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THE PHILIPPINE CHILD SURVIVAL PROGRAM  
Project Number 492-0406

QUARTERLY PROGRESS REPORT  
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(One Volume Only)

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CHIEF OF PARTY

## I. ACCOMPLISHMENTS

### 1. Response to the CSP Mid-Term Review

The CSP Mid-Term Review, conducted during October/ November 1991, resulted in a number of recommendations both for the TAT and for the DOH as a whole. The TAT, together with the PCU and program managers, responded to these 29 recommendations by conducting a series of meetings and reviews. This process, which took several months to complete, resulted in identifying a proportion of the recommendations as being "actionable" and of high priority for the DOH and/or TAT. For these recommendations, action steps were developed, as were plans of action.

### 2. Support to the DOH During a Period of Transition

The TAT made every effort during this quarter to respond to the needs of the DOH during a difficult period of transition. This period was difficult for three main reasons:

- The resignation of Undersecretary M. Taguiwalo on January 15, 1992 as well as the resignation of Secretary A. Bengzon in February meant that the two top DOH managers (including the Director of the Child Survival Program) were no longer in the DOH.
- The full implications of the Local Government Code (LGC) were becoming clearly understood during this quarter, causing a certain amount of consternation as the magnitude of the impending changes sunk in.
- The new DOH managers (including Secretary A. Periquet, and the new Undersecretaries and Assistant Secretaries) were likely to keep their present positions for only a few months (e.g. until July 1992) at which time a new administration would take over. Therefore, several decisions which would result in irreversible changes in the DOH were necessarily postponed.

The TAT tried to act as a stabilizing force during this period. Secretary Periquet specifically asked the TAT to help with the transition to the LGC and to work with the several task forces that were created. This the TAT was able to do, providing assistance in preparing documents, brainstorming, preparing presentations, and attending meetings.

### 3. Planning for Achieving the 1992 Benchmarks

This quarter marked significant progress towards achieving the 1992 Performance Benchmarks. A meeting on March 05 at DAP/Pasig brought together the TAT, AID, PCU and Program Managers to discuss the DOH strategy for achieving the 1992 benchmarks. In addition, the 9 service delivery targets for 1993 were finalized during this quarter and submitted to USAID. The DOH was successful in achieving a consensus on how to proceed with accomplishing the benchmarks and service delivery targets. Secretary Periquet attended the entire day-long March 5th meeting.

### 4. Preparation of the Annual Report

The first Annual Report of the CSP/TAT (covering the period August 1, 1990-December 31, 1991) was completed during the quarter and submitted to the DOH and to USAID.

### 5. Subcontract to Andersen Consulting Finalized

During this quarter MSH finalized its subcontract to Andersen Consulting.

### 6. CSP/TAT Planning Workshop

The CSP/TAT Planning Workshop for the period April-September 1992 was held in Marbella on January 30-31, 1992, at which time the TAT members presented their workplans and critiqued each other.

## II. ISSUES/CONSTRAINTS

As mentioned in Section I.2 above, the most important constraints to achieving CSP objectives during this quarter included:

- 1) Resignation of Undersecretary Taguiwalo and Secretary Bengzon
- 2) Concerns over the implementation of the Local Government Code
- 3) The fact that senior DOH officials were likely to serve only until the next administration (July 1992).

## III. SOLUTIONS TO OVERCOME CONSTRAINTS

Secretary Periquet demonstrated leadership with great effectiveness after the resignation of Secretary Bengzon. Concerns over how the LGC would affect DOH field operations were real and legitimate, but on the positive side the DOH recognized that the LGC was a fact of life and made plans accordingly. Given the upcoming elections (scheduled for May 11, 1992) as well as the impending LGC, the DOH demonstrated a capacity for focusing on the essentials and not allowing itself to be unduly distracted.

**IV. UPCOMING PROJECT MANAGEMENT ISSUES**  
(April-June 1992)

1. Amendments to the MSH prime contract
2. Adding new team member (for decentralization)
3. Phasing out of Health Care Financing activities
4. Approval of AC (Andersen Consulting) subcontract
5. Implementation of CSP Mid-Term Review Recommendations
6. Support transition to LGC and new administration

# TECHNICAL REPORTS

# PLANS AND PROGRAMS

## I. ACCOMPLISHMENTS

1. Assisted the Southern Islands Medical Center (SIMC) with their 5-Year Directional Plan and 1-Year Operational Plan for the newly established Child Survival Center. This involved two visits to Cebu (Jan. 21-24, 1992) for a Planning Workshop on the Child Survival Center and a repeat visit January 28-29 to finalize the plans.
  2. Completed the Evaluation Report for the Field Epidemiology Training Project (FETP) together with Dr. Mila Fernandez, Dr. Mary Ann Lansang and Mr. Rhais Gamboa. This involved an extensive series of interviews and discussions with senior DOH officials and with epidemiologists and others outside the DOH.
  3. Together with IPS Division Chief Dr. Taleon, this advisor finalized the Operations Research Study protocol for improving plan implementation at the province level. With the implementation of the LGC, provinces will no longer be required to submit annual plans to the DOH/IPS. If area program-based health planning (APBP) is to become optional, it is essential that provincial health staff are convinced that this approach to planning is practical and beneficial and worth the time and effort involved. This operations research study will attempt to determine how APBP can be made to be a practical, useful tool for health managers at all levels.
  4. Together with IPS, this advisor worked with the Core Group staff to improve their capability in health planning and consulting skills. Also, strategies for achieving the 6 planning benchmarks were worked out during the quarter and a monitoring system established.
  5. Served as moderator at the CSP Forum held at the Fe Del Mundo Hall of the Jose Reyes Memorial Medical Center on January 15, 1992. Dr. Ellerie Dayrit made a presentation entitled, "Why Do Filipino Children Die and What Can We Do About It?", which was followed by a series of "reactors" and open forum discussion.
  6. Participated in a workshop on "Therapeutics for Child Survival" with social scientists and medical researchers, held at RITM January 13-15, 1992.
  7. Participated in a national CDD workshop (February 19-20) at which time the results of a national CDD Case Management Evaluation was presented.
  8. Attended an international meeting on the National Drug Policy at the Nikko Manila Garden (February 21).
  9. Participated in a workshop on Rational Drug Use held at the Lung Center of the Philippines (February 24-25).
  10. Worked with FETP in assisting trainees with their reports, surveys, and long-term projects.
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11. Met (in a liaison capacity) with the Clinical Epidemiology Unit of the UP College of Medicine (March 17) and with Helen Keller International (January 16).

12. Worked closely with Undersecretary Roxas and Assistant Secretary Reodica regarding presentations on the Local Government Code and relevant documents.

13. Dr. Wilfredo Asoy, outgoing IPS Chief, had his paper on "Decentralized Health Planning" accepted by the National Council on International Health (NCIH) for its June 1992 meeting. The advisor worked with Dr. Asoy on his paper.

## II. ISSUES/ CONSTRAINTS

1. A new service chief for the Internal Planning Service, Dr. Zenaida Ludovice, was appointed in March 1992. Dr. Asoy, the former service director, was appointed director of the Environmental Health Service. Dr. Ludovice began her new job with considerable energy and enthusiasm but, as in any high-level job transfer, there is a transition period during which the new chief needs to learn the requirements of the job.

2. With Mr. M. Taguiwalo's resignation the "Core Group" lost its major spokesman. Fortunately, Secretary Periquet seems positive about the idea and has been quite supportive.

3. FETP was integrated into the Health Intelligence Service (March 1992). This long-awaited move, though a very positive step forward, will cause some short-term dislocations as the service re-organized under its new director, Dr. Manuel M. Dayrit.

## III. STRATEGY TO OVERCOME THE CONSTRAINTS

1. Dr. Ludovice appears to be eager to continue the programs of her predecessor, so that there should be few major disruptions in IPS programs.

2. Dr. Periquet seems to be supportive of the Core Group; the problem may re-occur once a new Secretary of Health is appointed in July 1992.

3. Dr. Dayrit has the support of the different units of FETP so that no major disruption is anticipated.

**IV. ISSUES TO BE ADDRESSED IN THE NEXT QUARTER (April-June 1992)**

1. Achievement of the 6 Planning Benchmarks for 1992. The target is to finalize all 6 by the end of July 1992.
2. A major challenge will be to negotiate reasonable targets (for the 9 Service Delivery targets) for 1993 in all 75 provinces so that the national targets for 1993 are achieved.
3. Finalization of the 4th revision of the "Guidelines on Area Program-Based Health Planning", printing and distributing 2500 copies, and training regional and provincial staff in its use.
4. Implementation of the CSP Mid-Term Evaluation recommendations regarding planning.
5. Making sure that all 75 provinces have submitted "quality" 1992 Health Plans.

HEALTH & MANAGEMENT  
INFORMATION SYSTEMS

## I. MANAGEMENT OF TAT PROGRAM ACTIVITIES

(In support of the TAT Chief of Party)

### A. Accomplishments

#### 1. Planning/Preparation for 1992 Benchmarks

The HMIS Advisor assisted the team and the PCU plan for the achievement of the 1992 benchmarks. This included the finalization of the write-ups of the requirements and the identification of various activities that have to be undertaken prior to the deadline. He also participated in the workshop among Program Managers to clarify the inputs for the benchmark preparations.

#### 2. Finalization of the Midterm Evaluation

The HMIS Advisor provided the necessary inputs for the finalization of the Midterm Evaluation Summary Form. He participated in the DOH (specifically the PCU) discussion of the action workprogram to implement the midterm review recommendations.

#### 3. Preparation of the Annual Report (July 1990 to December 1991)

### B. Program Management Concerns of TAT for next Quarter

The following are expected to be the concerns of the TAT for the next quarter:

- o Monitoring of benchmark accomplishments
- o Polishing of TAT contract to include new requirements, e.g., advisor for local government
- o Preparation of strategies for actually promoting CSP among local government units
- o Coordination with PCU on whatever have to be done in connection with the changeover to a new administration
- o Coordinating and planning the implementation of the midterm review recommendations

## II. STRENGTHENING THE MANAGEMENT OF FHSIS

### A. Accomplishments

The HMIS Advisor continued to perform his role in strengthening the management of FHSIS. He

1. Continued to monitor the performance of FHSIS group members;
2. Readied all the materials he previously prepared for conducting the training course "The Management of FHSIS as a System" just in case it would be held this quarter; once again it was postponed for lack of funds;
3. Provided the FHSIS management groups a set of recommendations on what to undertake in place of the monitoring activities which had to be postponed because of lack of funds.

### B. Constraints/Issues

1. Lack of funds caused by the late disbursement of budget by DBM hampered the activities of FHSIS particularly that of monitoring;
2. Lack of clear knowledge of the real impact of the Local Government Code (LGC) on FHSIS continues to plague the system; the immediate problem centered on the implications of the devolution of basic health services on the reporting responsibilities of the local government units.

### C. Solutions to Constraints/Issues

There seemed to be no perceived solutions to the identified issues/problems during the quarter.

## III. MAINTENANCE OF FHSIS

### A. Accomplishments

Likewise for the maintenance of FHSIS, the HMIS Advisor:

1. Visited seven regional offices--Iloilo, Cebu, Tacloban, Cagayan de Oro, Davao, Zamboanga and Cotabato--to follow up on the production of the output tables for 1991; it was also a chance to have first hand information on the problems of the processing nodes; various operational problems were identified (including power failures) and many of them solved (including hardware problems) during the sortie;

2. Continued to provide technical inputs to MAS regarding the continuing development of the regional subsystem; continued to provide the same technical inputs for the development of the national subsystem and the reformatting of the provincial subsystem;
3. Assisted HIS in the production of the 1991 output tables;
4. Assisted HIS in designing the simplified format of the output tables for easy use.

B. Constraints/Issues

1. Because of various problems, the 1991 output tables were not completed during the quarter; foremost of these were the various computer-related problems and those related to electric power failures throughout the country;
2. Revision of the provincial subsystem might again take longer because of the delay in the award of the subcontract for programming.

C. Responses to Constraints/Issues

1. Many of the computer-related problems which were not solved in the field during the visit were referred to MAS for solutions; problems related to power failures were analyzed and some solutions were given to the field units, e.g. use of the cold-chain generators;
2. With respect to the programming issue, no solution could be in sight unless DOH settles some obligations with the prospective programming subcontractor.

D. Anticipated major activities next quarter

- o Supervision of HIS work on:
  - finishing the production of the 1991 output tables
  - finalizing the simplified output tables formats
- o Provision of technical inputs for the national and provincial subsystems
- o Adjustment of FHSIS activities on account of the HIS reorganization
- o Development of protocols for the inclusion of new programs in the system

#### IV. PROJECT DEVELOPMENT FOR FHSIS UPGRADING

##### Accomplishment

Preparation of a concept paper for updating and upgrading FHSIS through the setting up of a prototype laboratory in the province of Cebu and the inclusion of various technologies currently being tested in the DOH (particularly the geographic information system)

#### V. PROVISION OF OTHER I S TECHNICAL ASSISTANCE

##### A. Accomplishment

The HMIS Advisor continued to supervise the development of TAMS (for CHS).

##### B. Issue

The system could not be installed at CHS as CHS does not have yet the main software, Progress, installed in its computers; MAS was requested to install Progress at CHS.

#### VI. OTHERS

- o The Advisor gave a presentation to the participants of the latest session of the Career Executive Service Development Program, the only recognized government program for developing government managers. The topic was how effectively government managers can use Information Technology in their respective offices. Among the participants were Ms. Melahi Pons, Director of MAS and Dr. Ellerie Dayrit, Director of Maternal and Child Health Service.
- o The Advisor also took a personal leave of absence to attend a conference in Oxford, England.

# HEALTH CARE FINANCING

## I. ACCOMPLISHMENTS

### 1. Benchmarks

#### o 1992 Benchmarks

The advisor participated in the meetings held to prepare the game plan for achieving the 1992 benchmarks. These culminated in a Workshop held at DAP, Pasig on March 5, 1992.

#### o 1992 Health Care Financing Benchmark

The advisor coordinated and directed activities for the remaining 1992 HCF benchmark (Description: Develop a government/private sector risk-sharing program for HMO development; Documentation: A report on the status of the PMCC-HMO tie-up).

The benchmark is being coordinated by PMCC. In February, the PMCC Board passed a resolution to evaluate the status of the PMCC-HMO tie-up project. Results of the evaluation study are scheduled for presentation at a Board meeting in June prior to a decision on the extension of the tie-up. The scope of work for the study was developed in a workshop attended by representatives of the tie-up stakeholders (PMCC, SSS, GSIS, members, providers, and HMOs) and subsequently approved by a Steering Committee set up by the Board for the study. The study report will serve as the benchmark documentation.

#### o Costing model

The costing model for EPI was refined to highlight the specific requirements of the polio eradication program for presentation to the donor community in July. Discussions were held with MCH on mounting a training session on the model for EPI/ARI program staff.

#### o Pilot Study

The concept of a pilot study for a cost management study was developed and subsequently discussed with Undersecretary Alejandro de Leon, Dr. Margarita Galon, and Director Melahi Pons. Dr. Juanito Rubio's regional hospital at La Union was identified as a possible pilot site.

2. Assistance to Health Policy Development Staff (HPDS)

The advisor participated actively in HPDS work related to the Health Finance Development Project (HFDP). In particular, she helped coordinate activities such as training and workshops with other HFDP components, prepared working papers for discussion/action, and assisted Philippine Medical Care Commission (PMCC) as the lead agency for Component 2 of HFDP.

3. Liaison with Ms. Beulah Taguiwalo

The advisor served as contact point between the TAT and Ms. Taguiwalo. During this period, negotiations dealt with the work for HFDP, and the development of a scope of work for additional technical assistance.

4. Assistance in Local Government Code Discussions

The advisor participated in the DOH task force meetings that discussed the devolution approach of DOH in response to EO 503.

5. Workshops/Meetings

The advisor facilitated the first National Staff Meeting of Secretary Antonio Periquet held at RITM on February 27 and 28.

6. Monitoring of HCF Research

The advisor kept track of HCF work taking place at Philippine Institute of Development Studies (PIDS), University of the Philippines School of Economics (UPSE), Essential National Health Research (ENHR) and Center for Research and Communications (CRC), and assisted in networking efforts of HCF researchers.

## II. CONSTRAINTS/ISSUES AND STRATEGIES TO ADDRESS THEM

1. Changes in leadership

With the present changes in DOH-CSP administration as well as the expected changes in July comes a certain loss of clarity in how to get things decided or finalized.

Together with other TAT members, the advisor discussed strategies on how to approach the new leadership so that the loss of clarity will not result in a slow down in CSP activities.

2. Local government code (LGC) implications

All the CSP activities and plans had been premised on the present DOH organization. The implementation of the local government code requires a new mind set and strategy.

Together with other TAT members, the advisor tried to monitor DOH activities responding to the changes brought about the LGC implementation, especially those that affect child survival. The advisor also assisted in preliminary discussions on the scope of work for the LGC advisor to be brought in through CSP resources.

III. **PLANNED ACTIVITIES (April - May 1992)**

1. Benchmarks

The 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 benchmark for 1992: a status report on the PMCC-Health Maintenance Organization (HMO) tie-up project.

2. Assistance to HPDS

The advisor will continue to participate actively in HFDP-related work, supporting Director Melahi Pons directly as well as a member of the Hub committee and the HPDS working group.

3. Assistance in Local Government Code Discussions

Together with the other members of the TAT, the 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. Training on Costing Methodology

The advisor will continue to offer the use of and training on the cost methodologies developed for selected Child Survival programs.

5. Assistance in Cost-Effectiveness Study

The advisor will take responsibility for the costing component of the proposed cost-effectiveness study on urban immunization interventions.

6. Monitoring of HCF Research

The advisor will continue keeping track of HCF research work and networking with HCF researchers.

IEC/SOCIAL MARKETING

## I. PRINCIPAL ACCOMPLISHMENTS

### 1. EPI

Focus group discussions on Polio and Tetanus Toxoid among housewives from Leyte and Bataan (pre-selected areas) were completed. Topline reports are due in April. Meanwhile, national KAP fieldwork covering pre-Year II EPI/ Measles Sustaining Campaign was also completed and tabulation is in process. The research findings will be reported in the second quarter of 1992.

Media bills covering November-December placements which started to come in January 1992 were reviewed and processed for payment. Unfortunately, payments did not materialize for lack of funds due to non-release from DBM for such purpose. This is the same case for CDD.

### 2. CDD

Phase II of the CDD Campaign started as scheduled in March 1992 despite delayed payments to media. What was used more were the earned media bonuses and the leftover money from the 1991 allocation. Topline results of CDD National KAP were presented to PIHES; next step is to present to Program and other concerned parties during the second quarter of 1992. Comics printing was started by Galaxy Printing using DOH paper. However, due to paper shortage, printing was stopped and re-negotiation with Galaxy has to happen rather than re-bid. This would mean another delay and perhaps additional cost.

### 3. Nutrition

Strategy meetings on Nutrition to help set the communication strategy for a "weaning" platform were held. Resulting from these meetings, the Task Force Committee agreed to promote mother and child readiness to wean as the key health behavior. This is capsulized in the concept "the weaning moment". The communication plan is now in development by PIHES and Nutrition Service with support from the IEC RA.

### 4. Breastfeeding

The research agency to do the KAP has been selected but contracting has not started since CAF cannot be issued because DBM has not released funds for this purpose.

## 5. Integrated IEC Kit for Midwives

This is now renamed Midwives' Omnibus Detailing Aid (MODA). This new name is more appropriate for its reason-for-being. A committee chairmanned by Dr. L. Casimiro has selected the supplier who will design and produce the kit's packaging but actual work has not started due to non-availability of funds. As a way to solve this problem, DOH-PIHES planned to request funds from the CSP TAT as of March 1992.

## 6. Other DOH Programs

Ad agency contracting for the following programs got underway: TB (J. Romero & Associates), Malaria (Golden Grove, Inc.), Schistosomiasis (J. Romero & Associates), Environmental Health/Excreta Disposal (Well Advertising), Blood Donation (Image Dimension). Even as contracting was in progress, communication strategy and creative development got underway out of goodwill. A series of creative meetings/presentations happened with PIHES, Program and Ad agencies participating.

## 7. Special Projects

### 7.1 On-the-Air Health News

Contracting of Channel 13 as the carrying TV network for DOH Health News/ Report-on-the-Air got started in line with the DOH Executive Committee's approval. Even as the contract was being processed, Channel 13 management agreed to shoot footages already such as interviews of outgoing Health Secretary Alfredo R. A. Bengzon, MCHS Director Eivira SN. Dayrit and some Program staff. Scripting was mainly done by PIHES, with the collaboration of a Channel 13 newswriter. Separately, negotiation with Bahay Kalinga, Channel 2 was also initiated. MBC Radio is also under negotiation.

### 7.2 EPI/ Measles Campaign Cost Study

Healthcom II contracted Birch and Davis to conduct a cost study of the EPI measles campaign. Findings of this study is expected to serve as input for a more complex but much needed study. Mr. Jim Jeffers was the short term TA sent over by Birch and Davis last February 28 to work on this study until April 15. Backstop was provided by Kabalikat.

### 7.3 Legacy Video and Brochure

A 20-minute video and its counterpart brochure which captured the key programs of Secretary Bengzon were scripted and produced in collaboration with PIHES and ACES Production. These materials were meant for the next administration as an endorsement of what worked. They were delivered as scheduled but payment has not been made.

## 8. Team Activities

### 8.1 TAT Planning Workshop

On January 30-31, 1992, the CSP TAT met for 2 days in Cavite to review its workplans for the period October 1991- March 1992, take stock of what has happened/ what is happening, and draw up a new workplan for the next six-month period, April - September 1992. All the CSP RAs including the IEC RA participated in this workshop. At the TAT's invitation, Ms. Patricia Moser of USAID/ OPHN joined the team on the second day of the workshop.

### 8.2 1992 Benchmark Planning Workshop

On March 5, 1992, the key CSP players from the DOH, USAID and the CSP TAT met to discuss the 1992 CSP benchmarks, draw lessons from the experience on the 1991 benchmarks, and formulate workplans to enable the DOH to complete each benchmark by October 1992. In this same workshop, progress on the 1993 revised service delivery targets was reviewed and the major recommendations of the CSP Midterm Evaluation Team were briefly discussed.

## 9. Diffusion Activity

### AED's Resident Advisor Conference

The IEC RA was invited by AED to participate in their RA Conference scheduled for March 30-April 3 in Washington, D.C. Conference discussions will be devoted to country reviews with emphasis on accomplishments and issues. The IEC RA was also invited to join the Technical Advisory Group meeting on April 3 where technical issues confronting Child Survival Communication projects will be tackled.

## II. ISSUES/ CONSTRAINTS AND SOLUTIONS TO THESE CONSTRAINTS

### 1. Non-Availability of Funds

During the first quarter, there was a release of funds from DBM to cover CSP/IEC payables. Grossly affected were CDD and EPI media bills and production cost of creative materials amounting to millions of pesos. This RA had to plea to KBP for leniency, otherwise DOH and its ad agencies would have been suspended from advertising due to non-payment of media bills.

### 2. EPI Comics and 1992 Calendar

These materials were not distributed on schedule (January-February) due to lack of funds. Plan is to release them ASAP.

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3. CDD Comics Printing by Galaxy

Printing work was stopped unnecessarily because some documents which authorize the job got lost in routing at the Procurement and Logistics Service. Papers had to be reconstructed.

4. CDD Media for Phase II

Due to non-payment of bills and uncertainty on the availability of funds, implementation of a portion of the Phase II campaign is suspended indefinitely. This will definitely affect the effectiveness of the campaign. Implementation adjustments will be done as soon as funds are available.

5. Review of Well Advertising Contract

For some unknown reason, Assistant Secretary C. Cruz questioned during an EXCOM meeting the validity of contracting Well Advertising to do follow-on work for CDD in 1992. Her point was this did not pass through an open bidding. The IEC RA responded by digging historical facts tracing back to HEALTHCOM days wherein ad agencies went thru the source selection process, a process approved by previous DOH management and USAID. A formal report was submitted and Assistant Secretary Cruz eventually favored the 1992 follow-on contract with Well Advertising. The report is under separate cover.

**III. PLANS FOR THE NEXT QUARTER (April-June 1992)**

1. Present to respective program staff the following:
  - KAP's on CDD, EPI and TB
  - FGD's on Polio, Tetanus, Malaria, Schistosomiasis
2. Process production/media bills and payments
3. Finalize Channel 13 News Contracts. Continue negotiations with MBC Radio.
4. Finalize MODA artwork/text with supplier; finalize supplier contract
5. Finalize Nutrition "Weaning Moment" Campaign
6. Finalize Breastfeeding Research contract; develop KAP questionnaire
7. Launch CDD Phase II Campaign ASAP (as funds become available).

**PROGRAMS & EVALUATION**

## I. DEVELOPMENT OF INTEGRATED SUPERVISORY SYSTEM

### A. Accomplishments

The evaluation of the Integrated Supervisory Checklist was completed in January and showed that the use of the checklist improved performance by 42% in provinces where the checklist had been used, compared to 18% in the control provinces. The results of the evaluation were shared with program managers and Undersecretary Roxas. Dr. Roxas asked HIS to implement the checklist as soon as possible and in as wide an area as possible. HIS staff together with the RA met with a number of program managers to discuss possible changes in the indicators for their programs. The report of the ISC evaluation, together with the focus group discussions, was circulated to program managers and to staff who had participated in the field evaluation.

### B. Constraints/ Issues

While UNICEF has pledged funding for the printing and training of staff in the use of the ISC in their 18 provinces, other funds will have to be found for the remaining areas. The reorganization of the HIS also caused some difficulties as it was not clear which medical officer was in charge of the implementation of the ISC.

### C. Proposed Strategies to Overcome Constraints/ Issues

The FPS and the ARI program have agreed to include training on the ISC in their basic courses. This should save money and ensure that this is an integrated rather than vertical effort. Some additional funds can be obtained from HIS by reprogramming some of their CSP money. Discussions have been held with the new HIS Chief regarding the assignment of 1 or 2 medical staff to focus on ISC implementation.

### D. Plans

The revisions suggested by the program managers will briefly be tested in the field and a final version of the checklist should be available by the middle of May. Current planning calls for the checklist to be available for field implementation on a wide scale by July.

## II. MATERNAL CARE

### A. Accomplishments

The RA spent considerable time working with the MC program to sharpen its focus on achievable targets. MC staff agreed to concentrate on 3 basic areas: (1) improving the coverage of prenatal care, particularly the third prenatal visit as per the

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CSP benchmark; (2) improving the quality of prenatal care; (3) revising and improving the training of hilots. Three basic strategies were adopted to improve the coverage of prenatal care. The first one was improving the monitoring of large, poorly performing provinces, and this was begun with a trip to Bicol. In addition to monitoring trips, more careful analysis of data from every province will be done by central office MC staff. The second strategy involved the development of IEC materials and the planning of focus group discussions has begun, and this will be carried out in April. The third strategy for improving the coverage of prenatal care was to ensure that Iron Folate tablets were available in all health facilities for pregnant women.

Improving the quality of prenatal care has been addressed by the development of a treatment chart for midwives dealing with pre-eclampsia and pre- and post-partum hemorrhage. In addition, a standardized individual treatment record (ITR) is in the process of being developed. The HBMR (Home Based Maternal Record) is being reviewed and will be modified to make sure that midwives use it as a tool for specific actions.

The training of hilots has been evaluated by computerizing the data collected during a previous program review and this is in the process of being analyzed. In addition, on the request from Dr. Ellerie Dayrit, a more in-depth evaluation of trained versus untrained hilots will be conducted by a contractor to MC.

Overall, the morale of staff in MC seems to have improved and there seems to be more structure and focus to their efforts. It is important to acknowledge that MC already made great strides, increasing the number of women with at least one prenatal visit from 55% in 1986 to 85% in 1991.

#### B. Constraints/ Issues

One major constraint now is the new Midwifery Law that has been passed by Congress. This would make it illegal for hilots to perform deliveries and therefore would obstruct the DOH's effort at hilot training.

#### C. Proposed Strategies to Overcome Constraints/ Issues

Comments on the new Midwifery Law will be forwarded to Dr. Roxas and Sec. Periquet for direct transmission to the President. The feeling in MC was that they never had a chance to comment on the new law and that its provisions are absurd given that approximately 50% of all deliveries in the Philippines are currently being handled by hilots.

#### D. Plans

The next major activity will be a national consultative meeting at the end of May. Again, focus will be on improving the coverage of third prenatal visits pushing the use of the newly developed treatment chart, the Individual Treatment Record and

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newly developed monitoring checklists. Another major focus will be to get people in provinces to do investigations of all maternal deaths. It is hoped that investigation of maternal deaths will give the issue a higher profile much like polio case investigation has helped the polio eradication effort.

### III. VITAMIN A PROGRAMMING

#### A. Accomplishments

Much progress has been made in incorporating Vitamin A into routine immunization services. Vitamin A will now be given to all children who come for measles vaccination and the guidelines for this change have been drafted and reviewed with the RA's help. More than a million high-dose Vitamin A capsules have already arrived in the country to be used in this activity.

The RA has also met with the Nutrition Service to discuss how to record and report Vitamin A activities focused on high-risk children and post-partum mothers. Discussions were also held with UNICEF and the NS to facilitate the latter's procurement of Vitamin A and other micronutrients.

#### B. Constraints/ Issues

The Nutrition Service will have to move quickly to ensure that there is enough Vitamin A supply in the field to continue the program efforts. There was some confusion initially that the NS would have to pay in dollars to obtain micronutrient supplies but this turns out not to be the case.

#### C. Proposed Strategies to Overcome Constraints/ Issues

The RA will follow up with the NS on issues of recording and reporting as well as logistics.

#### D. Plans

Vitamin A indicators have been included on the newest version of the integrated supervisory checklist and have also been included on the integrated cluster survey, so as to make monitoring of program implementation easier.

### IV. OTHERS

#### A. Household Cluster Surveys

An integrated household cluster survey form has been developed which examines ORT use rate, breastfeeding rates, maternal care indicators and EPI

performance. This will be field tested in May in Rizal and Marikina to check its feasibility under field conditions. The output from the surveys is being carefully designed so as to make it easy for program staff in the field to use.

#### B. ARI and CDD Logbooks

Logbooks for ARI and CDD have been developed in order to improve the quality of care provided by midwives. These 2 logbooks are now being looked at by HIS but are likely to be approved shortly. The staff in the field expressed a desire to have these logbooks available for their use.

#### C. EPI Cost Effectiveness Study

Discussions have been held and a concept paper has been developed regarding a study of different strategies for immunization in urban areas. This cost effectiveness study would examine the "missed opportunities" approach versus the campaign approach in improving poor measles coverage in large cities like Manila. FETP personnel are interested in carrying out the study and a meeting will be held shortly with all interested parties from MCHS, FETP and the TAT.

#### D. MCH/ORT Use Rate Survey

The data from the large Trends survey has been transferred to MCHS computers and analysis has begun. Copies of the dataset have been given to the World Bank and WHO as both these organizations expressed interest in examining the data.

#### E. CDD Impact Evaluation

The evaluation of CDD impact is proceeding apace. Discussions have been held with representatives of WHO and the program regarding the best way in which this can be done. Though this is a complicated field, it seems that some progress has been made in terms of trying to identify possible sources of data.

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# ADMINISTRATIVE REPORT

## I. Transfer of Subcontract from SGV & Co. to Andersen Consulting

In February 1992, the Consulting group of SGV & Co. organized Andersen Consulting, Inc. (AC). In a letter dated March 18, 1992, AC formally advised Management Sciences for Health (MSH) of the transfer of its subcontract for the Child Survival Program (CSP) from SGV & Co. to AC. All the terms and conditions of the original subcontract with SGV & Co. hold.

## II. Management of Local Resources

### o Consultant

Mr. Rhais M. Gamboa was contracted to be a member of the team tasked to conduct an assessment of the Field Epidemiology Training Program (FETP) component of the Primary Health Care Financing Project. Mr. Gamboa's work entailed the following activities: (a) review of relevant documents and conduct of key informant interviews to generate data required for the evaluation of the FETP and (b) preparation of a report assessing the role of FETP in serving the Department of Health (DOH) and the extent and requirements of its institutionalization within the DOH. The institutionalization of FETP in the DOH is a 1992 CSP benchmark.

USAID concurrence for the services of Mr. Gamboa is shown in the Attachment to this report.

### o Participant Training and Analytical Studies

1. As part of the Integrated Supervisory Checklist Project which was concurred to by USAID last July 24, 1991 (copy attached), focus group discussions (FGDs) were conducted in Mindanao. The objectives of the FGDs were to gather qualitative information regarding the attitudes of midwives and supervisors to the conduct of supervision and to assist in the evaluation of the checklist that has been implemented by the DOH.

Western Mindanao State University has been contracted to provide the DOH with the services of Ms. Leticia Cruz and Ms. Milabel Ho as facilitators for the FGDs. Work started in the first week of January and was completed in early March.

2. Final payment for professional fees and partial payment for out-of-pocket expenses were made to SGV & Co. for the 1991 health care financing benchmark studies.

### III. Financial Management of Local Currency Component

#### o Local Bank Account

With the subcontract for CSP taken over by AC, steps have been initiated to open a non-interest bearing peso current account in the name of AC. As in the old account -- SGV & Co. (In Trust For The Child Survival Program) -- the AC account will be used solely for transactions of the CSP.

The signatories for the AC account are Messrs. Antonio G. Lim, Eugenio P. Ladrido, and Catalino Y. Buktaw.

#### o Monthly Accounting Package

The Accounting Package for January, February, and March 1992 was prepared and submitted to MSH. The package consisted of the following documents:

- Top Sheet
- Estimate of Monthly Financial Requirements
- Bank Statement
- Account Reconciliation Form
- Check Book Register Form
- Deposit Register Form
- Field Expense Summary
- Time Sheets of Dr. Solter, Mr. Sta. Maria, and Dr. Loevinsohn
- Report on Advance Account
- Report on Petty Cash Account
- Summary of Remittances and Expenses for Revolving Fund
- Accounts Payable Vouchers

### IV. General Office Supervision

#### o Inventory of Equipment and Furniture

Attached is the latest permanent inventory record on equipment and office furniture purchased for the CSP. This document contains the following information: description of equipment and furniture, acquisition cost, property number, physical location or person in-charge of the equipment or furniture.

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## **V. Workshops**

The CSP TA has participated in and/or funded (either in part or in full) the following workshops:

1. FHSIS Workshop on Monitoring at the Manila Pavilion on January 10, 1992.
2. CSP TAT 1992 Strategic Planning Workshop at Ternate, Cavite from January 30 to 31, 1992. The objectives of the workshop were to review the TAT individual and team workplans, formulate the 1992 benchmark strategy, evaluate the existing management and administrative structure of the program, and finalize the workshop outputs as inputs for meetings with DOH and USAID.
3. PMCC-HMO Tie-Up Project Evaluation Consultative Workshop at the AIT Hotel on February 26, 1992. The objectives of the workshop were to identify factors to be measured in the PMCC-HMO Tie-Up Project Evaluation and to determine project organization, deliverables, and timetable.
4. 1992-1993 CSP Benchmark Planning Workshop at the Development Academy of the Philippines in Pasig on March 5, 1992. In attendance were the key CSP players from the DOH and USAID.

## **VI. Audit of SGV & Co. Activities**

We have contracted Caguiat, Abad, & Co. to conduct an independent audit of SGV activities for the period October 1990 to September 1991 in compliance with the subcontract requirements. Audit work is envisioned to start in April 1992.

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Ramon Magsaysay Center  
1680 Roxas Boulevard  
Ermita 1000, Manila  
Philippines



Fax No.: 632-521-5241  
Tel. No.: 632-521-7116

July 24, 1991

Mr. Mario M. Taguiwalo  
Undersecretary and Chief of Staff  
Department of Health  
San Lazaro Hospital Compound  
Sta. Cruz, Manila

Dear Mr. Taguiwalo:

Per your letter dated July 5 and delivered to USAID July 12, 1991, USAID concurs in your intention to implement the integrated supervisory checklist in the four provinces mentioned, and in your recommendation that this activity be funded out of the MSH technical assistance contract.

Sincerely,



*Rosendo R. Capul, M.D.*  
Rosendo R. Capul, M.D.  
Program Manager  
Child Survival Program

cc: PCU  
TAT

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Ramon Magsaysay Center  
1680 Roxas Boulevard  
Ermita 1000, Manila  
Philippines



Fax No.: 632-521-524  
Tel. No.: 632-521-711

January 7, 1992

Mr. Mario M. Taguiwalo  
Undersecretary and Chief of Staff  
Department of Health  
San Lazaro Hospital Compound  
Sta. Cruz, Manila

Dear Mr. Taguiwalo:

Per your letter dated December 5, 1991, USAID is pleased to concur in your request for the services of Mr. Rhais Gamboa to participate in the evaluation of the Field Epidemiology Training Program (FETP) component of the Primary Health Care Financing Project.

It is our understanding that Mr. Gamboa will require seven full days to fulfill the scope of work proposed for him. USAID authorizes the use of Child Survival Program technical assistance funds under the contract with the Management Sciences for Health (MSH) to fund this activity. Dr. Steve Solter, Chief of Party of the MSH Technical Assistance Team, will handle the contracting arrangements for Mr. Gamboa's services.

Sincerely,

Emmanuel Voulgaropoulos, M.D., M.P.H.  
Chief, Office of Population, Health  
and Nutrition

cc: Dr. S. Solter, MSH

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# FINANCIAL REPORT

QUARTERLY FINANCIAL REPORT  
 PHILIPPINES CHILD SURVIVAL PROJECT  
 PERIOD ENDING MARCH 31, 1992

	CONTRACT BUDGET	EXPENDITURES TO DATE FROM INCEPTION	BALANCE REMAINING	PERCENTAGE OF BUDGET REMAINING	EXPENSE MONTHS REMAINING	AVG EXP/MONTH FOR LIFE OF PROJECT (38 MONTHS)	AVG EXP/MONTH SINCE INCEPTION JUNE 1, 1990	AVG EXP/MONTH BASED ON MONTHS REMAINING
(1) SALARIES	\$641,726	\$368,307.86	\$273,418.14	42.6%	16.8	\$16,887.53	\$17,332.13	\$16,323.47
(2) OVERHEAD	\$532,329	\$300,129.76	\$232,199.24	-50.0%	16.8	\$13,510.08	\$13,738.67	\$13,220.07
(3) CONSULTANTS	\$37,892	\$16,590.28	\$21,301.72	56.2%	16.0	\$997.16	\$754.10	\$1,331.36
(4) TRAVEL & TRANSPORT	\$225,813	\$79,002.64	\$146,810.36	65.0%	16.0	\$5,942.45	\$3,591.03	\$9,175.65
(5) ALLOWANCES	\$237,395	\$122,861.85 <sup>2</sup>	\$114,533.15	48.2%	16.8	\$6,247.24	\$5,781.73	\$6,837.80
(6) SUBCONTRACTS								
AED	\$460,006	\$219,943.22	\$240,062.78	52.2%	21.0	\$12,105.42	\$10,473.49	\$11,431.56
SGV	\$792,989	\$361,092.73	\$431,896.27	54.5%	21.0	\$20,868.13	\$21,240.75	\$20,566.49
(7) PARTICIPANT TRAINING & RESEARCH STUDIES FUND	\$330,000	\$0.00 <sup>3</sup>	\$330,000.00	100.0%	20.0	\$8,684.21	\$0.00	\$16,500.00
(8) OTHER DIRECT COSTS	\$72,480 <sup>1</sup>	\$87,946.55	(\$15,466.55)	-21.3%	20.0	\$1,907.37	\$4,885.92	(\$773.33)
TOTAL COST	\$3,330,630	\$1,555,874.89	\$1,774,755.11	53.3%		\$87,149.58	\$77,797.83	\$94,613.07
FIXED FEE	\$35,000							
TOTAL COST PLUS FIXED FEE	\$3,365,630							

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## PHILIPPINES FINANCIAL REPORT

### Budget Notes

- 1) Original budget for Other Direct Costs was \$181,525. Amendment #2 shifted too much from this line to the SGV budget.
- 2) Includes Solter housing paid as lump sum.
- 3) Costs incurred for approved studies appear under SGV or other appropriate line item as programmed.

### Budget Revisions

At the time of Amendment #2, many changes were made to the allocation of project costs among line items. Some of these have proven unrealistic in relation to project activities and needs, and we would like an opportunity to propose a revised breakdown by line item, within the existing overall budget ceiling. This could be accomplished as part of the next amendment to the contract.

We would be pleased to provide our detailed analysis of costs to date and projected costs in support of this request.

**INVENTORY**

PERMANENT INVENTORY RECORD  
(Period Ending March 31, 1992)

VOUCHER	CHECK #	DESCRIPTION OF EQUIPMENT (w/ Serial No.-if applicable)	AMOUNT		PROPERTY NO.	PHYSICAL LOCATION (Person Responsible)	REMARKS
			P	\$			
0008	310007	IBM Electric Typewriter -Electronic Personal Wheel- writer; Model 6781, SN0220936	24,500.00	991.90	ET-092690-01	Secretarial area	
0031	310028	Refrigerator -GE, 5 cu. ft. SN1051164	6,405.00	259.31	REF-112690-01	-Pantry	
0019	310016	Filing Cabinet - 4 drawers -3 pcs. P2,475.00 ea. + P250.00 change of color	8,175.00	330.97	FC-101690-01 FC-101690-02 FC-101690-03	Secretarial area	
-	-	COMPAQ LTE 286-Laptop Computer	-	-	LC-010991-01 LC-010991-02 LC-010991-03 LC-011391-04	Lyn Almario Benjamin Loevinsohn Sonny Sta. Maria Ernie Hernandez	Procured in the U.S.A.
0113	044757	Aiphone Master Intercom -w/ three sub stations	2,662.00 495.00 495.00 495.00	95.07 17.68 17.68 17.68	IC-011191-01 IC-011191-02 IC-011191-03 IC-011191-04	CSP Office HIS Office IPS Office CHS Office	
0140 0163	044783	Alenaire Split Type Aircon -1.5 TR flr. mounted (FCU SN11109047,model ASI. SSF; ACCU SR10578919- model AC1.5HA)	40,680.00	1,446.43	AC-020591-01	CSP Office	
0145	044786	U-Bix Copying Machine Model -2502MR; SN9441182 (w/ 8 1/2 x 11, 8 1/2 x 14, 11 x 17 cassettes,del.tray, working table & pedestal w/trans- former)	65,000.00	2,321.43	CM-020591-01	CSP Office	
0026	193054	Sony Micro Cassette Recorder	1,300.00	46.02	MCR-031291-01	Benjamin Loevinsohn	
0152	044791	Club Computer (AT Model 333) -4MB RAM,80386 Microprocessor -33 MHZ, 64KB, Cache Memory -1 x 80MB Fixed Disk-658609/ 9102-634 -Colorgraphics Card-905954 -1.44MB Disk Drive(3.5") 5944027/9015655 -1.2MB Disk Drive (5 1/4")- 8868996 -FD & HD Adapter-10160445 -AT I/O-0208411	149,489.00	5,338.89	CC-022691-01	Secretarial area	

VOUCHER	CHECK #	DESCRIPTION OF EQUIPMENT (W/ Serial No.-if applicable)	AMOUNT		PROPERTY NO.	PHYSICAL LOCATION (Person Responsible)	REMARKS
0152	044791	-enhanced keyboard- 0122932/9012787			EH-022691-02	Secretarial area	
0152	044791	Color Monitor (Philips-14") -SN009103003883	9,786.00	349.50	CM-022691-03	Secretarial area	
0152	044791	AVR 500 watts -SN90-15079	3,572.00	127.57	AVR-022691-04	Secretarial area	
0152	044791	Printer Cable_SN9101-599			PC-022691-05	Secretarial area	
-	-	OKIDATA Microline 391 Plus (SN912A0010011)	-	-	CP-030191-01	Secretarial Area	Procured in the U.S.A.
-	-	Laser Printer - SN3048A35832	-	-	LP-081991-06	Secretarial area	Procured in the U.S.A.
0256	193089	Electric Fan -SN9281161				Secretarial area	
		-Stand Fan	1,160.00	41.43	EF-041691-01		
		-Wall Fan	990.00	35.36	EF-041691-02		
-	-	Jeep Cherokee (211)			JC-0591-01		Procured in the U.S.A.
		Jeep Cherokee (212)			JC-0591-02		
0003 0012	310002 310009	Executive Tables -4 pcs. at P2,800.00 ea.	11,200.00	453.44	ET-101690-01 ET-101690-02 ET-101690-03 ET-101690-04	Steve Solter Lyn Almario Sonny Sta. Maria Ernie Hernandez	
0123/0154 0123/0154	044767/93 044767/93	Executive Table Office Tables	3,300.00 2,500.00 2,500.00	117.86 89.29 89.29	ET-101690-05 JET-101690-06 JET-101690-07	Benjamin Loevinsohn Tess Sabella Lilian Maling	
0003 0012	310002 310009	Secretary's Table -3 pcs. at P1,900.00 ea.	5,700.00	230.77	ST-020491-08 ST-020491-09 ST-020491-10	Nanette Magcalen Bambi Riazio SGV Officer	
0003/0012	310002/09	Typing Table	1,300.00	52.63	TT-101690-01	Secretarial area	
0208	193037	Printer Table	980.00	34.69	PT-032391-12	Secretarial area	
0003/0012	310002/09	Conference Table	2,900.00	117.41	CT-101690-13	Secretarial area	
0028	310025	Conference Table tinted with 4 Conference Chairs (Sulhiya)	3,200.00	129.55	CT-102890-14 CC-102890-21 CC-102890-22 CC-102890-23 CC-102890-24	Sonny Sta. Maria (MAS) Sonny Sta. Maria (MAS) Sonny Sta. Maria (MAS) Sonny Sta. Maria (MAS) Sonny Sta. Maria (MAS)	
0210	193039	Executive Table (tinted glass)	2,100.00	74.34	ET-031391-15	Sonny Sta. Maria (MAS)	
0003 0012	310002 310009	Back/Hanging Cabinet -5 pcs. at P2,500.00 ea.	12,500.00	506.07	BHC-101690-01 BHC-101690-02 BHC-101690-03 BHC-101690-04 BHC-101690-05	Steve Solter Sonny Sta. Maria Lyn Almario Ernie Hernandez Secretarial area	

VOUCHER	CHECK #	DESCRIPTION OF EQUIPMENT (W/ Serial No.-if applicable)	AMOUNT		PROPERTY NO.	PHYSICAL LOCATION (Person Responsible)	REMARKS
0123 0154	004767 JJ4793	Hanging Cabinets (Repair) -3 units at P1,300.00 ea.	3,900.00	139.29	HC-020491-06 HC-020491-07 HC-020491-08	Benjamin Loevinsohn Tess Sabella Lilian Maling	
0210	193039	Cabinet (Bookcase)	1,700.00	60.18	CBC-031391-09	Sonny Sta. Maria (MAS)	
0018 0030	310015 310027	Pantry Cabinet -1 unit	3,780.00	153.04	PC-110190-10	Secretarial Area	
0018 0030	310015 310027	Modular Dividers -15 panels at P2,300.00 ea.	31,050.00	1,257.09	MD-110590-01 to 15	CSP Office	
0123 0154	044767 044793	Modular Dividers -4 panels at P3,000.00 ea.	12,000.00	428.57	MD-020491-16 to 19	CSP Office	
0003 0012	310002 310009	Secretary's Chair -3 pcs. at P1,200 ea.	3,600.00	145.75	SC-101690-01 SC-101690-02 SC-101690-03	Secretarial area	
0003 0012	310002 310009	Visitor's Chair (Breur Type) -4 pcs. at P750.00 ea.	3,000.00	121.46	VC-101690-04 VC-101690-05 VC-101690-06 VC-101690-07	Conference area	
0003 0012	310002 310009	Conference Chairs -6 pcs. at 1,200.00 ea.	7,200.00	291.50	CC-101690-08 CC-101690-09 CC-101690-10 CC-101690-11 CC-101690-12 CC-101690-13	Conference area	
0029	310026	Executive Chairs -4 pcs. at P2,550.00 ea.	10,200.00	412.96	EC-110290-14 EC-110290-15 EC-110290-16 EC-110290-17	Steve Solter Sonny Sta. Maria Lyn Almario Ernie Hernandez	
0123/0154	004767/93	Executive Chair	2,800.00	100.00	EC-020491-18	Benjamin Loevinsohn	
0123 0154	004767 004793	Clerical Revolving Chair -2 units at P1,500.00 ea.	3,000.00	107.14	CC-020491-19 CC-020491-20	Tess Sabella Lilian Maling	
0210	193039	Visitor's Chair (Sulhiya)	350.00	12.39	VC-031391-25	Sonny Sta. Maria (MAS)	
0210	193039	Visitor's Chair (Sulhiya)	350.00	12.39	VC-031391-26	Sonny Sta. Maria (MAS)	

VOUCHER	CHECK #	DESCRIPTION OF EQUIPMENT (W/ Serial No.-if applicable)	AMOUNT		PROPERTY NO.	PHYSICAL LOCATION (Person Responsible)	REMARKS
0022	310019	Mini-Blinds (39 sq. ft.)	3,200.00	129.55		CSP Office	
0063	004714	Conversion of 2 back cabinets to hanging cabinet	2,000.00	80.97		CSP Office	
0123	004767	Office Tables (repair)					
0154	004793	-2 units at P1,800. ea.	3,600.00	128.57			
0123	004767	Hanging Shelves					
0154	004793	-3 units at P2,400. ea.	7,200.00	257.14	HC-020491-06 HC-020491-07 HC-020491-08	Benjamin Loevinsohn Tess Sabella Lilian Maling	
0123	004767	Cost of Labor & additional	2,500.00	89.29			
0154	004793	materials for the relocation of existing cabinets (1 lot)					
0230	193056	Computer Table	3,000.00	106.19	CT-040391-01	CSP Office	
0230	193056	Cost of Labor for the relocation of existing modular/cabinets (1 lot)	3,000.00	106.19			
0154	004793	Discount	(800.00)	(28.57)			
Total			470,014.00	17,443.35			