PD-ABE-425

The Philippine Child Survival Program
Technical Assistance Team

WORKPLANS

April to September 1992

(One Volume Only)

Contract No. 492-0406
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INTRODUCTION

This workplan for the Technical Assistance Team (TAT) of the Child Survival Program covers the period April 1 to September 30, 1992. When compared with previous workplans (which have been submitted every six (6) months since the beginning of the TAT contract in 1990), this workplan is unusual in several respects:

(1) This workplan's submission was delayed until June 1992 at the suggestion of USAID/OPHN in order to allow sufficient time for the TAT to respond to the changing TA needs of the DOH, particularly in regard to the Local Government Code and its implementation.

(2) The TAT held a retreat on May 29-30, 1992 in order to identify new priorities of the DOH regarding TA. Undersecretary Roxas attended this retreat and provided clear guidelines regarding how the TAT could meet emerging needs of the DOH. Undersecretary Roxas's concerns are reflected in this workplan.

(3) This workplan represents a clear shift in the focus of the TAT's activities. For this six (6) month period the TAT's energies and resources will be directed towards meeting not only the needs of DOH staff but also the needs of local government officials. These officials, as of July 1, 1992, will have the responsibility of managing most health programs at the provincial and municipal levels.

(4) During the period covered by this workplan one of the TAT members (Ms. Emelina S. Almario) will leave the TAT. A new TAT member will be recruited who will work closely with DOH and with local government officials concerning the decentralization of health services. Ms. Almario will move to the new Health Finance Development Project. These changes are reflected in this workplan.

One other major change for this workplan was anticipated but did not, in fact, occur. The TAT had presumed in the beginning of 1992 that this workplan would reflect changes in the original Scope of Work found in MSH's Contract with USAID. After carefully reviewing the wording of this original Scope of Work (and after discussions with the DOH and USAID), the TAT decided not to recommend any changes. This was because the TAT felt that despite changes in it's workplan (especially regarding support for the DOH's decentralization efforts) these changes were not so profound as to require new Scopes of Work. The reason for this was the fact that responding to the new situation required a change in approach but not a radical change in the type of work we were doing. For example, Mr. Sta. Maria (the Health & Management Information Systems Advisor) will continue during this six (6) month period to work closely with the DOH in implementing the FHSIS. However, in contrast to the previous six months, he will shift his focus somewhat from meeting the information needs of DOH staff at different levels to also meeting the information needs of local government officials. The substance of his work will not change very much whereas his target group will expand significantly.

This six-month period also represents a very important transition in the DOH to a new administration which will take office on July 1, 1992. The TAT hopes to work closely with this new administration in strengthening child survival services throughout the Philippines.

The purpose of this workplan, updated every six months, is to provide the TAT, the DOH and USAID with a document that can be used to monitor the TAT's performance and that can be used as a practical tool to make sure the TAT's resources are used as efficiently and as effectively as possible. We hope this goal has been achieved.

Chief of Party/

Epidemiology-based Planning

Scope of Work
April to September 1992

DR. STEVEN L. SOLTER
Chief of Party/Planning Advisor

MISSION STATEMENT:

At the end of the project, an area program-based planning process consistent with the decentralization policy of the government would have been fully institutionalized in the DOH. By then, the Planning Advisor hopes to have accomplished his role in this thrust of the DOH by:

- o providing relevant technical direction to DOH units in the development of appropriate planning capabilities for the central, regional, provincial and municipal levels.
- o taking the lead in guiding the planning staff in implementing reforms that will empower field staff to manage their resources effectively and efficiently, given the new circumstances of the Local Government Code
- o improving the epidemiological soundness of existing plans by providing CSP service areas with technically valid recommendations.

In addition, as Chief of Party, the advisor hopes to have managed the affairs of the Technical Assistance Team so that all the goals of the Child Survival Program would have been achieved at the end of the project.

In this context, the scope of work of the advisor for the next six months would be:

A. <u>AS CHIEF OF PARTY (COP)</u>:

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

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

2. **Ensuring That All Performance Benchmarks Are Met**

   The COP would, together with the TAT, 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 COP shall be responsible for 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 COP will oversee the TAT's internal monitoring and evaluation system as well as manage its external reporting and feedback system.

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

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

6. **Support the DOH efforts in Decentralization and Implementing the Local Government Code**

The COP will be responsible that the TAT's overall efforts consistently meet the needs of the DOH in this area.

B. <u>AS PLANNING ADVISOR:</u>

1. **Strengthening the capability of the internal planning service in Institutionalizing area program-based health planning at area and Program Levels**

There is a need to strengthen the capabilities of the IPS staff to effectively implement area program-based health planning throughout the country in the new era of decentralization and the Local Government Code. The "core-group" of centrally-based health planners and program managers will be strengthened as an 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 and implement a long-term training/field implementation plan.

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

The advisor shall 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 be conducted as an attempt to determine how area program-based planning at the provincial 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. **Improving the Epidemiological Basis of Existing Plans**

The advisor will assist DOH central managers responsible for child survival interventions in reviewing their 5-year directional plans and one-year operational plans. He will focus on the epidemiological basis of existing plans in order to help identify key issues and areas which need strengthening.

4. **Providing Planning/Epidemiological Advice To The Nutrition, Family Planning and Health Intelligence Services**

The advisor will provide technical advice to the Nutrition Service in helping it to implement its 5-year Comprehensive Nutrition Program (CNP). In addition, he will work with the Nutrition Service with the monitoring and evaluation of the CNP. He will also help strengthen the Family Planning Service's capability to plan and achieve the three Family Planning service delivery targets for 1993 and assist the HIS in its efforts to strengthen the link between the FETP and program managers, so that program managers' needs are met more effectively.

WORKPLANS
CHIEF OF PARTY/ PLANNING ADVISOR
DR. STEVEN L. SOLTER
April to September 1992

	DOH CLIENT	OUTPUT	APR	MAY	JUN	JUL	AUG	SEPT
TAT MANAGEMENT ACTIVITIES								
Assist in achieving and documenting 1992 benchmarks		Completed benchmark documentation						
Completed quarterly reports (April–June and July–September 1992)		Quarterly Reports						
Manage the TAT's internal monitoring and evaluation system		Reports/feedback						
Manage and control of TAT contract resources								
Recruit and select Decentralization Advisor		Decentralization Advisor selected						
Amend contract with USAID		Amended MSH Contract						
TECHNICAL ACTIVITIES								
Strengthen capability of the "core group" to support decentralized health planning/ implementation	IPS	Report on Core Group activities						
Supervise the design, execution, & evaluation of a pilot province study to determine ways to improve field implementation of provincial health plans	IPS	Final Report						

	DOH CLIENT	OUTPUT	APR	MAY	JUN	JUL	AUG	SEPT
Support the negotiation process in which 75 provinces determine their nine (9) service delivery targets for 1993	IPS/MCHS FPS	Completed targetting of 75 provinces						
Participate in the training of local health officials in area program-based planning and plan implementation	IPS	Pre-negotiated number of health officials trained						
Provide advice to the Nutrition Service in implementing and monitoring its Comprehensive Nutrition Program (CNP)	NS	Approved CNP						
Provide technical inputs to HIS in its efforts to promote the effective use of the FETP in meeting the needs of program managers	HIS	Research results dissemination process defined/ documented						
Review technical basis of existing long-term strategies of CS service interventions and provide input into operational/directional plans		Inputs to plans						
Provide assistance to the Family Planning Service in developing a plan to achieve its three service delivery targets for 1993.	FPS	Advice						

Health and Management Information Systems

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Scope of Work
April 1992 to September 1992

MANUEL O. STA. MARIA
Health and Management Information System Advisor

MISSION STATEMENT:

At the end of the project, the Advisor hopes to have significantly contributed to the creation within the DOH of an environment that is conducive to information-based decision making, trusting in the use of computer technology, and open to the application of systems methodology in day-to-day operations. The Advisor hopes to accomplish this by:

- o developing the systems management skills of the FHSIS managers
- o coordinating the development of an updated FHSIS that conforms to area program based planning and to the devolution of health services to the local government
- o initiating the design of a health information system that is a component of a local government information system by making a province as the laboratory; subsequently promoting and replicating the same in other provinces
- o providing expertise support to child survival service areas
- o providing expertise support to the systems development efforts of the DOH and assisting in the standardization of such efforts.

In addition and in support of the Chief of Party, the Advisor aims to have managed the affairs of the Technical Assistance Team so that the goals of the CSP would have been achieved at the end of the project.

In this context, the scope of work of the Advisor for the next six months would be:

1. <u>Management of TAT Program Activities</u>

   The Advisor shall see to it that the program/project technical and administrative requirements expected by the DOH and USAID of the TAT are met. These involve the workplans, the benchmark reviews and requirements preparation, the contract amendments, report requirements, and implementation of management systems. He will also manage the internal affairs of the team to actualize these requirements. He will do so only in support of the functions of the TAT Chief of Party.

2. Strengthening the Management of FHSIS

The Advisor wishes to support the moves of the new HIS Director to redirect the staff of FHSIS towards responsible data management. In line with this, he will continue to strengthen the staff in FHSIS by training them directly and to provide technical assistance in the streamlining of the FHSIS output tables. A priority activity also is the production of the annual tables for 1991 and subsequent quarters.

3. Upgrading and Maintenance of FHSIS

Because of the Local Government Code (LGC) implementation, there is a need to simplify FHSIS so that it can easily be promoted to local government officials (LGO). There are three main activities to achieve this: (1)simplify the presentation of the output tables so that only major indicators are presented to the users, (2) redevelop the system so that only the most important components of the system are retained, and (3) actively promote the simplified system to the LGO using the local health staff as conduit. Promotional activities can ride on current efforts of the DOH to brief LGO of health programs. They also involve extensive provincial sorties.

4. Development of a Health Information System Laboratory

The LGC has highlighted the inevitability that the FHSIS must be integrated into the local government system. In this connection, it is envisioned that a systems laboratory be initiated in the province of Cebu so that an information system that caters primarily to the concerns of LGO can be designed, developed and installed, initially in Cebu, and later to other provinces. Necessarily such information system can incorporate other technologies, in addition to FHSIS, that have been developed and tested in the DOH. Preparatory activities include the development of a proposal to seek mandate from DOH and funding agencies.

5. Support to Systems Development Efforts of DOH

At the request of the Management Advisory Services (MAS), the Advisor shall be involved in the following:

- formulation of quality assurance plan for FHSIS devt
- formulation of MIS development standards
- evaluation of systems development bids
- assessment of systems development contractors
- assessment of 1992 ISP implementation
- technical assistance in the UNIX technology
- technical assistance in hardware and software evaluation
- other forms of assistance as the need arises

6. Non-IS Support to Other Service Units/Offices

The Advisor shall also support other units/offices in various capacities.

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WORKPLANS
Health Management Information System Advisor
MANUEL O. STA. MARIA
April to September 1992

	DOH CLIENT	OUTPUT	APR	MAY	JUN	JUL	AUG	SEPT
1. Coordinate TAT activities	CSP-TAT	Plans, reports, etc.						
2. Coordinate 1992 benchmark related activities	CSP	Prepared benchmark requirements						
3. Train HIS and field staff on managing FHSIS	HIS/ Regional Coordinators	Trained staff						
4. Monitor FHSIS implementation; promote FHSIS to local government officials	HIS	Monitoring report						
5. Coordinate production of output tables	HIS	Output tables (OT)						
6. Coordinate FHSIS upgrade	HIS/ MAS	Simplified OT, computer programs						
7. Coordinate activities for HIS laboratory	HIS/ MAS	Proposal, design						
8. Support MAS activities	MAS	Quality assurance, plans, system development standards, bids assessment, hardware/ software assessment						
9. Non-IS support to other units	Units	case to case						

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Health Care Financing

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Scope of Work
April to July 1992

EMELINA S. ALMARIO
Health Care Financing (HCF) Advisor

INTRODUCTION

The workplan of the HCF Advisor for the Child Survival Program ends in July with the transfer of the Advisor to the Health Finance Development Project.

CSP work done in the HCF area that should be continued and expanded consists of the costing models for CSP interventions. The dissemination of these models among program staff and pertinent local government units will create a better understanding of resource management and help in the budgeting process. Similar models can be designed for other CSP interventions; at the same time, the model can be used as a first step for cost effectiveness studies.

The Advisor will take with her to the HFDP the other HCF efforts begun in CSP. The work on regulations for the health maintenance organization (HMO) industry can be used as a starting point for the policy process of Component 1. The studies on the evaluation of the Philippine Medical Care Commission (PMCC) - HMO tie-up project, local/national shares in health care expenditures, and public-private sector collaboration in health care will impact on Component 2. Component 3 can build on the findings of the studies on cost containment, user fees and cost recovery, and the restructuring of the four specialty hospitals.

MISSION STATEMENT:

At the end of the project, the HCF Advisor hopes to have enabled the DOH define, test, and implement policies to improve the long term sustainability of the Child Survival Program by:

- identifying possible, desirable, and feasible health financing policy reforms
- prioritizing these reforms based on likely impact, probability of adoption, and extent of preparations required
- formulating and implementing strategies for adopting and installing the agreed priority reforms
- mobilizing resources to help manage the implementation of reform

In this context, the workplan of the HCF Advisor for the period April to July 1992 consists of:

1. **Achievement of 1992 benchmarks, in particular, the HCF benchmark.**

   The HCF advisor will participate in all the activities required to ensure the achievement of 1992 benchmarks: the monitoring meetings, the regular workshops, etc. She will devote special attention to the remaining HCF benchmark for 1992: a status report on the Philippine Medical Care Commission (PMCC) - Health Maintenance Organization (HMO) tie-up project.

2. **Support for Health Policy Development Staff (HPDS) in Health Finance Development Project (HFDP)-related work.**

   The HCF advisor will continue to participate actively in HFDP-related work. As a member of the Hub committee as well as the HPDS working group for HFDP, she is called upon to coordinate activities such as training and workshops with other HFDP components, prepare working papers for discussion/action, and pay special attention to PMCC as the lead agency for Component 2 of HFDP. She also assists the MAS-HPDS Director Melahi Pons in organizing HFDP activities.

3. **Strategy formulation for child survival programs in the light of the Local Government Code.**

   Together with the other members of the Technical Assistance team, the HCF advisor will study the implications of the devolution of health services to local government units on child survival programs, formulate a strategy to ensure that the programs continue, and see to it that the strategy is implemented.

4. **Cost management pilot study.**

   The HCF advisor will initiate the conduct and implementation of a cost management study at La Union Regional Hospital. Findings of the cost containment as well as restructuring studies done in connection with 1991 HCF benchmarks will be used as inputs for this study. Undersecretary Alejandro de Leon, La Union Hospital Director Juanito Rubio, and Management Advisory Service (MAS) Director Melahi Pons support the pilot study. The possibility of mounting a parallel study in Jose Reyes Hospital will also be explored.

5. **Costing methodology.**

   The HCF advisor will continue to offer the use of and training on the cost methodologies developed for selected Child Survival programs. So far, the Expanded Program of Immunization (EPI) model has been refined to highlight the specific requirements of the polio eradication program for presentation to the donor community.

Training on the model will be given to the EPI/Acute Respiratory Infection (ARI) program staff. Family Planning Service will also be using the model for budget purposes.

6. **Monitoring of HCF research.**

The HCF advisor will make an effort to keep track of HCF research work taking place at Philippine Institute of Development Studies, University of the Philippines School of Economics, Essential National Health Research, and Center for Research and Communication, and assist in networking efforts of health care financing researchers.

WORKPLANS
HEALTH CARE FINANCING ADVISOR
EMELINA S. ALMARIO
April to July 1992

	DOH CLIENT	OUTPUT	APR	MAY	JUN	JUL
Direct work for 1992 HCF benchmark on PMCC-HMO tieup.	PMCC	Status/ Evaluation report that satisfies documentation requirement of benchmark				
Assist in overall efforts to meet 1992 benchmarks.	PCU and Program Managers	Attendance at meetings, assistance as needed				
Participate in TAT efforts to strengthen CS programs within local government code environment.	OPHS	Attendance at meetings, assistance as needed				
Initiate the conduct and implementation of pilot study identified in HCF work: cost management study of La Union Regional Hospital.	OHFS	Costing system set up in La Union Regional Hospital				
Set up training sessions on costing methodology.	MCH-EPI/ ARI, FP	Training sessions				
Mount EPI cost-effectiveness study with Dr. Benjamin Loevinsohn/FETP/MCH.	MCH	Study				
Support HPDS in HFDP-work related.	MAS-HPDS	Attendance at meetings, assistance as needed				
Network with other HCF researchers	MAS-HPDS	Networking through attendance at pertinent meetings				

IEC/ Social Marketing

Scope Of Work
April to September 1992

JOSE RAFAEL S. HERNANDEZ
Social Marketing/IEC Advisor

MISSION STATEMENT:

At the end of the project, the DOH would have created a continuously increasing demand for child survival services among its publics who would have internalized such a demand by then. To accomplish this, the Advisor hopes:

- to have developed within the PIHES and among the child survival program managers the capability to plan and execute communication strategies including their research and evaluation components

- to have trained DOH "communication managers" in the planning and execution of focused social marketing campaigns for specific publics

- to have institutionalized in the DOH the process and the capability to identify and contract appropriate private sector organizations to handle the communication needs of the Department

- to have launched, completed and evaluated the CDD national campaign; EPI/Measles Yr. II sustaining national campaign; KAP'S on Polio, TT, breastfeeding; completed and pre-tested the initial set of Integrated IEC Kit for Midwives.

- To have assisted DOH top management and other DOH units who need support in social marketing and IEC in pursuit of their identified programs.

In this context, the scope of work of the Advisor for the next six months would be:

1. **IEC planning and implementation**

The advisor will continue to 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.

Priorities will continue to focus on EPI, CDD, ARI, breastfeeding and family planning as specified in the performance benchmark. In addition, strategic thinking and development work will also start on the proper weaning practice as a component of

the Nutrition program, complementing Child Survival. 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. **Research and evaluation of communications component of the CSP**

The advisor will continue to 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 (Knowledge, Attitude and Practice) studies.

3. **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.

4. **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 guidelines/criteria for the selection process of these sectors which will eventually develop into a manual.

5. **Assistance to DOH Top Management and other DOH units who need support in social marketing**

This advisor will make himself available to all DOH Top Management for its social marketing and communication needs, in line with the overall thrust to institutionalize the disciplines of social marketing within the Department. The advisor will 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, Schistosomiasis, Environmental Health Service, Blood Donation, and DOH devolution.

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 to create 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.

WORKPLANS
IEC/ SOCIAL MARKETING ADVISOR
JOSE RAFAEL S. HERNANDEZ
April to September 1992

	DOH CLIENT	OUTPUT	APR	MAY	JUN	JUL	AUG	SEPT
1. IEC Planning and Implementation								
a. Behavior Change Benchmark: -Review with PIHES & Prog. Mgrs. the role of communications to promote desired target audience behavior re: o EPI, CDD, ARI,Breast-feeding, Family Planning, etc.	PIHES/ Programs	Workshop; Strategy Document						
o Nutrition (weaning food/ practice)	NS	Communication Plan						
b. Formulation and Pretesting Comm. Messages (various programs):	PIHES	Pretested campaign messages for each program						
o Tuberculosis	TBS							
o Malaria	MCS							
o Schistosomiasis	SCS							
o Enviromental Health	EHS							
c. Mgt. of the process for designing producing and distributing various IEC materials for specific outlets;sales conference:		Monitoring/Progress Reports						
o CDD(Phase II) National	MCHS							
o Tuberculosis (various materials)	TBS							
o Malaria (various materials)	MCS							
o Schistosomiasis (various materials)	SCS							

	DOH CLIENT	OUTPUT	APR	MAY	JUN	JUL	AUG	SEPT
d. Managing the process of media budgeting,strategy & plans dev't. implementation & monitoring, billings & payments:	PIHES	1. Media plans & implementation monitoring reports for each program 2. billings & payments for each program						
o EPI Measles Nat'l. Yr.II Sustaining Campaign	MCHS	Media bills & payments						
o CDD Nat'l Expansion	MCHS	Media bills & payments						
o Tuberculosis Test Market	TBS	Media Plans						
o Malaria Test Market Campaign	MCS	Media Plans						
o Schistosomiasis Test Market	SCS	Media Plans						
e. Managing the process of monitoring and evaluating the results of IEC activities and materials inclusive of field visits	PIHES							
o EPI Measles Nat'l. Sustaining Campaign	MCHS	KAP report						
o CDD Expansion Campaign	MCHS	KAP report						
2. Research and Evaluation of Communications Components of the CSP	PIHES							
a. Determine research requirements & timetable of various programs and farm-out to private sector or within DOH as appropriate,disseminate findings	Various programs	DOH & Research Company Contract; research reports						

	DOH CLIENT	OUTPUT	APR	MAY	JUN	JUL	AUG	SEPT
o KAP Post Nat'l Yr. II Measles Sustaining	PIHES/ MCHS	Research reports						
o Pre & Post KAP on Nat'l. CDD (Phase I and II)	PIHES/ MCHS	Research reports						
o TB Copy Pre-test radio/ cinema/posters/comics TBS	TBS	Research reports						
o TB KAP Baseline/Post	TBS	Research reports						
o Polio/TT Focus Group	MCHS	Research reports						
o Breatfeeding KAP Baseline	MCHS	Research reports						
o Malaria/Schisto/EHS Copy Pre-tests/FGDs	MCHS/EHS	Research reports						
3. Training of prospective comm. mgr. from PIHES and other DOH units	PIHES							
a. On-the-job-training (on-going)	PIHES/ other units	Progress report						
b. Help source/identify short term TA	PIHES	Training program/ schedule; Scope of Work and contract						
oPublic Relations Management oMarket/Consumer Research Management oAdvertising,Copy Judgement oTechnical writing								
4. Identifying & contracting appropriate private sector organizations for various needs								

	DOH CLIENT	OUTPUT	APR	MAY	JUN	JUL	AUG	SEPT
a. Selection & contracting of ad agencies,research companies, etc.	PIHES & OPHS	Contracts for CDD Phase II, TB,Malaria Schisto, etc.						
b. Breastfeeding KAP questionnaire/fieldwork	PIHES/ MCHS	Research instrument						
5. Assist DOH Upper Mgt. and other DOH units who may need support in social marketing e.g. devolution	DOH	Advice/Recommend-ations						
6. Institutionalization and Program/Service Integration	PIHES							
a. Provide technical inputs in the dev't. of Integrated IEC Kit for Midwives*	PIHES/ MCHS/ OPHS	IEC Kits for Midwives finalized						
b. Identify outlets for institutional/integrated communications:								
o Channel 13 News		Contracts;News Clips/ Interviews						
o Channel 2 Bahay Kalinga		Contract; Episode						
o MBC Radio		Negotiate format						
o M. Marquez PR		Contract directional plan						
c. Identify & contract STA to develop situation analysis of various programs vis-a-vis Behavior Change Benchmark	PIHES/ OSEC	Scope of Work, Contracts; Situational Analysis						
d. Assist prospective Comm.Mgrs. in the process documentation of various campaigns (a continuing requirement)	PIHES	Advice/Documentation Report						

** Proposed Names: MODA (Midwives Omnibus Detailing Aid) or MICA (Midwives Integrated Communication Aid)*

Programs and Evaluation

Scope of Work
April to September 1992

DR. BENJAMIN P. LOEVINSOHN
Programs and Evaluation Advisor

MISSION STATEMENT:

The success of the Child Survival Program hinges on the significant reduction of infant, child and maternal mortality as indicated by the nine service delivery targets measured at the end of 1993. The Advisor hopes to have ensured at that time that the DOH child survival program service areas have met these targets. He likewise hopes to have institutionalized the use of quatitative methods among DOH programs in their planning management and evaluation functions by promoting the appreaciation of and creating the opportunities for the utilization of these methods.

In this context, the scope of work of the Advisor for the next six months would be the following. These tasks are the primary focus of the advisor and he would respond to requests from program managers within the context and constraints imposed by these tasks:

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. This would involve work on the MCH/ORT use rate surveys.

2. **Epidemiological Assistance to MCHS**

   The advisor would assist MCHS in evaluating specific aspects of its child survival programs, by providing advice in the analysis of routine data and the conduct of field studies. For example, redesign the HBMR (home based maternal record) help was extended with the evaluation of its success and problems in the field. He would also 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 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 the managerial level such as districts and provinces. 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). This involves formulating scopes of work for specific short-term technical assistance, among others.

5. **Program Integration**

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

6. **The Utilization of Data**

Guide 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.

WORKPLANS
PROGRAMS AND EVALUATION ADVISOR
DR. BENJAMIN P. LOEVINSOHN
April to September 1992

	DOH CLIENT	OUTPUT	APR	MAY	JUN	JUL	AUG	SEPT
Assist with conduct of household surveys (Integrated) to measure EPI coverage, MC coverage, ORT use and knowledge, BF rate	MCHS	Five (5) surveys in provinces						
Stimulate systematic DOH response to the problem of CSP Logistics, especially in context of LGC	OPHS CDD	1.Organize conferences/ meetings on logistics 2.Prepare report on ORS logistics						
Assist implementation of Integrated Supervisory Checklist(ISC)	HIS	ISC implementation in at least one region						
Help improve coverage of 3rd prenatal visit	MCH	Help improve monitoring of PNV3 performance						
Work to improve quality of prenatal care	MCH	1.Assist development of new HBMR 2.Help write HBMR Manual						
Increase quantity of Hilot Training and Supervision	MCHS	1.Help with new Hilot Training Manual 2.Plan for implement-ation of training						
Data Utilization Training implementation	HIS	1.Revised syllabus for PHN/MHO 2.Assist in training plan & implementation						