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HEALTHPRO PROJECT YEAR 3

**Second Quarterly Report
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EXECUTIVE SUMMARY

HealthPRO, as the lead USAID health promotion and communication vehicle, is working closely with the Philippine Department of Health (DOH) and Local Government Units (LGUs) in their efforts to improve health outcomes through behavioural changes primarily among patients or clients as well as their communities, including families, community members, care givers, health providers, program managers, local chief executives, policy makers, and the private sector. University Research Co., LLC (URC) is the primary organization responsible for implementing the program in close partnership with governmental and non-governmental organizations in the country. The HealthPRO team, comprising of communications experts and health professionals, is working in close collaboration and coordination with the DOH, LGUs and other stakeholders to provide the needed technical assistance to:

1. Increase the impact of strategic behavioural change communication interventions;
2. Strengthen the national institutional capacity of government and non-government agencies in designing, implementing and assessing the impact of different health promotion and communication interventions; and
3. Assist USAID's CAs and other organizations to support the communication element of their programs.

HealthPRO communication activities are addressing the following health services: Maternal, Neonatal, Child Health and Nutrition (MNCHN), Family Planning (FP), Tuberculosis (TB) and HIV-AIDS, as well as other infectious diseases like Avian Influenza (AI).

The expected outcomes of the HealthPRO Project are:

1. Positive behavioral results among individuals and care givers, including adoption of behaviors that prevent disease and reduce risks of morbidity and mortality;
2. Increased capacity of national and local institutions in carrying out effective health promotion activities; and
3. Improved coordination of governmental and non-governmental health promotion activities funded by USAID and other donors.

Geographical locations in which the program is currently working on are in 28 provinces in Luzon, Visayas and Mindanao (including the Autonomous Region in Muslim Mindanao [ARMM]) and 11 cities for HIV/AIDS.

The accomplishments of HealthPRO in the first quarter of Year 3 is clustered under the following six components: behavior change communication planning, community mobilization and local advocacy, mass media, organizing and supporting health events, training and capacity building, and interagency technical activities.

HealthPRO conducted Barrier Analysis workshops in seven Wave 2 provinces and BCC planning for two HIV/AIDS sentinel cities. HealthPRO also provided comprehensive technical assistance to NCHP in developing the marketing strategy for Garantisadong Pambata (GP) and

the development of the GP communication package. This quarter was highlighted with the development of HealthPRO's Family Planning BCC Communication Strategy and the FP Communication Package.

HealthPRO also finalized its community mobilization strategy and leveraged substantial amount for BCC activities at the national, regional, provincial and municipal/city levels. At the field level, HealthPRO provided technical assistance to different groups mobilized for health promotion and communication activities.

HealthPRO continued providing technical assistance to LGUs in developing press releases. Moreover, the finalized mass media subgrantee statement of work has been submitted to USAID.

During this quarter, HealthPRO developed the draft of the Health Events Guide for LGUs. It also provided technical assistance in the conduct/planning of World TB Day, GP and Buntis Congress.

To enhance its training and capacity building technical assistance, HealthPRO developed the Interpersonal Communication and Counselling Toolkit, which includes the finalized IPC/C TOT manual with its updated appendices; developed an FP communication package for health service providers and family planning clients; and supported rollout of IPC/C training through its LRAs. HealthPRO, through its LRAs, conducted IPC/C rollouts in 11 provinces.

HealthPRO continued its active coordination and participation in different meetings and activities with USAID, partners and other USAID CAs. In particular, HealthPRO collaborated and coordinated with SHIELD on the image building of DOH ARMM, developing a collaborative outline for MRLs, and training of media professionals.

Monitoring and evaluation is a cross cutting theme in all activities conducted by HealthPRO, as different tools and approaches are planned and integrated in the action plan of each component to ensure that all activities are properly monitored and evaluated. Also, HealthPRO conducted initial pretesting for the GP and FP communication packages.

Fast tracking of staff recruitment and selection of LRAs, and scheduling of activities are among the major challenges during this quarter and certain actions will be planned and considered to address them.

On administrative and management sides: the new Grants Manager and Community Mobilization Advisor have been recruited while the new ARMM Area Manager, the new Mass Media Advisor, the Graphics Designer and the Regional Communication Specialists have been identified.

I. Introduction and Background

The Health Promotion and Communication Project or HealthPRO is the lead health promotion and communication project supporting USAID Strategic Objective 3. Its primary area of focus is the third intermediate result (IR3), “appropriate healthy behaviors and practices increased”. Although HealthPRO will contribute in some ways to the other three intermediate results, the overall objective of HealthPRO is to assist local government units (LGUs) in improving, expanding, and strengthening the quality and sustainability of health promotion and communication efforts. Three sub-results will support the achievement of the overall objective. These are: (1) to increase the reach and impact of Behavior Change Communication (BCC) interventions, (2) to develop institutional capacity and sustainability of those efforts and (3) to assist USAID’s health partners and other relevant organizations in maximizing the effectiveness of their own efforts in health promotion and LGU development.

The expected outcomes of the HealthPRO Project are substantial behavioral results among individuals and care givers. In brief, the results will be seen in improved awareness and changed behavior related to the specific results targeted in USAID’s strategy of support to the country in Maternal and Child Health (MCH), Family Planning (FP), Tuberculosis - Directly Observed Treatment Short Course (TB-DOTS), and Human Immuno Deficiency Virus-Acquired Immune Deficiency Syndrome (HIV-AIDS) as well as other Emerging Infectious Diseases like Avian Influenza (AI) and H1N1. Local institutions, supported by USAID’s partners, will know how to conduct high quality, cost-effective health promotion interventions using multiple approaches in interpersonal communications/counseling (IPC/C) supplemented with mass media and other promotional materials and tools. The capacity of the local institutions to carry on this work will be demonstrated by their ability to either budget for or mobilize the requisite resources to carry out the health promotion activities.

The main strategy of HealthPRO is to work closely with the Department of Health (DOH) and LGU staff to review the lessons learned and best practices from previous investments in health promotion, and expand and improve upon them. The emphasis is on mobilizing existing community organizations, volunteers and NGOs to support the health promotion work of the LGUs and their health staff. This includes improving skills and strategic coordination of programs. The project will continue collaborating with partners that are already engaged in innovative and successful health promotion strategies to assess and expand such strategies. New partnering arrangements will allow the LGUs to make the most of the resources and creative talents in media to support and reinforce the critical IPC/C work at the local level. At the forefront of all activity will be the effort to develop institutional capacity to sustain such programs beyond the period of support from USAID. The DOH, particularly the National Center for Health Promotion (NCHP), is the project’s main partner at the national level and will coordinate closely with this office as early as the pre-implementation phase to ensure a smooth implementation of activities from the national, regional and LGU levels.

II. Accomplishments

1. Component One: BEHAVIOR CHANGE COMMUNICATION (BCC) PLANNING:

1.1 Conduct BCC planning activities in Wave 2 provinces

- The BCC planning modules were revised and modified to include formative research component for barrier analysis element. This exercise has been introduced, designed and conducted to build the capacity of the LGUs in developing their respective Behavior Change Communication plans. A manual to build capacity on Planning Behavior Change was developed as a result of the BCC planning pre-test conducted in Davao del Sur and Compostela Valley. The manual which include the revised BCC workshop module was used during the BCC Barrier Analysis Workshop in Agusan Norte, Bukidnon, Misamis Oriental, Aklan, Bohol, Tarlac and Nueva Ecija. IPHO and CHD representatives participated in the workshop.
- Participants in the 2-day Barrier Analysis Workshop identified the 10 priority LGUs to be covered by HealthPRO based on their performance on family planning (FP), maternal health (MH), child health (CH), and tuberculosis (TB) indicators and developed their respective FGD guides prior to the conduct of FGD among target priority audience.
- HealthPRO provided technical oversight in the editing of focus group discussion (FGD) guides and in the conduct of the FGD sessions in the municipalities. A FGD was conducted in Davao del Sur and the result was analyzed and used in the development of a provincial matrix of appropriate and effective BCC messages, strategies and support activities.

1.2 HIV/AIDS BCC Planning Activities:

a. Finalize BCC plans for Wave 1 cities

- The cities of Angeles, Quezon, and Pasay finalized their BCC plans. Each city has integrated its local 2010 operational plan for HIV/AIDS in its multiyear/strategic BCC plan for HIV/AIDS. The local chief executive of Angeles City officially endorsed the BCC plan to the Local AIDS Council on its first quarterly meeting.

b. Conduct BCC planning activities in Wave 2 cities

- Participants from the regional health offices, city governments, social hygiene clinics, association of entertainment establishments, and local HIV/AIDS nongovernment organizations (NGOs) of Bacolod City and Iloilo City participated in the 3-day BCC planning in Bacolod where each city drafted its BCC planning matrix.

- The cities of Cebu, Mandaue and Lapu-Lapu carried out preparatory activities for the HIV/AIDS BCC Planning Workshop. Further HIV/AIDS BCC planning activities are currently on hold.

c. OR expert identified and HIV/AIDS study initiated in various sites

- One proposal for the OR study was received. However, the proposal did not meet the minimum technical requirements.

1.3 Other BCC activities:

- *FP BCC Communication Strategy*

HealthPRO finalized and presented its FP BCC Communication Strategy to USAID and other CAs. The FP Communication Strategy aims to repackage and position family planning as an important contributing factor to better quality of life; create universal access to accurate, consistent and synchronized information about family planning; empower couples to seek information about family planning and utilize the available quality services; create demand for quality family planning services that are integrated and client-centered; help build and sustain community partnerships which advocate for and create local positive norms and initiatives that support family planning; and create enabling supportive environment among LGU stakeholders – advocate for policies that remove barriers to and motivate coordinated efforts toward modern contraceptive practice improvement.

- *Planning for the development of the FP Communication Package*

HealthPRO coordinated with NCDPC and NCHP in planning and developing the FP communication package which is part of HealthPRO’s strategy to increase the reach, coverage, recognition and recall of different messages and maximize its impact. The materials included in the package are enumerated in Section 5.3.

- *GP Marketing Strategy and Communication Package*

HealthPRO provided technical assistance to NCHP and NCDPC, and closely coordinated with A2Z in developing the GP marketing strategy and toolkit for different target audiences.

The marketing strategy for Garantisadong Pambata (GP) provided for a scaled-up marketing and continuous year round exposure of GP to communities. The strategy is accompanied by a GP Communication Package for mothers, service providers, local chief executives, media, and staff branding. The materials in the package are: streamer, fan, poster, “wait and educate” DVD, GP booklet, placemat, advocacy briefs for mayors and barangay captains, broadcaster’s manual, and provider’s pin. The production and distribution of the materials will be completed before the GP Week celebration on April 12-16, 2010.

- *HealthPRO work plan and advocacy toolkit*

HealthPRO's Year 3, Quarters 3 and 4 work plan has been updated (attached as Annex 2). An advocacy toolkit to create an enabling supportive environment for BCC activities among LCEs and leaders in LGUs was also developed and edited. The HealthPRO BCC brochure is ready for layout.

- *Technical assistance on BCC*

HealthPRO has provided the required TA to different LGUs in different provinces; such as: with the LGUs the provinces of Pangasinan, Albay, Capiz, Negros Occidental, and Negros Oriental to develop their BCC plans for resource allocating and ensuring activities are implemented.

2. Component Two: COMMUNITY MOBILIZATION AND LOCAL ADVOCACY:

2.1 Develop the HealthPRO community mobilization strategy

- HealthPRO finalized, presented and discussed its Community Mobilization (CM) Strategy to USAID and other CAs.
- The strategy focuses on:
 - Four main initiatives – integrate, and brand consistently, mobilisation activities that already exist from a variety of sources, introduce a range of CM innovations under HealthPRO's leadership using the same branding, synchronise CM with HealthPRO's parallel efforts in health events and advocacy, and build a sustainable management structure for the CM effort at the barangay level;
 - Two principal sets of implementers – service providers drawn from Rural Health Units (RHUs) and Barangay Health Stations (BHSs) serving the target community; health volunteers who may be barangay health workers (BHWs), other members of existing Barangay TB Patrols, Community Health Teams (CHTs) or Women's Health Teams (WHTs), or newly recruited volunteer health workers; and
 - Three sets of CM arrangers or sponsors – clinical facilities, as part of their outreach efforts; existing health volunteer groups as part of their remit under various national programmes; other existing organisations or networks within the community (e.g. chambers of commerce, major private and public employers, mothers' clubs, schools, shopping mall owners, sports clubs, youth groups, local chapters of farmers' societies, labour unions, medical professionals' associations, and trade associations) as a benefit for their members.

2.2 Support for community mobilization initiatives:

- In Luzon, LRAs (FETPAFI, PRRM and PBSP), completed their initial inventory of local community groups who may be potential partners for health activities like academic institutions and local groups. Specifically for Pangasinan, an academic institution supported the World TB Day health event.
- In the Visayas, three LRAs (NCP, GRF and NeOFFHRAN) developed a draft inventory of local CM partners in the provinces which includes , transport drivers' group (jeepney, tricycle, trisikad), community/barangay health team, women's group, farmers' group, vendors' group, cooperative, and day care workers' association.
- In Mindanao, HealthPRO, through its LRAs – DMSF, Mahintana, and MUCEP, started identifying community groups which can possibly support IPC and health events for the provinces of South Cotabato, Sarangani, Zamboanga del Sur, Compostela Valley, and Davao del Sur.

2.3 Technical assistance to Community Health Teams (CHTs)/Women Health Teams (WHTs)/Community Health Action Teams (CHATs) on Community Mobilization skills:

- In Mindanao, the tricycle/trisikad drivers, cooperatives, and the Women's Health Teams are the priority groups to be mobilized for health promotion and communication activities.
- HealthPRO distributed a material on male involvement in FP and new stickers on Vitamin A (from A2Z) to the members of Drivers Advocates for Health (DAH) in Koronadal City. The FP messages reached an estimated 25,200 passengers. A planning meeting was also conducted to discuss sites for possible expansion of the DAH.
- LRAs have:
 - a. Conducted an inventory of the Women's /Community Health Teams in the Mindanao provinces and municipalities, its current composition, its status, and issues in organizing them.
 - b. Successfully lobbied for the inclusion of HealthPRO and the LRA in the mentoring team of the WHTs in Compostela Valley and Davao del Sur.

2.4 Mobilizing resources to support BCC activities:

National

- The Department of Health issued Department Order No. 2010-0068 titled, "Guidelines on the release and utilization of sub-allotment/fund transfers from the Department of Health central office to the Centers for Health Development and

Local Government Units for 2010.” The Department Order allocated “PhP120,000 for the conduct of IPC Training for LGU frontline health workers for board and lodging, supplies, and materials.” It also specified that “the conduct of IPC Training is in close coordination with USAID-HealthPRO.”

Luzon

- HealthPRO staff continued to participate in provincial and regional consultations to leverage funds for IPC/C roll-out trainings for health service providers and community health volunteers, and special health events through its inclusion in the Regional and LGUs’ Annual Operation Plans (AOP) and supplemental plans. In certain municipalities, mayors have pledged for counterpart BHW trainings this year.
- Several provinces included counterpart funding for IPC/C training for health service providers and BHWs in their 2010 operational plans. During the roll out of training in the provincial and municipal levels, counterpart funds in the form of local transportation of participants and venue rentals were leveraged from local counterparts.
- At the regional level, CHD 3 appropriated funds for one batch of health IPC/C training for Bulacan for the next quarter out of their regional training and health promotion funds

Visayas

- HealthPRO advocated to the local chief executives of priority LGUs to provide counterpart training funds which may cover costs for training venue, transportation expenses of participants, and meals. LGU counterpart funds were committed by 10 LGUs in Negros Occidental, eight LGUs in Capiz, and five LGUs in Negros Oriental. For IPC/C training of health service providers and barangay health workers, Capiz’ counterpart funding was PhP 173,969 while Negros Occidental provided PhP 90,600.
- The provincial health office of Negros Oriental conducted an IPC/C training for 200 Health Service Providers and Barangay Health Workers in Tanjay which was funded by the city government.

Mindanao

- HealthPRO provided guidance to the LRAs and the IPHOs in identifying possible sources of funds for the roll out of the IPC/C training and the orientation on the HPC Tracking Tool to service providers and BHWs outside of the HealthPRO coverage. The following has been leveraged: for Sarangani and South Cotabato – PhP 510,000; and for Compostela Valley and Davao del Sur - PhP306, 500; for Zamboanga del Sur - P333,300.

ARMM

- ARMM focused on developing its new strategy as a result of the agreements during the USAID Inter-CA Technical Conference. HealthPRO will focus on four areas of technical assistance in ARMM- MRL as health advocates; engaging media professionals in health promotion; image building for DOH ARMM; And sharing of communication materials.

3. Component Three: MASS MEDIA:

3.1 Finalize the Mass media contract statement of work

- The mass media statement of work was revised and submitted to USAID for approval prior to the engagement of the Mass Media sub grantee.

3.2 Technical assistance in developing press releases

- HealthPRO provided technical assistance to LGUs and partner health offices in Luzon and Visayas in drafting press releases and developing Public Service Announcement for the World TB Day and other health events to all provincial health offices.

3.3 Media outreach and dissemination

- LRAs have:
 - a. Updated media inventory in their respective localities in Luzon and the Visayas . These will be used for networking on radio public service announcements, particularly during DOH special health events.
 - b. Identified in coordination with the IPHOs, the potential media groups and outfits for the dissemination of health information and the promotion of health events in Mindanao.
 - c. Conducted coordination meetings with the Kapisanan Ng Brodkasters Sa Pilipinas (KBP In Zamboanga del Sur.

4. Component Four: ORGANIZING AND SUPPORTING HEALTH EVENTS:

4.1 Develop and utilize a package of planning tools for health events implementation and evaluation

- A draft of the Health Events Guide for LGUs has been developed. The Community Mobilization Advisor is finalizing it.

4.2 LRAs orientation on health events

- HealthPRO conducted an orientation on the Guide to Conducting a Health Event to Mindanao Wave 1 LRAs in preparation for the series of health events that they are going to assist this year.

4.3 Conduct of health events

- HealthPRO supported local government units at various levels in planning local level World TB Day (WTD) events, preparations for Garantisadong Pambata (GP) launches and celebrations, and other health events.

TB

- HealthPRO provided provincial streamers with TB messages to the provinces in Luzon, Visayas, and Mindanao for mounting in high traffic areas.
- In Pangasinan, HealthPRO supported a school based activity to celebrate WTD.
- HealthPRO, together with TB LINC, assisted the municipality of Maragusan in Compostela Valley, Malungon in Sarangani, Lake Sebu and Norala in South Cotabato, and Kumalarang in Zamboanga Sur during the World TB Day celebration.

GP

- In Luzon, preparatory visits to four (4) LGUs were conducted to explore GP activities and launches in April. All LGUs and DOH regional counterparts were provided with soft copies of GP communication materials/collaterals for reproduction at their level. Specifically for Bulacan, the LRA assisted the LGU in planning GP activities in resettlement areas of priority municipalities, in coordination with local officials.
- The Provincial Health Office led the GP provincial orientation and planning in Bohol, Negros Oriental, Aklan and Negros Occidental. HealthPRO developed a GP Counselling Guide for use by Health Service Providers which covered key messages on maternal health, child health, family planning, vitamin A supplementation and immunization. It also included suggestions for opening questions, closing dialogue and statements to secure the audience' behavioral commitment. HealthPRO also developed an Advocacy Guide for local chief executives in order to gain support for conduct of GP.
- HealthPRO provided technical assistance to CHD XI in conducting its regional GP assessment and planning. Through its LRA, HealthPRO also assisted all Wave 1 provinces during their GP assessment & planning.

Other Health Events

- HealthPRO assisted Albay in designing the provincial level Buntis Pageant activity scheduled for April 17, 2010, which will also be the venue for the GP launch in the province. The local LRA assisted provincial counterparts in the final design of the activity.
- HealthPRO also provided technical assistance during the Buntis Congress in Lake Sebu, South Cotabato.
- In South Cotabato, HealthPRO, through its LRA, provided technical assistance to IPHO during the conduct of TB case finding and Kutis Kilatis (Leprosy) in Koronadal City and Norala which reached a total of 139 TB symptomatic clients
- HealthPRO provided technical assistance for the community health events on MCH/FP in Maguindanao and Lanao which were attended by pregnant mothers, caregivers, couples, community leaders, and Muslim Religious Leaders (MRLs).
- HealthPRO coordinated and provided technical assistance to the IPHO, together with SHIELD and other donor agencies, in Sulu in conducting the “Panday” dialogue in Talipao and the “Burus” party in Indanan. HealthPRO also supported the people’s theater on MCH during the launching ceremony of Project 100 RUBIES.

A matrix on the details of health events is attached as Annex 1.

5. Component Five: TRAINING AND CAPACITY BUILDING:

5.1 Finalize and update the IPC/C TOT manual with all its appendices

- The IPC/C TOT manual has been revised and repackaged as Interpersonal Communication and Counselling Toolkit. The IPCC toolkit includes: the manual which contains messages concepts matrix, technical briefs, and monitoring and evaluation tools; job aids (wall chart, flip charts, posters, cue cards and family planning placemat); and communication materials such as the wait and educate DVDs and brochures.

5.2 Develop and update the BCC Planning Toolkit

- The BBC Planning manual was developed and revised as BCC Planning Toolkit to build capacity on planning behavior change among health staff of the LGUs.

5.3 Develop communication materials and job aids for FP clients and service providers to enhance the quality of client-provider interaction

- HealthPRO, in collaboration with DOH NCDPC and NCHP, developed an FP Communication Package for health service providers and family planning clients.

The package is a mix of updated materials and newly developed materials. These are:

- FP Desk Flip Chart titled “Family Planning Para sa Malusog na Pamilya” (Family Planning for a Healthy Family)
- FP brochure titled “Frequently Asked Questions: Ang Mga Modern Family Planning Methods”
- Wait and educate DVD- a compilation of FP info-commercials, with MCH, HIV and TB info-commercials. This is for distribution to Rural Health Units (RHUs) to be used in the clients’ waiting area.
- FP placemat titled “Modern Methods of Family Planning: A Quick reference Guide.” The other side of the placemat contains information on “Care for Pregnant Women.”
- FP Posters - on a small family, mother and child, father and child, and client’s rights in FP counselling. The posters contain messages for the target audience as well as the benefits of family planning.
- FP Wall Charts titled (Tagalog) “Alamin ang Mga Pamamaraan sa Pagpapalano ng Pamilya” and (Cebuano) “Makisayod Mahitungod sa mga Pamaagi sa Pagplano sa Pamilya.”
- User’s guide for the FP Wall Chart and the wait and educate DVD.
- An FP flyer containing the benefits of FP for mothers, fathers, children and families, and frequently asked questions on FP was produced for the Driver Advocates for Health of South Cotabato highlighting.

5.4 Conduct Interpersonal Communication and Counselling Training of Trainers (IPC/C TOT)

- HealthPRO conducted an IPC/C TOT in Iloilo City in January 2010. There were 21 participants from Capiz, Davao del Sur and the DOH Western Visayas Regional Office.

5.5 TA on IEC materials development (Quezon City, Pasay City, Angeles City)

- Eighteen participants from the 3 cities attended the technical assistance meetings on materials development. Prototype materials on HIV/AIDS prevention and control were developed and pre tested in their own sites. Materials are being finalized for local production in preparation for AIDS Candlelight activity in May. The materials developed were six flyers, six brochures, and nine posters.

5.6 Dissemination of IEC materials (FP wall chart)

- HealthPRO printed 1,500 copies of the Tagalog FP wall chart and 1,500 copies of the Cebuano version. An accompanying user’s guide with family planning messages on the back was also developed. Dissemination of the FP wall chart to the USG-assisted provinces is on-going.

5.7 Interpersonal Communication and Counselling (IPC/C) rollout

- HealthPRO provided technical assistance in the first IPC/C rollout in each province.
- IPC/C training for health service providers (HSP) and barangay health workers (BHWs) were conducted in Wave 1 LGUs. Regional and provincial counterparts, assisted by LRA trainers managed and conducted the training courses
- The succeeding table provides the summary of the HSP and BHW rollout trainings conducted. It includes both the HealthPRO-funded and LGU/CHD-funded trainings.

HSP and BHW Training

DOH Region/Province	No. of HSP Trainees	No. of BHW Trainees
Luzon		
Pangasinan	25	257
Bulacan	26	74
Albay	24	0
Subtotal	75	331
Visayas		
Capiz	79	105
Negros Occidental	35	283
Negros Oriental	54	175
Subtotal	168	563
Mindanao		
Zamboanga del Sur	66	250
Compostela Valley	26	101
Davao del Sur	26	150
South Cotabato	29	127
Sarangani	22	30
Subtotal	169	658
TOTAL	412	1,552

6. Component Six: INTERAGENCY TECHNICAL ACTIVITIES:

6.1 Collaboration and Coordination with other CAs

- HealthPRO coordinated with other CAs on various topics, especially on BCC, GP, HIV/AIDS, Philhealth study, and the World TB Day celebration.

6.2 Participate in the monthly USAID/OH and CAs meeting

- HealthPRO participated in the monthly COP meeting, DCOP meeting and meetings with other USAID CAs.
- HealthPRO participated in all TWG meetings and other USAID and inter-CA activities such as the USAID inter- CA technical conference in Tagaytay on February 24-26, 2010.
- In the FP TWG, HealthPRO shared its checklist for ICV compliance monitoring, which is a shorter modified version of the original questionnaire. In the MNCHN TWG, HealthPRO presented the GP Marketing Strategy and materials.

6.3 Host the BCC TWG on monthly basis

- HealthPRO hosted monthly BCC TWG meetings except on February 2010 when all CAs attended the USAID inter-CA conference in Tagaytay. Minutes of the meeting were disseminated to all BCC TWG members.

6.4 Coordination and collaboration with partners

- HealthPRO worked closely and hosted/conducted regular meetings with NCHP and NCDPC, especially in the marketing of GP and the development of the GP toolkit.
- HealthPRO also provided technical assistance in the revision of Administrative Order 58 (National Policy for Health Promotion) which has been shared with HPDP for their review. This will be followed by a multi-level dialogue to discuss its finalization.
- HealthPRO also provided technical assistance to Philhealth in developing the marketing strategy outline for individually paying sector.

6.5 Provide the needed TA to DOH in developing communication and marketing activities to increase the coverage and improve the quality of the maternal and child health campaigns

- HealthPRO's technical assistance to DOH for this quarter focused on the marketing of GP and production of GP toolkit which is discussed in Section 4.2.

- HealthPRO also provided technical assistance to DOH by sharing FGD results on exclusive breastfeeding and helping in the development of key messages and materials to be developed for the campaign.
- Moreover, HealthPRO provided technical assistance to NCHP in the development of poster for H1N1 vaccine for pregnant women.

6.6 Participate in regional and LGU level meetings

- In Luzon, HealthPRO participated in regional implementation reviews in selected areas such as CHDs 1, 2 and 3. Technical assistance areas for HealthPRO were identified and reiterated and regional packages were identified and incorporated in the TA plan for the said regions.
- In Mindanao, HealthPRO participated in CHD 11 Regional Implementation and Coordination Meeting AND Reproductive Health Summit. It also participated in Zamboanga Sibugay's Program Implementation Review
- HealthPRO provided technical assistance to Aklan Provincial Health Office in finalizing and firming up implementation of health promotion and communication activities for 2010.
- HealthPRO participated in the Service Delivery Program Implementation Review in Negros Oriental where it was able to validate the health promotion and communication gaps at the LGU level.
- HealthPRO participated in the inter-CA presentation per province and field visits during USAID Washington's FP Compliance and Monitoring Team visit

6.7 Regular meetings with and reporting to USAID

- HealthPRO regularly met with and updated its COTR on the status of its activities, especially the FP BCC Strategy and community mobilization strategy and communication packages for GP and FP. HealthPRO also attended meetings and presentations with the OH Chief and other USAID staff.

6.8 Develop HealthPRO quarterly reports

- HealthPRO's first quarter report of Year 3 was submitted in January 2010. The second quarterly report of Year 3 which is due for submission on April 2010 has been started.

6.9 Follow up on and review the daily media monitoring report

- An edited daily media monitoring report was sent to USAID and other CAs.

6.10 Consolidate activities and achievements from the field and prepare the Weekly Highlights

- Five weekly highlights were submitted to USAID covering the topics KAISA, USAID visit in Bulacan, Albay Buntis Pageant, and the opening of the breastfeeding area in a mall in Bohol.

6.11 Other USAID CAs on BCC techniques

- HealthPRO provided PRISM2 a copy of the BCC planning manual as reference in conducting BCC planning exercise in non-HealthPRO areas.
- The IPCC Manual was shared with SHIELD, TBLINC and PRISM2 to institute a uniform IPCC design among various coordinating Agencies of USAID. PRISM2 used the IPCC Manual developed by HealthPRO in the conduct of IPCC training among private sector midwives and public sector health service providers in non HealthPRO areas

III. MONITORING AND EVALUATION

1. Review and orientation of HPC tracking tool:

- HealthPRO oriented LRAs oriented on the tools to equip them with skills to conduct mentoring visits on HPC tracking to LGUs.
- The HPC M&E tracking form was pretested in Sarangani and South Cotabato which was followed by a rollout to HSPs and selected BHWs. An orientation for this tool was also conducted to the HSPs and BHWs in Compostela Valley, Zamboanga del Sur, and Capiz. In Capiz, the LGU-funded roll-out orientation covered 87 health personnel and 1,189 barangay health workers.

2. PMEP update for Year 3:

- The PMEP update for Y3 and contracting of the survey agency, originally set for quarter 1 was pushed to the second quarter to await the finalization of the strategy papers and the approval of the Y3 workplan. However, in updating the PMEP, the PIRS were already revised and updated with the recent NDHS results.

3. LGU Capacity Building for M&E:

- Technical Support for IP Research Dissemination in Bukidnon – 27 Jan 2010

HealthPRO contracted RIMCU to conduct a research among IPs to identify issues on health promotion and communication. Technical assistance was provided in the dissemination forum, attended by the staff from CHD, the PHO, and the PPDO as well as representatives from HealthGov and A2Z.

- Technical Support for ARMM FHSIS TOT – 10 Feb 2010

HealthPRO, together with A2Z, provided technical support as panel of reactors to the training of trainers of the course on DOH-ARMM Enhanced FHSIS Analysis and Utilization for District and Provincial Health Staff of Lanao Sur. As a TOT activity, the trained trainers were expected to conduct the roll-out training for RHU staff beginning March until May 2010.

4. Field Testing of GP and FP Communication Packages:

- The FGD guide for the field testing of the GP communication materials and the pre-testing of the FP communication packages were developed and finalized this quarter in consultation with the Area Managers and the specialists. Coordination with Area Managers and LRAs are ongoing for field testing to be completed in April.
- LRAs in Capiz and Negros Occidental led the field testing of Garantisadong Pambata and family planning IEC materials in the Visayas. These LRAs organized three mothers' groups, one father's group and three Rural Health Midwives' groups as target audience for the field testing.

- In Sarangani and Davao del Sur, the LRAs and the provincial HEPOs conducted the pre-testing of materials for GP and MNCHN - GP Bulilitin, MNCHN placemat and the GP logo.

5. Coordinative and support activities:

- M&E technical support was provided to program activities
 - Orientation of the ARMM provincial coordinator on the M&E reporting system and program indicators;
 - Review of the IPC/C training modules and checklists;
 - Represent HealthPRO in the dissemination forum for the results of the NDHS. Materials from the forum including copies of highlighted reports were provided to the field teams and specialists.

IV. MANAGEMENT AND ADMINISTRATION

1. Staffing plans:

- The Mass Media Advisor and the ARMM Area Manager tendered their resignation during the quarter.
- HealthPRO recruited the Community Mobilization Advisor, the Assistant Administration and Finance Staff, and the Grants Manager while suitable candidates have been identified for the following positions: ARMM Area Manager, Graphic Designer, Mass Media Advisor, and Regional Communication Specialists for Luzon and Visayas.

2. Project support activities:

- HealthPRO conducted regular area manager's meeting. Each regional office also carried out regular reporting activities such as preparation of daily cash requirement, liquidation, inventory, and processing of business permit renewal. HealthPRO also submitted its First Quarter Report on January 15, 2010.

3. Financial and administrative issues:

3.1 Financial management:

Financial Status Report
Quarter Ending March 31, 2010

BUDGET CATEGORY	MODIFIED BUDGET	Total Costs as of Dec 2009	Total Costs for the Quarter	Cumulative Expenses	Remaining Balance
SALARIES & WAGES	\$ 3,772,529	\$ 1,358,006	\$ 159,334	\$ 1,518,476	\$ 2,254,053
ALLOWANCES	\$ 257,448	\$ 3,477	\$ 13,930	\$ 16,270	\$ 241,178
CONSULTANTS	\$ 387,026	\$ 144,434	\$ 5,952	\$ 150,386	\$ 236,640
TRAVEL, PERDIEM, TRANSPORT	\$ 1,504,398	\$ 600,719	\$ 43,248	\$ 643,967	\$ 860,431
EQUIPMENT	\$ 164,672	\$ 139,258	\$ 1,775	\$ 141,033	\$ 23,639
ODCS	\$ 2,190,467	\$ 762,515	\$ 87,200	\$ 849,716	\$ 1,340,751
SUBCONTRACTS	\$ 3,150,287	\$ 65,056	\$ 193,705	\$ 258,761	\$ 2,891,526
INDIRECT COSTS	\$ 2,563,721	\$ 857,909	\$ 106,320	\$ 964,229	\$ 1,599,492
SUBTOTAL	\$ 13,990,548	\$ 3,931,374	\$ 611,466	\$ 4,542,838	\$ 9,447,709
FIXED FEE (7%)	\$ 979,338	\$ 275,196	\$ 42,803	\$ 317,999	\$ 661,339
TOTAL COST PLUS FIXED FEE	\$ 14,969,886	\$ 4,206,570	\$ 654,268	\$ 4,860,837	\$ 10,109,048

Total Estimated Contract Amount	\$14,969,885.61
Total Obligated Amount	\$ 6,750,740.00
Total Expenditure as of Dec 31, 2009	\$ 4,206,570.00
Total Expenditure for the quarter ended March 31, 2010	\$ 654,268.12
Total Expenditures as of March 31, 2010	\$ 4,860,836.61
Total Remaining Estimated Contract Amount	\$10,109,048.39
Total Remaining Obligated Amount	\$ 1,889,903.40
Burn Rate	32.47%

HealthPRO's fund utilization rate as of March 31, 2010, is 32% or an average of \$142,966 a month for the past 34 months of its operations. Its expenditure rate is expected to increase in the coming months due to Wave 1 LRAs' on-going implementation and Wave 2 LRAs' commencement.

3.2 Grant management:

3.2.1 Select and award the sub-contract of LRA after technical review process with inputs from LGUs

HealthPRO worked closely with the CHDs and PHOs in evaluating the shortlisted concept papers of Wave 2 LRAs for Cagayan, Isabela, Nueva Ecija, Tarlac, Aklan, Bohol, Agusan del Norte, Bukidnon, Misamis Occidental, Misamis Oriental, Zamboanga del Norte and Zamboanga Sibugay. During the meetings the Area Managers explained HealthPRO's evaluation criteria and guidelines in the selection process. HealthPRO's internal committee and representatives from the provincial and regional health offices reviewed and evaluated the different LRA proposals based on their technical and cost categories. The result has been forwarded to URC.

3.2.2 Plan and conduct a one-day Orientation/ introductory meeting with the selected LRAs to present the program and answer technical questions

- In Luzon, Wave 2 LRAs have been shortlisted and pre award visits have been scheduled.
- One Wave 1 LRAs were visited as part of the project financial monitoring where issues and concerns were noted.
- An LRA partnership meeting was conducted for the all Wave 1 LRAs in March 2010 where LRAs presented their accomplishments and provided suggestions to improve project activities in the field and how management can support and facilitate implementation better. Participants were composed of project coordinators/managers, trainers and finance officers/bookkeepers.

HealthPRO's central and regional offices regularly provided technical assistance to LRAs on different activities such as monitoring and evaluation, work planning ICV, and conduct of health events.

V. CHALLENGES AND NEXT STEPS

1. Challenges and solutions:

HealthPRO experienced challenges in implementing its activities during the quarter. At the same time the project proactively addressed these challenges.

1.1 Project staff capacity:

- With the scaling-up of activities in the field, the project needs fast tract hiring of regional communications assistants.

1.2 Fast tracking selection of LRAs:

- The project needs to fast tract pre-award and actual awarding of contracts to selected LRAs.
- Delays in contracting LRAs affected the LRAs participation in BCC planning activities for Wave 2 provinces. Data needs for BCC planning were done by project staff as a pre-workshop activity.
- Inputs like training for LGUs on media engagement have been delayed for more than two (2) quarters and this have moved the schedules of the LRAs even closer to the tail end of their contracts.

1.3 Budgetary limitations of LRAs working in two provinces

- With two provinces each in their folio, Mahintana and DMSF were concerned with budgetary limitations. HealthPRO assisted Mahintana assisted in tapping the funds of UNICEF and the private sector in leveraging funds to increase the number of participants during the roll out.

1.4 IPC/C training manuals and other training materials

- The timely completion of the IPC/C training manuals and its reproduction posed a challenge to the training team and the training logistics. Few translation to local language were also completed due to lack of time.

1.5 Schedule of activities:

- The 2010 election poses a challenge to the project especially in the schedule of HealthPRO-funded trainings and advocacy for LGU-funded trainings. There is an election ban of LGU-funded activities starting March 26. As such, LRAs advocated for the conduct of LGU-funded IPC/C trainings for HSPs & BHWs *before* the conduct of HealthPRO-funded BHW trainings.
- A number of health projects (HealthGov, TBLINC, HealthPRO, EU, UNICEF, etc.) are being implemented by the local government units. As a result, there is a

competition for availability of health personnel as well as for financial allocation of counterpart funds for special projects.

- In Capiz, the PHO trainers actively participated during the HealthPRO-funded training of health service providers. However, they were involved with other provincial health activities during the scheduled date of training for barangay health workers, and as a result, only the municipal-trained health service providers facilitated the training.
- It was observed by the LRAs that the 2-day syllabus for BHW IPC/C Training was too tight for BHWs to fully absorb and appreciate the content. In order to facilitate maximum assimilation of subject matter, two Visayas LRAs extended the training to 2 ½ days, without going over their approved budget.
- With minimum supervision by HealthPRO for LGU-funded trainings, maintaining the quality is a challenge for training of the remaining health service providers and counterpart barangay health workers.

2. Next steps:

- Hasten LRA engagement process.
- Complete recruitment of staff for vacant positions.
- Completion of BCC Plans for Wave 2 LGUs.
- Completion of field-testing for FP and GP materials.
- Finalize SOW of Media LRA to facilitate inputs on Media in the field.
- Fast track community mobilization activities.

ANNEXES

Annex 1: Health Events

The subsequent tables contain information on the health events conducted during the quarter, with HealthPRO's technical assistance.

LGU/Medium	Event	Date	No. of people reached*
National TV – 24 Oras	World TB Day	Mar. 23, 2010	2.3 million (Mega Manila only)
Pangasinan Alaminos	World TB Day: The Great Plebian College	Mar. 22, 2010	203
Negros Occidental	TB Expo: SM City Bacolod Mall	Mar. 24, 2010 Mar. 25-27, 2010 Mar. 25, 2010	200- participants 42,500-viewed the streamers with messages 21,000- newspaper circulation for press releases 29,000 (for Bacolod City only) – radio PSA
Capiz	World TB Day		16,500 - streamers
Bohol, Aklan, Negros Oriental	GP Preparatory Planning and Meeting		84
Maragusan, Compostela Valley	World TB Day		202
Malungon, Sarangani	World TB Day		31 barangays
Lake Sebu & Norala, SoCot	World TB Day		250
Kumalarang, Zamboanga del Sur	World TB Day		68
Lake Sebu, South Cotabato	Buntis Congress		329
South Cotabato (Koronadal City and Norala)	Kutis Kilatis		139
Sulu (Talipao and Indanan)	Panday Dialogue Burus Congress		To follow
Tawi-Tawi	Project 100 RUBIES		To follow

* Total number of people reached to be finalized.

Annex 2: Planned Activities for the Next Quarters

Tasks	Benchmarks	2010					
		Q3			Q4		
		Apr	May	Jun	Jul	Aug	Sep
A. COMMUNICATIONS PLANNING							
<i>National, regional, provincial and city plans</i>							
1. Simplify/shorten BCC LGU planning process	Amended planning manual	X					
2. Complete Wave 2 provincial BCC plans	12 provincial BCC plans adopted by PHOs				X		
Update BCC plans in Wave 1 provinces	16 updated BCC plans						
3. Complete HIV/AIDS BCC plans for Wave 1 and 2 cities	11 city plans finalised	X					
4. Continue to encourage LGUs to have an HPC component in AOPs and PIPH	16 (Wave 1) final LGU plans	X	X	X	X	X	
5. Complete national FP BCC strategy	H/PRO strategy document approved internally	X					
6. Assist DOH in preparing for GP Weeks and FP month	GP marketing plan and BCC materials	X			X		X
7. Work with DOH on preparing for national KK branding	Brand rollout plan	X	X				
<i>Health area campaign designs</i>							
8. Design GP campaign							
8.1 Finalise campaign strategy	Campaign document	X					
8.2 Plan dissemination of materials/job aids	Dissemination plan	X					
8.3 Finalise campaign M&E tools	Populate GP toolkit	X	X				
9. Design FP campaign							
9.1 Finalise campaign strategy	Campaign document			X			
9.2 Plan dissemination of materials/job aids	Dissemination plan				X		
9.3 Finalise campaign M&E tools	Populate FP toolkit			X			
11. Conduct preliminary HIV/AIDS campaign strategy planning with HealthGov	Campaign design concept				X	X	

Tasks	Benchmarks	2010					
		Q3			Q4		
		Apr	May	Jun	Jul	Aug	Sep
12. Facilitate workshops to identify HIV/AIDS BCC materials	Workshops held	X	X	X			
13. Commence HIV/AIDS OR in selected cities	Consultant contracted			X			
14. Conduct preliminary AI/EPTs campaign strategy planning with DOH	Campaign design concept					X	X
<i>Other communication planning</i>							
15. Finalise Wave 2 LRA sub-contracts	USAID Contracts Office approval		X				
16. Finalise PROBE sub-contract	USAID Contracts Office approval	X					
17. Finalise and share CM strategy with Wave 1 LRAs	Dissemination briefing		X				
18. Develop advocacy concept paper and action plan related to health events	Action plan			X			
19. Re-engineer health events							
19.1. Agree slimmed-down matrix of health events (types/occasions) with LRAs/LGUs	Revised matrix of TA offerings		X				
19.2 Agree revised event schedule with LRAs	Events schedules			X			
19.3 Develop standard TA packages for events	BCC packages				X		
20. Design MRL initiative with SHIELD and other local partners	Design concept	X					
21. Simplify M&E tracking tools							
21.1 Collate concerns about tools from LGUs and LRAs	Proposed changes		X				
21.2 Disseminate amended tools	Revised toolkit			X	X		
21.3 Monitor M&E tracking tools/instruments							
B. IMPLEMENTATION							
<i>Health area campaign rollouts</i>							
1. GP campaign rollout							
1.1 Finalise campaign design document with PROBE	Final design document		X				

Tasks	Benchmarks	2010					
		Q3			Q4		
		Apr	May	Jun	Jul	Aug	Sep
1.2 Finalise GP creative briefs	Creative briefs			X			
1.3 Prototype, field-test and modify materials and job aids for media practitioner	Final material designs				X		
1.4 Finalise the communications package	Final package				X		
1.5 Produce initial stock of materials	Produced stock					X	
1.6 Liaise with LGUs on materials production and dissemination	Production agreements					X	
1.7 Conduct pretesting of GP communication package and finalizing materials	GP communication package finalized			X			
1.8 Launch campaign strategy, branding and communications package	Launch event						X
2. FP campaign rollout							
2.1 Finalise campaign design document with PROBE	Final design document			X			
2.2 Finalise creative briefs	Creative briefs				X		
2.3 Prototype, field- test and modify materials and job aids	Final material designs					X	
2.4 Finalise the communications package	Final package					X	
2.5 Produce initial stock of materials	Produced stock						X
2.6 Liaise with LGUs on materials production and dissemination	Production agreements						X
2.7 Launch “Initiator” campaign (i.e. “Enjoy Life”) strategy, branding and package	Launch event					X	
3. Complete MNCHN flipchart under development	Flipchart approved for use		X				
4. Design and prototype BCC materials for HIV/AIDS	Final, tested prototypes For LGU production				X		
5. Document best campaign practices through PROBE							X
6. Institutionalise campaign M&E tracking tools							

Tasks	Benchmarks	2010					
		Q3			Q4		
		Apr	May	Jun	Jul	Aug	Sep
6.1 Apply the simplified tracking tools	Operational document For LRAs						X
6.2 Monitor use of LGU tracking tool and research evaluation form							
6.3 FP/GP media habits assessment	Assessment report			X	X	X	
6.4 Conduct 6-monthly omnibus surveys	Survey results						
<i>Guide and monitor sub-contractors</i>							
7. Supervise LRA Wave 1 sub-contracts							
7.1 Hold CM orientation	Orientation workshop		X				
7.2 Agree on schedule for creating theme and image committees	Schedule		X				
7.3 Amend work plan to incorporate CM	Finalised work plan approvals			X			
7.4 Hold advocacy orientation	Orientation workshop					X	
7.5 Approve LGU advocacy work plans within CM	Finalised work plan approvals						X
7.6 Hold CM training				X	X	X	X
7.7 Approve quarterly reports	Release of next quarter's funding				X		
8. Launch LRA assistance to Wave 2 LGUs							
8.1 Orient new LRAs on H/PRO's mission	Orientation workshop		X				
8.2 Approve LRAs' work plans	Approved plans			X			
8.3 Approve quarterly reports	Approved reports				X		
8.4 Introduce to provincial and regional partners	LRA orientation meetings with LGUs						
9. Hold technical update briefings for all LRAs	Briefing presentations		X			X	
9.1 Evaluate Wave 1 LRA performance							
10. Launch PROBE media assistance							
10.1 Orient PROBE staff on H/PRO's mission	Orientation meeting		X				
10.2 Approve PROBE work plan	Approved plan			X			
10.3 Commence orientations on BCC/health	Orientation package						

Tasks	Benchmarks	2010					
		Q3			Q4		
		Apr	May	Jun	Jul	Aug	Sep
issues for media professionals						X	
10.4 Approve PROBE quarterly reports	Approved reports				X		
11. Assist LGUs to conduct health events through LRAs and PROBE							
11.1 Finalise 2010 schedule for events with Wave 1 and 2 LGUs	Agreed schedules for 12 PLGUs/MLGUs		X (W1)	X (W2)			
11.2 Develop standard TA packages for each occasion/event type combination	Rolling event programme starts		X	X	X	X	X
11.3 Work with PROBE to finalise event-specific messages and collaterals	Message compendium				X		
11.4 Work with PROBE to investigate electronic event announcements	Planning document				X		
11.5 Work with PROBE to design press releases and media placement for selected events				X	X	X	X
Other implementation							
12. Mobilise MRLs as advocates for health in ARMM							
12.1 Orient MRLs on advocacy themes and techniques	Orientation meetings		X	X			
12.2 Design, test and produce BCC materials	Final materials				X		
12.3 Rollout the MRL advocacy programme	Workshop reports					X	

Tasks	Benchmarks	2010					
		Q3			Q4		
		Apr	May	Jun	Jul	Aug	Sep
C. CAPACITY BUILDING							
<i>IPC/C</i>							
1. Continue ongoing service provider IPC/C training programme through LRAs							
1.1 Train Wave 2 LRA provincial trainers	Critical mass of LRA Trainers trained			X			
1.2 Monitor implementation of Waves 1 and 2 training	Implementation reports			X			X
<i>Community mobilisation</i>							
2. Initiate capacity-building to support launch of CM programme through LRAs							
2.1 Agree TOT curriculum with LRAs	Detailed programme/ task statements		X				
2.2 Conduct TOT workshops with CHD/Provincial HEPOs and LRA staff	Orientation workshops				X	X	
2.3 Monitor programme rollout at mLGUs and Barangays	LRA reports and AM site visits						X
2.4 Initiate theme and image volunteer training by LRAs	Teaching notes finalised						X
<i>Mass media</i>							
3. Hold workshops to orient LGU and CHD HEPOs on making best use of local mass media	Regional and LGU action plans				X	X	X
<i>Other capacity building activities</i>							
4. Initiate BCC orientation for DOH, CHD and PIO staff							
4.1 Agree orientation content	Orientation package finalised		X				
4.2 Conduct rollout of orientation programme	TCB Adv, AM monitoring visits			X	X	X	
4.3 BCC planning update for CHDs (as TA package)							
5.a Initial assessment of regional HPC Resource Center							

(Luzon – 5 CHDs) 5.b Provide technical assistance to regional resource centers for HPC							
6. Assist PHIC Marketing Dept to design a service marketing programme	Completed plan		X				
7. Assist DOH-ARMM with image-building							
7.1 Develop image-building strategy	Strategy document	X					
7.2 Provide TA for implementation	Monitoring visits		X	X			
<i>Other TA activities to NCHP</i>							
8. Assistance to NCHP in reviewing and popularizing AO 58							
8.1 Organize consultative meetings at the national, regional, and LGU levels among health workers involved in promotion communication activities and other stakeholders.	Consultative meetings organized						
8.2 Develop the popular version of the AO for easy understanding among local chief executives and LGU health workers.	Popular version of AO developed						
8.2 Disseminate the popular version especially in USG sites.	Popular version of AO developed						

Tasks	Benchmarks	2010					
		Q3			Q4		
		Apr	May	Jun	Jul	Aug	Sep
D. PROJECT MANAGEMENT							
<i>Strategic coordination</i>							
1. Manage coordination with other CAs							
1.1 Host BCC TWG meetings	TWG meeting minutes	X	X	X	X	X	X
1.2 Participate in other TWG meetings	Meeting attendance	X	X	X	X	X	X
2. Participate in DOH TAG meetings	Meeting attendance		X		X		X
3. Manage coordination with USAID							
3.1 Participate in monthly COPs' meetings	Meeting attendance	X	X	X	X	X	X
3.2 Develop quarterly reports for Mission	Quarterly reports				X		
3.3 Develop weekly highlights report for Mission	Highlights reports	X	X	X	X	X	X
3.4 Follow-up/disseminate daily media monitoring reports	Daily reports	X	X	X	X	X	X
<i>M&E</i>							
4. Collate data from tracking tools	Data inputs from field						X
5. Update project PMP	Revised PMP						
6. Develop quarterly indicator data for USAID	Indicator data tables				X		
<i>Other project management</i>							
7. Prepare FY2011 H/PRO work plan	Approved work plan						X
8. Prepare FY2011 area office work plans	Approved work plans						X
9. Prepare 2-month work schedule of activities for the mission	2-month scheduled activities	X	X	X	X	X	X
9. Manage recruitment							
9.1 Two new Advisers (Mass Media and Training)	Advisers start work			X			
9.2 New Area Manager ARMM	Manager starts work	X					
9.3 Five new Communications staff at Area level	Staff start work		X				