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**THE PHILIPPINE CHILD SURVIVAL PROGRAM**  
**Technical Assistance Team**

**W O R K P L A N S**  
**October 1991-March 1992**  
**(One Volume Only)**

**Project Number 492-0406**  
**Prepared by Management Sciences for Health**  
**under Contract No. AID 492-0406-C-00-0079-00**

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VISION STATEMENT  
**on**  
CHILD SURVIVAL

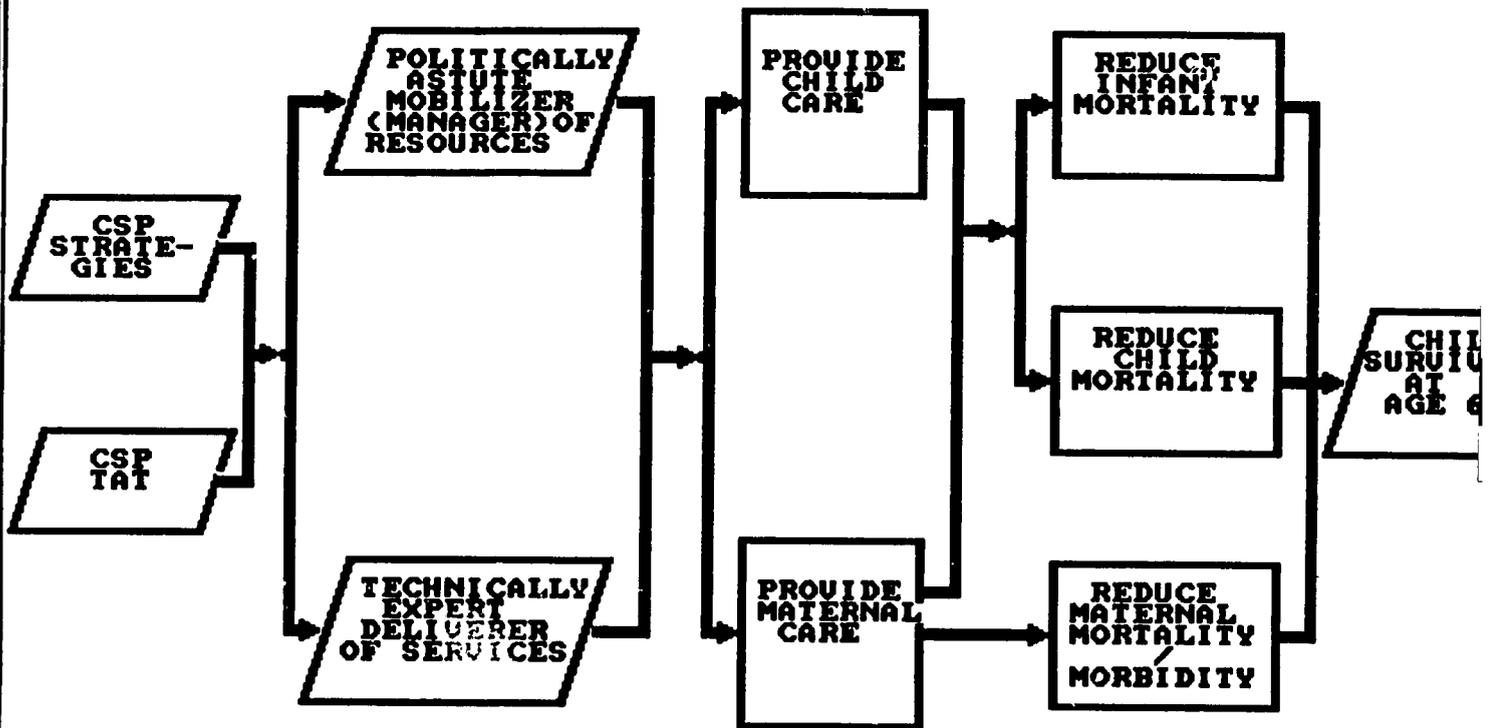
**VISION STATEMENT  
THE CHILD SURVIVAL PROGRAM**

The goal of the Child Survival Program of the DOH is to ensure that Filipino children reach the age of six alive, healthy and physically ready to begin their education.

The Child Survival Program (CSP) operates in multiple ways to achieve this overall goal. In operational terms, this program focuses on reducing infant and child mortality from most common diseases by providing a comprehensive range of maternal and child care services. It also means improving the role of the present Department of Health (DOH) into a politically astute mobilizer of resources and a technically expert deliverer of services.

The Program builds upon the dual roles of the Department of Health as Mobilizer of resources and Provider of services. Both roles are manifested in the activities of the 10 Child Survival programs using resources both from within the DOH and from outside (donor, private, and in kind). The performance targets for Child Survival programs are set forth as the 9 Service Delivery targets as well as other less visible operating targets. Through this complex set of activities the goal of improved child survival at age six is to be achieved. Figure on next page attempts to capture the essential elements in this strategy.

# VISION STATEMENT CHILD SURVIVAL PROGRAM



CSP INTERVENTION

DOH

SERVICE DELIVERY

SERVICE DELIVERY TARGETS

CS GOAL

MISSION STATEMENT  
of the  
CSP TECHNICAL ASSISTANCE TEAM

**MISSION STATEMENT  
CSP TECHNICAL ASSISTANCE TEAM**

The CSP Technical Assistance Team (TAT) is a group of resident advisors with the broad mission of actively supporting the DOH in meeting the goal of the Child Survival Program. Its mission is to collaborate with the DOH in strengthening the initiatives under the Child Survival Program in order to meet the service delivery targets.

The DOH strategy for Child Survival Services is a complex task in organizational development and change. The DOH senior management, including program directors, direct the DOH and outside activities within the context of the overall CSP strategy. The TAT activities are derived from and determined by DOH technical assistance requests and specific ongoing commitments under the Child Survival Program. They are prioritized and managed within available resources to achieve the maximum positive impact of the Program.

**CSP TECHNICAL ASSISTANCE TEAM**  
**OBJECTIVES/ STRATEGIES**

## **CSP-TAT OBJECTIVES/STRATEGIES**

TAT resources include the direct time and effort of the Advisors themselves, short-term resources they can help provide through the Program, and outside resources they can assist in sourcing. The TAT's objectives/strategies/roles within the DOH's Child Survival Strategy can be summarized as follows:

- (1) To support the goal of Child Survival Program so that its basic values and technical concepts become internalized within and among health workers at all levels and more visible to citizens of the Philippines.
- (2) To help assure that Child Survival programs respond to the needs of the 27 priority provinces.
- (3) To work closely with DOH client managers in applying their technical skills so that major constraints to delivering expert services to mothers and children can be identified and solved.
- (4) To conduct studies and pilot initiatives together with DOH counterparts in order to identify and implement strategies leading to organizational and financial sustainability of child survival-related programs.
- (5) To assist the DOH in its efforts to integrate services for mothers and children at all levels so that these services can become more effective and efficient.
- (6) To support the DOH's thrust towards decentralized management and local empowerment by strengthening the capability of provincial/district staff to plan, implement and evaluate key child survival interventions.
- (7) To assist in mobilizing resources for Child Survival activities through creative sourcing arrangements and increased public participation.
- (8) To maintain a focus on achieving sustainability of Child Survival programs in terms of financing, management, collaboration between the public and private sectors, public awareness and acceptance, and other key factors.

**CSP TECHNICAL ASSISTANCE TEAM**  
**A C T I V I T I E S**

## CSP TAT ACTIVITIES

The work plan of the Technical Assistance Team is derived from expressed requests of DOH managers for technical assistance, ongoing benchmark activities, and other CSP Program commitments. The first-level response is through the work plans prepared by the individual resident advisors based on the inventory of requests for technical assistance (listed in the next section). These plans are then reviewed within the team as a whole and common themes and activities are identified. These common areas are then organized into Group and Team activities where :

- Group Activity requires the direct involvement of 2 or 3 resident advisors
- Team Activity requires the direct involvement by all or almost all of the resident advisors

In addition, other criteria are considered, such as

- areas where shifts in activities can provide additional strength
- overlap and coordination with DOH clients
- other areas of expertise/experiences of a resident advisor in addition to his main TAT role
- applicability of strategic concepts across additional areas
- joint activities not covered in individual work plans, but which support the Child Survival Program as a whole.

The following lists of group and team activities are in no way exhaustive.

### GROUP ACTIVITIES IDENTIFIED

1. Assistance in the development of budgeting/planning system (Almario, Solter, Santa Maria)
2. Financial Analysis support to the Comprehensive Nutrition Plan (Almario, Solter)
3. Interim Short-Term Technical Assistance to Maternal Care (Solter, Loevinsohn)
4. Sourcing for resources funds for the Joint Evaluation of ORT Acceptability (Loevinsohn, Almario, Hernandez).

5. Sourcing for resources to develop the Financial Management Training Module for Program Managers (Almario, Solter, Loevinsohn).
6. Child Mortality Survey for diarrheal disease (Solter, Loevinsohn)
7. Others to be identified later

#### TEAM ACTIVITIES

In addition to the foregoing, the TAT commits to do the following as a team:

1. EPI/CARI Cost Effectiveness Study which covers the cost implications of different strategies in EPI/CARI supplies management: decentralized vs. centralized procurement and mobile vs. health facility based delivery, etc.
2. CSP Bi-Monthly Seminars which will be held to enable various CSP program offices to share with a public other than their own, information, policies, recommendations, results of researches and others related to Child Survival.
3. CMCH Forum shall give the DOH-CSP units the opportunity to share with each other feedback on the different aspects of the program, exchange information on program accomplishments and identify problems and solutions to common problems.
4. Development of the Health Policy Development Staff which will be the laboratory in the DOH for the conceptualization, deliberation, testing and initial implementation of DOH policy recommendations and administrative pursuits and concerns.
5. Integration of CSP program activities into mainstream policies and operation of OPHS.
6. ~~Other concerns which heretofore are unexpressed.~~

*Group*

*FSA only*

**TECHNICAL ASSISTANCE REQUIREMENTS of CSP  
(As expressed by various DOH-CSP programs)**

SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSB			OTHER SOURCES
			TAT	Short-term TA	Research	
Nutrition	Financial Analysis	Financial analysis of proposed comprehensive nutrition plan to help decide on appropriate components and strategies, to be done in Sept.-Oct. 1991. 2 person-weeks.	Lyn + Steve			
Nutrition	Logistics	Assist NS in reviewing/ examining its logistics system, and in designing an efficient and effective logistics system, which includes the following elements:  - system specifications - distribution system (particularly for hard-to-reach areas)  To be done in about 2 months in the 4th quarter of 1991.				X
Nutrition	Food Fortification	Review, assess NS experience and formulate recommendations/ food fortification plan, for three months beginning September 1991.		3 person-months		
Nutrition	Development of marketing scheme similar to EPI	Initiate development of marketing strategy/ plan similar to EPI once Comprehensive Nutrition Plan is approved by DOH Execon and overlaps with other programs are worked out. Given the program status, marketing scheme development is not expected to happen over the next 2 quarters. 1/	Ernie			X
Nutrition	CNP Implementation	Assist in CNP Implementation--specific aspects of this assistance will need to await formal approval of the CNP by the DOH and determination of what the constraints are to effective plan implementation. TA to begin in the 4th quarter of 1991, 5 months (up to end of 1992) 2/		2 person-months		

NOTE:

- 1/ Ernie to do initial work, then coordinate with non-MSB TA (e.g., attend meetings, etc.)  
 2/ 3 months for Dr. Steve Solter + 2 months for short-term TA.

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**SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS**

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
FP	Monitoring/ Data management	Design reporting system to assist in monitoring CSP benchmarks to be included in the FHSIS, for one month in the 4th quarter of 1991.				X

SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-NSH			OTHER SOURCES
			TAT	Short-term TA	Research	
EPI	Lecture on Hepa B Immunization	Discuss major issues concerning Hepatitis B with local experts in key cities (Manila, Cebu, Davao), to convince them (PPS, others) on the efficacy of the Hepatitis B vaccine to be procured by DOH, for two weeks in either November or December 1991, with preference for Dr. James Maynard of PATH.				X
EPI	Manual on Coverage Survey	Document all previous coverage survey results and develop a manual on the conduct of the surveys, data processing, analysis and utilization, for 2 weeks in the first quarter of 1992, preferably to come from REACH				X
EPI	Assessment of skills training of Nurses, Midwives, BHV	Develop protocol and tools, and assist in the assessment and analysis of data particularly on sterilization procedures and immunization skills, for 2 weeks in the last quarter of 1991, preferably a local TA to come from PRICOR				X
EPI	EPI Manual	Assist in the revision and field testing of EPI Manual, for 2 weeks in the last quarter of 1991, preferably a local TA to come from WHO				X
EPI	Vaccine and logistics system	In coordination with PLS, monitor the use of simple/ universal stock monitoring system, and draft guidelines on vaccines, logistics calculation, utilization and procurement, inventory, and determine/ monitor Hepatitis B vaccine pilferage and other antigen wastage estimates, for one year (1992), preferably a local contractual to assist the National Cold Chain Manager				X

**SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS**  
As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
EPI	Cost effectiveness Study	Study on cost implications of different strategies: decentralized/ centralized procurement, mobile versus health facility-based delivery, etc., to be done in the first quarter of 1992, 3 weeks.	Lyn		X	
EPI	Vaccine Production Plan	Develop a plan on vaccine production, in 1992 (quarter not specified) to ensure sustainability of EPI through guaranteed adequate supply of vaccines at all times and prompt distribution to the field, 3 months.*				X

\* Duration of TA is still for confirmation/ validation by Program Manager.

SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSB			OTHER SOURCES
			TAT	Short-term TA	Research	
CDD	Clinical Management Training (CNT) Evaluation	Design tools and analyze data to evaluate effectiveness of training in relation to program strategies/ policy formulation. The first phase is ongoing for one month, while Phase 2 is set for the first quarter of 1992, through PRITECH (also 1 month).				X
CDD	Child Mortality Survey (CDD, ARI, EPI diseases)	Update 1986 diarrhea morbidity and mortality study specially for CDD, ARI and EPI and adapt WHO design, tools and data analysis, for one month in the 2nd quarter of 1992.	Benjamin+ Steve			X
CDD	Provincial HH Cluster Surveys on ORT use rate	Revise tools used in national ORT use rate survey and teach provincial level program coordinators for CDD together with those for EPI, ARI and NCH/UFC, BF, on conduct of survey to measure ORT use rate and analysis of data, in the 4th quarter of 1991, 2 weeks.	Benjamin			
CDD	Evaluation of PPS, APNC, PPbA, CDD/ BF Project activities	Study on effectiveness of DOH-PPS/ APNC/ PPbA collaboration under PHC and now CSP in terms of making ORT more acceptable to medical and paramedical associations. TA to develop tools, analyze data, and make recommendations. Also, TA should determine how effectively the DOH has worked with these professional organizations as well as how to strengthen these linkages. To be done in 1992, 2 months.				X
CDD	Study on Hospital Admission Rates for Diarrhea	Need to validate the trend of "decreasing" diarrhea cases seen/ managed/ admitted to hospitals. TA to develop tools, analyze data plus supervise study, as well as ensure that the study can be used as a supervisory tool by provincial/ district staff, to be done in the 4th quarter of 1991.	Benjamin			X
		- Benjamin 2 weeks				

**SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS**  
As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-NSH			OTHER SOURCES
			TAT	Short-term TA	Research	
CDD/ EHS	Development of Prevention Component of CDD with emphasis on personal hygiene, water and toilet use	Assist EHS to identify and initiate tie-up with soap manufacturers to promote handwashing and toilet manufacturers to promote toilet use, to be done in the 2nd quarter of 1992. Total TA= 3 months. *	Ernie	1 person-month		X
CDD	CSP Integration of all Child Survival Interventions into elementary and high school curricula	Coordinate with DECS in developing materials for curricula integration, with the planning phase to be done in 3rd quarter of 1992, and long-term TA to begin by 1993. *  -Short-term TA + TAT = 2 months -Long-term TA 12 months	Benjamin	1 person-month		X

\* Duration of TA is still for confirmation/ validation by Program Manager.

SUMMARY OF UNMET TECHNICAL ASSISTANCE REQUIREMENTS

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
CARI	Curriculum development for Medical/ Nursing schools	Design course syllabus to include how to assess, classify and manage ARI, and design student's health manual which will incorporate basic ARI messages with special focus on prevention and home care, in 6 months from the 4th quarter of 1991 to the first quarter of 1992, preferably by a local TA from APNC and PNA				
CARI	Institutionalization of drug surveillance	Assist CARI in assessing existing laboratory capabilities in determining microbial sensitivities/ resistance to different antibiotics, and design and conduct training course for laboratory staff in isolating, identifying and testing susceptibility to H. Influenzae and S. pneumonia, for 3 months in the 3rd quarter of 1992, with the TA to preferably come from CDC, (WHO).				X
CARI	Development of Health education tools for use by the midwife	Design a demonstration model to enable midwives to demonstrate rapid breathing and chest indrawing using appropriate technology with the exclusion of videos, to be done in the 4th quarter 1991 to 1st quarter 1992. 2 months.*		1 person-month	X	X
CARI	Monitoring of treatment practices and beliefs over time	Monitoring of potentially harmful treatment practices and mothers' beliefs over time, and evaluate extent to which program must involve these concerned sectors (NDs, herbolarios, mothers, etc.) in their trainings, and design appropriate IEC materials to correct wrong practices/ beliefs, to be done in the 1st quarter of 1992. -Total TA = 2 months	Benjamin+ Ernie			X
CARI	Development of health information system for routine reporting in hospitals and RHUs, monitoring and supervision and health facility surveys	Assistance to MCHS in field testing of drafts for recording and reporting ARI diseases; drafting of a health facility survey instrument, to be done for 3 months in the first quarter of 1992.	Sonny			

\* Duration of TA is still for confirmation/ validation by Program Manager.

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**SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS**

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-NSH			OTHER SOURCES
			TAT	Short-term TA	Research	
CARI	Evaluation of ARI implementation in San Lazaro Hospital (National ATU)	Evaluate actual ARI practices in SLM to see if ARI case management protocols are followed, for 3 months in the first quarter of 1992, by someone who is involved in ARI trainings, preferably to come from WHO.				X
CARI	Evaluation of ARI trainings	Evaluate trainings on ARI CMT and assist NCHS field test, assess test results and recommend improvements to evaluation tools/ monitoring checklist drafts, for 3 months in the first quarter of 1992 by someone with experience in ARI trainings, preferably to come from WHO.				X
CARI	Cost Implications of drug procurement	Study on cost implications of drugs sourced centrally versus those sourced locally from pharmacies, etc., to include ways of getting information on cost purchases of local health authorities, to be done in the fourth quarter of 1991. -Total TA = 6 weeks	Lyn	1 person-month		X
CARI	Analysis of Drug Procurement Study	Analysis of theoretical versus actual drug procurement system to answer: - who determines need - who decides what to buy, how to allocate - how is allocation done - how are funds liquidated and to be done in the January-June 1992. Can be coordinated with Drugs Logistics Study of WAS.* -Total TA = 6 weeks	Lyn	1 person-month		X
CARI	Operational Manual (all levels)	Design, field test and finalize operational manual for health workers to use in assessing, classifying, and managing ARI, for 6 months beginning the first quarter of 1992, preferably by Dr. Nils Daulaire by REACH.				X

\* Duration of TA is still for confirmation/ validation by Program Manager.

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**SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS**  
As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-WSH			OTHER SOURCES
			TAT	Short-term TA	Research	
NC/UFC	Long term consultant epidemiologist with specific experience on NC program and Studies	-Design, help conduct and analyze study (case control) for obstetrical standards (e.g., cutoffs for risk factors among Filipinos);  -assist in designing, conducting and analyzing a survey for MMR and Perinatal Mortality and Morbidity;  -assist in preparing the design, help conduct and analyze studies on prevention of abortion.	Benjamin+ Steve (interim)	2 person-months		X
NC/UFC	Long term consultant program manager with experience in third world countries in NC	-Assist in program diagnostics and planning (analysis of services and gaps; selection of strategies and alternatives for 5-year directional plan)  -design improved NC and UFC information system  -assist in the preparation of the design of the Operational Manuals and Modules for NC and Under Fives Care to be used by the RHM  -conduct evaluation of HMBR training  -assist in the preparation of training design for OB emergencies and the partogram	Benjamin+ Steve (interim)	2 person-months		X

**NOTES:**

**NC/UFC's Long-term TA:**

1) most likely there will be funds for one long-term advisor for NC/UFC. It is not clear how long it will be before this person begins working as well as what skills he or she will possess. In the interim, the eight specific areas listed here will be treated as short-term TA needs, with NCHS deciding on timing, priorities, etc.

2) Long-term TA will be approximately 36 months

3) Short-term TA (in the interim, until long-term person can begin) is 4 months (Short-term TA) + 3 months Solter + Loevinsohn

**SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS**

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
MC/UFC	IEC materials for use by RHM in teaching mothers about Maternal Care and Under Fives	Assist in the preparation of IEC materials which will be used by RHM during Face-to-face interaction with Mothers/ Caretakers re child (under five) and maternal health care. Materials development will start once MC Program Plan is approved by DOH for implementation.		2 person-months		
MC/UFC	Mass media campaign to invite mothers to come to Health Center for pre-natal care	Assist program managers in identifying the strategic message which will be compelling enough to persuade mothers to come for pre-natal care, possibly look into a quick-and-rough research to identify mothers' concerns/ relative to pre-natal care behaviour.*	Ernie	1 person-month	x	

\* Duration of TA is still for confirmation/ validation by Program Manager.

SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS

As of 11 September 1991

PROGRAM	CATEGORY OF T-A NEED	T A DESCRIPTION	CSP-NSH			OTHER SOURCES
			TAT	Short-term TA	Research	
BF	Development of Code Primer	Work on NCHS draft of the Milk Code Primer including identifying common concerns on BF/ Weaning among the different DOH services (FPS, NS, NCHS) and see to the primer's printing and distribution, to be done in the 4th quarter 1991. 2 months.*				I
BF	Development of Code Monitoring Scheme	Review NCHS draft of Milk Code monitoring scheme, revise where needed, and see to it that it becomes operational, to be done in the 4th quarter of 1991. 1 month.*				I
BF	Development of BF indicators	Identify BF indicators and methodology to achieve program goals, work with BF unit of NCHS on BF program development including BF indicators, to be done in the first quarter of 1992. 1 month. *				I
BF	BF initiation/maintenance	Design survey tools, analyze data, work with BF unit of NCHS, to determine factors/ reasons for questionable/ low maintenance of BF in rural areas despite high* initiation, to be done in the first quarter of 1992. 3 weeks. *	Benjamin			I
BF	Lactation Management Training (LMT) evaluation	Design study, assist in its conduct and analyze data towards measuring effectiveness of LMTs in terms of improving hospital practices on rooming-in and early initiation to breastfeeding, to be done in 1992. 2 months.*				I

\* Duration of TA is still for confirmation/ validation by Program Manager.

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**SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS**

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
IEC	Institutional Communications	Assist in the completion and documentation of the visionary aspect of the institutional plans, to be done immediately and completed within the last quarter of 1991.  Thereafter, develop an institutional communication plan (ICP) before May 1992. While this ICP is a separate activity from the ongoing plans to promote specific CSP products. It is viewed as the umbrella communications strategy for DOH.		1 1/2 person months		
IEC	Evaluation of Institutional Communications and Program Promotions	Develop the tools and conduct the evaluation of DOH campaigns especially in terms of integration with other programs.  To the extent possible, progressive evaluation may be conducted intermittently over a period of one or two years.		1 person-month		
IEC	Campaigns Documentation	Assist in the documentation of various communications campaigns implemented by PIHES. This will be a continuing requirement relative to campaign plans and implementation schedules/completion. *		1 1/2 person months/year or 3pm's/2 yrs		
IEC	Public Relations Management	Train PIHES staff and regional personnel in public relations management to be done during the first quarter of 1992. *		1 person-month		
IEC	News Production	Train PIHES staff into becoming a news/media service catering to internal/external publics, inclusive of AV production for news releases. To be done 4th quarter of 1991. *		1 person-month		

**NOTE:**

\* All are 1 person-month short-term TA, set for 2nd quarter 1992.

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**SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS**  
As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
IEC	Market/ Consumer Research Specialist	Train core of PIHES staff and regional personnel on research management and on design/ evaluation of researches for communications, e.g., when and how to conduct FGD's, quick-and-rough copy pre-testing, advertising comprehension and reaction, KAP, etc. This is part of ongoing skills training in line with CSP's institutionalization mandate. To be done 2nd quarter 1992. Additionally, this TA will look into streamlining of various research projects for DOH-IEC campaigns.		1 person-month		
IEC	Advertising Copy Judgment	Develop training syllabus and gather local examples for use in training of PIHES staff to evaluate advertising materials, i.e., what makes good/persuasive advertising copy (radio/tv/print). Staff will be trained to "look" into copy rather than write it. Part of ongoing skills training in line with CSP's institutionalization mandate. Target schedule is 2nd quarter of 1992.		1 person-month		
IEC	Training on Technical Writing	Develop syllabus to train PIHES staff on technical writing to complement ongoing skills training, for long term goal of developing communications managers and strengthening media services. This is planned to be done before the end of this term (May 1992).		1 person-month		
IEC	Manual on private sector contracting	Develop manual on private sector contracting which will include a directory of potential IEC contractors		2 person-months		

**NOTE:**

Ernie's TAs are estimates and will still be taken up with his counterpart, Dr. Manuel Dayrit, when the latter comes back from out of town next week.

SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
IPS	Training of Core Group	Assist training of core group in process consultation, including developing of training materials, and facilitating, evaluating, and following-up training, and assist in developing guidelines for defining role of the core group, for 5-6 weeks in September-October 1991.				I
IPS	Provincial Service Delivery Targeting	Assist the process of negotiation between the 75 provinces and program managers regarding the 9 service delivery targets for 1992, to be done part-time or equivalent to 2 weeks full-time in September-December 1991.	Steve			
IPS	Pilot Province Study of Area Program-Based Planning	Assist in the design, implementation and evaluation of a pilot province study which would determine how the area program-based planning process can be used to improve program implementation, to be done part-time or equivalent to 1 month full-time in November 1991-March 1992.	Steve			I

SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-NSH			OTHER SOURCES
			TAT	Short-term TA	Research	
FHSIS	Institutionalization of the management of FHSIS at the provincial, regional and national levels	Train HIS staff on information system planning, coordination, monitoring, evaluation, and trouble shooting, to consist of design and development of training modules, conduct of training, monitoring and evaluation of trained staff, to be done in September to November 1991. 3 weeks.	Sonny			
FHSIS	Evaluation of FHSIS computerization	Evaluation of the designed FHSIS output tables and the attendant computer systems for the provincial, regional and national levels, to be done when the computer systems have been fully installed or the 2nd quarter of 1992 whichever is later. 2 weeks.	Sonny			
FHSIS	FHSIS logistics management	Design and development of a decentralized logistics procurement and distribution scheme, to include preparation of appropriate cost analysis, to be done from September to November, 1991. 2 weeks.	Sonny			
FHSIS	FHSIS Data Utilization Training - for Managers - for Supervisors	For training of managers, development of problem set based on FHSIS output tables, training of core trainors, monitoring and evaluation of training (including pre and post test, etc.) to be done for 2 weeks in Oct.-Nov.1991.  For training of supervisors, development of checklist and training of core trainors have already been done, but monitoring of training, evaluation of training are to be done for 1 week in October 1991 for the monitoring, and for 2 weeks in December 1991 for the evaluation.	Benjamin			

**SUMMARY OF UNNET TECHNICAL ASSISTANCE REQUIREMENTS**

As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
NAS (HCF)	Assessment of Budget/ Planning Process	Review existing budgeting and planning processes, determine their link and recommend ways to strengthen it, for 3 months to start in January 1992.	Lyn/Sonny /Steve		X	
NAS (HCF)	Evaluation of Financial Management Module	Evaluate effect of training planning/ budgeting committee members on financial management conducted last 1990, for 3 months to start in January 1991.		3 person-months		X
NAS (HCF)	Development of Training Module on financial management for program managers	Help develop module on financial management for program managers and other Central Office staff, for 3 months to start in October 1991.		1 person-month		X
NAS (HCF)	Development of policy agenda from HCF studies	Assist HPDS in identifying policy implications and in planning policy actions from the completed health care financing studies, for 2 months to start in mid-September 1991.	Lyn			X
NAS (HCF)	Research utilization of the Metro-Cebu Child Health Nutrition Study Project	Assist HPDS in establishing the research utilization methodology/ process, prepare monographs for DOH managers and conduct workshop, for 6 months beginning January, 1991.	Steve			
NAS (HCF)	Computer program to support Area Program-Based Planning for CS interventions	Develop a computer program that will be useful in the preparation of APBP and train selected DOH staff, for 3 months to start in October 1991.	Lyn			

SUMMARY OF UNMET TECHNICAL ASSISTANCE REQUIREMENTS  
As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
MAS (HCF)	Documentation and follow-up of processes related to resource utilization	Document all fora like the National Staff Meeting where efficient use of resources will be discussed and facilitate/ follow-up recommendations related to it, for 4 months starting October 1991.				
MAS (HCF)	Study and development of CSP logistics system	Study the existing procurement, storage and distribution system of logistical needs of CSP and design a system to make it more efficient and effective, for 10 months starting November 1991.	Lyn	1 person-month	X	

**SUMMARY OF UNMET TECHNICAL ASSISTANCE REQUIREMENTS**  
As of 11 September 1991

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-NSH			OTHER SOURCES
			TAT	Short-term TA	Research	
CHS	Policy Formulation on Community Collaborations in Health	Analysis of existing programs and database of CHS to identify issues and policy areas and subsequently policy recommendations on community collaborations in health, to be done in September 1991 to March 1992. 2 months.*				
CHS	Training for Municipal Health Offices	Development of syllabus and conduct of training for mobilizing municipal health offices based on the SDA/ Pro-Poor experiences, to be done in October 1991 to March 1992. 2 months. *				I
CHS	Computer-based management of data and information on community collaboration in health	Development and training on appropriate/ customized software for efficient/ effective data utilization especially for policy recommendations, to be done in September 1991 to February 1992. 3 weeks.*	Sonny			

\* Duration of TA is still for confirmation/ validation by Program Manager.

**SUMMARY OF UNMET TECHNICAL ASSISTANCE REQUIREMENTS**  
**As of 11 September 1991**

PROGRAM	CATEGORY OF T A NEED	T A DESCRIPTION	CSP-MSH			OTHER SOURCES
			TAT	Short-term TA	Research	
PLS	Logistics System	Review and assess existing DOH system including procurement, storage and distribution, decisionmaking process, and make recommendations that will support/ strengthen programs. 4th quarter 1991 - 1st quarter 1992.		4 person-months		X

**ROLES OF INDIVIDUAL TAT ADVISORS  
(In response to DOH Programs TA requests)**

**SCOPE OF WORK**  
**CHIEF OF PARTY/PLANNING ADVISOR**  
**DR. STEVEN L. SOLTER**  
**October 1991 - March 1992**

**MISSION STATEMENT:**

To manage the Technical Assistance Team (TAT) in its efforts towards achieving the goals of the Child Survival Program and to assist the process of decentralized health planning and implementation to empower field staff to manage their resources more effectively and efficiently.

**A. MANAGERIAL/LEADERSHIP SCOPE OF WORK:**

1. **Overall Management of the Resident Technical Assistance Team and Short-Term Consultants**

The advisor will, as Chief of Party (COP), be responsible for managing the overall efforts of the Technical Assistance Team, including short-term consultants. He will represent the TAT to both the DOH and USAID.

2. **Assist The DOH In Ensuring That All Performance Benchmarks Are Met**

The advisor/COP would, together with the TAT's Technical Manager, work closely with the Project Coordinating Unit (PCU) of the DOH in making sure that all CSP performance benchmarks are met and appropriately documented.

3. **Programming Resident Advisors' Time and Identifying Priority Team Activities**

The advisor/COP will assist in programming Resident Advisors' time and in identifying priority activities that the Technical Assistance Team can implement as a whole.

4. **Management of the TAT's Internal Monitoring & Evaluation System**

The advisor/COP will manage the teams' internal monitoring and evaluation system as well as manage its external reporting and feedback system.

5. **Management and Control of TAT Contract Resources**

The advisor/COP will be responsible for the management and control of TAT contract resources.

**B. TECHNICAL SCOPE OF WORK:**

**EXPRESSED TECHNICAL ASSISTANCE NEEDS:**

**1. Assistance in Area Program-Based Planning to the Internal Planning Service (IPS)**

The advisor will assist the IPS to strengthen the capabilities of its staff to effectively implement area program-based health planning throughout the country. The "core-group" of centrally-based health planners and program managers will be developed as a new approach to supporting decentralized planning and implementation in the DOH. As part of the process the advisor, together with members of the core group, will develop a long-term training/field implementation plan.

**2. Strengthening Health Planning/Implementation Skills of Field Health Staff at Province/District Level**

The advisor will assist the DOH to identify methods of strengthening the capability of local health planners/ managers, particularly in the area of linking planning with program implementation. A pilot study will attempt to determine how area program-based planning at the provincial/ district level can be of greater practical use when implementing programs. The results of this study can lead to improved training/ planning experience for field health staff.

**3. Planning/Epidemiological Assistance To The Nutrition Service**

The advisor will assist the Nutrition Service in finalizing its 5-year Comprehensive Nutrition Plan (CNP). Once the CNP is approved, he will assist the Nutrition Service in overcoming implementation constraints as well as with monitoring and evaluation.

**UNEXPRESSED TECHNICAL ASSISTANCE NEED:**

- The advisor will assist the Family Planning Service in developing a plan to achieve the three Family Planning service delivery targets for 1993.

CHIEF OF PARTY/PLANNING ADVISOR  
 DR. STEVEN L. SOLTER  
 WORKPLAN  
 Oct. 1991 to Mar. 1992

	DOH	1991			1992		
		OCT.	NOV.	DEC.	JAN.	FEB.	MAR.
<b>TEAM MANAGEMENT ACTIVITIES</b>							
1. Assist CSP mid-term review and 1991 benchmark review	-	-----	-----				
2. Finalize annual report and quarterly report (July-September 1991)	-	-----					
3. Manage the TAT's internal monitoring and evaluation system	-	-----	-----	-----	-----	-----	-----
4. Management and Control of TAT Contract Resources	-	-----	-----	-----	-----	-----	-----
<b>TECHNICAL ACTIVITIES</b>							
<b>EXPRESSED TA NEEDS</b>							
1. Assist in developing capability of the "core group" to support decentralized health planning/implementation	IPS	-----	-----	-----	-----	-----	-----
2. Provide assistance in the design, execution, and evaluation of a pilot province study to determine ways to improve field implementation of provincial health plans	IPS			-----	-----	-----	-----
3. Support the negotiation process in which 75 provinces determine their nine (9) service delivery targets for 1992	IPS/MCHS FPS	-----	-----				
4. Training of local health officials in area program-based planning/plan implementation	IPS			-----	-----	-----	

		1991			1992		
CLIENT		OCT.	NOV.	DEC.	JAN.	FEB.	MAR.
5. Assistance to Nutrition Service in finalizing its Comprehensive Nutrition Plan (CNP)	NS	-----					
6. Support to Nutrition Service in monitoring and implementing the CNP	NS		-----	-----	-----	-----	-----
7. Assist the MAS in its efforts to promote more effective utilization of research results	MAS				-----	-----	-----
8. Provide assistance to the Maternal Care Program on an interim basis until a long-term advisor arrives.	MATERNAL CARE (MCHS)			-----	-----	-----	
UNEXPRESSED TA NEED							
1. Provide assistance to the Family Planning Service in developing a plan to achieve its three service delivery targets for 1993.	FPS		-----	-----			

**SCOPE OF WORK**  
**HEALTH CARE FINANCING (HCF) ADVISOR**  
**EMELINA S. ALMARIO**  
**October 1991 to March 1992**

In the Child Survival Program (CSP), the role of the HCF advisor is to assist the DOH define, test, and implement policies to improve the long-term sustainability of child survival programs through the (1) identification of possible, desirable and feasible health financing policy reform, (2) prioritization of these reforms based on likely impact, probability of adoption and extent of preparations required; (3) strategy formulation and implementation planning for adopting and installing the agreed priority reforms; and (4) mobilizing resources to help manage the implementation of reforms.

This role will be carried out in consultation and in conjunction with the advisor's official DOH counterpart, Director Melahi Pons of MAS and HPDS.

In this context, the scope of work of the HCF advisor for the next six months follows:

**EXPRESSED TECHNICAL ASSISTANCE NEEDS**

**1. Achievement of 1991 HCF benchmarks.**

The HCF advisor should see to it that the 1991 HCF benchmarks are on track and are met, as defined and on schedule.

**2. Identification/implementation of pilot studies from benchmark work.**

On the basis of the benchmark work, the HCF advisor will identify possible pilot studies/test cases with policy implications, assess how these can be mounted, and monitor/ evaluate their implementation.

**3. Institutionalization of HCF within (a) HPDS and (b) Programs and Services.**

To institutionalize HCF in the DOH, the advisor will assist the initial activities of the HPDS as it sets up its office and staff and establishes its presence in the DOH. The advisor will also find ways of creating awareness and appreciation of HCF in the different programs and services through the conduct of operations-directed workshops.

**4. Coordination of Technical Assistance (TA).**

The HCF advisor will be sensitive and responsive to both articulated and unarticulated technical assistance requirements in the HCF area. When feasible, she will coordinate these requests and try to address them by sourcing funds and/or technical assistance.

5. **Program/Service Integration: FMS/IPS/MAS with CS programs.**

For the activities the HCF advisor will undertake, she will make an effort to create fora where program and service representation can interact and enhance each other's expertise.

6. **Conduct of costing and cost-related studies.**

The HCF advisor will spearhead the conduct of costing and cost-related studies with the objective of showing how such studies can assist the DOH carry out its mandate more effectively.

**UNEXPRESSED TECHNICAL ASSISTANCE NEEDS**

1. **Monitoring of HCF research.**

The HCF advisor will make an effort to keep track of the HCF research work taking place at PIDS-UPSE and CRC and assist in networking efforts of health care financing researchers.

2. **Conduct of follow-on work to existing technical assistance activities.**

HEALTH CARE FINANCING ADVISOR  
EMELINA S. ALMARIO  
WORKPLAN  
Oct. 1991 to Mar. 1992

	DOH CLIENT	1991			1992		
		OCT	NOV	DEC	JAN	FEB	MAR
1. Assist in the Mid-Term Evaluation		----	--				
2. See to it that HCF benchmarks are met	MAS	----					
3. From HCF benchmark work, identify possible pilot studies/test cases with policy implications	MAS	----					
4. Assist in the conduct, implementation and evaluation of these pilot studies/test cases	MAS		-----	-----	-----	-----	-----
5. Set up and implement game plan for 1992 HCF benchmark	MAS		-----	-----	-----	-----	-----
6. Assist HPDS set up its office and staff, and establish a profile in the Department	MAS	-----	-----	-----	-----	-----	-----
7. Network with other HCF researchers and collect HCF materials.	MAS	-----	-----	-----	-----	-----	-----
8. Set up workshops within programs and services that will show relevance of costing and cost-related studies to DOH operations	MAS/FSI IPS/CS Programs	-----	-----	-----	-----	-----	-----

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9. Set up and implement plan to address HCF related TA requirements

Coordinate:

- Cost effectiveness study for EPI
- Cost Implications of CARI Drug Procurement
- Costing of CNP
- Assessment of Budget and Planning Process
- Evaluation of Financial Management Module
- Training of Area Managers on Computer based program on CS Intervention Costs
- Documentation and follow-up of resource utilization processes
- Study and development of CSP Logistics System

Assist in sourcing TA for:

- Evaluation of CDD joint activities with outside groups on ORI acceptability
- Policy formulation on community collaborations in health
- Training for Municipal health officers
- Development of module for program managers

DOH CLIENT	1991			1992		
	OCT	NOV	DEC	JAN	FEB	MAR
	-----	-----	-----	-----	-----	----->
MCHS-EPI				-----	-----	-----
MCHS-CARI	-----	-----	-----			
NS	-----					
MAS, FS				-----	-----	----->
MAS, FS				-----	-----	-----
MAS, FS	-----	-----	-----			
MAS	-----	-----	-----	-----		
MAS/FS/CS Programs		-----	-----	-----	-----	----->
MCHS-CDD				-----	-----	----->
CHS	-----	-----	-----	-----	-----	-----
CHS	-----	-----	-----	-----	-----	-----
MAS/FS	-----	-----	-----			

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**SCOPE OF WORK**  
**HEALTH & MANAGEMENT INFORMATION SYSTEMS ADVISOR**  
**MANUEL O. STA. MARIA**  
**October 1991 to March 1992**

**MISSION STATEMENT:**

To provide continuing technical and managerial assistance to FHSIS and other DOH programs in the design, development, implementation, maintenance and sustainability of information systems in response to expressed and unexpressed needs, particularly those of the Child Survival Program.

**EXPRESSED TECHNICAL ASSISTANCE NEEDS**

**1. FHSIS Management Systems Development**

Technical assistance aims to provide institutionalized capability to the FHSIS Management Team currently housed at the Health Intelligence Service (HIS). Assistance shall consist of:

- a. Training of HIS staff on systems management
- b. Development of a decentralized logistics procurement and distribution system.

**2. FHSIS Installation/Maintenance/Evaluation**

Activities are geared toward providing technical support in the installation, maintenance and evaluation of the computerized FHSIS. Assistance shall consist of:

- a. Support for the installation of FHSIS in the regional and national levels
- b. Support for the revision of the provincial FHSIS
- c. Evaluation of the FHSIS Computer System

**3. Other Programs' Needs for Information Systems**

There is need to respond to the expressed requirement of some programs for assistance in information systems design and development. This need was expressed by:

- a. the CHS for the computer-based management of its data and information
- b. the CARI program for the development of its information system
- c. the FPS for the development of its information system

**4. Other Support to Other Programs**

In line with the TAT team approach/response to other Child Survival Programs, technical support will also be provided together with the other TAs for:

- a. MAS/HCF assessment of the budgetting/planning process
- b. EPI/CARI cost effectiveness study
- c. Study and development of CSP logistics system

**UNEXPRESSED TECHNICAL ASSISTANCE NEED**

Aside from the expressed needs, there seems to be an emerging requirement for the design and development of the population-based reporting component of FHSIS. This will have to be initiated now to gain headway in meeting the requirements of 1992.

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HEALTH & MANAGEMENT INFORMATION SYSTEMS  
 MANUEL O STA. MARIA  
 WORKPLAN  
 Oct. 1991 to Mar. 1992

	DOH CLIENT	1991			1992		
		OCT.	NOV.	DEC.	JAN.	FEB.	MAR.
<b>EXPRESSED TECHNICAL ASSISTANCE NEEDS</b>							
1. FHSIS Mgt. System Dev't.							
a. Training of HIS Staff	HIS	-----	-----	-----			
b. Dev't. of logistics system	HIS		-----	-----			
2. FHSIS Installation/Maintenance/Evaluation							
a. Support for installation of FHSIS	MAS/HIS	-----	-----	-----			
b. Support for revision of provincial FHSIS	MAS/HIS		-----	-----	-----	-----	
c. Evaluation of FHSIS Computer System	MAS/HIS						----->
3. Other program needs for Information System							
a. CHS Computer Based Data Management	CHS	-----	-----	-----	-----	-----	
b. Development of information systems for CARI	CARI				-----	-----	----->
c. Development of information system for FPS	FPS						

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4. Other support to other programs

a. Assessment of planning/ budgeting system

b. EPI/ CARI Cost Effectiveness Study

c. Study of CSP logistics system

UNEXPRESSED TECHNICAL ASSISTANCE NEEDS

Population Based FHSIS

DOH CLIENT	1991			1992		
	OCT.	NOV.	DEC.	JAN.	FEB.	MAR.
MAS/HCF				----->	----->	----->
EPI/CARI				----->	----->	----->
MAS		----->	----->	----->	----->	----->
HIS	----->	----->	----->	----->	----->	----->

**SCOPE OF WORK**  
**SOCIAL MARKETING/IEC ADVISOR**  
**JOSE RAFAEL S. HERNANDEZ**  
**October 1991 to March 1992**

The goal of implementing the Social Marketing/ IEC plan is to increase and internalize demand for child survival services. To this end, the TA will assist the Public Information Health Education Service and CS program managers in the planning and execution of communication support for the Child Survival Program inclusive of its research and evaluation components; assist in training communications managers; assist in identifying and contracting appropriate private sector organizations pursuant to this goal.

Activities will be undertaken in the following areas:

**1. Assistance in IEC planning and implementation**

The advisor will assist PIHES in the actual conceptualization and write-up of communications plans for various components of the Child Survival Program; formulation and pre-testing of communications messages; management of the process for designing, producing and distributing the various IEC materials for specific outlets; managing the process of media budgetting, strategy and plans development, implementation and monitoring; managing the process of monitoring and evaluating the results of IEC activities and materials inclusive of field visits.

As reflected in the approved IEC Implementation Plan-- 1991-1992, priorities will continue to focus on EPI and CDD but preparatory strategic thinking and development work should already start on the other Child Survival Program components in line with their stage of maturity. The programs or components for immediate review are breastfeeding, polio eradication and TT, Vitamin A and micronutrient supplementation and institutional communication. Aside from mass media, the need to strengthen face-to-face communication at point-of-service (POS) has been identified as a key link to a sustained consumer behavior. It is at POS where various Child Survival messages will be integrated.

**2. Assistance in research and evaluation of communications component of the CSP**

The advisor will provide assistance in determining and developing appropriate research studies (inclusive of questionnaire development) that will help evaluate the contribution of the communications component to the overall performance of the program or specific intervention. This evaluation begins with the basic communications story or key message i.e., whether the right "sales" message has been selected. Various research tools are available varying from informal focus groups to sophisticated, large sample-based KAP's (Knowledge, Attitude and Practice Studies).

**3. Assistance in training of prospective communications managers from PIHES and other units of the DOH**

Aside from on-the-job supervision of prospective communication managers (PCM) doing actual projects, the advisor will help identify and collaborate with other TAs in conducting intensive workshops and seminars designed to strengthen PCM's skills in social marketing and communications.

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4. **Assistance in identifying and contracting appropriate private sector organizations.**

Even as the advisor actively encourages private sector participation into public sector health programs, he will provide a list of established and accredited private sector research companies and advertising agencies to select from. Additionally, the advisor in collaboration with PIHES will develop a selection process guideline/criteria for these sectors as well as one for radio/TV production houses which will eventually develop into a manual.

5. **Assistance to other DOH units including top management who need support in social marketing, either directly or through referral to other TA's.**

In line with the overall thrust to institutionalize the disciplines of social marketing within the Department, the advisor should provide assistance to other public health programs either directly or by sourcing other IEC TA's as the need arises. Other programs with identified IEC needs are TB, Malaria and Schistosomiasis and Environmental Health Service.

6. **Sourcing and Coordination of Technical Assistance (TA)**

The advisor will be sensitive to articulated and un-articulated TA requirements in the SM/IEC area coming from PIHES or other DOH units. When feasible he will coordinate these requests and try to address them by sourcing funds and/or technical assistance.

7. **Institutionalization and program/service integration**

To institutionalize social marketing in the DOH, the advisor in addition to his training activities will find ways in creating awareness and appreciation of the subject through workshops or any fora where the different Program and Service representation can also interact and enhance each other's expertise.

SOCIAL MARKETING/IEC ADVISOR  
 JOSE RAFAEL S. HERNANDEZ  
 WORKPLAN  
 Oct. 1991 to Mar. 1992

DOH CLIENT	1991			1992		
	OCT	NOV	DEC	JAN	FEB	MAR
1. Assist in IEC Planning & Implementation						
a. Review with PIHES & Prog. Mgrs. the potential role of communications to support service delivery; determine next steps	PIHES					
-Nutrition "Marketing Scheme" to also prioritize product for promotion (VAD, Micronutrients, weaning food, etc.)	NS					
-CARI "Rapid breathing demo"	MCHS					
-MC/UFC Pre-natal Care Invitation/Face-to-Face Instructions	MCHS					
-EPI Polio Eradication & TT	MCHS					
-Malaria Pilot	MCHS					
-Schistosomiasis Pilot	SCS					
-Environmental Health	EHS					
b. Conceptualization and Write up of social marketing communications plan	PIHES					
-EPI Measles National Sustaining	MCHS					
-EPI Polio Eradication/TT	MCHS					
-CDD National Expansion	MCHS					
-TB Pilot Campaign (3 Regions)	TBS					
-Malaria Pilot	MCS					
-Schistosomiasis Pilot	SCS					
-Environmental Health	EHS					

DOH CLIENT	1991			1992		
	OCT	NOV	DEC	JAN	FEB	MAR
<b>c. Formulation &amp; Pre-testing of Communication Messages</b>						
-EPI Nat'l. Measles Sustaining Campaign (tri-media & face-to-face)	MCHS	-----				
-Tuberculosis	TBS	-----	-----			
-Malaria/Schisto.	MCS/SCS			-----	-----	-----
-Environmental Health	EHS			-----	-----	-----
<b>d. Mgt. of the process for designing, producing &amp; distributing of various IEC materials for specific outlets</b>	PIHES					
-EPI Measles Sustaining R/TV	MCHS	-----	-----	-----		
Print/poster/comics/calendar		-----	-----			
-CDD Dehydration & AM R/TV	MCHS	-----				
Posters, comics, pamphlets		-----	-----	-----	-----	-----
-Tuberculosis R/TV	TBS	-----	-----			
Posters		-----	-----	-----	-----	-----
<b>e. Managing the process of media budgetting, strategy &amp; plans development, implementation &amp; monitoring</b>	PIHES					
-EPI Measles Nat'l. Sustaining Campaign	MCHS	-----	-----			
-CDD Nat'l. Expansion	MCHS	-----	-----	-----	-----	-----
-Tuberculosis 3 Regions Pilot Campaign	TBS		-----	-----	-----	-----
<b>f. Managing the process of monitoring &amp; evaluating the results of IEC activities &amp; materials inclusive of field visits</b>	PIHES					
-EPI Measles Nat'l. Sustaining Campaign	MCHS	-----	-----	-----	-----	-----
-CDD Nat'l. Expansion Campaign	MCHS	-----	-----	-----	-----	-----
-Tuberculosis 3 Regions Pilot Campaign	TBS	-----	-----	-----	-----	-----

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2. Assist in Research & Evaluation of Communications Components of the CSP

- a. Determine research requirements and timetable of various programs as in 1.a. listing (FGD's, copy pre-testing, KAP) and farm-out to private sector or within DOH as appropriate

- Pre & Post KAP on Nat'l. CDD Kasabwat
- TB copy pre-test Radio/cinema/posters/comics
- TB KAP Baseline
- Polio/TT KAP Baseline
- Breastfeeding KAP Baseline

3. Assist in trng. of prospective communications manager from PIHES & other DOH units

- a. On-the-job-trng. (on-going)
- b. Public Relations Mgt. help identify TA & collaborate with him to develop syllabus & conduct trngs.
- c. News Production: help source & identify TA to handle trng. in ff areas:
  - News Production
  - Market/Consumer Research Mgt.
  - Advertising, Copy Judgement
  - Technical writing

DOH CLIENT	1991			1992		
	OCT	NOV	DEC	JAN	FEB	MAR
PIHES						
MCHS	-----	-----	-----	-----	-----	-----
TBS	-----			-----	-----	-----
TBS	-----			-----		
MCHS	--	-----	-----			
MCHS		-----	--	-----		
PIHES						
PIHES/ other Units	-----	-----	-----	-----	-----	-----
PIHES Central/ Regional	-----	-----	-----	-----	-----	-----
PIHES Central/ Regional	-----	-----	-----	-----	-----	-----

- 4. Assist in identifying & contracting appropriate private sector organizations
  - a. Assist in the ad agency selection process for Malaria, Schisto & Environmental Health, proceeding to contracting. Use CDD & EPI experience as contracting models
  - b. Help facilitate contracting with TRENDS (research company) re: Polio/TT & Breastfeeding KAPs; develop questionnaire/fieldwork
  - c. Identify & collaborate with STA to develop Manual on Private Sector Contracting
  - d. Assist in the selection of printing houses for various CDD merchandizing materials & help oversee quality production
- 5. Assist DOH Upper Mgt. & other DOH units who may need support in social marketing

DOH CLIENT	1991			1992		
	OCT	NOV	DEC	JAN	FEB	MAR
PIHES & OPHS						
PIHES/MCHS						
PIHES/OCS						
PIHES/MCHS						
DOH						

**6. Institutionalization & Program/Service Integration**

a. Assist in the dev't. of integrated IEC Kit for midwives

b. Help identify & contract TA to develop Institutional Communication plans

c. Help identify & contract TA to develop tools and conduct the evaluation of DOH campaigns especially in terms of integration with other programs

d. Assist in the documentation of various campaigns (a continuing requirement)

DOH CLIENT	1991			1992		
	OCT	NOV	DEC	JAN	FEB	MAR
PIHES						
PIHES/ MCHS OPHS	-----	-----	-----	-----	-----	-----
PIHES/ OSEC	-----	-----	-----	-----	-----	-----
PIHES/ OCS	-----	-----	-----	-----	-----	-----
PIHES	-----	-----	-----	-----	-----	-----

**SCOPE OF WORK  
PROGRAMS & EVALUATION ADVISOR  
DR. BENJAMIN P. LOEVINSOHN  
October 1991 to March 1992**

**MISSION STATEMENT:**

To assist programs to achieve the 9 service delivery targets and help institutionalize the use of quantitative methods in program management, evaluation, and planning.

1. **ACHIEVEMENT OF 1993 SERVICE DELIVERY GOALS**

The advisor would assist the child survival programs in the Department of Health in planning for the accomplishment of the 1993 service delivery goals. He would also help track the progress towards accomplishing the 9 service delivery targets. For example, this would involve work on the MCH/ORT use rate surveys.

2. **EPIDEMIOLOGICAL ASSISTANCE TO M.C.H.S.**

The advisor would assist MCHS in evaluating specific aspects of its child survival programs, by helping in the analysis of routine data and the conduct of field studies. For example, help with the redesign of the HBMR (Home based maternal record) by helping with the evaluation of its success and problems in the field. The advisor would also help to teach DOH staff (including FETP trainees) how to use quantitative methods in program planning and monitoring.

3. **SUPERVISION AND MONITORING**

The advisor would work with program managers to help strengthen the monitoring and supervision of CS programs in the field. This would involve developing methods and specific tools to systematize supervision at BHS and RHU level, as well as at managerial level such as districts and provinces. For example, the work with HIS on the integrated supervisory checklist for mid-wives would continue.

4. **COORDINATION OF TECHNICAL ASSISTANCE**

The advisor would help CS program managers identify technical assistance needs, and provide liaison with the CSP Technical Assistance Team (TAT). For example, help with designing scopes of work for specific short-term technical assistance.

5. **PROGRAM INTEGRATION**

The advisor would, through his work with the Family Planning Service, MCHS, and the Nutrition Service help foster the integration of the child survival programs.

6. **THE UTILIZATION OF DATA**

Assist HIS in carrying out and evaluating the training of managers in the critical and creative utilization of data. HIS staff would completely take over responsibility for the conduct of training courses.

NOTE: The above tasks will be the primary focus of the advisor, however he will respond to requests from program managers within the constraints imposed by trying to accomplish these 6 objectives.

PROGRAMS AND EVALUATION ADVISOR  
 Dr. BENJAMIN P. LOEVINSOHN  
 WORKPLAN  
 October 1991 to March 1992

	DOH	1991			1992		
		CLIENT	OCT.	NOV.	DEC.	JAN.	FEB.
1. Help design provincial level cluster surveys to measure ORT use rate, breastfeeding rate, EPI coverage etc. (CDD request)	CDD	----	----				
2. Assist with preparations for the Midterm review							
3. Data utilization training of trainers and development of evaluation tools (HIS request)	HIS	---					
4. More in depth analysis of MCH/ORT use rate survey data	MCHS	--	--				
5. Help with redesign of HEMR based on field evaluation	MCHS		--	--			
6. Evaluation of integrated supervisory checklist implementation (HIS request)	HIS			---	--		
7. Hospital admission rate study for diarrhea (CDD request)	CDD				----		
8. Participate in cost/effectiveness study of mobile teams in urban settings (EPI request)	EPI				----	-	
9. Help develop Breastfeeding indicators (CDD/BF request)	CDD/BF					----	
10. CARI health information development and health facility survey development (CARI request)	CARI					----	----
11. Monitor CARI practice of MDs, herbolarios, BHWs, (CARI request)	CARI					----	----
12. Begin studies on maternal risk factor for development of Filipino standards	MC						----