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TRIP REPORT
FOLLOW-UP PROMOTIONAL VISIT
MANILA

A Report Prepared By PRITECH Consultant:
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During The Period:
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TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
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TRIP REPORT
VISIT TO MANILA NOVEMBER 14-16, 1985
Robert S. Northrup, M.D.

A brief visit to Manila offered the opportunity to review the current status of the national ORT program, including the newly funded AID ORT grant with Child Survival funds, and WHO and UNICEF perspectives of the DHC system and ORT/CDD. During the visit I met with the following persons:

Joy Riggs-Perla	USAID H/FP Officer
Dr. Rosendo Capul	USAID Project Officer responsible for ORT/CDD program
William Johnson	Chief USAID H.N.P. officer
Bituin Gonzalez	Responsible for health at UNICEF
Enriqueta Sullesta	Operational head of national ORT/CDD program (MOH)
Aida Soldevilla	Top health educator in Health Education and Manpower Development Sector, MOH
Dr. Agustino Bora	CDD expert, WHO regional office
Estrella Gonzaga	Development Specialist, Inter- national Institute for Rural Reconstruction (IIRR)
Bai Bagasao	Project officer, Kabolikat, working with ORT five-year plan of MOH and Diarrhea Newsletter

Issues

1. MOH Reorganization

Minister Azurin has led the MOH in a major reorganization which has consumed large amounts of time and attention over the past two years. The reorganization was designed to focus MOH

resources more effectively on those activities which would most reduce infant mortality forming the "Five-Impact Program" stressing comprehensive MOH (nutrition, immunization, family planning), CDD, TBC, malaria and schistosomiosis. Azurin turned around the whole structure and budgetary process to decentralize control in order to be more responsive to local needs. The 12 regional offices, formerly responsible for all functions below them in the provinces now, will have only a technical advisory and monitoring function. Funds will flow directly from the Center to the provinces (76) after technical review of budgets by the Center. A single person will head the IPHO (Integrated Provincial Health Office) and will be responsible for both hospital and community health services with both competing for resources in a single budget.

At the district level, the head of the district hospital, usually a clinician, will be responsible administratively for the running of the rural health units (RHUs) in the district. As many of these persons have little public health or preventive experience, there is some concern about their ability, even their interest, in discharging this new responsibility effectively at present; the need for training these persons was expressed.

Major changes are being made in the health information system as well, under Dr. Solon. IEC activities are being reorganized. Training is being reoriented to stress on-the-job continuing training done as part of supervision with a de-emphasis on "training courses" which demand substantial time and resources. At the same time, budgetary restrictions have limited funds available to support travel of supervisors.

CDD Program

USAID had been in the process of designing an ORT addendum to their basic PHC financing project since 1983. This was finalized only in July 1985, with the funds (\$4,000,000 grant) coming from Child Survival sources. Since the agreement was signed the government CDD program has been very busy preparing the five-year implementation plan and the evaluation plan required as conditions precedent to release of the funds. A substantial amount of the administrative support for this planning process was provided by Kabalikat, a private organization involved with health, through contract. The CDD program continues, it is said, to have a small staff relative to the large demands on them.

The ORT project will deal with many of the deficiencies identified by the joint MOH/WHO/UNICEF/USAID national CDD assessment carried out in January-February 1985. The components of the project are:

1. Phasing out of MOH free distribution of ORS with gradual substitution of commercial production.
2. National Rehydration Training Centre: building renovation, equipment, and operations.
3. Training in clinical ORT for a doctor-nurse expert pair from each provincial hospital (75 pairs).
4. Diarrhea newsletter and dissemination of scientific literature to physicians.
5. Professional meetings on ORT.
6. Training of 5000 nurses and 7000 midwives from hospitals and RHUs in ORT as part of regularly scheduled in-service training.

7. Public ORT promotion popularizing direct intrapersonal communication by VHWS (training materials) but also including a mass media campaign.
8. Operational costs of CDD "program monitoring staff" at the central level.

Despite the public promotion effort, the project is characterized by one observer as predominately institution and health system oriented, particularly in its strong emphasis on hospitals, doctors, and nurses rather than on barangay-level activities. While "echoing" the training to lower levels is expected to occur, the project does not include that activity as a specific objective or budgetary item.

Other areas of concern from the MOH/WHO/USAID/UNICEF/CDD program review (see annex) or from comments of persons whom I interviewed are:

Distribution of ORS

Packets are distributed along with other PHC drugs. The system leads to occasional out-of-stock conditions at RHUs and is reported to provide packets rather ineffectively to barangay health workers who are the persons most ideally situated (about one BHW to 12-15 families) to supply mothers in acute response to a diarrhea attack.

While the village drug shop (botica sa barangay) is envisioned as the source of ORS when MOH free distribution ceases, the boticas are reported to be functioning well, even functioning at all, in only a small percentage of locations. Mothers prefer at present to get free ORS from the RHU except in some villages where promotion

or perhaps other factors as yet unstudied have led to successful boticas. The inherent competition between the free drugs and ORS at the RHUs or other distribution points, and the costlier packets at boticas (or at drugstores) may make it difficult to phase out the free MOH distribution at that level, and has in the past been claimed to discourage pharmaceutical manufacturers from enthusiastically promoting ORS. Sales and penetration of commercial ORS are very limited at present.

The promise of partially AID-supported MOH-guaranteed purchase of ORS plus MOH promotion has rekindled interest by manufacturers. At the same time AID's requirement for competitive bidding has made MOH and Unilab (the manufacturer of the ORS tablet Oretab) bitter, as it has prevented MOH from awarding the contract outright to Unilab, which had been the only firm willing until recently to invest in development costs, carry out studies, and in other ways cooperate with the government. At present, the bid has not yet been awarded.

The routine government system is said to have some problems overall. Only 50% of packets shipped, it was said informally, actually reach end-users.

Management and Supervision

While remarkable numbers of personnel have been trained (and UNICEF is scheduled to support the training and re-training of large numbers of VHWS in overall MCH including ORT), follow-up of training, with monitoring of the subsequent activities of trainees, has been limited, it was reported.

Recently UNICEF and WHO supported some regional courses for midlevel supervisors in EPI which resulted in supervisory checklists. These were "echoed" to district level supervisors at no extra central cost, and seem to have put new life into supervision. The WHO course was substantially adapted in the process. UNICEF would like to see a further adaptation of that adaptation for ORT, eventually to form a combined EPI/CDD course. The new district heads will doubtless need orientation and training as they assume their responsibilities in supervising the community network of services and workers.

Health Information System

Linked closely to this is the data regarding CDD activities, which presently is generally epidemiologic in character and is often not used by those to whom it is submitted at the district.

Communications

The health education mass media activities for DRT will be run by Miss Bernaje, Chief of the Division of Information in the IEC sector of the MOH. This division was established in relation to a family planning loan and will work with three types of media for ORT. In arranging for collaboration and contracting with private advertising firms, the AID staff (Perla, Capul) feel rather inadequate in judging quality or appropriateness, and feel the need for technical assistance to help them.

Packets and SSS

At present there is no clear MOH policy on SSS. Studies are planned on lugaw (rice porridge) in treatment of diarrhea.

The double-ended spoon has been studied in Iloilo, with results now being analyzed.

Rehydration by Mother

A criticism in past assessment (PRITECH 84) and in the WHO Program Review has been the failure of health centers and other ambulatory units to have mothers actually use ORS under supervision while at the unit. The usual practice has been to give packets along with didactic teaching, and then send the mother away.

At San Lazaro Hospital mothers actually rehydrate their children on the unit, although they do not mix ORS themselves.

Potential Role for PRITECH

The new national ORT project has no long term foreign advisors and it is reported that Min. Azurin is reluctant to use funds committed to the MOH to support non-Phillipine advisors. Thus funding for any PRITECH input would have to be obtained from central sources (Asia Bureau, Office of Health, or Child Survival).

A number of areas of potential activity were identified by AID staff or by others interviewed as follows:

1. Communications: review of IEC plans for ORT campaign, including research plans; assessment of candidate commercial contractors.
2. Logistics/Distribution: analysis, leading if appropriate to alternatives for alterations, using ORS as examples and focus.

3. Information system: selection of indicators, establishment of flow of reports, strengthening of responsive problem solving, sentinel center system strengthening.
4. Evaluation of project: planning evaluation design, including ensuring adequate collection of baseline data, incorporation of extensive Cebu research project into Tier 3 child survival analysis, also Tier 1 and 2 analyses more broadly.
5. Training: adaptation of WHO EPI supervisory modules at district level to CDD/ORT. Training of district hospital chiefs in CDD supervision for RHUs.

Further discussions were to be held in Manila after RSN's departure and a meeting held subsequently at ICORT II among concerned parties. RSN agreed to be available for one week in January-February 1985 to pursue these discussions including preparation of a PRITECH plan, as well as providing some input to USAID on the evaluation of ORT.