				
A few of us were scheduled for tubal ligation before Yolanda; this was cancelled because of typhoon; we don't know when this will push through			√				
Participants who were pregnant plan to use FP after giving birth and their plan has not changed since typhoon. A participant mentioned that she plan to use pills after giving birth since her mother also uses pills. Other participants plan to undergo ligation. None are currently using family planning and they don't know of someone whose use of modern FP methods has changed since the typhoon.				√			
None of the participants use FP methods. Some participants have used family planning methods (pills) before but they stopped due to side effect (high BP) not related to the typhoon. One participant plans to use pills when her menstruation will resume.				√			
Before Yolanda, some women were using pills and condom that they get from the Barangay Health Center. After Yolanda, there were no more Supplies from the destroyed health centers and women had to go to the main Municipal Health Center to get supplies. Some women stopped using contraceptives because sexual activity also stopped or was lessened due to lack of housing, sharing of room w/ children or other people , or death of husband.					√		

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<b>Key Indicator #16: Have the use of modern FP methods changed since the typhoon?</b>	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Before the typhoon, some women were using pills, breastfeeding, IUD, depo, and ligation. After the typhoon, no modern FP methods were used since there was no more sexual intercourse. Rooms were shared with children and other family members					√		
The use of modern FP methods has not changed. As there are some participants who are using pills, IUD, Depo and ligation. Participants stated that some of them who were using Depo haven't been to the health center yet (another injection not due until 3 months)						√	
Some participants use modern FP methods. Now that Yolanda destroyed everything, they don't know where can they get FP supplies						√	

Key Indicator #17: The most important problems in accessing RH services	Kalibo (Aklan)	Roxas CT (Capiz)	Carles (Iloilo)	Cadiz CT (Neg Occ)	Guiuan (Sama)	Palo (Leyte)	Tacloban (Leyte)
Do not know where to avail FP services							✓
Absence of operational health facility; no doctors only foreign doctors available						✓	✓✓
Not enough personnel – they should have the complete number of BHW; only one midwife serving 3 barangays	✓						
No money for fares to go to health center: they walk instead	✓		✓			✓	
Distance to the health facility; the trip requires taking a tricycle then a boat to cross the river, making it difficult for pregnant women/ no available mode of transportation or lots of debris on the road	✓	✓	✓✓		✓	✓	✓✓
Limited/lack of supplies at health facility	✓	✓✓	✓	✓		✓	✓✓
Lack of supplies/medicines even before the typhoon	✓		✓	✓		✓✓	
No means of livelihood – no money for RH SERVICES		✓	✓	✓			✓
No electricity	✓						
If the midwife gets sick, they have to move their appointment to the following week. There should be another midwife	✓						
No birthing center operating in the barangay		✓					
No weighing scales	✓	✓	✓				
Doesn't know what facility needs		✓					
Health center should provide pills for free so we don't have to buy (P45 each)	✓	✓					
Lack of information on modern FP methods		✓					
Lack of BP apparatus (even before typhoon)			✓✓				
The participants identified two problems, namely financial and medicines. They mentioned that medicines were insufficient. Sometimes they were only given medical prescription but they don't have money to buy the medicines. Also money for transportation is a problem. The problem with money has worsened after Yolanda.		✓		✓			
The participants identified medicine and money as their main problem. Some participants said that medicine is their problem because they are only given medical prescription but can't buy medicines. Others said that money is their problem because they could not buy their medication.		✓		✓	✓		
A participant shared that she can't go for her check-up if her children are sick and can't be left behind.				✓			



<b>Key Indicator #17: The most important problems in accessing RH services</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
The three most important problems are transportation, no open drugstore (supplies) and 1 <sup>st</sup> come 1 <sup>st</sup> serve basis in accessing RH services. Before Yolanda, there were no such problems.					v		
Before Yolanda, there were no such problems since they had a barangay health center and a visiting local midwife and BHW attending to their needs. After Yolanda, the problems mentioned were: -transportation in going to the municipal health center -long lines of people waiting to be served at the municipal health center -no reproductive health supplies at the barangay health center -foreign doctors sometimes had difficulty understanding the local language leading to incorrect prescriptions and medicines given					v		
It is difficult for them to go to any health center because all they know everything has been destroyed by Yolanda. Going there is also difficult – no transportation and there is a lot of debris as it is located in another barangay. No electricity after the typhoon made it difficult for the participants as they said they can't sleep well, also their babies specially if it is not at night. Also participants said there is no doctor and they do not know where to go to have health assistance						v	

( v elicited in 1 session; vv in both FGDs) (in red: in addition to previously-submitted matrix)

<b>Key Indicator #18: Suggestions on how to improve RH services after calamities</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
Provide enough food and water supply							√√
Provide other supplies needed for maternal and newborn care		√				√√	√√
Provision of health care facility especially for pregnant women							√
Provide information dissemination regarding FP services and other maternal care		√	√				√
Provide medical check up immediately after a disaster							√
Provide electric fan (because it is hot while waiting FOR THEIR TURN TO BE SERVED)	√						
Provide chairs; when the place is full some have to stand	√√						
Provide cabinets for records and medicines	√						
Provide blood pressure apparatus/ the one we have runs out of battery and doesn't take the correct readings	√√		√				
Provide beds for pregnant women (to replace bamboo bed)	√						
Provide birthing/ lying-in facility: so that pregnant women don't have to keep crossing the river by banca, so women need not travel too far	√	√√	√				
Provide alcohol/medicines	√√	√	√				
Provide refrigerator for vaccines	√						
Hire more midwives	√						
Provide toilets	√						
Provide weighing scales for infants (not the type where you have to weigh the infants with the mothers)	√√						
Need for a bigger health center	√						
Pills should be provided for free	√	√					
A doctor/midwife assigned to the area permanently – in cases of emergency		√√					
Provide medicines for children – rather than giving out prescriptions because meds out of stock	√	√		√√			
Provide medicines and care for wounds		√					
Provide transportation to and from RHU			√				
Pharmacy needed in barangay (no need to travel to town proper; fare is expensive P30.00 per person); for provision of medicines during emergencies			√				
Fix health center after Yolanda			√				

<b>Key Indicator #18: Suggestions on how to improve RH services after calamities</b>	<b>Kalibo (Aklan)</b>	<b>Roxas CT (Capiz)</b>	<b>Carles (Iloilo)</b>	<b>Cadiz CT (Neg Occ)</b>	<b>Guiuan (Sama)</b>	<b>Palo (Leyte)</b>	<b>Tacloban (Leyte)</b>
The participants suggested that birthing centers should not collect charges because it is run by the government and instead go back to the donation basis as before.				√			
Most of them agreed that they need supply of medicines because they don't have money to purchase when given a medical prescription.				√√			
One participant suggested availability of immunization/vaccines for the children				√			
Delivery kits				√			
Doppler	√			√			
Nebulizer	√			√			
Vitamins for mothers	√			√			√
The suggestions were: improve the health facilities, transportation and price control.					√		
There should be adequate reproductive health stocks or supplies at the health center					√		
Participants suggested that after calamities there should be a medical mission right after the calamity. A lot of people suffer injuries. Someone should also be looking out for the welfare of pregnant and lactating women like them in the evacuation center so that they will be given special treatment.						√	
After calamities like this the government should provide PLW proper nutrition– food and vitamins for them						√	
<b>Provide medical check up at the barangay hall –no need to go to the City health to minimize transportation expenses</b>		√					
<b>Infant vaccination must follow schedules. No more delay</b>				√			
<b>Enough supply of medicines/vitamins</b>				√	√		
<b>Improve facilities</b>					√		
<b>Free birthing</b>						√	

( √ elicited in 1 session; √√ in both FGDs) (in red: in addition to previously-submitted matrix)